Journeys

When parents take drugs

Adfam
Families, drugs and alcohol
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SECTION 1
FOR ADULTS
HOW TO USE THIS BOOKLET

This booklet is intended for use by anyone talking with young people about a parent or carer’s drug or alcohol use, to help them understand and come to terms with their situation. Professionals – such as teachers, youth workers and health workers – who may come into contact with young people who they know, or suspect, are affected by the drug and/or alcohol use of one, or both, of their parents may find it particularly useful. It is intended to be a tool by which a young person can be encouraged to discuss their life and their feelings and be reassured that there are people who can help with their situation. It should not be seen as an assessment tool – nor as a substitute for professional intervention – but as a source of support for the young person. Each page contains scenarios or prompts to help direct the young person to think about some of the issues they are facing, whilst the boxes across the bottom contain information and suggestions to help the adult reader facilitate the discussion.

The publication is split into two sections: one for use with 4-10 year olds and one for 11-15 year olds. Within these groupings, maturity, skills and abilities will vary greatly - particularly within the younger age group. It is therefore important that you use your discretion as to which section you feel is more appropriate for the young person you are working with. You may have to be selective at times and to adapt, or give special consideration to, the language or certain scenarios to meet individual needs. There is a mini booklet to accompany this publication, aimed at the upper age group. This can be used as a ‘takeaway’ reference tool for the young person and to reinforce the key messages raised in your discussion.

Before you begin, take some time to read through all of the exercises and discussion points so that you are familiar with them before you go through them with the young person. It is also crucial that you read through this information section (pages 1-10). These give you background on the key issues affecting young people in this situation, an overview of the legal framework and additional sources of information and support. Some information is quite detailed and may well not be relevant to every case. In addition, the levels of neglect or abuse that a young person can experience may also seem frightening. However, while it is useful to be aware of such information, it is important to be aware that all of these circumstances may not necessarily apply to the young person you are working with.

From the outset, make sure that the young person clearly understands the levels of confidentiality they can expect from you. In some situations - for example, where you suspect that they may be in danger - you are obliged not to keep this information to yourself. It is therefore important that you do not make promises to them regarding confidentiality that you will ultimately not be able to keep.

When working through the booklet, use each scenario as a stimulus for discussion. Keep an eye out for prompts and, wherever possible, encourage the young person to talk about their feelings, what happens in their home, and how they might cope with certain situations. If they have any questions, think about what might lie behind the question and what emotions or experience could have prompted it. Domestic arrangements differ so, where the booklet says ‘parents’, encourage the young person to interpret this in the way that reflects how they live. Throughout, the emphasis should be on encouraging dialogue and looking for ways in which the young person’s self-esteem and confidence can be influenced positively.

It is up to you to bring the material to life: just reading off the page will not be enough. Make it interesting – make it fun. If a particular exercise is met with enthusiasm, look at ways of building on this; if a young person seems to be responding well to certain things but less well to others, then plot your route through the booklet accordingly. Within each exercise, let the young person talk and see where the conversation takes you. If at any time, the young person is not forthcoming, don’t push them for a response. The exercises are designed to help support them rather than put them under pressure for disclosure of information.

In situations that require them to think about negative feelings and experiences, be sure to explore the flipside of these; talking about things that also make them feel happy, safe and secure can help establish a dialogue and pave the way to more fruitful conversations.

Throughout the booklet, the key messages to communicate are:

- The young person is in no way responsible for their parent’s drug or alcohol use.
- The young person is not to blame for parental problems.
- Whilst you cannot promise total confidentiality, you will only pass on information if you need to and in an effort to help them.
- In talking things through, they are not betraying anyone in any way.

Most importantly, when discussing drugs and alcohol misuse with young people, it is crucial that you reassure them from the beginning that they are not alone. There are people out there just like them experiencing similar things, as well as people they can talk to and people who can help.
WHAT ARE DRUGS?
Below you can find information on different types of drugs. Getting as much information as you can about drugs and drug use can help you feel better informed, more able to understand your loved one and regain some feeling of control. However, the type of drug is less of an issue than the behaviours and consequences that come out of the drug use. Many people use drugs recreationally without suffering any long-term negative consequences, while for others it is more difficult to control or stop drug use. Some people may be using drugs to cope with other problems, like low self-esteem, social isolation or mental health problems such as anxiety and depression.

ALCOHOL
People can forget alcohol is a drug, because it is often associated with feeling happier and more confident, but alcohol is an addictive and psychoactive drug, and can cause serious harms. It slows down parts of the brain, including those that control inhibition, thought, perception, judgment, coordination, memory and sleep – and the more you drink, the worse the effects. Alcohol also makes it harder to regulate emotion, meaning people can become aggressive or emotional.

People can also act recklessly after drinking, making accidents and injuries more likely. If the alcohol concentration level is high enough, you might feel woozy or pass out. If a person does pass out, it’s possible they can choke on their own vomit.

Alcohol dependence – or alcoholism – is more common than people think. If someone is alcohol dependent, they often cannot control their use of alcohol, despite negative consequences to their lives, and will suffer withdrawal effects if they don’t drink. People who are strongly dependent should seek professional help if they try and stop: withdrawal from severe dependence can be fatal. Not everyone who drinks is at risk of becoming dependent. Long-term heavy alcohol use increases the risk of a number of diseases, including cancer and damage to the heart, brain, liver, pancreas and other organs.

CANNABIS
Cannabis is the most commonly used drug in this country. The main active chemical is THC, which causes the feelings associated with cannabis, like feeling ‘chilled out,’ happy and relaxed. THC can make you hallucinate, so you might see, hear or feel things differently to normal. Cannabis can cause harmful effects: it affects how your brain works, and can cause anxiety or paranoia, make concentration difficult and your memory worse. It has also been linked in some people to serious, long-term mental health problems.

