

Working with parental substance misuse (illicit drugs)

Around 1 in 10 adults are estimated to have used an illicit drug in the last year. Substance misuse can impact on the capacity of parents to parent effectively.

Fortunately, the number of people with serious drug problems is small, although these problems can have a big impact on individuals, their families and the wider community.

What is the impact on children?

- Children living with parents who misuse substances are at greater risk of harm and neglect.
- The children of substance-misusing parents are more likely to experience low educational attainment, develop behavioural problems, take on inappropriate caring roles and are vulnerable to developing substance misuse issues themselves.
- In addition, the development and health of a child may be impaired to the extent that they are suffering or likely to suffer significant harm.

It's important to recognise that parenting capacity can change over time as the intensity of parental substance misuse changes, and so the needs of affected children should be reviewed regularly.

Health visitors should be alert to the fact that mental health problems and domestic violence, alongside parental substance misuse, are often factors in child maltreatment cases, with risk of maltreatment increasing the more factors there are.

- Parental drug use is present in over a third of serious case reviews.
- The Department for Education's Children in Need census showed that, in 2016/17, drug use was assessed as a factor in 19.7% of cases.
- Estimates suggest that in England around 162,000 children live with a dependent opiate user (DWP, 2017).
- 56% of mothers who have been involved in recurrent care proceedings were engaged in substance misuse during the index proceedings (Broadhurst, K et al, 2017).
- In a recent analysis, parental drug use was present in over a third of serious case reviews (38%) (Gov.uk, 2016 and Sidebotham, P et al, 2016).

Working together to safeguard children (HM Gov, 2018) is clear that safeguarding and promoting child welfare is the responsibility of everyone, including adult services.

Safeguarding and promoting the welfare of children affected by parental alcohol and drug use: a guide for local authorities (PHE, 2018) contains further information and guidance to support best practice.

Health visitors have a key role in safeguarding children through the delivery of a universal service focused on the early identification of health needs and early intervention. This enables them to influence and promote substance misuse behaviour change, by providing parental support and through onward referral to specialist services and to social care where appropriate.

Most parents who misuse substances want the best health and wellbeing outcomes for their child.

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For additional resources see www.ihv.org.uk

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It is important that parents do not feel stigmatised and unnecessarily worried about children being removed if they disclose substance misuse difficulties as this can create a barrier to asking for help. Be open and honest with parents.

“We know that many parents don’t feel able to talk about their drug use because they are worried that others will think they are a bad parent, or they worry that services will remove their children from them. Yet we know that living with a parent who has a drug problem does not mean your child is automatically at risk - every situation is different. What matters is that you are getting the support that you need, as this is linked to better outcomes for both you and your child. Asking for help is an important first step”

The aim for any professional working with a substance-misusing parent is to maximise every opportunity for the family to get the right support. Treatment provides a platform for parents and others with responsibility for children, as this helps to stabilise their lives and can have a positive impact on all members of the family.

What is a drug?

There are various definitions of what a drug is. A drug is defined as any chemical, natural or synthetic, that changes a person’s mental state. Psychoactive drugs are any chemical substances that affect mood, perception or consciousness as a result of changes in the central nervous system.

Psychoactive drugs can be divided into three broad categories:

- Depressants – these slow down the central nervous system such as alcohol, heroin, other opiates and cannabis in low doses.

- Stimulants – these excite the central nervous system such as amphetamines, cocaine, crack cocaine and nicotine.
- Hallucinogens – these distort how things are perceived such as LSD, magic mushrooms and cannabis in high doses.

Synthetic cannabinoid receptor agonists (SCRAs) are of particular note due to their increasing use and evidence of harms. SCRAs—also known as spice and mamba—are a diverse group of chemicals sold in a wide range of strengths designed to act like the main psychoactive chemical in cannabis.

Good Practice Points for health visitors

- To improve partnership working, it is important that health visitors are familiar with the substance misuse services available in their local community which can be helped by introducing themselves to colleagues working in partner organisations to increase awareness and help to create greater understanding.
- Parents who misuse substances are likely to want to hide their drug use and may be evasive about their availability in order to ensure that the home is clean and tidy and that no drug use is taking place at that time. It should not be assumed that drug-using paraphernalia, such as bongs, needles and silver foil, will be seen in and around the home.
- Many individuals who misuse substances ‘top up’ throughout the day to ensure a level of normality in their behaviour. Seeing a parent early in the day can give a clear picture of the extent of their substance misuse.

- People with drug problems may neglect their own needs and go days with little or no food. It is important that the wider determinants of health are not overlooked as there may be numerous explanations for this, including difficulties accessing benefits or debt problems. A gentle exploration of the reasons for hardship, that may or may not be drug related, would be helpful with signposting to support like foodbanks if needed.
- **Taking action:** In 2019, Public Health England produced guidance on “Misuse of illicit drugs and medicines: applying All Our Health” which supports health professionals to ask the right questions with step by step actions for:
 1. Asking a patient about their drug use
 2. Offering help to a patient for their drug use
 3. Offering information to a patient about their drug use
 4. Referring a patient to a specialist service
 5. Review a patient’s drug use at each session

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- HVs should feel able to raise the issue of substance misuse and to ask if there is any substance misuse occurring or if a (re)lapse has happened. Lapse and relapse are a normal part of the change process and should not necessarily be seen as catastrophic events but rather a need to (re-)engage in treatment and/or make changes to their recovery plan.
- Where appropriate, HVs can help to promote attendance at appointments for treatment services.
- HVs should ask for parental consent to share information, so that they are in a position to contact the key worker if required to confirm appointment dates, times and attendance.
- Remember that the General Data Protection Regulation (GDPR) is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately. You may still share information without consent if, in your judgement, lack of consent can be overridden in the public interest or for a safeguarding concern.

For more information on illicit drugs and the associated harms, see:

NHS effects of drugs: bit.ly/19gTtxtw

Drugs Wheel pulls together the substances into broad categories and has resources covering their effects: bit.ly/1SHCfYH

Department of Health and Social Care drug health harms summary: bit.ly/1KVMef1

NEPTUNE clinical guidelines and e-learning on the management of club drugs and NPS: bit.ly/29fv5ch

Substance misuse in pregnancy

Pregnant women who are using substances will have different health needs that health visitors should be aware of. Government guidance refers to substance misuse during pregnancy as neglect and therefore a safeguarding issue. Refer to section 7.6 of the “Drug misuse and dependence: UK guidelines on clinical management” (bit.ly/2w2wrrp) for further reading, including the effects of drugs on the foetus.

Key points:

- Health visitors should make good links with other member of the multi-disciplinary team (including GPs, midwifery services, Early Years settings, schools and school nursing services - where relevant), as well as drug treatment services to ensure multidisciplinary risk assessments and care planning.
- Pregnancy may act as a catalyst for change and present a ‘window of opportunity’ to address harmful behaviour.
- Outcomes in opioid-dependent pregnant women are better, both in terms of the pregnancy and the outcomes for the neonate, for women who enter methadone treatment programmes during pregnancy and cease illicit drug use, than for those who do not.
- Women attending treatment services usually have better antenatal care and better general health than drug-using women not in treatment, even if they are still using illicit drugs. Therefore, services are advised to fast-track pregnant women into drug treatment to allow for the earliest engagement possible. Engagement of drug-misusing partners in treatment is also important in enabling pregnant women to achieve progress at the earliest possible stage.

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