



## **Protection of the Rights of Children and Women Suffering from Drug Addiction in the Family and Society**

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*Article 24 of the Convention on the Rights of the Child recognizes the “right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.”*

### **Parents, Children and Substance Abuse**

A predictable, consistent environment, coupled with positive caregiver relationships, is critical for normal emotional development of children. Although the intertwining of family and substance use patterns and problems is well established, the actual causal mechanisms responsible for this intertwining are extremely complex and sometimes not what they first appear to be. Often family problems resulting from poverty, discrimination, family violence and mental health issues are misattributed solely to the substance use of a family member.

Research indicates a strong connection between substance abuse and child abuse. Parental substance abuse and dependence have a negative impact on the physical and emotional well-being of children and can cause home environments to become chaotic and unpredictable, leading to child maltreatment. Parents’ marijuana use during pregnancy is associated with an increased risk for sudden infant death syndrome and poorer motor skills, while amphetamine use is related to a higher risk of miscarriage, low birth weight and withdrawal syndrome at birth. Prenatal cocaine exposure is associated with preterm delivery, low birth weight and subsequent developmental problems.

Parental substance abuse may lead to neglect in myriad ways. Substance abusing parents may divert money that is needed for basic necessities to buy drugs and alcohol; they may be unable to maintain steady employment and to be emotionally and physically available to care for their children, placing them at risk for malnutrition, illness, accidental injury, school failure, and delinquency. Finally, substance abusing behaviors of parents may expose their children to criminal behaviors and dangerous people that can result in physical and sexual abuse. In such a



situation, children's physical and emotional needs often take a back seat to their parents' activities related to obtaining, using, or recovering from the use of drugs and alcohol. Neglected children who are unable to form secure attachments with their primary caregivers may:

- Become more mistrustful of others and may be less willing to learn from adults
- Have difficulty understanding the emotions of others, regulating their own emotions, or forming and maintaining relationships with others
- Have a limited ability to feel remorse or empathy, which may mean that they could hurt others without feeling their actions were wrong
- Demonstrate a lack of confidence or social skills that could hinder them from being successful in school, work, and relationships
- Demonstrate impaired social cognition, which is awareness of oneself in relation to others as well as of others' emotions. Impaired social cognition can lead a person to view many social interactions as stressful.
- Have emotional, academic, and developmental problems
- Experience symptoms of depression and anxiety
- Suffer from psychiatric disorders
- Exhibit behavior problems
- Score lower on school achievement tests
- Demonstrate other difficulties in school.

### **Preventing Substance Abuse**

Public health experts distinguish between **primary, secondary and tertiary prevention programs**. Primary prevention programs are aimed at the general public without respect to identifying individuals particularly at risk for health problems. Secondary prevention efforts focus on persons who are at heightened risk for health problems, while tertiary prevention programs are directed toward people who already experience health problems, and focus on reducing the harm associated with that problem or encouraging those affected to seek and comply with treatment. The family is a promising setting for each of these types of substance abuse prevention efforts.



Advocates of drug testing and punitive sanctions against mothers who use alcohol or drugs during pregnancy argue that these practices are necessary to protect the rights of the unborn child. Opponents of these policies, however, argue that the policies are legally impractical and discriminatory, they violate the rights of the mothers, and they may, in the long run, cause greater damage to the children of substance abusing parents.

### **Child Rights and Substance Abuse**

What will you do if you come across a case of substance abuse in a child?

#### **Will you....**

- Blame it on destiny?
- Argue that all adults have gone through it as a child and so what's wrong with it?
- Argue that it is a custom, a practice and therefore nothing can be done about it?
- Blame it on poverty?
- Blame the family and not do anything about it?
- Look for evidence to establish that the child really needs protection?
- Wait till you find evidence to act?

#### **Or will you.....**

- Ensure that the child is kept in a safe environment?
- Speak to the child?
- Talk to her/his family and tell them that every child has a right to safe childhood and that it is the primary responsibility of the parents to take care of their children?
- Help the child and the family, if required?
- Find out what is threatening the safety of the child?



- Act against those who are being cruel to the child or those from whom the child needs to be protected?
- Report the matter to the police/child line if there is need for legal protection and legal redressal?

*(Source: Child Protection- a Handbook for Teachers, Ministry of Women and Child Development, New Delhi, India, 2006)*

### **Substance Abuse and the Government**

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. 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.

However, substance misuse is rarely the sole cause of family difficulties, but is usually part of a complex web of coexisting problems that include poverty, social exclusion, poor mental health and unemployment, which cannot 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. 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. 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.

### **Conclusion**

The issues of addiction and children receiving protection services cannot be addressed in isolation. Greater numbers can recover when drug treatment agencies work closely with local



authority children and family services, and other support services. However, there is a well-established paucity of services designed for women, **especially for women and their children**. Separate substance abuse and child protection systems have no purposeful, planned partnership to address the unique needs of abused and neglected children. It is essential to consider the total picture: the needs of the child, the needs of the parents, and cost-effective services that can provide every child with a safe, healthy, and permanent home.

Creating and strengthening a protective environment for children requires many levels of engagement, which in turn demand dialogue, partnerships, and coordination based on a shared analysis. Many of its components correspond to traditional development activities and approaches, such as improving basic services, monitoring results, and recognizing individuals as actors in their own development. It is imperative to simultaneously address the needs of both mothers and their children, through individual and joint therapy, in such areas as recovery, mental health counseling, employment, academic education, healthy living skills, parenting, and family permanency. These services can be provided in a residential model where mothers and their children live in a therapeutic environment and receive temporary housing, meal service, recreation activities, and transportation to de-addiction centres.