Cannabis can be smoked, eaten/drank or ingested using a vaporizer (where the chemicals evaporate and can be inhaled). There is no possibility of dangerously overdosing on cannabis when used in the common ways. It can, however, like alcohol, increase the chance of accidents, and cause feelings of dizziness, sickness or fainting. Cannabis can be addictive, with users gradually needing more to feel good, and feeling bad if they don’t use it. In these cases, it can be difficult to stop.

In the past few years, we’ve seen a rise in novel psychoactive substance use (‘legal highs’), many of which mimic the effects of cannabis, such as ‘Spice.’ There have been reports that these synthetic cannabinoids have caused serious harms to some people who’ve used them.

NPS
Over the past several years, there’s been a rise in the use of novel psychoactive substances (NPS), often misleadingly called ‘legal highs.’ This term describes a new group of drugs that mimic the effects of drugs like cocaine, LSD and cannabis, designed specifically to get around the laws banning these drugs. Some of these were legal in the past but have since been banned. Many have not been tested, and they can be more dangerous than their illegal counterparts. There is little evidence about the potency, effects and safety of these drugs, or their effects when used in combination with other drugs.

This might sound scary, but it should be remembered that they are similar to existing drugs, falling into the same categories, such as stimulants (amphetamine), depressants (diazepam), psychedelics (LSD), dissociatives (ketamine) and cannabinoids (cannabis). So, be reassured that there are tried and tested options for treating people who come forward with NPS problems.

NPS are sold in different forms, such as powders, pills, smoking mixtures, liquids, capsules or perforated tabs, and vary in size, colour and shape. Packaging is usually eye-catching with bright colours.

HEROIN/Crack
Heroin and crack cocaine are associated with some of the most serious drug-related harms. Heroin comes from morphine, which is extracted from the opium poppy. Like most opiates, heroin is an effective painkiller, and gives the user a feeling of warmth and wellbeing. Bigger doses can make you sleepy and relaxed. It is highly addictive and people can quickly become dependent. Withdrawal is extremely unpleasant, making it more difficult to stop.

Crack cocaine is a powerful stimulant with short-lived effects. While all types of cocaine are addictive, crack tends to have stronger effects and be more addictive than powder cocaine. It is most commonly smoked but can be injected, and makes people feel confident, alert and awake. Injecting and sharing injecting equipment can be very risky, as it runs the risk of spreading viruses like HIV or Hepatitis C, and overdose.

CLUB DRUGS
Club drugs tend to be used in bars and clubs, concerts and parties. The term includes drugs like ketamine, MDMA, ecstasy, GHB/GLB, methamphetamine and LSD. People have been combining drugs with music and social gatherings for a long time, but the combination of drugs being used seems to be changing, for example: using methamphetamine and GBL, or the use of these drugs at ‘chemsex’ parties. Chemsex’ is a term used to describe parties usually attended by gay men, where they engage in sex and use drugs like GBL or methamphetamine.

Drugs like ketamine are also relatively new to the scene, and only now are we starting to discover the associated long-term health problems like bladder issues, or coma associated with GBL. Some NPS mimic the effects of these drugs.

PRESCRIPTION DRUGS
Most people use prescription drugs for the purpose they are intended, but some people, if taken over a long period, can become dependent. Many prescription drugs are vulnerable to misuse; most commonly opiates, often prescribed to treat pain; antihistamines; stimulants e.g. to treat ADHD; central nervous system depressants e.g. barbiturates, prescribed for sleep disorders and anxiety and antidepressants.

Prescription drugs can cause sedation or an altered state of consciousness, depressed respiration, a lack of coordination, changes in appetite and nausea. They can cause dependence if taken over a long period of time, and damage to the liver, kidneys and digestive system. Withdrawal symptoms might include anxiety, depression, insomnia or seizures.
STEROIDS/IED
Steroids and image enhancing drugs (IEDs) mimic natural hormones in the body that regulate and control how the body works. Anabolic steroids are the type most likely to be misused: some people take them to help build muscles, because they are similar to the male hormone testosterone. They can make some people feel aggressive, paranoid, irritable or violent, and cause dramatic mood swings.

Taking steroids and IEDs can cause a number of health harms, including high blood pressure and liver damage. Injecting any drug can damage veins and cause ulcers and gangrene, particularly with dirty needles or a poor injecting technique, and sharing equipment can spread blood borne viruses like Hep C and HIV.

POLY-DRUG USE
When using drugs in combination, including alcohol, risks can be increased. People might use more than one type of drug to balance out the effects, or to enhance the feeling of both drugs. Different substances react in different ways, which can sometimes be dangerous.

The most common type of poly-drug use involves alcohol and other substances. Alcohol is a depressant, and when taken with other depressant drugs (opiates, benzodiazepines), the effect is multiplied, risking a person passing out, choking on their own vomit or stopping breathing. Prescribed medications can also react badly in combination with alcohol. Many NPS have not been tested and we don’t know their effects when combined with each other, or other substances.

EFFECTS ON YOUNG PEOPLE
It is estimated that there are between 200,000 and 300,000 young people in England and Wales where one or both parents have serious drug problems. This represents 2-3% of all young people under 16.

It is also estimated that between 780,000 and 1.3 million children in England are affected by parental alcohol problems.

Problematic parental drug or alcohol use can have a huge effect on a young person’s health, education and development.

Maternal drug or alcohol use during pregnancy can damage an unborn child, affecting foetal growth and causing a number of physical problems, with maternal drug injecting carrying the risk of transmission of HIV and viral hepatitis.

