

“Parents with drug problems present real risks to their children. But drug treatment helps them to overcome their addiction and look after their children better...”

PARENTS WITH DRUG PROBLEMS: HOW TREATMENT HELPS FAMILIES

Parents with drug problems: how treatment helps families

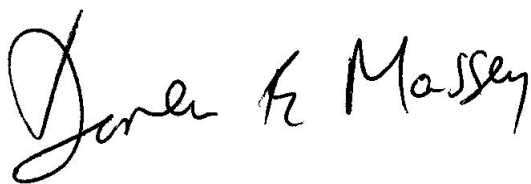
During the decade that I have been chair of the NTA, we have witnessed big changes in the drug treatment sector and huge improvements in the availability and effectiveness of drug treatment. Fewer people are using the most problematic drugs, and more and more are recovering from addiction.

But another significant problem is parental substance misuse. We know that parents who are dependent on drugs and alcohol present a great risk to themselves and their children, and it's important that we do all we can to protect these families. However, the issue of dependent parents is more complex than it is often portrayed in the media.

This report helps to shape a more accurate picture of parental substance misuse in England and how it affects families. It presents the latest statistics about parents who are in treatment for drug problems and tells us that over half of the people in treatment are either parents or live with children. However, we can take some reassurance from the statistics, as they also reveal that parents who live with their own children do well in treatment.

Drug treatment protects families. It helps parents to stabilise their lives and look after their children better. But it's vital these parents get a broad range of support. Drug dependency is rarely the only problem they face, so treatment and recovery services need to work closely with local authority children and family services, and other agencies and community groups, to provide the best possible support to the whole family.

With the responsibility for drug and alcohol treatment and recovery about to shift to local authorities, with support from Public Health England, I hope that over the next decade the local response to parental substance misuse continues to improve. In this way we can help more parents to beat addiction, maintain their recovery and care for their children – meaning fewer families will suffer from the effects of drug dependency and more children will thrive with better life chances.



Baroness Doreen E. Massey

“Substance misuse is rarely the sole cause of family difficulties. It is usually part of a complex web of co-existing problems”

Not all parents with drug problems cause harm to their children, but substance misuse can reduce their ability to provide practical and emotional care. It can have serious consequences for children, including neglect, educational problems, emotional difficulties, abuse, and the possibility of becoming drug and alcohol misusers themselves. It can also cause young people to become carers of addicted parents.

However, substance misuse is rarely the sole cause of family difficulties. It is usually part of a complex web of coexisting problems that include poverty, social exclusion, poor mental health and unemployment, which can't easily be disentangled from the substance misuse. Many parents with serious drug problems no longer live with their children (who are normally in the care of other family members or the local authority) and some are reluctant to enter treatment.

This report publishes data from the National Drug Treatment Monitoring System (NDTMS) about parents and adults living with children. The aim is to highlight the problems of parental substance misuse and to improve understanding of how it affects families.

Policy responses to parental substance misuse

Families affected by substance misuse are at the heart of the government's drug strategy, which commits to support those with the most complex needs and to give their children a better start in life. In 2011 the Department of Communities and Local Government announced the Troubled Families Programme. The Prime Minister endorsed the commitment to turn around the lives of 120,000 'troubled families' by 2015.

Some of these families may have substance misuse problems, for which treatment is available.

The 2011 Munro Review of child protection found that many services (including substance misuse agencies) were too focused on adults and not enough on the children affected by adults' problems. In response the NTA and the Department for Education (DfE) published guidance in 2009 and 2011 to encourage drug treatment services to work with children and family services, taking greater account of the needs of the children involved and being more responsive to the parental status of those in treatment. Treating parental substance misuse will also be a key focus of Public Health England when it begins work in 2013.

Data on how drug use affects families

In 2005-06, NDTMS began collecting regular data about people in drug treatment who have children. Since then, the quality of the data has consistently improved. Most of the figures in this report come from the latest NDTMS dataset (2011-12), but we also report on three-year trends where appropriate. We focus on three main groups of people in drug treatment: parents who live with their own children; parents who don't live with their children; and people who live with children who are not their own. We also cover pregnant women and under-18s in treatment who live with other children and young people.

The figures show that just over half (105,780) of the total 197,110 adults receiving drug treatment during 2011-12 were either parents or lived with children.

