12 Drug consumers with children (dependent parents and child-related issues)

Only incomplete data is available in Germany on how many drug consumers have children and live together with them. Different estimates assume that between 30,000 and 60,000 children of drug addicts live in Germany. Hard statistics are available on drug consumers who are undergoing treatment or receiving assistance in an ambulatory or in-patient facility offering assistance to addicts. The documentation provided by the German statistical report on treatment centres for substance use disorders (DSHS) also provides information on how many of the clients have their own children or live together with children in a household (chapter 12.1). No reliable data is available on drug consumers who are not undergoing treatment.

Various hazards and risks are associated with a dependency-related illness of a parent for the family and individual members of the family. The living circumstances of parents dependent on drugs are frequently marked by poverty and social disadvantage. This poses additional health risks and psychological stress both for parents and children. The healthy development of children is jeopardised by living circumstances in families where there are addictions. Drug consumption during pregnancy can directly harm unborn children and also have repercussions for their health later. Growing up in a family where there is an addiction constitutes one of the biggest risks that children will develop a dependency later in life themselves. Findings regarding the degree of the problem as well as the risks and dangers involved are presented in the first part of this special chapter (chapter 12.1). Political strategies and legal conditions are described in the second part (chapter 12.2).

In Germany there is a complex structure of actors, facilities and institutions which work to provide support and aid to families with addiction problems and carry out campaigns, events and projects. Work with parents and children, families as a whole or family members is by the same token closely intermeshed. Alcohol dependency of parents or one parent constitutes a far greater problem in work with families with dependency problems and many programs and measures no longer distinguish between dependencies on legal or illegal substances. The third part of this special chapter (chapter 12.3) presents some of these programs and activities. There are special counselling and treatment services for families with dependency problems and drug consumers with children in Germany. A special role is assigned to cooperation between different institutions. An important objective is to strengthen and expand structures currently existing at the local and community level as well as create uniform national standards for binding cooperation structures.

12.1 Degree of the problem and risk factors

According to various estimates, between 30,000 and 60,000 children of parents dependent on drugs live in Germany. If one adds alcohol abuse and alcohol dependency, the number of children living in households with dependencies rises to approximately 2.5 to 2.65 million. Thus almost one in every five children grows up in a family with a dependency problem (DHS

2011; Klein 2005; www.nacoa.de). The percentage of drug addicts who have children is estimated at about one-third. In the case of women undergoing substitution treatment, estimates range up to 50% (Klein 2008; DHS 2011).

Many studies in Germany addressing the topic of "families with addiction problems" focus on the children themselves or the family as a whole, but it is rare that it is on the parents. A considerable portion of efforts made to offer aid and assistance to families with dependency problems also focus on the children or the entire family. Moreover, frequently no distinction is made between (in particular) alcohol and illegal drugs; the entire addiction problematic, rather, is addressed.

12.1.1 Data from the German statistical report on treatment centres for substance use disorders (DSHS)

The most reliable data on the dimensions of the problem are documented in the German statistical report on treatment centres for substance use disorders (DSHS). The data of DSHS stems from approximately three-quarters of all specialised ambulatory and roughly half of in-patient facilities[137]. DSHS provides an indication of how many of the clients receiving assistance have children of their own and how many children (biological or non-biological) live in the household of the clients. Because DSHS does not take into account all facilities involved in the treatment of substance use disorders, the data reported is conservative, i.e. the numbers of persons involved are in reality higher than reflected by DSHS.

Drug consumers' own children

The German statistical report on treatment centres for substance use disorders (DSHS) states a total of N=22,567 clients with a substance use disorder relating to the consumption of illegal drugs who have at least one child of their own for ambulatory facilities in 2009. It should be taken into account, however, that it is not known in the case of a relatively large share of clients (depending upon the main diagnosis roughly one-fifth) whether they have children.

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[137] On the mode of procedure and the level attained by German statistical report on treatment centres for substance use disorders (DSHS) see chapter 5.

A total of n=1,297 clients with at least one child were treated at an in-patient facility with one of the aforementioned principal diagnoses and documented in the German statistical report on treatment centres for substance use disorders (DSHS) in 2009 (Pfeiffer-Gerschel et al. 2010a,b,c)[138].

Clients who are being assisted or treated as a result of a principal diagnosis of opioid dependency and have at least one child of their own represent the largest group (34%). At least roughly one in every three clients whose principal diagnosis is cocaine have at least one child of their own (N=1,641, 35.2%), while this percentage among persons having a disorder relating to the consumption of sedatives/hypnotics is somewhat less than one-third (n=1,309, 30.9%) (see

Table 12.1). The figures for clients whose principal diagnosis is stimulants is by comparison lower (n=494, 25.8%), as is the case with clients whose principal diagnosis is cannabis (n=3,729, 16.4%) (see

Table 12.1).