After birth, a child may be further exposed to the hazards of problematic parental drug or alcohol use. These can include poverty physical and emotional abuse or neglect, as well as dangerously inadequate supervision and inappropriate parenting practices.

Problematic drug or alcohol use can also result in intermittent or permanent separation, inadequate accommodation and frequent changes in residence. There is also the risk of interrupted education and socialisation, exposure to criminal behaviour, social isolation, and toxic substances and alcohol being left around the home.

Such hazards can have serious negative impacts on children of all ages and at all stages of development.

WHAT A YOUNG PERSON MIGHT BE GOING THROUGH

Children whose parents use drugs or alcohol are likely to experience all kinds of feelings. Some may be very demonstrative in their moods and emotions. Some may not. But it’s important that you understand what a young person might be feeling, and why they might be feeling that way.

LOVE AND LOYALTY

Children often want to help their parents in any way they can. Even when parents are violent or abusive, a child’s love can be enduring. This means that they can often be reluctant to disclose anything they feel might get their parents into trouble. In some cases you may need to press home the key messages about disclosure and confidentiality before trying to encourage them to talk.

ANGER AND FRUSTRATION

Children whose parents take drugs often report feeling angry and frustrated by their situation. These feelings can sometimes be directed towards their parents, and sometimes towards themselves. Some children may try to intervene in parental disputes, while others may simply wish to be removed from the situation. Either way, anger and frustration are likely responses. Given all that a child may be experiencing, remember not to push them for information if they are not forthcoming. You’ll need to win their trust before they open up.

GUilt, SHaME aND STigma

Children can feel guilty about their parents’ experiences and problems, believing that they are to blame for what goes on at home. Some young people feel that parental drinking and drug taking is due to their own behaviour.

In families where domestic violence or substance misuse is a problem, children can feel embarrassed or ashamed of the way their parents behave. Where young people are required to carry out intimate care tasks, such as helping their parents undress or putting their parents to bed, this can be a common reaction.

Sadness, isolation and depression can be common. Depending on the scale of problems in the home, self-esteem can often be affected. Loneliness and depression can be particularly acute for children assuming additional household responsibilities. Sometimes young people assume the role of ‘helper’, taking responsibility for their parents’ welfare. This can deepen their sense of isolation. In situations where domestic violence is an issue, they may feel confused and threatened, particularly if they seek to deny the existence or extent of a problem in order to protect their parents. The feeling that there is nobody looking out for them needs to be countered by reassurance that there are people they can talk to, and people who can help.

FEAReD AND ANxIETY

Experiencing problems at home can cause young people a significant amount of worry. More than anything, most young people want to feel safe. Domestic violence or substance misuse can threaten this sense of security and often lead to emotional stress and anxiety. A child’s fears for a parent may be accentuated if a parent’s ability to look after themselves is impaired through problematic drug or alcohol use or illness.

Studies show that in households where domestic violence or substance misuse occurs, young person’s number one fear is of violence (towards themselves or another member of the family) and parental conflict. Loss and fear of loss can be a major feature of a child’s emotional journey. Often, their primary fear is the loss of their parents (actual or emotional). But loss can also encompass the loss of home, personal space or sense of belonging. Having to take on additional domestic responsibilities, often as a result of parental drug or alcohol use, can cause a child to feel that they have lost out on the simple pleasures of childhood. Loss can also be felt by children on behalf of parents, as both the victims and perpetrators of domestic violence, or during divorce, separation and family breakdown.

Sometimes, young people worry about their parents overdosing. If you feel it is appropriate to the conversation, talk through what they could do in the case of an emergency (see the mini booklet for information).

LOSS

Studies show that in households where domestic violence or substance misuse occurs, young person’s number one fear is of violence (towards themselves or another member of the family) and parental conflict.
ASSESSING THE RISKS

Professionals are not required to report parental drug or alcohol use to the police or Social Services. Remember, parents who misuse substances do not necessarily pose a risk to their children. However, if you are concerned for the safety of a child you are obliged to inform Social Services. Indicators that could constitute potential cause for concern include:

- Signs of neglect, such as a child being constantly hungry, dirty, tired or inappropriately dressed for weather conditions.
- Injuries suspected of being non-accidental. Injuries can be suspicious if they:
  - are on a part of the body not usually associated with accidental injury
  - are unusually symmetrical
  - are noticed on several occasions
  - suggest attack, e.g. hand prints, cigarette burns, large bite marks, any small round bruise suggestive of grabbing, black eyes etc.
- Conflicting accounts of injury, medical treatment or absence.
- A child who displays sexualised, aggressive, depressive or withdrawn behaviour, is fearful of adults, runs away from home frequently or flinches when touched or approached.
- A child who self-harms.
- Non-organic failure to thrive. This can mean that a child significantly fails to reach normal growth or developmental milestones (i.e. physical growth, weight, motor, social and intellectual development).
- Any disclosure by a child that indicates abuse or neglect.

If the young person’s school work is suffering or they are being bullied, help them to identify trusted staff at school. What would they like to change at school? They might be in contact with the Education Welfare Officer. Is he/she aware of the family’s substance misuse problem?

If in doubt, raise concerns with your line manager, making sure that the family’s confidentiality is respected. Involve colleagues where necessary and avoid acting alone, except in emergencies. Remember, it is not your role to decide whether abuse and/or neglect has or hasn’t taken place: this is the role of Social Services and/or the NSPCC. However, any reasonable grounds for suspecting abuse and/or neglect must be reported to Social Services, NSPCC or the police for them to investigate.

If the child is in immediate danger, follow these steps:

1. Contact the police by dialling 999.
2. In an emergency, get medical help.
3. Contact the local Social Services team or (Emergency Duty team if out of office hours). Give as full an account of the relevant facts as possible. Discuss any future action with them, such as contacting the police, parents or guardians or making arrangements for immediate care if needed.
4. Contact the parents or guardians as appropriate. Do not contact them if this could place the child at further risk of harm.

