

Hidden Harm

Responding to the needs of children
of problem drug users



*Executive Summary of
the report of an Inquiry by the
Advisory Council on the Misuse of Drugs*

June 2003

Six key messages from the Inquiry

- **We estimate there are between 250,000 and 350,000 children of problem drug users in the UK – about one for every problem drug user.**
- **Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.**
- **Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.**
- **Effective treatment of the parent can have major benefits for the child.**
- **By working together, services can take many practical steps to protect and improve the health and well-being of affected children.**
- **The number of affected children is only likely to decrease when the number of problem drug users decreases.**

Introduction

The Advisory Council on the Misuse of Drugs has a statutory duty to advise the Government on drugs of misuse and the health and social problems these may cause. Its Prevention Working Group carries out in-depth Inquiries into aspects of drug misuse that are causing particular concern, with the aim of producing reports that will be helpful to policy makers, service providers and others. In 2000, the Council decided to focus on the children of problem drug users.

Its terms of reference were to:

Estimate the number of children so affected in the UK;

Examine the immediate and long term consequences of parental drug use for these children from conception through to adolescence;

Consider the current involvement of relevant health, social care, education, law enforcement and other services;

Identify the best policy and practice here and abroad;

Make policy and practice recommendations.

The Working Group's members were drawn from a range of backgrounds and disciplines, predominantly in the fields of drug misuse and children's services. The Group had a total of 15 all-day meetings between July 2000 and January 2003. It carried out extensive reviews of published research and reports, commissioned analyses of existing data and national surveys and took evidence from a wide range of expert witnesses.

The Inquiry focused on parental problem drug use and its actual and potential effects on children. Problem drug use was defined as drug use with serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them. The consequences of problem drug use for the user vary enormously from person to person and, for any individual, over time - but are often very serious. The impact on their children is also variable but often very damaging.

We have written this report with the aim of illuminating an aspect of the harm caused by drug misuse that until now has remained largely hidden and ignored. By highlighting both the size and seriousness of the problem we hope we can stimulate vigorous efforts by both policy makers and service providers to address the needs of some of this country's most vulnerable children.

Summary and recommendations

Introduction

The Inquiry has focused on the children in the UK with a parent, parents or other guardian whose drug use has serious negative consequences for themselves and those around them.

Estimates of the scale of the problem

We sought to establish roughly how many children of problem drug users there might be in the UK. We used separate data sources and methods for England and Wales and for Scotland. Data from Northern Ireland were not available.

We estimate there are between 200,000 and 300,000 children in England and Wales where one or both parents have serious drug problems. **This represents about 2–3% of children under 16.** Only 37% of fathers and 64% of mothers were still living with their children. The more serious the drug problem, the less likely it was for the parent still to be living with the child. Most children not living with their natural parents were living with other relatives: about 5% of all children were in care.

We estimate there are between 41,000 and 59,000 children in Scotland with a problem drug using parent. **This represents about 4–6% of all children under 16.**

Recommendations

1. All drug treatment agencies should record an agreed minimum consistent set of data about the children of clients presenting to them.
2. Whether a client or patient has dependent children and where they are living should be included as standard elements in the National Drug Misuse Treatment System in England and Wales and in the Drug Misuse Databases in Scotland and Northern Ireland and should be recorded in the same way to allow comparisons between regions.

The impact of parental problem drug use on children

Problem drug use in the UK is characterised by the use of multiple drugs, often by injection, and is strongly associated with socio-economic deprivation and other factors that may affect parenting capacity. It is typically chaotic and unpredictable. Serious health and social consequences are common. Parental problem drug use can and often does compromise children's health and development at every stage from conception onwards.

Maternal drug use during pregnancy can seriously affect fetal growth, but assessing the impact is usually impossible, with multiple drugs being taken in various doses against a background of other unfavourable circumstances. There is serious concern about the effect of cocaine on fetal development. Heroin and other opiates, cocaine and benzodiazepines can all cause severe neonatal withdrawal symptoms. The damaging effects of tobacco and alcohol are well established, and cannabis is not risk free. Maternal drug injecting carries the risk of transmission to the baby of HIV and viral hepatitis. Maternal nutrition may be poor.