The report headlines

1 Parents with drug problems present real risks to their children. But drug treatment helps them to overcome their addiction and look after their children better

2 105,780 of the people receiving drug treatment during 2011-12 (just over 50% of everybody in treatment) were either parents or lived with children

3 40,852 were parents living with their own children; 25,341 were living with children not their own; 39,587 were parents who were not living with their children

4 Parents who live with their own children have fewer drug-related issues than others in treatment. They are also more likely to complete their treatment successfully

5 Early intervention and joint working can maximise the positive impact treatment and support services have on parents with drug problems

“The average parent in treatment who lives with their own children is female, over 30, and has one child”

A third (66,193) of all adults in treatment lived with a child or young person under 18. Of these, 40,852 were parents living with their own children, while 25,341 were living with children not their own (possibly their grandchildren or younger siblings, or the children of their partners). A further 39,587 people in treatment were parents who do not live with their children.

Of the adults starting treatment in 2011-12, 11,074 were parents living with their own children (16% of the intake, slightly down from the 17% of the two previous years). The percentage who live with children not their own has decreased slightly over the past three years, from 15% to 12% of everyone starting treatment.

The number of parents not living with their children was 17,640 (25% of all new treatment starts), up from 15,421 (19%) in 2009-10. There were slightly more men than women in this category (26% compared to 24%) in 2011-12, but the overall trend for both sexes is upwards.

Proportionally more women than men live with their own children. More than a quarter (28%) who started treatment in 2011-12 said they lived with their children, compared to only

12% of men. These rates have remained the same over the past three years.

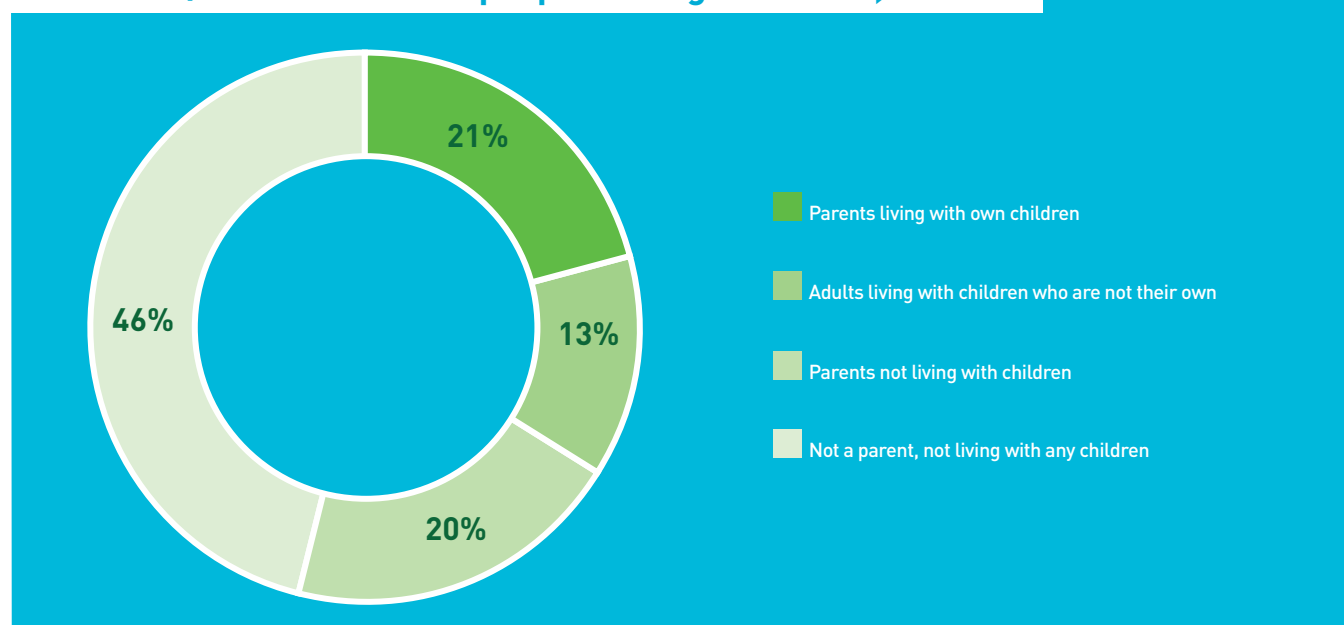
There were 914 pregnant women starting drug treatment in 2011-12 (6% of all women starting for the year). This proportion has been similar over the past three years, with the average about 5%.