DEFINITIONS OF ABUSE AND NEGLECT

Abuse and neglect

 Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Abuse and neglect are most commonly carried out by adults known to the young person.

Physical abuse

 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Emotional abuse

 Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and adverse effects on the young person’s emotional development. It may involve telling children that they are worthless, inadequate or unloved. It may involve causing children frequently to feel frightened or in danger, or exploiting or corrupting them.

Sexual abuse

 Sexual abuse involves forcing or enticing a young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact. They may include non-contact activities, such as involving young people in looking at pornography or sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

 Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the young person’s health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing or failing to protect a child from physical harm or danger. It may also include neglect of, or unresponsiveness to, a young person’s basic emotional needs.

CONFIDENTIALITY

When making a risk assessment, if a young person’s disclosure leads you to become concerned. Care should be taken not to promise confidentiality. A young person’s wish for information not to be shared may not be in keeping with safeguarding their welfare, which must be the paramount consideration. The young person should, however, be reassured that the information will not be shared indiscriminately, and will be passed on only in an effort to help them.

When a young person has disclosed abuse, and is told that this information will be passed on, they may wish to retract the disclosure. This usually reflects the level of anxiety they feel about the consequences of the disclosure, and should not be taken as an indication that the original disclosure was false.

Listen to the young person and try not to ask leading, interrogating or probing questions. Ask only questions for clarification. You do not need to know all of the details – this is the role of Social Services, the NSPCC or the Police.

Do not prevent a young person who wants to talk about what has happened from doing so and reassure them that they were right in telling you. Acknowledge any distress or difficulty in disclosing and explain what will happen next, and who will be informed.

SOLUTIONS, SEEKING HELP

The best solutions to problems relating to parental drug use or alcohol abuse are those that the young person and their family want to happen. It’s important to consider, therefore, how a young person could approach their parents or other family members. Keep in mind that within volatile family situations, “talking to mum and dad” could be a dangerous undertaking even when parents appear calm.

It’s okay for young people to seek help and support from outside the family, even if they have been told to keep their family’s difficulties secret. Keeping secrets should be discouraged. You may want to help the young person think about the different services on offer, and what may result from contacting them.

Anonymous listening help can be gained from helplines such as ChildLine (0800 1111), who will not actively intervene but will listen to anything a young person wants to say or get off their chest. The Resources pages at the back of this section signpost routes to further help and information.
WHAT THE LAW SAYS

THE CHILDREN ACT 1989

The Children Act 1989 is part of the legal framework promoting and protecting the rights and welfare of young people in the UK. Based on the belief that children are generally best looked after within the family, with both parents playing a full part and without resort to legal proceedings, The Children Act 1989 came into force in England and Wales in 1991 and (with some differences) in Northern Ireland in 1996.

The Act gives every child the right to protection from abuse and exploitation. It is based on the principles that the welfare of the child is the paramount consideration, and that the views of the young person are of central importance and should always be sought and considered.

In Scotland, The Children (Scotland) Act 1995 brings together different areas of the law affecting children. The Children Act 1989 also sets out the responsibilities of local authorities and other services, such as police and health visitors, for protecting young people and promoting their welfare.

The Act places duties on drug agencies to assess the needs of young people if their health and wellbeing may be at risk, and suggests that a child should not be separated from their parent(s) unless it is in the interest of the child to do so.

CHILD PROTECTION

In order to support children in need and their families, all local authorities are required to have an Area Child Protection Committee ‘to promote, instigate and monitor joint policies in child protection work’. In situations where a child is deemed at risk, a Child Protection Conference or court hearing can help decide a clear plan of action. If a Conference finds a child ‘at risk of significant harm’, they will be placed on the Child Protection Register (CPR). Being on the register, which is available only to other professionals, does not automatically mean that the young person will be removed from home.

THE POLICE

Drug users may have frequent contact with the police. This may be because of the drug use itself, or because of associated behaviour such as shoplifting or, in the case of some drugs such as crack cocaine, public aggression or violence. The police can arrest anyone for possession of illegal drugs under the Misuse of Drugs Act 1971. They can be detained for 24 hours before being charged or released. Possession does not automatically lead to a prison sentence, but defendants may be cautioned or fined. A Police Officer can remove a young person from home for 72 hours if they believe them to be at immediate risk of harm.

THE COURTS

Children who are considered at risk of significant harm may be the subject of a court action for a care order. This usually happens when a parent consistently places the purchase and use of drugs over the child’s welfare and fails to meet the child’s needs.

Under Section 1(3) of The Children Act 1989, all courts must have regard in particular to:

- The wishes and feelings of the child concerned (considered in the light of his or her age and understanding).
- Their physical, emotional and educational needs.
- The likely effect of any change in their circumstances.
- Their age, sex, background and any characteristics which the court considers relevant.
- Any harm which they have suffered or are at risk of suffering.
- How capable each of the parents, and any other person considered relevant by the court, is of meeting his or her needs.
- The range of powers available to the court under this Act in the proceedings in question.

Courts are entitled to make any order irrespective of the application, but must not make an order unless it will positively contribute to the child’s welfare. Young people can also apply for court orders in their own right.

Parents are encouraged to seek a court application as a last resort when other options (including professional conciliation or mediation) have failed. Young people should always be consulted (subject to their age and understanding) and kept informed about what will happen to them. Court decisions about their future upbringing should be responsive to their needs. Parents and the children’s wider family circle (grandparents and other relations) should continue to have a role to play in the lives of their children even when they are living apart from them.
As you work through this document, while you may not need to make reference to specific legal procedures, you may want to make the young person aware that they do have rights, and that these rights are protected in international law.

