Human Services
Community Services

Working with parental substance misuse

February 2010

Introduction

This Research to Practice Note provides an overview of the key issues involved in parental substance misuse. Alcohol misuse is only considered in this paper in a comparative way or where there is polysubstance misuse including alcohol.

A companion Research to Practice Note specifically on parental alcohol misuse has been published and is available on the Community Services website.

The aim of this paper is examine the risk factors for substance misuse, its likely impact on parenting and consequently on developmental outcomes for children. It also investigates the effectiveness of different interventions.

Prevalence in child protection populations

In 2008-09 just over 309,600 children were reported to Community Services with concerns about their welfare.[i] Estimates of the prevalence of substance abuse problems amongst parents who have contact with child protection services range from 50% to 80%. Detailed case file reviews of families reported to Community Services indicate that in 41% of cases at least one parent was known to misuse drugs, a very similar figure to that reported for alcohol misuse (46%).

Nearly 60% of families reported to Community Services had at least one biological parent with a history of either drug or alcohol misuse issues confirming the strong association between substance misuse and child maltreatment. Most of these families had more than one child.[ii]

Risk factors for substance misuse

There are a number of risk factors associated with substance misuse. It is likely that some of these factors may have contributed to the initial involvement with drugs, but substance misuse ultimately generates problems of its own which remain even though the precipitating factors may be resolved.

These risk factors for substance abuse are:

Age

- Substance misuse problems often start in the teenage years with marijuana and inhalants. ‘Heavier’ drugs are generally not tried until older ages.
- Illicit drug use generally peaks in young adulthood then declines with age. Most users ‘mature out’ at around 40 years of age.
- Problematic adolescent drug use is more likely among those who are raised in extreme poverty, by sole parents, or where other family members use drugs.[iii]

Gender

- Males are more likely to use illicit drugs than females but female illicit drug users are more likely to have primary care of children than males.iv
- Women frequently initiate substance use as a result of traumatic life events such as physical or sexual abuse, sudden illness, an accident or disruption in family life.v

- Women substance abusers more often than men have poor self-concept and high rates of mental health problems e.g. depression, anxiety, bipolar affective disorder, suicidal ideation as well as psychosexual, eating and posttraumatic stress disorders.

Populations with a history of physical, emotional or sexual abuse

- Children who have experienced traumatic life events (e.g. child maltreatment or refugee camps) have a higher risk of detrimental outcomes including substance abuse issues.[vi]
- Child sexual assault, rape and physical abuse are commonly cited as precipitating events for drug use among women with rates as high as 75% reported by women in treatment.[vii]

Family functioning

- The family is an important risk and protective factor for drug abuse[vi] with a key risk factor
- being familial aggregation of substance misuse problems.[viii]
- Neglect and abuse in these early years can result in poor adjustment and harmful drug use. An easy temperament in early childhood is a protective factor.[iii]

Socio-economic status & disadvantage

- There is considerable evidence of associations between social factors such as unemployment, homelessness and poverty, and health-damaging behaviours, including drug misuse.[ix]
- The link between deprivation and health behaviour is strongest for alcohol and other licit and illicit drug use.[iii]

Populations with co-morbid mental health problems

- People with drug-use disorders often have a concurrent mental disorder [x] and suicidal behaviour.[iii]
- Given the convergence of risk factors, it appears plausible that co-morbidity is a result of problems arising from common risk factors and life pathways.[iii]
- Substance misusing parents have increased risks for other emotional difficulties, such as attention deficit, psychiatric and mood disorders, depression, anxiety and personality disorders [xi] [xii] [xiii] all of which impact on their ability to care for their children.
- Psychiatric impairment, co-morbid with substance abuse, may effect the ability to stop abusing substances and lead a more adaptive life. Substance abuse may be an attempt to ameliorate the effects of a pre-existing condition.[xii]

Genetic factors

- Mitchell et al. (2001)[vi] and McLellan (2002)[xiv] have concluded that genetic factors play a modest but significant role in the familial aggregation of substance misuse problems, however, no single gene is thought to account for substance use behaviours.[xv]