The average parent in treatment who lives with their own children is female, over 30 and has one child, while current estimates suggest there may be around 104,000 under-18s living with people in drug treatment in England.

Parents who live with their own children tend to have fewer drug-related problems than others in treatment. They are less likely use heroin and crack (the most addictive drugs), to inject (the most risky way to take drugs) or to be homeless or have a housing problem. They are also less likely to arrive in treatment via the criminal justice system.

Since they have fewer serious problems, we would expect these parents to be able to care for their children and so be more likely to have their children living with them. Having children at home may also be a factor in preventing them from

1. Parental/child status of all people in drug treatment, 2011-12



“Having children at home may be a factor in preventing parents from developing more serious drug-related problems”

developing more serious drug-related problems, and could motivate them to enter treatment for their addiction. It may also mean they have a stronger foundation from which to start their recovery and rebuild their lives.

Parents who live with their own children successfully complete their treatment programme at a similar rate to all others in treatment, and this has been increasing over the past three years. Of those who started and left treatment in 2011-12, over half (54%) completed their programme successfully. Those who started treatment in 2011-12 are slightly more likely than others to stay in treatment for at least 12 weeks, the minimum time required to derive benefit (89% compared to 84% for non-parents).

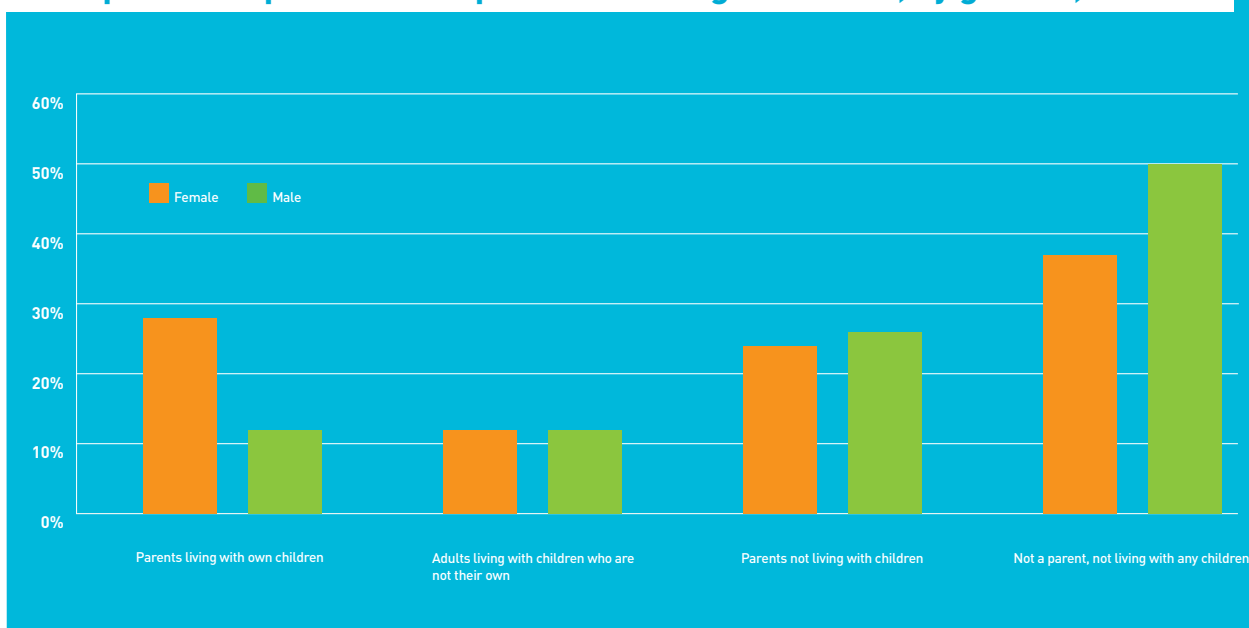
They probably do well in treatment because they have fewer serious drug-related problems when they start treatment and are in a better position to recover. They may have a stronger desire to tackle their addiction so they can look after their family better. They may also have a greater awareness of the impact their drug use has on other people (i.e. their children), which can be a powerful motivational force. These parents may also have more ‘social capital’ to help their recovery, and receive extra support from family services.