After birth, the child may be exposed to many sustained or intermittent hazards as a result of parental problem drug use. These include poverty; physical and emotional abuse or neglect; dangerously inadequate supervision; other inappropriate parenting practices; intermittent or permanent separation; inadequate accommodation and frequent changes in residence; toxic substances in the home; interrupted or otherwise unsatisfactory education and socialisation; exposure to criminal or other inappropriate adult behaviour; and social isolation. They often interact with and exacerbate other parental difficulties such as educational under-attainment and mental health problems.

The adverse consequences for children are typically multiple and cumulative and will vary according to the child's stage of development. They include failure to thrive; blood-borne virus infections; incomplete immunisation and otherwise inadequate health care; a wide range of emotional, cognitive, behavioural and other psychological problems; early substance misuse and offending behaviour; and poor educational attainment. These can range greatly in severity and may often be subtle and difficult to detect.

The risk of harm to the child may be reduced by effective treatment and support for the affected parent(s) and by other factors such as the presence of at least one other consistent, caring adult; a stable home with adequate financial resources; maintenance of family routines and activities; and regular attendance at a supportive school.

The complexity of the situation means it is not possible to determine the precise effects on any individual child. However, a large proportion of the children of problem drug users are clearly being disadvantaged and damaged in many ways and few will escape entirely unharmed. Very little is known about the circumstances of many of the children who no longer live with their natural parents.

By comparison with adult drug users, the children of problem drug users have largely escaped the attention of researchers. Whilst research in this area is extremely difficult, it is important that high quality studies are undertaken to help us better understand the impact of parental problem drug use on children and to assess the effectiveness of interventions designed to help them.

Recommendations

3. Problem drug or alcohol use by pregnant women should be routinely recorded at the antenatal clinic and these data linked to those on stillbirths, congenital abnormalities in the newborn, and subsequent developmental abnormalities in the child. This would enable epidemiological studies to be carried out to establish relationships between maternal problem drug use and congenital and developmental abnormalities in the child.
4. Studies should be urgently carried out to assess the true incidence of transmission of hepatitis C between infected female drug users and their babies during pregnancy, birth and infancy.
5. A programme of research should be developed in the UK to examine the impact of parental problem drug use on children at all life stages from conception to adolescence. It should include assessing the circumstances of and consequences for both those living with problem drug users and those living elsewhere, and the evaluation of interventions aimed at improving their health and well-being in both the short and the long term.

The voices of children and their parents

This chapter aims to shine more light on the lives of children of problem drug users by drawing on interviews with the children themselves and their parents. Their testimony illustrates the all-pervasive nature of problem drug use seeping into almost every aspect of their lives.

Aspects highlighted include: the uncertainty and chaos of family life dominated by drug use; children witnessing their parents' drug use, despite parental efforts to conceal it; exposure to criminal activity such as drug dealing, shoplifting and robbery; disruption of their education; having to act as carers for their parents and younger children; and living with the fear of public censure and separation.

The children described feelings of hurt, rejection, shame, sadness and anger over their parents' drug problems. They often expressed a deep sense of absence and isolation which was conveyed in the often used phrase that their parents were not 'there for them'.

Recommendations

6. The voices of the children of problem drug users should be heard and listened to.
7. Work is required to develop means of enabling the children of problem drug users safely to express their thoughts and feelings about their circumstances.

Surveys of specialist drug agencies, maternity units and social work services

Questionnaires were sent to all maternity units and social work services and to most specialist drug agencies in the UK in early 2002. The aim was to learn more about service provision for children of problem drug users and their parents. The overall response rate was 55%. It is likely that the agencies that did not respond would generally have less service provision than those that did.