Geographic area

- A slightly higher proportion of people from remote regions reported using illicit drugs in the previous 12 months than did people from other regions.xvi
- Lawrinson et al's (2006) study indicated that clients from rural and regional areas are more likely to inject opioids and amphetamines and share injecting equipment. They also experience greater disadvantage and disability associated with their drug use. Rural clients
- were nearly twice as likely to live with a dependent child than those from Sydney.[xvii]

Indigenous status

- The Indigenous population in Australia has higher rates of problematic substance misuse.[xviii]

Ethnicity

- Despite official data indicating that people from non-English speaking backgrounds have lower rates of illicit drug use, the evidence is not so clear cut.[iii] Some pockets of problems have been identified, such as heroin use among South East Asian young people in south-western Sydney[xix] and Melbourne.[xx]

Impact on parenting

Poor parenting practices are more commonly employed by parents who misuse illicit substances. However, parental substance misuse is only one of several factors that increase the risk of poor parenting and therefore the risk of child abuse and neglect.

The evidence is clear that it is not solely substance misuse that causes poor parenting practices but that the common factors that lead to substance use problems also lead to poor parenting. Parental substance use is likely to be a marker for the presence of, as well as compounding the effects of, other risk factors.

The degree to which parenting is affected by substance misuse will be related to the parents' patterns of use and the type of substance ingested. Adverse effects on the children will also be mitigated by the degree to which the social context for that child acts as a buffer or exacerbates the effects of poor parenting.

Despite the lack of evidence for a causal relationship, a number of studies have found that parents who misuse substances tend to have poor parenting styles. All substances will alter to different degrees an individual's state of consciousness, memory, affect regulation and impulse control. The consequences of this may be reflected in more extreme styles of parenting, either authoritarian and over-controlling or under-involved.[xii]

Studies indicate that substance abusing mothers are more likely to adopt harsh and punitive, as well as neglectful, parenting styles. The two are not mutually exclusive and parents often vacillate between the two styles. Most studies suggest that inconsistency in parenting styles presents the greatest difficulties for children, with parents being reasonable one minute and irrational the next, leaving children feeling confused by the sudden changes in behaviour.[xlvii]

The income of the family and the ability to provide for children's material needs may be affected, as the substance user's unpredictable behaviour can make employment difficult to maintain and the cost of drugs may mean there is not enough money left to buy necessities like food. Parents can also experience considerable conflict between meeting the physical and emotional needs of their children and sustaining their drug habit; buying food or clothing and paying bills may be sacrificed in order to sustain parental habits.[xxi] [xxii]

Children's medical needs may also be given lower priority where parents have drug dependency problems. For example, Shulman, Shapira and Hirschfield (2000)[xxiii] reported that 83% of assessed children of parents attending methadone clinics in New York (n=100) had medical and/or nutritional disorders of varying degrees of severity.[xxii.] Children can also suffer educational neglect if parents do not ensure that they attend school or keep them at home to care for younger siblings.

One of the most common effects of parental drug misuse is that parents have less involvement with their children.[xlvii] A preoccupation with drugs can compromise a parent's ability to be consistent, warm and emotionally responsive.[xxiv] [xxii]

Where research has been carried out on the effects of specific drugs on 'parenting', it has focussed on mothering, so little is understood about the possible impact of father's substance abuse whether directly or indirectly on the parenting of children. The paucity of research may be due to the relative difficulty of accessing fathers, especially amongst families notified to child protection as around two thirds of these families do not have their biological fathers residing with them. Step parents in the families also have high rates of substance misuse (around 42%).[ii]

It is difficult to establish a causal relationship between use of different substances and parenting style, however researchers make the following observations about parenting within families where substance misuse is present.