The human rights of a child, and the standards to which all governments must aspire to, are expressed in a single international treaty: the United Nations Convention on the Rights of the Child. This is a powerful legal instrument that not only recognises but protects the human rights of every child. The Convention was adopted and ratified by 192 countries on 20 November 1989. Defining a child as 'every human being below the age of 18, unless under the law applicable to the child,' the Convention decrees that every child has the right to:

- Be protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians, or family members.
- Their best interests being a primary consideration.
- The protection and care that is necessary for his or her wellbeing, taking into account the rights and duties of the parents, legal guardians, or other individuals legally responsible for the child.
- Not be separated from his or her parents against their will, except if the separation is in the child’s best interest.
- Express their views freely in all matters affecting them, and their views being given due weight in accordance with the age and maturity of the child.
- Freedom of expression; including freedom to seek, receive and impart information and ideas of all kinds (subject to certain restrictions as provided by law) such as: respect of the rights or reputations of others or the protection of national security, public order or public health or morals.
- Freedom of thought, conscience and religion.
- Freedom of association and peaceful assembly.
- The protection of his or her privacy, family, home or correspondence and against unlawful attacks on his or her honour or reputation.
- Access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.
- Protection from information and material harmful to the child’s wellbeing, bearing in mind the right to the freedom to access information.
- Protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation.
- (If mentally or physically disabled) to enjoy a full and decent life in conditions that ensure dignity, promote self-reliance and facilitate the child’s active participation in the community.
- To the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.
- To education.
- To rest and leisure, to engage in play and recreational activities.

For further information on the UN Convention on the Rights of the Child, see www.unicef.org/crc/crc.htm

Journeys – When parents take drugs has been developed through consultation and support from organisations that work closely with young people who are experiencing the effects of a parent’s drug or alcohol use and with contributions and advice from the young people themselves.
Useful Organisations

**ADFAM**
Information and advice for families affected by drugs and alcohol including an online database of local support groups  
Tel: 020 3817 9410  
www.adfam.org.uk

**BARNADO’S**
UK charity supporting vulnerable children and their families  
Tel: 0208 550 8822  
www.barnardos.org.uk

**CARERS UK**
Policy advice and information about carers’ issues  
Helpline: 0808 808 7777  
www.carersuk.org

**CHILDLINE**
Helpline for young people  
Helpline: 0800 1111 (free, 24 hours)  
www.childline.org.uk

**THE CHILDREN’S SOCIETY**
Works with and for children to help them deal with life challenges. Local projects around the country  
Tel: 0845 300 1128  
www.childrenssociety.org.uk

**DRUGSCIENCE**
Objective information on drugs and drug harms  
www.drugscience.org.uk

**DRUGWISE**
UK centre of expertise on drugs  
www.drugwise.org.uk

**FRANK**
Advice and information for anyone concerned about drugs  
Helpline: 0300 123 6600 (24 hours)  
www.talktofrank.com

**NATIONAL ASSOCIATION FOR CHILDREN OF ALCOHOLICS (NACOA)**
Advice and message-boards for children whose parents use alcohol  
Tel: 0800 358 3456  
www.nacoa.org.uk

**NSPCC**
UK charity specialising in child protection and the prevention of cruelty to children  
Child Protection Helpline: 0808 800 5000 (free)  
www.nspcc.org.uk

**RETHINK**
Information and advice on mental health including ‘dual diagnosis’ of mental health problems and substance misuse  
Helpline: 0300 5000 927 (9:30am-4pm Mon-Fri)  
www.rethink.org

**SAMARITANS**
Confidential emotional support for anyone experiencing feelings of distress or despair  
Helpline: 116 123 (free 24 hours)  
www.samaritans.org

**SOCIAL SERVICES**
See local directories for contact details  
www.direct.gov.uk

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SECTION 2

FOR 4-10 YEAR OLDS
ALL ABOUT DRUGS

You might have heard people talking about ‘drugs’: on the telly, in the playground, in the street. But what do people really mean by ‘drugs’? Well, drugs can mean several things. Some drugs can help people feel better when they’re ill. You can get these drugs from the doctor. Then there are other drugs, illegal drugs, which people take to make them ‘high’ – to make them feel different. It’s these drugs that we’re talking about in this booklet. There’s alcohol too, which isn’t illegal for adults, but which can be bad for people if they drink too much.

It can be upsetting when people you know and love get involved in drugs. But what about when parents take drugs? My mum and dad take drugs. So do the mums or dads of all the kids in this booklet. Maybe one, or both, of yours do too. Maybe they live apart or drink too much. Or maybe they don’t but you’re just interested. Whatever the set up, the feelings can be the same. This booklet is here to help you.

As you go through each page, feel free to ask any questions. It’s important you’re able to talk about how you feel. Talking about what it’s like, or might be like, when your mum or dad takes drugs could help you understand things a little bit more.

I FEEL...

If, like me, your mum or dad uses drugs or alcohol, you may have all kinds of thoughts and feelings. Here are some of my friends.

They’re each feeling a particular way because one or both of their parents uses substances. Do you ever feel like this?

ANGRY
LONELY
EMBARRASSED
IGNORED
MISERABLE
SCARED

There’s no right or wrong when it comes to your feelings. Everybody’s different, and everybody feels different things at different times. Sometimes you might be angry. Sometimes you might be sad. Sometimes you might feel lonely or embarrassed. And that’s fine. It’s okay to feel what you feel, and don’t worry if now and then you get confused about things. It’s not easy growing up, particularly if your parents take drugs.