In response to the joint NTADfE guidance, treatment services in many parts of the country are working more effectively to help vulnerable families, linking drug treatment with a broader range of family support including children’s services, health visitors, Sure Start and children’s charities. There are now some specialist services working with addicted parents that provide counselling and other support to help them recover from their addiction and improve their parenting skills.

Parents who don’t live with their children tend to have more serious drug-related problems than others in treatment. They are more likely to use heroin or crack, inject drugs and have a housing problem than other people in treatment. The fact they are not currently living with their children is not surprising because it is likely that their problems have become so severe that their children have been removed, or they do not live in the family home for other reasons.

These parents have worse outcomes than parents who live with their own children. Of those who started and left treatment in 2011-12, 36% completed their programme successfully. However, they are retained in treatment for at least 12 weeks at similar rates to the rest of the non-parent treatment population.

2. Proportion of parents/non-parents starting treatment, by gender, 2011-12



“Parents who don’t live with their children are more likely to use heroin or crack, inject drugs and have a housing problem”

Parents who have had their children removed are likely to have serious and complex problems that are difficult to overcome, and it may take them several attempts to recover from drug addiction. They could also lack the strong motivating factor of living with children and may not be getting family-related support.

Adults who live with children other than their own are another complex group because they tend to have more problems when they start treatment: they are more likely to use heroin or crack, inject drugs and have a housing problem. They also tend to have poorer outcomes. For instance, they are less likely to complete treatment successfully than parents who live with their own children: 36% of those who started and left treatment in 2011-12 completed their programme successfully. However, they are retained in treatment for at least 12 weeks at similar rates to the rest of the non-parent treatment population.

The reasons these people don’t do so well in treatment are unclear. They tend to have a worse starting point than others, which may lead to poorer outcomes. They also may not have the same motivating factors that parents have, and they might not access the same range of family-related support.

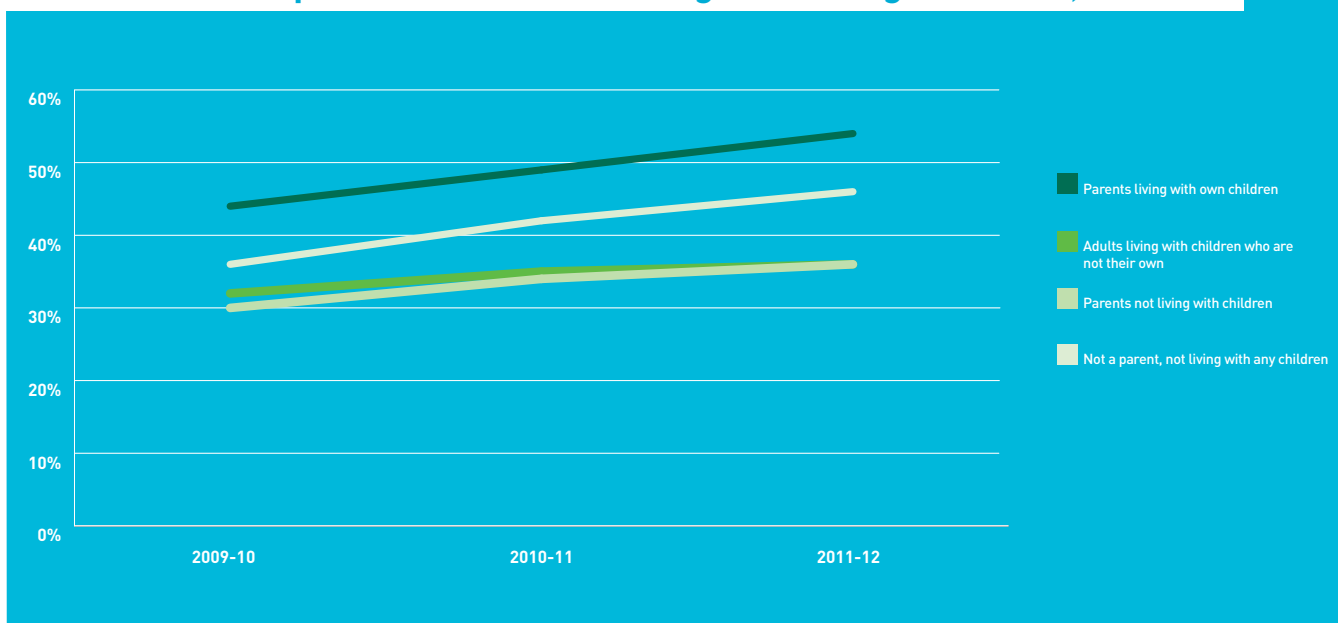
If a person lives with somebody else’s children and he or she has a serious drug problem, this may present a safeguarding issue, meaning the children need to be protected. However, children’s services should work in partnership with substance misuse services because having these people in treatment gives an opportunity to help them tackle their drug problem and address any other issues they face, to the ultimate benefit of the children in the family.

Young parents in treatment

Over two thirds (69%) of parents in treatment who live with their children are over 30 years old. The number of parents aged under 18 is very small (115 out of 15,031 young people starting treatment in 2011-12, while a further 145 said they were parents not living with their children). More young people in treatment live with children who are not their own (23%), though the majority of these are likely to be living with siblings rather than children of a partner.

These small numbers make it difficult to draw any firm conclusions about the various family groups. But it is clear that young people’s substance misuse services need to work with a range of local services to support young people who are parents, to address their drug and alcohol use and other needs.

3. Successful completions for adults starting and leaving treatment, 2009-12



“For children of drug-misusing parents, treatment is a protective factor”

Pregnant women and drug treatment

Pregnant drug users are a high-risk group. However, the number in drug treatment is relatively low – 914 women were pregnant when they started treatment in 2011-12.

The number of under-18s who said they were pregnant when they entered treatment is even smaller – 72 out of 5,128 young women new to treatment in 2011-12 (1%). This number has decreased over the past three years, and is dropping at a faster rate than the overall number of women coming into treatment.

Although the numbers are small, it remains a serious problem for the individual. Local areas need to tackle it by providing services that work together and follow relevant NICE guidance. NTA and DfE guidance asks local services to encourage women with drug problems to access antenatal care and drug treatment early, and to plan the woman's care along with partner agencies to reduce the risk to her and her unborn child.

Some areas have specialist midwives who can work with pregnant drug users. If no specialist is available, services should arrange appropriate opiate substitution treatment or detoxification in line with national clinical guidelines.

Drug treatment is protective for families

For children of drug-misusing parents, treatment is a protective factor. The problems addiction causes will motivate many parents to find help, while entering treatment has major benefits for them and for their children. Their lives become more stable, and they can get support to address their wider problems and help them look after their family better.

Although more and more people are successfully completing treatment, there will always be some who don't. Addiction is a chronic relapsing condition, so if a parent drops out it is not necessarily a reflection of their lack of commitment but more about the ongoing effort to overcome their drug problem. But with the right support, most parents can recover from their drug problems and become better parents.

A vital factor is having services in place to help them. Getting parents with drug problems into treatment is a priority, so they can be stabilised, have the opportunity to begin to sort out their lives, and ensure that their children are protected. However, drug treatment alone is rarely sufficient to deal with the complex needs that drug-dependent parents face. So it is

crucial that drug and alcohol treatment, children and families services, health visitors and other local support services work together to provide a foundation for recovery.

There also needs to be support for children while their parents are in recovery. The impact on the child as the parent recovers from addiction (which may include relapses) needs to be continually addressed by children and families services.

The majority of local drugs partnerships have developed local protocols with children and family services, but more is needed to ensure all local agencies that have contact with these parents know about the importance of drug treatment and how to screen and refer people: early intervention can help keep harm to a minimum. The statistics for 2011-12 show that the number of parents arriving in treatment via GPs, other health services and social services are still low compared to the self-referral and criminal justice routes.

Looking ahead

Parents and other adults with drug problems present real risks to the health, safety and life opportunities of children. But drug treatment enables parents to overcome their addiction and look after their children better. Parents who live with their own children are successfully completing treatment at a greater rate each year: even greater numbers can recover when drug treatment agencies work closely with local authority children and family services, and other support services.

For parents who don't do so well in treatment, continued support and opportunities to recover are important, because drug treatment is protective for them and their families. Well-targeted early intervention can also maximise the positive impact that treatment and family-support services have on parents with drug problems and their children.

The responsibility for commissioning drug treatment moves to local authorities in April 2013. This provides an opportunity to ensure that drug and alcohol services are linked with other support that drug-using parents need, such as children and family services, housing, employment, and so on. It also provides a further chance to reinforce local strategic leadership and commitment to investment in evidence-based treatment and other family services, galvanising local action to ensure that every opportunity is taken to help more parents recover and improve the life chances for their children. ■