- Opioids may be more likely to be associated with child neglect, while drugs such as amphetamines and cocaine, that are associated with serious disturbances of mental state, may be more likely to result in physical abuse.[xxv]
- The parenting style of opiate and cocaine addicted mothers has been described as 'vacillating between the extremes of authoritarian over control and excessive permissiveness or neglect. [xxvi] [xii] [xxv]
- Hans (2000)[xxvii] found that on average children born to opioid addicted women showed less sensitive interaction with their children compared with other demographically similar mothers.
- Mothers who used cocaine during pregnancy were also less sensitive to their three and nine month olds' communications and provided less physical contact.[xxviii] Infants that continue to be post natally exposed to ongoing parental substance problems are more often neglected and abused and have parents with more frequent depression and higher overall stress and anxiety.[iii] Any one of these factors may influence the development of early attention and arousal regulatory functions and later language and overall developmental competency.[x]

Substance misuse and child abuse and neglect

A number of large scale cohort and case control studies using community samples have suggested that parental substance abuse is strongly and positively correlated with child abuse and neglect.[xxix] [xxx] [xxxi] However, it does not describe a causal relationship. Most of the research linking substance misuse and child abuse does not take into account the co-occurring factors in substance misusing families, such as demographic or social factors.[xxv] [xxxii]

Many of the risk factors such as mental illness, domestic violence, poverty, low social support are associated with not only with substance misuse but also poor parenting, child maltreatment and negative child outcomes. For this reason it is difficult to disentangle the effects that are specifically related to substance misuse independent of the other factors.

It has been suggested that impaired judgment and lack of emotional regulation contribute to child abuse potential in parents who have substance abuse problems.[xxxiii] Substance abuse has also been shown to be a key risk factor for re-reports or recurrence in families with child welfare involvement.[xxxiv] [xxxv] Among mothers who become involved with the child welfare system, those who have substance abuse problems are more likely to lose their parental rights, compared with non substance abusing mothers.[xxxvi] [xxxvii]

However as a predictor of the number of child maltreatment notifications, maternal substance misuse is less strong than poverty, as strong as maternal alcohol misuse, and has greater strength than domestic violence, maternal lack of social support or mental health issues.[2]

Less is known about fathers and fewer live with their children, but substance misuse emerged as the strongest of the paternal risk factors in predicting numbers child maltreatment notifications, ahead of alcohol and as damaging as maternal substance use.[2]

Maternal substance misuse is also associated with the type of maltreatment in a maltreated population, with children being more likely to be neglected than suffer other types of abuse if their mother misused drugs. There was no association with paternal substance misuse and type of maltreatment.[2]

It is suggested that the wide range of factors associated with substance abuse may in fact be the primary causal factors in links between substance abuse and child maltreatment. Substance abuse may act as the marker for the presence of, as well as compound the effects of, the other risk factors. People who misuse substances may also be more likely to come to the attention of the

health and criminal justice systems than those who have complex issues but do not misuse substances.

Long term impact on child outcomes

The impact of drug use on parenting and consequently child outcomes is influenced not only by the number and severity of co-occurring factors, the level of the drug use and patterns of use, but also by the counterbalancing presence of protective factors such as a non-substance using partner, the involvement of extended family members who take on some of the parenting responsibilities, a strong attachment to at least one adult, good social and community engagement, positive school adjustment and an easy temperament.[xxxviii] [xxxix]

Higher levels of maternal drug use were associated with less obedient, more aggressive, less well integrated and poorly adjusted children.[xl] Families in which fathers misuse drugs were also marked by high levels of inter-parental conflict, physical aggression between parents and poor parenting, all of which contribute to difficulties for children who tended to display more internalising symptoms than children of fathers who abused alcohol or children of non-substance abusing parents.[xli]

There is evidence to suggest that substance misuse (and the associated activities necessary to derive the required income, such as crime and prostitution) can be highly disruptive to family functioning. Children within these families have been shown to be at increased risk of a range of adverse outcomes including behavioural problems,[xlii] [xliii] social isolation[vii] and neglect.[xliv] The evidence has shown that children of parents who misuse substances are likely to have higher rates of behavioural and emotional problems, including oppositional behaviours.[xlv] [xxii]

By late childhood children of opiate and cocaine addicted mothers often experience significant emotional problems and an increased incidence of diagnosable psychiatric disorders, including depression, oppositional defiant disorder, conduct disorder, ADHD and substance abuse.[xxv]