Before going through this booklet, it is advisable that you read the first section. Here you will find all the issues addressed in the booklet covered in greater detail, with signposts to further help and information. It’s also important that you consider the needs of each individual young person. The 4-10 age group, in particular, covers a wide spectrum of abilities. If the young person is around the 10 or 11-year mark, it might be that the section for teenagers is more appropriate. Use your judgement. When working through the pages, use each scenario as a stimulus for discussion and bring your own ideas, personality and experiences to the activities. Wherever possible, encourage them to talk about their feelings and what happens in their home. It’s best not to make assumptions about a child’s individual circumstances. If the young person has any questions, think about what lies behind the question, and what emotions or experiences might have prompted it.

The United Nations says...every child has the right to be protected against all forms of discrimination or punishment...
Look at these pictures. In each one, a friend of mine has a question about their parents and drugs. How do you think they’re feeling?

Go through each scenario in turn. In each case, establish what’s going on. Try to draw out and discuss relevant issues, emotions and concerns, encouraging the child to talk about how they feel and what thoughts these pictures provoke. Reassure them that they are in no way responsible for other people’s drug use – even that of family members. Explain that, while you cannot promise total confidentiality, you will only pass on information in an effort to help them. Bear in mind that they might want to talk some more, either to you or someone else. Depending on their age, be ready to guide them to other sources of support if that’s what they want.

Have you got any questions you’d like to ask?

The United Nations says...every child has the right to not be separated from his or her parents against their will, except if such separation is necessary for the best interests of the child...

It’s not your job to try to solve your parents’ problems or sort things out at home. But there are some things you can do that may help you feel better. Here are a few that me and my friends have tried:

DRAW OR WRITE
Sometimes, if you’re feeling confused or upset, it can help to write things down or draw a picture. You could start a diary and write down how you feel. You could write a story or poem or design a comic or cartoon. You don’t have to show any of it to anybody if you don’t want to, and it might help you feel less muddled.

TALK TO SOMEONE
It’s good to be able to talk about how you’re feeling. Try to think of someone you feel comfortable talking to. It could be a friend or relative, or perhaps a teacher or neighbour. You don’t have to tell them everything, just whatever’s on your mind. And don’t think that talking about your parents is bad – it’s not, you’re just working things out.

HAVE FUN
It can be hard to have fun when you’re angry but, whatever’s going on at home, it’s still okay to have fun – to have a laugh, a joke and a good time. Don’t feel that, because people around you are unhappy, you have to be unhappy too. What do you really love doing? Reading? Skipping? Playing football? Whatever it is – MAKE SURE YOU DO IT!

Talk through these possible activities with the young person. Discuss the advantages of each, and explore their own hobbies and interests. Other concrete suggestions, such as games they might play after school, sports or music projects they might get involved in, will help stimulate ideas. Concentrate on activities that don’t need money to get involved with. The message that it’s okay for them to enjoy themselves is crucial, so really try to explore the things that make them happy. Ask them about the good times that they’ve had. If, in the course of your discussion, the subject of the internet arises (more likely with older age groups), make sure you emphasise the importance of safeguarding personal information when entering chat rooms (see the first section for more on this).

...every child has the right to express their views freely in all matters affecting them...
Sometimes it can be helpful to try to imagine what life is like for your mum or dad. It might help you understand a bit more what’s going on. I’ve tried it, so have my friends, and you might find it useful too.

**WHY DO MUM AND DAD USE DRUGS OR ALCOHOL?**

There are many reasons why people do this. People often start because it gives them pleasure and makes them feel different. Your mum and dad might use these substances to make them feel more confident or help them forget their worries. But once they’ve started, some people can find it very difficult to stop. They might find they need drugs or alcohol every day.

**FEELING BAD?**

Drugs and alcohol change how people think and feel. As well as the pleasure and ‘high’, there’s always a low point, maybe a ‘comedown’ or a ‘hangover’. If your mum or dad seem irritated, nervous, angry or depressed, it could well be because they’re experiencing one of these. They might not like the way they feel, but sometimes there might be very little they can do about it. But remember, it’s the drugs making them feel the way they do – not you.

**STOPPING DRUGS**

Your mum or dad may well want to stop using drugs or alcohol, but it’s often not an easy thing to do. The more people take these substances, the more they might find they need them, and you can’t force people to stop just like that. People sometimes need professional help, and it’s the job of doctors and other specialists, not you, to try to help your parents in this way.

**NOT SURE?**

It can sometimes be scary trying to work out what to do. But don’t worry; if you’re not sure about things, there are plenty of people out there who can help you and your mum or dad. If you think you need more help or information, tell the person you’re reading this booklet with. Remember, you’re not alone, and you shouldn’t ever have to make any big decisions on your own.

Encourage the young person to talk about their parents and why they might want to use substances. Reassure them that doing so won’t result in them getting into trouble of any kind. Empathise with them; let them know that you understand how difficult discussing family matters and problems can be. Make sure they understand that they’re not responsible for how their parents feel, nor are they responsible for getting their parents off drugs or alcohol. Again, depending on the age group, talk to them about other people that they could talk to if they want, and other places they could go for further help and information.

*The United Nations says...every child has the right to education...*
Have a look at these drawings. All of these things are part of everyday life. Who or what does each drawing make you think of? Have you always felt the same way about these things? Has the way these things come into your life changed at all recently?

This section gives you the opportunity to really open up discussion about the young person's life at home. If their parents' substance use is problematic it may impact on everyday activities. How much sleep the young person gets, or how mealtimes are managed, may therefore be an issue. But make sure you look for the positive associations and flipsides to each scenario. Wherever they may be living, encourage them to talk about how they feel about their situation. If they are living at home, reassure them that there may well be no reason for this to change.