An examination of the average age of the groups of principal diagnoses shows that clients whose principal diagnosis is sedatives/hypnotics is the oldest, averaging 43.6 years of age. Clients having a principal diagnosis of opioids or cocaine average 33.8 and 31.7 years old, respectively, and clients whose principal diagnosis is cannabis are the youngest (24.2 years of age) (Pfeiffer-Gerschel et al. 2010a;b,c). Among all the groups of principal diagnoses, most of the clients who have children of their own only have a single child (see

Table 12.1).

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138 Tables 12.1, 12.2 and 12.3 contain data from the 2009 German statistical report on treatment centres for substance use disorders for the reference group “people beginning/ending treatment” and “all persons receiving treatment” at ambulatory facilities. The reference group “all persons receiving treatment” includes *all* persons who were receiving treatment in the year under report (including on a permanent basis). The cross-sectional description of the clientele group “drug consumers with children” requires this reference group be selected in order to make a comprehensive description possible. In this special chapter, the descriptive examination of the group of persons “drug consumers with children” thus relates to the reference group “all persons receiving treatment” designating clients at ambulatory facilites. Generally the reference group “persons beginning/ending treatment is examined within the framework of the annual REITOX report; this allows a more detailed picture of changes in the demand for assistance/treatment to be obtained. To achieve a certain consistency and comparability of data within the report, the reference group “persons beginning/ending treatment” is also listed on the tables as well as the reference group “persons ending treatment” for clients at in-patient facilities.

Table 12.1 Main diagnosis and number of own children

Main diagnosis	Number of own children: Without child/ren* %	one* %	two* %	three* %	more* %	Total with child/ren %*	Total with child/ren N	Unknown N	Total N
Opioids									
outpatient, all persons beginning/ending treatment	66.5%	20.5%	9.3%	2.6%	1.1%	33.5%	7,195	5,531	26,978
outpatient, all persons receiving treatment	65.6%	20.9%	9.6%	2.7%	1.2%	34.4%	15,370	11,844	56,583
inpatient, all persons ending treatment	74.7%	15.4%	7.4%	1.6%	0.9%	25.3%	697	202	2,961
Cannabinoids									
outpatient, all persons beginning/ending treatment	84.5%	10.1%	3.6%	1.2%	0.5%	15.5%	2,401	4,096	19,616
outpatient, all persons receiving treatment	83.6%	10.8%	3.9%	1.2%	0.5%	16.4%	3,729	6,088	28,792
inpatient, all persons ending treatment	83.2%	11.3%	4.2%	0.8%	0.5%	16.8%	255	233	1,751
Sedatives/ Hypnotics									
outpatient, all persons beginning/ending treatment	71.2%	15.8%	10.2%	1.6%	1.2%	28.8%	283	261	1,245
outpatient, all persons receiving treatment	69.1%	17.1%	10.1%	2.4%	1.3%	30.9%	494	450	2,051
inpatient, all persons ending treatment	81.6%	13.8%	3.5%	0.7%	0.4%	18.4%	52	23	306
Cocaine									
outpatient, all persons beginning/ending treatment	66.0%	19.3%	9.7%	3.1%	1.8%	34.0%	959	689	3,512
outpatient, all persons receiving treatment	64.8%	20.1%	10.2%	3.1%	1.8%	35.2%	1,641	1,150	5,814
inpatient, all persons ending treatment	72.9%	15.0%	7.7%	3.0%	1.4%	27.1%	152	26	586

Table 12.2 (continued) Main diagnosis and number of own children

	Number of own children								
	Without child/ren*	one*	two*	three*	more*	Total with child/ren		Unknown	Total
Main diagnosis	%	%	%	%	%	%*	N	N	N
Stimulants									
outpatient, all persons beginning/ending treatment	74.2%	16.6%	6.6%	1.9%	0.7%	25.8%	760	941	3,885
outpatient, all persons receiving treatment	73.2%	17.5%	6.6%	1.8%	0.9%	26.8%	1,309	1,598	6,484
inpatient, all persons ending treatment	77.1%	15.0%	5.6%	1.5%	0.8%	22.9%	140	68	680
Hallucinogenics									
outpatient, all persons beginning/ending treatment	76.7%	15.0%	5.0%	1.7%	1.7%	23.3%	14	25	85
outpatient, all persons receiving treatment	75.0%	19.8%	3.1%	1.0%	1.0%	25.0%	24	46	142
inpatient, all persons ending treatment	85.7%	-	14.3%	-	-	14.3%	1	0	7

*) Percentage values refer to clients having provided information on the item (without unknown).

Pfeiffer-Gerschel et al. 2010a;b;c.

Children in households of drug consumers

Table 12.3 shows how many children live in the household of the client. This question does not necessarily relate to persons' own children. Here as well, the status of a relatively large percentage of clients is unknown (approximately one-fifth to one-fourth among the various principal diagnoses).