Specialist drug agencies

Seventy-five per cent of responding agencies had contact with pregnant drug users. Only half reported that they had services for pregnant drug users, half reported offering services for clients who had dependent children, and a third provided services specifically for the children of drug misusing parents. Residential agencies were less likely than community or out-patient agencies to offer services for clients with children, services for pregnant drug users and services for the children of drug users. With pregnant drug users, over 80% of drug agencies reported they would normally liaise with GPs, social work services and maternity units. Two-thirds of the agencies said they collected data on the number of clients' children, but only a quarter could supply these data for the previous year.

Maternity units

The responding units delivered an average of 2,400 babies a year of whom an estimated 1% were to problem drug users and a similar number to problem drinkers. 82% reported an increase in the number of pregnant problem drug users over the previous five years. 92% reported their patients were routinely assessed for both alcohol and drug use. 40% employed an obstetrician and 62% had midwives with a special interest in problem drug use. 57% had specific protocols for the antenatal management of drug users, 40% could offer substitute prescribing to opiate-addicted pregnant women and 71% had protocols for the management of withdrawal symptoms in neonates. Most reported a high level of liaison with appropriate services.

Social work services

Responding agencies had an average of about 2,000 new cases of children in need and 143 cases on the child protection register in the previous year. On average, parental problem drug or alcohol use featured in a quarter

of cases of children on the child protection register. Over 80% of agencies inquired about drug and alcohol problems in the mother and father; 70% had specific staff for dealing with substance use issues but only 40% had a protocol for decision-making for children of substance users; 65% provided training in managing families with substance use problems. 64% had formal joint arrangements for working with other agencies in child protection cases involving parental drug use. Only 43% reported providing specific services for problem drug using parents and their dependent children. Liaison with general practitioners was relatively infrequent.

Recommendations

8. The Department of Health and the devolved executives should ensure that all maternity units and social service children and family teams routinely record problem drug or alcohol use by a pregnant mother or a child's parents in a way that respects privacy and confidentiality but both enables accurate assessment of the individual or family and permits consistent evaluation of and comparisons between services.
9. The National Treatment Agency and the devolved executives should ensure that all specialist drug and alcohol services ask about and record the number, age and whereabouts of all their clients' children in a consistent manner.

The legal framework and child protection arrangements

The Children Acts set out the responsibilities of local authorities and other services for protecting children and promoting their welfare. The key principle of the Acts is that the well-being of the child is of paramount importance. The Acts place a duty on agencies engaging with problem drug users who have dependent children, or directly with the children themselves, to assess the needs of children if their health and well-being may be at risk. The Acts state that parents should normally be responsible for their children. This implies that public authorities should not separate the child from the parent unless it is clearly in the interests of the child to do so.

Local authorities are under a duty to provide a range of services to support children in need and their families. Each local authority is required to have an Area Child Protection Committee to promote, instigate and monitor joint policies in child protection work. Where a child is

considered at risk of serious harm, a Child Protection Conference or, if parental cooperation is lacking, a court or, in Scotland, a Children's Panel hearing should lead to a clear care plan being agreed and implemented. Provided the child is not 'at risk', the local authority should not invoke child protection procedures but should offer help and support to enable parents to provide the necessary care for their child at home.

A recent review of 290 cases of childcare concerns in London found that 34% involved parental drug or alcohol misuse. They included many of the most severe cases of abuse and neglect. Most of the social workers involved were relatively newly qualified and had had little or no training in working with drug or alcohol misuse.

The Child Protection Review in Scotland found that parental drug or alcohol misuse was involved in 40% of cases. It highlighted the particular challenges this created and called for changes to the child protection system and increased resources for childcare services.

The Laming Report has highlighted serious failings in the child protection arrangements in England and has recommended sweeping reforms. However, it did not address the issue of parental problem drug use.

Recommendation

10. When revising child protection policies and procedures, full account should be taken of the particular challenges posed by parental problem drug use, with the consequent implications for staff training, assessment and case management procedures, and inter-agency liaison.

Recent relevant developments in government strategies, policies and programmes

A wide range of recent government initiatives aimed at tackling drug use or helping children have the potential to benefit children of problem drug users.