The United Nations says...every child has the right to protection from all forms of physical or mental violence, injury or abuse...
If, like me, your parents use drugs or alcohol, it’s important to remember that it’s their problem, not yours. It’s not your fault that they take drugs, drink alcohol or behave the way they do, and it’s not your job to get them to stop. But there are some things you can do that will help you understand the situation and feel better about things.

I’ve found that talking helps a lot. Hopefully, by going through this booklet, you’ve seen how discussing what’s going on and how you’re feeling can really make a difference.

And remember: you’re not alone. There are people out there going through similar things, and people out there you can talk to. The person you’ve been reading this with will be happy to help or talk to you some more if that’s what you want.

Whatever’s going on at home, one thing’s for sure; it’s important you keep doing the things that make you happy. And healthy! Make sure you get lots of sleep and eat regular meals. Play the games you enjoy and try not to worry about what’s going on around you. It’s okay to think about yourself, your future, and what you want and need. It doesn’t mean you don’t care about your mum or dad. But it’s your life, after all, and you’re number one!

The United Nations says...every child has the right to enjoy his or her culture, to profess and practice his or her own religion, or use his or her own language...
SECTION 3

FOR 11-15 YEAR OLDS
ALL ABOUT DRUGS

Let’s face it, drugs and alcohol are everywhere. We hear about them all the time: on the telly, in the playground, in the classroom. You might know someone who’s tried drugs—done this, that or the other.

But what about when parents use drugs? My folks take drugs—so do the mums or dads of my friends in this booklet. Maybe one, or both, of yours do too. Maybe they live apart or drink too much. Or maybe they don’t and you’re just interested or have a friend who needs your support. This booklet is here to help you. Whatever the set-up, the feelings can be the same so, when the booklet says ‘parents’, interpret it in the way that reflects how you live.

Of course, all families and homes are different. But there are certain situations and feelings that are talked about in these pages, which may be familiar to you. It might be worth reading through this booklet with an adult—someone you feel comfortable with and trust. That way you can discuss the different things that come up, and talk about what it’s like, or might be like, when parents take drugs.

Before going through this booklet with a young person, it is advisable that you read the first section. Here you will find all the issues addressed in the booklet covered in greater detail, with signposts to further help and information. When working through the pages, use each scenario as a stimulus for discussion and bring your own ideas, personality & experience to the activities. Keep an eye out for the prompts, and wherever possible, encourage the young person to talk about their feelings, what happens in their home, and how they might cope with certain situations. It is best not to make assumptions about a young person’s individual circumstances. If they have any questions, think about what lies behind the question, and what emotions or experiences could have prompted it.

The United Nations says...every child has the right to be protected against all forms of discrimination or punishment...

I FEEL ****!

If, like me, you have a parent who uses drugs or alcohol, you may experience all kinds of thoughts and emotions. Here are some of my mates. They’re all feeling a certain way because of either their mum or dad’s drug use. Do you ever feel like this?

- Miserable
- Lonely
- Angry
- Embarrassed
- Anxious
- Ignored

There’s no right or wrong way to feel about parents’ drug taking. Everyone’s situation is different. Your culture, how old you are and where you come from all play a part in who you are and what you feel. Someone might feel angry where you feel embarrassed, or anxious where you feel sad—and that’s absolutely fine. Some feelings, such as shame or resentment, can be really confusing. But don’t worry: we’re all entitled to feel what we feel, whether or not it makes sense. Your feelings are your feelings, and you’re not betraying anyone by having them.

Encourage the young person to look at the six pictures on this page. Ask them if they recognise the different feelings each character is expressing. Let them talk and see where the conversation takes you. But remember, this is only the start of the booklet, so go gently. If the young person is not forthcoming, don’t push them for a response. It might also be worth looking at the flipside to the feelings explored on this page: ask about the opposite emotions, and the things that make the young person feel happy, safe and secure. This may help you establish a dialogue, and pave the way to more fruitful conversations.

...every child has the right to such protection and care as is necessary for his or her wellbeing
WHAT’S GOING ON?

Take a look at these scenes. In each case, one of my mates has a question about their parents’ drug or alcohol use. How do you think they’re feeling? Have you got any questions you’d like to ask?

FEELING BETTER

However much you go on at your mum or dad to give up drugs or alcohol, they may not be able to do so. You can’t force people to kick certain habits, and it’s not your job to try to change your parents’ ways. However, there are certain things you can do that may help you feel better about your situation. Here are a few that my mates and I have tried:

WRITE...

You might find that it helps to get your thoughts down on paper. Whether it’s a diary, story or a poem, writing can sometimes help you make sense of how you’re feeling.

TALK...

Talking often helps people feel better about things. Find someone you trust, or contact an organisation for people your age or in your situation. You don’t have to tell them everything, just whatever’s on your mind. And don’t think that talking about your parents is disloyal – it’s not, you’re just working things through.

CHAT ONLINE...

There are loads of websites out there where teenagers can ‘meet’ and chat. Chat rooms can be a fun way of interacting with others, sharing views or just shooting the breeze. When entering a chat room though, make sure you never give out any personal information, including where you live, your email address or mobile number.

...every child has the right to express their views freely in all matters affecting them...

The United Nations says...every child has the right to not be separated from his or her parents against their will, except if such separation is necessary for the best interests of the child...

GET CREATIVE...

Art can be a great way of expressing yourself. You could make a collage, paint a picture or design a comic strip – it could be about how you’re feeling now, or about how you’d like to feel and the things that make you happy. Go on, get creative: it might be a great release!

HAVE A LAUGH...

It can be hard to have fun when you’re angry but, despite what might be going on at home or elsewhere, it’s still okay to enjoy yourself – to have a laugh, a joke and a good time. Remember, life’s about living: other people’s problems don’t have to limit your own experience.