A total of N=11,627 persons receiving supervision/assistance or undergoing treatment live in the same household with at least one child. The largest group of clients (principal diagnosis opioids) are the group living with at least one child in a household (n=7,465, 17.4%) (see

Table 12.3). Clients with a principal diagnosis of cannabis compose the second largest group of clients and also the second largest group living with children in the same household (n=2,340). With other principal diagnoses the figure is 17.1% (n=781) for persons with a principal diagnosis of cocaine, 15.3% (n=713) for persons with a principal diagnosis of stimulants and 20.5% (n=317) for persons with a principal diagnosis of sedatives/hypnotics. With all main diagnoses, more than half of the clients living in a household with children live with one child and more than one-fourth with two children in the same household. (see

Table 12.3).

The majority of clients at ambulatory facilities do not live alone. Out of the total principal diagnosis, the persons not living alone account for between 58.5% (principal diagnosis opioids) and 62.1% (principal diagnosis stimulants). Among these the percentage of persons who live with children varies considerably. While somewhat more than one in every ten clients not living alone with a principal diagnosis of cannabis lives with children (11.0%), among persons with a principal diagnosis of stimulants this figure is almost one in every five (18.2%). The figure for persons with a principal diagnosis of cocaine is 22.8% and a principal diagnosis of opioids is 25.0%. The share among persons with a principal diagnosis of sedatives/hypnotics is even more than one in every three at 36.9% (see Table 12.5).

Table 12.3 Main diagnosis and the number of children living in the household

Main diagnosis	Number of own children: without child/ren*	one*	two*	three*	more*	Total with child/ren		Unknown	Total
	%	%	%	%	%	%*	N	N	N
Opioids									
outpatient, all persons beginning/ending treatment	83.8%	9.9%	4.7%	1.2%	0.5%	16.2%	3,327	6,474	26,978
outpatient, all persons receiving treatment	82.6%	10.5%	5.1%	1.3%	0.5%	17.4%	7,465	13,699	56,583
inpatient, all persons ending treatment	87.2%	7.0%	4.5%	1.0%	0.2%	12.8%	345	259	2,961
Cannabinoids									
outpatient, all persons beginning/ending treatment	89.4%	6.4%	2.9%	0.9%	0.4%	10.6%	1,571	4,746	19,616
outpatient, all persons receiving treatment	89.3%	6.5%	3.0%	0.9%	0.4%	10.7%	2,340	6,967	28,792
inpatient, all persons ending treatment	90.3%	6.3%	2.2%	0.7%	0.5%	9.7%	143	272	1,751
Sedatives/ Hypnotics									
outpatient, all persons beginning/ending treatment	80.8%	12.0%	5.5%	0.8%	0.8%	19.2%	181	300	1,245
outpatient, all persons receiving treatment	79.5%	12.2%	6.3%	1.2%	0.8%	20.5%	317	505	2,051
inpatient, all persons ending treatment	80.9%	12.6%	4.5%	0.4%	1.6%	19.1%	47	60	306
Cocaine									
outpatient, all persons beginning/ending treatment	83.1%	8.5%	5.7%	1.6%	1.1%	16.9%	465	753	3,512
outpatient, all persons receiving treatment	82.9%	9.1%	5.5%	1.7%	0.8%	17.1%	781	1,242	5,814
inpatient, all persons ending	88.9%	6.7%	3.6%	0.4%	0.4%	11.1%	61	36	586

treatment

Table 12.4 (continued) Main diagnosis and the number of children living in the household

Stimulants									
outpatient, all persons beginning/ending treatment	85.4%	9.3%	3.8%	0.9%	0.6%	14.6%	411	1,069	3,885
outpatient, all persons receiving treatment	84.7%	10.0%	3.8%	0.9%	0.6%	15.3%	713	1,813	6,484
inpatient, all persons ending treatment	86.7%	8.5%	4.2%	0.2%	0.5%	13.3%	80	80	680
Hallucinogenics									
outpatient, all persons beginning/ending treatment	89.5%	8.8%	1.8%	-	-	10.5%	6	28	85
outpatient, all persons receiving treatment	88.3%	10.6%	1.1%	-	-	11.7%	11	48	142
inpatient, all persons ending treatment	100.0%	-	-	-	-	0.0%	0	0	7

*) Percentage values refer to clients having provided information on the item (without unknown).

Pfeiffer-Gerschel et al. 2010a;b;c.

Table 12.5 Principal diagnosis and living situation

Main diagnosis	Living situation: Living alone	Living not alone	Living together with*: Partner	Child/ren	Parent	Parent person/s	Other person/s
Opioids							
ambulant, Alle Betreuungen	41.5%	58.5%	46.1%	25.0%	24.5%	6.3%	17.7%
stationaer, Beender	47.3%	52.7%	43.2%	23.7%	32.8%	7.7%	18.0%
Cannabinoids							
ambulant, Alle Betreuungen	32.7%	67.3%	21.6%	11.0%	55.0%	9.7%	15.0%
stationaer, Beender	45.4%	54.6%	25.2%	14.0%	49.8%	11.6%	17.1%
Sedatives/ Hypnotics							
ambulant, