

The hardships of families on parents with drug use

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Most individuals with illicit drug use/misuse have family and significant others who are affected by the user regardless of whether they have become estranged or remain close and even provide caring roles [1]. The co-occurrence of parental drug use (PDU) and problematic parenting is recognized as a major public health and social concern. PDU affects both the physical and psychological wellbeing of family members resulting in at higher risk of exposure to antisocial and criminal behaviors from the drug use/misuse such as poor mental health, unemployment, deprivation, marital problems, domestic violence, child abuse and inadequate parental capacity would occur [2].

Both in Western and Eastern countries, the families of child development on PDU were attended. According to the 2012 National Survey on Drug Use, an estimated 7.5 million children, or 10.5% of the population 17 years of age and younger, live with at least one parent who abuses drugs or alcohol [3] and nearly two thirds of adults enrolled in substance abuse treatment programs [4]. In Taiwan, the numbers of child abuse/neglect of PDU are slightly growth. According to the 2017 National Statistic of Child and Youth Protection, 11.9% of parents of child abuse/neglect involves in substance use [5]. Of the few international studies available, the Illinois study [6] showed that these children of PDU had a very high level of behavioral problems, traumatization, and youth welfare needs. They are highly represented in the population of children in protective custody, having been removed from their primary caregivers due to abuse or neglect [7]. Salo and Flykt [8] found that children of PDU are at risk for poor cognitive, social, and emotional development.

Dawe, Harnett, Rendalls, & Staiger, [9] applied part of an ecological system model [10] to the field of substance abuse. The studies indicated that many parents are dependent more than one kind of substances (e.g., alcohol, Methamphetamine) [11]. Substantial evidence suggests that drug users often have concurrent mental health issues, such as depression and anxiety [12], live in dysfunctional families (e.g., high rates of inter-parental conflict, limited parenting support from partners), and are socially isolated from the community [13]. Living dependently on the kinds of substance and mental health conditions, the parent would impact the well-being of child development.

Reviewing the pathways of conceptualizing the connections between PDU and parenting difficulties from multiple angles within the ecological system [14] and based on anecdotal experience, an Eastern conceptual framework was developed as (Figure 1) [14,15]. It is a reciprocal relationship in which PDU compromises effective parenting and the child behavioral difficulties that may cause parents to cope with frustrations by turning to DU [14]. The impact factors of PDU included the psychological distress, co-occurring disorders, emotional management, parenting knowledge and preoccupation of

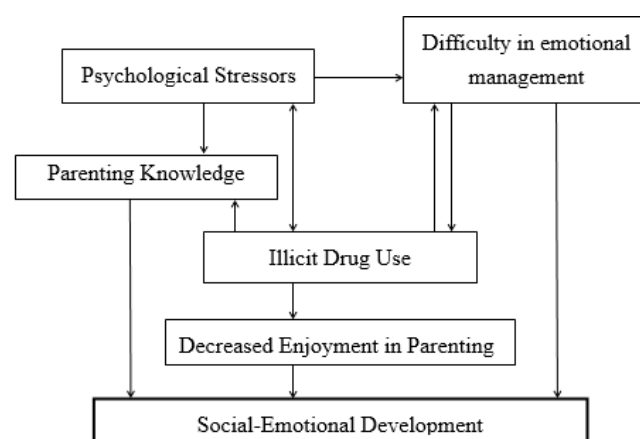


Figure 1. An Revised Frameworks connecting to illicit drug use and Child Social-Emotional Development

DU seeking that would contribute to the ongoing risk for the children/youth development [16].

Especially for Methamphetamine (Meth)-use parents have been identified as a particular user subgroup [17], particularly favored by women of child-bearing age [18] and sexually disinhibited effect of the substance [17]. Meth was viewed as an uprising issue globally [19] for its readily availability, inexpensive appetite suppressant and energy enhancer [20]. Meth-use families are identified as having multiple and complex socio-economic problems (e.g. unemployment, financial debt, incarceration), specifically a strong link with domestic violence [21]. Being a highly addictive psychoactive stimulant, Meth produces a powerful euphoria, followed by a “crash” that causes hopelessness, irritability, sleeplessness, anxiety, and aggression resulting from paranoia [22] —all of which can create significant risk of child abuse and neglect, conduct problems, ADHD, emotional distress and traumatization [23].

Parenting intervention programs decreased in child maltreatment risk when compared to medication maintenance program only, especially for those intervention groups with continuous care [15]. However, few family interventions strengthen the principles of family preservation, family function and parent-child interaction were invested

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and little is known about the quality of parenting in these families. Interventions suggest base on the principles of family preservation focusing family resilience and positive interaction between the PDU and their children. The parenting knowledge and skills utilized such as increased parental sensitivity, use of reinforcement and attention for appropriate behavior, and active involvement with a child, having a long history of effectiveness with normally developing, at-risk, or clinically diagnosed children [24] are essential. It would foster the abstinence and improve function within the families.

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