TALK TO YOUR MUM OR DAD...

Talking to your parents can sometimes help, but you need to pick the right time. Calm periods are best, when things aren’t too difficult at home. You’ll be the best judge of whether you can approach them – but don’t worry if you don’t want to, or if it doesn’t feel right.

Talk through these possible activities with the young person. Discuss the advantages of each, and explore the young person’s own hobbies and interests. Other concrete suggestions, such as clubs they might join, sports or music projects they might get involved in, will help stimulate ideas. Concentrate on activities that don’t need money. Flag up routes to professional help if the young person feels they need it, and when discussing chat rooms and other online facilities, reiterate the importance of safeguarding personal information (see the first section for more on this).
Putting yourself in someone else’s shoes might help you understand a bit more what’s going on. I’ve tried it, so have my mates, and you might find it useful.

**WHY DO THEY DO IT?**

There are many reasons why people use drugs or alcohol. But basically, most people start to take drugs because it gives them pleasure or to help them cope with problems. Drugs can often make people feel confident, can help them fit in or forget their worries. Once they’ve started, however, some people can become dependent and find it very difficult to stop. They might find they need drugs or alcohol just to cope with everyday life.

**FEELINGS**

Drugs affect how people think and feel. Despite the initial pleasure and ‘high’ people get from taking drugs, there always comes a low – what’s called ‘the comedown’ or ‘the crash’. People can become irritable, anxious or depressed. If your mum or dad takes drugs, they might not like the way they’re feeling, but there might be very little they can do about it. But remember, it’s the drugs making them feel the way they do – not you.

**HOW DO YOU THINK YOUR MUM OR DAD FEELS?**

Look at what’s been going on. Think about how your parents have been behaving, and what this behaviour says about how they might be feeling. Take a step back and see if you can work out what’s going on inside. But remember, it’s not your job to try to change the way they feel or solve their problems.

**BEHAVIOUR**

Drugs also affect how people behave, and can cause people to lose their grip on everyday life. Because of their drug taking, my parents became really unsociable; they let the house get really messy and would often yell at me and my brother. In other cases, parents who take drugs might sleep all day, they might shout or cry or stay silent for hours. Again, your mum or dad’s behaviour might not be anything to do with you: it could just be the drugs making them do the things they do.

Encourage the young person to talk about what their parents might be feeling, and why they might want to use drugs. Reassure them that doing so won’t result in them getting into trouble. Empathise with the young person; let them know that you understand how difficult discussing family matters and problems can be. Tell them there are other people they could talk to if they want, and other places they could go for further help and information. Again, don’t make any assumptions about the family situation or pass judgement of any kind.

*...every child has the right to protection from information and material helpful to his or her wellbeing...*
All of these things feature in people’s homes and everyday lives. Are any of these affected in any way by your parents’ drug or alcohol use or their lifestyle?

- **TIME**
- **MONEY**
- **GAMES**
- **FOOD**
- **HOUSEWORK**
- **SLEEP**
- **BROTHER OR SISTER**
- **SHOPPING**
- **BULLYING**
- **SCHOOL**

**AWAY FROM MUM AND DAD**
Wherever you live, all of these everyday things can be affected in some way. But sometimes, living away from home for a while, either with a carer or with a relative, can mean that things have a chance to calm down. My mate Kevin, for instance, is living with his gran at the moment. Sure, he misses home, but at least he’s getting some space while his parents sort themselves out.

This section gives you the opportunity to really open up discussion about the young person’s life at home. If their parents’ drug taking is problematic it may impact on everyday activities. How much sleep the young person gets, or how mealtimes are managed, may therefore be an issue. But make sure you look for the positive associations and flipsides to each scenario. Wherever they may be living, encourage the young person to talk about how they feel about their situation. Encourage them to think about what they would say to another young person facing similar issues.

...every child has the right to the enjoyment of the highest possible standard of health...
Your parents’ drug or alcohol problem is exactly that: their problem, not yours. You’re not responsible for getting them to stop taking drugs – they are. But there are several things you can do that can help you understand the situation a bit more and feel better about things generally.

I’ve found that talking about things helps a lot. Hopefully, by going through this booklet, you’ve seen how discussing what’s going on and how you’re feeling can really make a difference.

There are also special organisations that can help both you and your family. It’s the job of particular professionals to make sure you’re looked after properly. And there are certain support agencies that can help get your parents off drugs. Remember: you’re not alone. There are people out there going through similar things, and people out there you can talk to. Whatever you decide to do, one thing’s for sure; keep your own future and wellbeing in mind. Your health and happiness is number one in all this. Make sure you get plenty of kip, eat regular meals and look after yourself. You needn’t let your parents’ or other people’s drug-taking hold you back. Thinking about yourself doesn’t mean you don’t care about them. It’s your life, after all.

Tell someone you trust about what’s happening. It feels better when you’ve told someone.

I didn’t want to talk about it really because I was embarrassed.

I felt angry, sad and lonely.

I want a new mum like the one I used to have.

I want to live in a family like the Waltons, not the Osbournes.

My key worker is mint and WAM* are ace too.

*WAM (What About Me) is a voluntary organisation based in Mansfield offering support to young people (aged 5-19) affected by someone’s substance misuse.

The United Nations says...every child has the right to enjoy his or her culture, to profess and practice his or her own religion, or use his or her own language...

...every child has the right to rest and leisure, to engage in play and recreational activities...
We want anyone affected by someone else’s drug or alcohol use to have the chance to benefit from healthy relationships, be part of a loving and supportive family and enjoy mental and physical wellbeing. If you require further help and information our website (www.adfam.org.uk) also provides a database where you can access information about local support.