Tools for assessing the level of substance use and safety of the child

The critical task for child protection workers is how to safeguard the child, while at the same time engaging and forming a relationship with the substance misusing parent.[xlvi]

Families who have been reported to child protection agencies are notoriously difficult to engage, but the illegality and secrecy surrounding parental substance misuse, along with denial and minimisation of substance misuse by the parent, exacerbates this challenge.[xlvii] It is understandable that parents may be frightened of the possible implications if their substance use was known to authorities, fearing legal intervention, prosecution or the removal of their child.[xlviii]

It is clear that the risk to the child depends on the levels of substance misuse, characteristics of the parent(s) and the child as well as the presence of other protective factors. Information on levels of substance use may be collected via screening instruments, interviews and observations. Despite issues of validity and reliability, self-report tools may still provide useful information and the opportunity for clients and caseworkers to build rapport.

A number of assessment tools have been specifically developed for examining the safety of the child where a parent is misusing substances. For example, The Wesley Mission's *Hearth Child safety Assessment in Drug Using Environment Tool* (HEARTH Tool) aims to provide a systematic assessment of the parent's capacity to provide a protective and nurturing environment. It is designed for use by child protection workers or drug and alcohol workers. However, the accuracy of the tool as an indicator of drug use or risk to the child has not yet been examined.[xlix]

Such tools should supplement, but not replace, existing generic frameworks for assessment of family functioning and children's welfare.

Helping families

Interventions for parents who misuse substances are often divided into two categories:

those aimed at reducing the impact of substance use on the user, predominantly substance misuse 'treatments', which are provided in the health sector

those aimed at reducing the impact of the substance misuse on the child, which are most often provided within the child welfare sector.

Treatment of the substance misuse

Different treatment options are available for different drug types, including early/brief interventions, counselling, residential rehabilitation programs and pharmacotherapies.

The following key issues regarding treatment have been identified:

- Treatment remains effective while the substance user is still in treatment but there is a very high early drop out rate.
- One treatment is unlikely to be sufficient to provide long-term change and most people will require multiple treatments.
- Low socio-economic status, psychiatric problems and a lack of social supports are often associated with lack of treatment compliance and return to misusing substances following treatment.
- It is not known whether participation in drug treatment affects the outcome of child protection matters since findings from the research are mixed.
- The stigma associated with being a pregnant drug user and fear of involvement of child protection prevents many women from seeking treatment.
- The availability of child care may facilitate women's entry into or completion of drug abuse treatment.
- Barriers to treatment accessibility include lack of availability, lack of transport, lack of childcare and family supports and financial support.

Within the child protection context, parents are often referred to substance misuse treatment services in the expectation that this will address their problems related to substance misuse and improve their ability to parent.

However, for most people who misuse substances, there are often multiple problems and risk factors that will not necessarily be addressed with the reduction or cessation of substance use. In addition to treatment for substance misuse, families often require services to assist with other issues, such as domestic violence services, counselling, respite care and vocational skills training.

Interventions to assist children

It is important for families who are dealing with substance misuse problems to receive ongoing support as the difficulties are likely to be long term. Caseworkers may be able to assist parents who are dealing with substance misuse in the following ways:

- helping to reduce children's exposure to risk
- creating a stable home environment
- improving their parenting skills
- educating them in the importance of time out for children, for example, through playgroups, child care or after school clubs.

Younger children who are at risk through poor parenting generally benefit from high quality child care.

Older children may benefit from attending activities which provide opportunities for positive social interaction with other children or adults. Although the evidence is generally anecdotal this is likely to include respite care, after school care with life skills programs as well as more structured peer activities which promote collaborative effort.

Support from caseworkers may be complemented with programs to assist parents in their parenting role, such as home visiting programs and parent education programs.

Home visiting and parent education programs

Home visiting programs

Family home visiting usually involves a professional developing a relationship with a family over a period of time and offering services such as support, information, advice on infant health and development, and advocacy for service access.