England

The Updated Drug Strategy for England (2002) is wide-ranging and ambitious but devotes little attention to the children of problem drug users. The National Treatment Agency for Substance Misuse has developed models of care that require drug and alcohol services to recognise

the need to support clients' children. It also requires staff to be able to assess the effect of substance misuse on the family and requires services to collect data on clients' children. The Children's National Service Framework, the Green Paper on Children at Risk, Extended Schools and Sure Start are examples of major initiatives designed to improve the health and well-being of children.

Wales

The Welsh Substance Misuse Strategy (2000) includes supporting the children of problem substance misusers as an important objective but does not describe specific initiatives. The Framework for Partnership, the Children and Youth Support Fund and the Children's National Service Framework and the Children's Commissioner for Wales are examples of initiatives aimed at enhancing the lives of children.

Scotland

The Drugs Action Plan: Protecting Our Future (2000) identifies the children of drug misusing parents as a priority group. Good practice guidance for working with children and families affected by substance misuse were published in 2003. All Drug Action Teams and Area Child Protection Committees are now required to have in place local policies on support to drug misusing parents and their children in line with national guidance.

For Scotland's Children: Better Integrated Children's Services (2001) highlights the major impact of parental problem drug use on children and stresses that helping children with drug misusing parents is a task for health and education and social services. Sure Start Scotland, Social Inclusion Partnerships and Starting Well are all initiatives designed to improve the well-being of children in disadvantaged areas. The Changing Children's Services Fund is partly earmarked for initiatives designed to help the children of problem drug users.

Recommendations

11. Reducing the harm to children as a result of parental drug use should be a main objective of the UK's drug strategies.
12. The Government should ensure that the National Children's Service Framework and equivalent strategic arrangements in Wales, Scotland and Northern Ireland, identify children of problem drug users as a large group with special needs that require specific actions by health, education and social services.
13. The National Treatment Agency, the Welsh Assembly Government and the Scottish Executive should ensure that services for adult substance misusers identify and record the existence of clients' dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector. This should include protocols that set out arrangements between drug and alcohol services and child protection services.
14. Whenever possible, the relevant government departments should ensure there are mechanisms in place to evaluate the extent to which the many initiatives outlined in this chapter benefit vulnerable children, including the children of problem drug users.

partnership across organisational and professional boundaries.

Services working with problem drug users should: see the well-being of the child as being of paramount importance; be accessible, welcoming and non-stigmatising to problem drug users who have children; and be able to share information with other agencies and professionals on a 'need to know' basis when it is in the interests of the child to do so.

Recommendations

15. All Drug Action Teams or equivalent bodies should ensure that safeguarding and promoting the interests of the children of problem drug users is an essential part of their area strategy for reducing drug-related harm and that this is translated into effective, integrated, multi-agency service provision.
16. All Drug Action Teams or equivalent bodies should have cross-representation with the relevant children's services planning teams in their area.
17. Drug misuse services, maternity services and children's health and social care services in each area should forge links that will enable them to respond in a co-ordinated way to the needs of the children of problem drug users.

The practicalities of protecting and supporting the children of problem drug users

Access to and coordination of services

All children have a right of access to the universal services of health care and education. There are also specific services for families, children and problem drug users that have the potential to benefit the children of problem drug users. Drug Action Teams or the equivalent bodies have the responsibility for coordinating the local response to drug use. Relatively few have as yet focused their attention on the children of problem drug users. If the complexities of the needs of children of problem drug users are to be addressed, agencies must work in

Maternity services

Accessible and welcoming maternity services are as important to a pregnant problem drug user as to any other woman. The best services offer a comprehensive and integrated approach to both the health and social care issues surrounding the pregnancy and involve the woman in the decision-making process as much as possible.

Maternity unit staff need appropriate training to provide them with sufficient knowledge of drug use and its consequences for the pregnancy and the future child, and an understanding of what can be done to achieve the best outcome for mother and baby. Multi-disciplinary assessments and forward planning are an essential foundation for sensible, timely decision-making and the provision of helpful support for the mother and new-born child.

