Report on a Study of the Service Needs of Children of Heroin Abusers

- commissioned by ACAN Sub-committee on Research

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362.29 CHI 4311

香港賽馬會藥物資訊大地

Narcotics Division Government Secretariat

February 2000



A Study of the Service Needs of Children of Heroin Abusers <u>Executive Summary</u>

- (1). Rationale & Sampling Groups: In order to understand the effects and influence of parental or elder sibling's opiates use upon the children of such families and to ascertain their unmet needs, this study was designed and executed with contractually approved funding by the Narcotics Division, Government Secretariat. Based on the long experience of the Research Team members, a set of hypotheses was formulated and tested with both quantitative analysis and qualitative case studies. For the study situation, three levels of risk groups were formed respectively with families having both parents using Heroin, with one parent using and an elder sibling of the family as users, totalling 106 family units. For the control situation, two sub-groups were formed with one of drug free families known to several community centres or children & youth centres and the other of former drug users who had and brought up children before and after their recovery totalling 94 family units.
- (2). Quantitative Measurements: An international known instrument on children's developmental needs and well being measurements was adapted into the Chinese language and pretested for its local colloquial application. It was composed of four domains i.e. Home Environment & Physical Care; Parenting Quality including affection, super-vision consistency etc; Family & Relative Support; and Child Performance with a total of 28 measurement scales for individual and family assessment and inter-group comparisons. The results of the quantitative analysis supported largely the six pre-conceived hypotheses. It also confirmed that the higher the stated risk level, the more needs of the children were unmet for which certain intervention strategies were discussed.
- (3). Qualitative Studies & Testing of Hypotheses: With the additional findings of eight case studies of four different types of family at varied risk situations including the nil-risk controls, the following hypotheses stood valid with minor adjustment in two of them.
 - a. Heroin abusers tend to neglect their children's material and socioemotional needs by inflicting multiple deprivations on them.
 - b. Children who have heroin-using parents tend to face more difficulties to achieve their developmental tasks.

c. Children who live with both parents abusing drugs tend to be worse deprived and to face more difficulties than one <u>paternal</u> parent using heroin. (original version was without the word "paternal" but study evidence indicated that the presence of a mother, even addicted, was relatively more beneficial to the children than such a father)

d. Former drug using parent(s) tend to make compensation for their previous neglect of children and try to make up their parenting

deficits after their own rehabilitation.

e. Heroin abusers not treated and rehabilitated have a strong tendency

to put their children at risk of the abuse of different drugs.

f. Drug dependence in the family if not intervened timely tends to pass lineally from generation to generation or laterally transmitted from sibling to siblings. (original wording was elder sibling but we found the route of transmission was occasionally reversed)

(4). Essential Service Needs

The following types of care and intervention have been identified as essential needs which should be met by additional or enhanced

service provisions:

a. Child care placement should be arranged timely when both parents or a drug using mother enter residential treatment. A new born baby should follow its mother into the treatment centre for uninterrupted care and healthy neonatal development and as well as to stabilize the mothers recovery process.

b. Toddlers or pre-adolescents should be placed in small group homes or under foster care if surrogate parents are not available to care for them, when their natural parents are absent from home for either

voluntary or correctional rehabilitation.

c. Under-educated adolescent drug abusers attending residential treatment or out-patient maintenance, need to attend special remedial schools or receiving tutoring in essential subjects (e.g. Chinese, English & Math.) while under-going continued rehabilitation or aftercare so that they'll be better prepared for community integration.

d. Family counselling should be built into the rehabilitation programmes and made part and partial to aftercare which should not focus on the individual client alone. Recovering persons under aftercare, especially youth and young adults beyond normal school age, need to attend technical or occupational related training to

enhance their employability.

- e. CSSA should be made continuously available to families with drug using abuse problems but when the recipient-parents are drug abusers, they should be required to enter treatment or have the assistance granted to a surrogate parental care-giver or a trustee (e.g. treatment agency)
- f. The recovering persons or methadone maintained patients should be empowered to participate in the support for the Self Reliance Scheme and the Active Employment Assistance Programme recently introduced by SWD under the CSSA reform.
- g. Former drug users and recovering persons should be encouraged to form self-help groups for mutual support and voluntary community service to serve as role models for others at risk as well as to earn social acceptance and self-efficacy for themselves.
- h. All parents and family members should be encouraged to take part in district community activities (including the Fight Crime Committees) and in preventive education programmes against drug abuse and its comorbilities (e.g. HIV/AIDS) together as a family unit.
- i. Former users should be motivated and trained as volunteer role models or para-professionals to promote the conversion of service recipients into service providers.
- (5). In conclusion, the successful rehabilitation of current drug abusers will also serve as effective prevention against substance abuse by their offspring and successive generations. The best cost-effective strategy in the Enhanced Productivity Programme is to convert current service recipients into future service providers and tax payers, which will contribute also to the human resources development of our HKSAR as a whole.

Submitted for comments & critique

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