Home visiting is not a single intervention but rather a strategy for delivering a range of services. In the research literature, the home visiting interventions for parents who misuse substances have varied according to the following characteristics:

- Type of service. Services included maternal support, linking mothers to other services such as drug and alcohol services, parenting education and advice, and postnatal support counselling.
- Qualifications of the home visitor. Visitors have included nurses, social workers, lay visitors and paraprofessionals.
- The duration of the intervention. Interventions ranged from several weeks to three years in duration.
- The intensity of the intervention. Interventions ranged from a single visit to four visits per week and the visits themselves ranged in duration.

The evidence regarding the short- and long-term effectiveness of home visiting for those misusing substances is mixed. Several studies have found positive outcomes.

For example, a short-term intensive home visiting intervention increased the number of women attending drug and alcohol services and an intervention delivered by midwives for postpartum adolescents reduced the rate of non-accidental injury and non-voluntary foster care.[i] However, there are many other studies that have failed to find positive outcomes on drug use, parenting, and infant and child outcomes.

Overall, the effects of home visiting on parent and child outcomes do not appear to be substantial or consistent across studies. This is partly due to the wide spectrum of interventions provided, the varying duration and intensity of programs, and the variable home visitor characteristics. It is also likely to be due to the methodological problems with the studies, such as high rates of drop out from interventions.

Given the methodological problems with the research and the inconsistent findings, it is currently not known what elements of a home visiting program are effective for parents who misuse substances.

Parenting education programs

In general, universal parenting programs have a good evidence base, but their effectiveness with child welfare populations is still to be established.[ii] Parenting programs undertaken with substance-misusing parents have to date been variable in their format, duration and intensity. Almost all the evaluation measures were taken a relatively short time after the interventions and showed little improvement. Longer term interventions are needed before their effectiveness can be determined.

A recent review by Barth identified four evidence-based parenting programs that may be able to be adapted for use in child welfare populations. These programs include:

- The Incredible Years
- Multisystemic Therapy
- Parent Management Training
- Parent Child Interaction Therapy

There are a number of parenting programs that have been specifically developed for parents already in treatment for substance use. Two examples of such programs are:

1. *The Focus on Families Program for Parents in Methadone Maintenance*. This is a behavioural skills training program for parents who are in methadone treatment with children between three and 14 years. It involved 33 session of family training combined with nine months of home based case management. Research has demonstrated that this intervention resulted in improved parenting skills, less domestic violence and less drug use compared with the control group.[lii]
2. *The Parents Under Pressure (PUP) Program*. This Australian program involves an intensive, home-based intervention that includes strategies for improving parental mood and parenting skills for a parent on methadone maintenance. Research has demonstrated that families who received PUP showed improvements in family functioning and parenting attitudes and reductions in child behavioural problems, child abuse potential and parent methadone dose compared with families who received standard care.[liii]

While the findings from these studies are promising, further research is required to determine the effectiveness of parenting programs for parents who misuse substances and to examine what works for whom.

The need for a coordinated service response

There is a strong need for a coordinated service response in addressing parental substance misuse problems. Child welfare and alcohol and drug services need to work in partnership to identify and treat harmful drug use and the co-occurring psychological, physical and social problems that impact on the parent and the child.

The best strategy for meeting the needs of substance-using parents and their children may be to move from communication and collaboration between adult-focussed drug treatment services and child and family welfare services, towards integration. In some sectors, efforts are underway to improve the coordination of services to parents and children who come into contact with the substance abuse treatment and child welfare systems.

Conclusion

Parental substance misuse is a risk factor for poor parenting and child maltreatment. The impact of drug use on parenting depends on the nature of the drug use and the co-occurrence of other problems. Comprehensive assessments are required to examine these factors and to determine the risk of harm to the child. Parents who misuse substances often face multiple problems, so comprehensive interventions are required. Home visiting and parent education programs may be of benefit to strengthen parenting and child outcomes, although the effectiveness of these programs is not yet clear.

There is a strong need for a coordinated service response and for child welfare and alcohol and drug services to work in partnership. The most effective response for children with substance misusing parents is likely to be to be based in prevention and early intervention initiatives, assisting parents to deal with their alcohol and drug problems and helping them to strengthen their parenting capacity, while providing social and practical supports to the whole family.[xxxviii]

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