Recommendations

18. Every maternity unit should ensure that it provides a service that is accessible to and non-judgemental of pregnant problem drug users and able to offer high quality care aimed at minimising the impact of the mother's drug use on the pregnancy and the baby. This should include the use of clear evidence-based protocols that describe the clinical management of drug misuse during pregnancy and neonatal withdrawals.
19. Pregnant female drug users should be routinely tested, with their informed consent, for HIV, hepatitis B and hepatitis C, and appropriate clinical management provided including hepatitis B immunisation for all babies of drug injectors.
20. Every maternity unit should have effective links with primary health care, social work children and family teams and addiction services that can enable it to contribute to safeguarding the longer-term interests of the baby.

Primary care

Although the management of problem drug users by general practitioners remains contentious, there are numerous examples of primary care teams providing a high standard of care for problem drug users. A focus on their children appears much less common.

Registration of the child with a GP is an essential first step but may be prevented by various factors including professional attitudes to drug use and the chaotic lifestyle and frequent changes of address of some problem drug users.

The ideal situation is where the child is registered with a primary care team who are both committed to providing comprehensive health care for problem drug users and able to recognise and meet the health needs of their children.

Recommendations

21. Primary Care Trusts or the equivalent health authorities in Wales, Scotland and Northern Ireland should have clear arrangements for ensuring that the children of problem drug or alcohol users in their area are able to benefit fully from appropriate services including those for the prevention, diagnosis and treatment of blood-borne virus infections.
22. Primary care teams providing services for problem drug users should ensure that the health and well-being of their children are also being met, in partnership with the school health service, children and family teams and other services as appropriate.
23. Training programmes on the management of problem drug use by primary care staff should include information about the importance of recognising and meeting the health care needs of the children of problem drug users.

Contraception and planned pregnancy

Most services in contact with problem drug users pay scant attention to contraception and the prevention of unwanted pregnancy. Many female problem drug users are able to make sensible decisions about pregnancy and take effective contraceptive measures if they have access to a sympathetic service. Long-acting injectable contraceptives, the progestogen coil and contraceptive implants have major advantages over the contraceptive pill and the condom when compliance is unlikely.

Recommendations

24. All general practitioners who have problem drug users as patients should take steps to ensure they have access to appropriate contraceptive and family planning advice and management. This should include information about and access to emergency contraception and termination of pregnancy services.
25. Contraceptive services should be provided through specialist drug agencies including methadone clinics and needle exchanges. Preferably these should be linked to specialist family planning services able to advise on and administer long-acting injectable contraceptives, contraceptive coils and implants.

Early years education and schools

School can be a safe haven for the children of problem drug users, the only place where there is a pattern and a structure in their lives. Schools and their staff can do much to help these children but need to be supported by and liaise with other agencies and initiatives that have complementary resources and expertise.

Recommendations

26. All early years education services and schools should have critical incident plans and clear arrangements for liaison with their local social services team and area child protection committee when concerns arise about the impact on a child of parental problem drug or alcohol use.
27. All schools should identify at least one trained designated person able to deal with the problems that might arise with the children of problem drug users.
28. Gaining a broad understanding of the impact of parental problem drug or alcohol use on children should be an objective of general teacher training and continuous professional development.

Social work children and family services

Every local authority area social services department has a children and family service with responsibility for child protection and childcare. For every child referred to the service, a systematic assessment is an essential first step to establish whether he or she is in need or at risk and, if so, how. This should include standard questions about parental substance misuse. The child's own perception of the situation should be sought and recorded whenever possible. If it is decided the child can remain at home, plans will be required to mobilise support for the family in an attempt to safeguard the child's welfare. Support for parents and the extended family could include treatment of the parent's problem drug use; advice and support on parenting skills; and help in improving accommodation or accessing benefits. Support for children themselves could include: allowing them to express their own ideas and feelings; enabling them to have fun; arranging attendance at nursery; providing special educational support; providing access to health care and other services; and arranging assessment and treatment of emotional and behavioural problems.

Recommendations

29. All social services departments should aim to achieve the following in their work with the children of problem drug users:
 - An integrated approach, based on a common assessment framework, by professionals on the ground including social workers, health visitors and GPs, nursery staff and teachers, child and adolescent mental health services.
 - Adequate staffing of children and family services in relation to assessed need.
 - Appropriate training of children and family service staff in relation to problem drug and alcohol use.
 - A co-ordinated range of resources capable of providing real support to families with drug problems, directed both at assisting parents and protecting and helping children.
 - Sufficient provision of foster care and respite care suitable for children of problem drug users when their remaining at home is unsafe.
 - Efficient arrangements for adoption when this is considered the best option.
 - Residential care facilities that provide a genuinely caring environment for those children for whom this is the only realistic option.
30. The Government should continue to explore all practical avenues for attracting and retaining staff in the field of child protection.
31. The new Social Care Councils for England, Wales, Scotland and Northern Ireland should ensure that all social care workers receive pre-qualification and in-service training that addresses the potential harm to children of parental substance misuse and what practical steps can be taken to reduce it. Consideration should be given to the inclusion of such training as a prerequisite for registration by the appropriate professional bodies.

Fostering, residential care and adoption

Fostering, residential care and adoption are the main options when it is judged unsafe for a child to remain with his or her parents. We could not establish the

number of children who are in care as a result of parental problem drug or alcohol misuse. A comprehensive and careful assessment of the child's needs and the home and parental circumstances is essential for good decision-making. Delays in reaching decisions about adoption can be detrimental to the child, particularly when the child is very young and developmental problems can quickly develop. Where parental problem drug use is involved, it is important to be realistic about the prospects of rehabilitation. Fostering offers the greatest potential for development. There is a need to increase both the flexibility of arrangements and the intensity of the support that can be offered to foster parents, with education and training about drug misuse provided where relevant.

Recommendations

32. Residential care for the children of problem drug users should be considered as the option of last resort.
33. The range of options for supporting the children of problem drug users should be broadened to include: day fostering; the provision of appropriate education, training and support for foster parents; and robust arrangements to enable suitable willing relatives to obtain formal status as foster parents.
34. Where fostering or adoption of a child of problem drug users is being seriously considered, the responsible authorities should recognise the need for rapid evidence-based decision-making, particularly in the case of very young children whose development may be irreparably compromised over a short period of time.

Specialist drug and alcohol services

Because they are often the main agency in contact with problem drug-using parents, all drug agencies should contribute to assessing and meeting the needs of their clients' children. This should be seen as an integral part of reducing drug-related harm. Services should thus aim to become family friendly with an emphasis on meeting the needs of women and children.

Gathering basic information about clients' children is an essential first step. Thereafter, drug agencies should concentrate upon a number of key tasks. These should include: reducing and stabilising the parent's drug use as far as possible; discussing safety at home; liaising with the family's health visitor; ensuring the child is registered with a GP and is immunised; checking the child receives early

years and school education; and liaising with the local child protection team if harm to the child is suspected.

Recommendations

35. Drug and alcohol agencies should recognise that they have a responsibility towards the dependent children of their clients and aim to provide accessible and effective support for parents and their children, either directly or through good links with other relevant services.
36. The training of staff in drug and alcohol agencies should include a specific focus on learning how to assess and meet the needs of clients as parents and their children.

Specialist paediatric and child and adolescent mental health services

Where child abuse or neglect is suspected by paediatric or casualty staff, evidence for parental substance misuse should be routinely sought. Parental substance misuse should also always be considered by child and adolescent mental health services. Staff will thus require appropriate training.

Recommendations

37. The possible role of parental drug or alcohol misuse should be explored in all cases of suspected child neglect, sexual abuse, non-accidental injury or accidental drug overdose.
38. Child and adolescent mental health services should routinely explore the possibility of parental drug or alcohol misuse.
39. Acquiring the ability to explore parental substance misuse should be a routine part of training for professionals working in child and adolescent mental health services.

Specialist children's charities and other non-statutory organisations

There are many non-statutory organisations working to support children in need. Few are currently providing services specifically aimed at helping the children of problem drug users. There is considerable scope for developing a major contribution in the future, ideally in partnership with the statutory agencies.

Recommendations

40. Given the size and seriousness of the problem, all non-statutory organisations dedicated to helping children or problem drug or alcohol users should carefully consider whether they could help meet the needs of the children of problem drug or alcohol users.
41. Drug Action Teams should explore the potential of involving non-statutory organisations, in conjunction with health and social services, in joint work aimed at collectively meeting the needs of the children of problem drug or alcohol users in their area.
42. Agencies committed to helping the children of problem drug or alcohol users should form a national association to help catalyse the development of this important area of work.

Police

Many problem drug users have frequent contact with the police. The children of problem drug users can be given up to 72 hours 'police protection' if they are at immediate risk. The need to report children coming to the notice of police in non-urgent circumstances is vital, and is an obligation which needs continual reinforcement with police officers.

Recommendation

43. Every police force in the country should seek to develop a multi-agency abuse prevention strategy which incorporates measures to safeguard the children of problem drug users.

Courts and prisons

Courts need to ensure that satisfactory care arrangements are made when a custodial sentence for a woman with children is being considered. Drug Courts and Drug Treatment and Testing Orders offer scope for community sentencing for problem drug users with children. A large proportion of women in prison are problem drug users and probably at least half have children. Data on the number of pregnant women in prison are not available. Four English prisons have a mother and baby unit, enabling babies to remain with their mothers until they are up to 18 months old. Scotland's only women's prison enables babies to remain with their mothers when considered appropriate. Planning and organising post-release aftercare for women

problem drug users who have custody of their children can be complex but is essential.

Recommendations

44. When custody of a female problem drug user is being considered, court services should ensure that the decision fully takes into account the safety and well-being of any dependent children she may have. This may have training implications for sentencers.
45. The potential of Drug Courts and Drug Treatment and Testing Orders to provide non-custodial sentences for problem drug users with children should be explored.
46. All women's prisons should ensure they have facilities that enable pregnant female drug users to receive antenatal care and treatment of drug dependence of the same standard that would be expected in the community.
47. All female prisoners should have access to a suitable environment for visits by their children. In addition, where it is considered to be in the infant's best interests to remain with his or her mother, consideration should be given by the prison to allowing the infant to do so in a mother and baby unit or other suitable accommodation.
48. Women's prisons should ensure they have effective aftercare arrangements to enable appropriate support to be provided after release for female problem drug users with children.

Conclusions

Both the number of children affected and how they are affected by parental problem drug use may come as a surprise to many. Future numbers and their needs will reflect changes in the extent and patterns of drug use across the UK. Given its association with violent behaviour, the recent increase in the use of crack cocaine in some areas is especially troubling.

With greater recognition of these children's needs should come a determination to act. Effective treatment and support for their parents can help greatly but will often not be enough. Children deserve to be helped as individuals in their own right. Many services have a part to play: can they now rise to the challenge? Better training and more or redeployed resources are likely to be part of the answer, but, as a number of agencies have shown, it is imperative to seize policy and practice opportunities. Where there is a will there is a way.

In this ground-breaking report, the Advisory Council on the Misuse of Drugs considers the impact on children of parental problem drug use. For the first time ever, it assesses the number of affected children in the UK. It examines the evidence for significant harm to their health and well-being. It considers what is being done at present to help them and what more could be done. Hidden Harm is essential reading for everyone concerned with the health and well-being of children and with the impact of drug misuse on society in the 21st century.

Further copies of this Executive Summary, or copies of the full report, can be obtained from prolog.uk.com Telephone: 0870 241 4680 Fax: 0870 241 4786. The report and Executive Summary are also available on the national drugs strategy website – www.drugs.gov.uk For further information about the report please contact Christopher Saint, Secretary to the Advisory Council on the Misuse of Drugs. Telephone: 020 7273 4096 E-mail: Chris.Saint@homeoffice.gsi.gov.uk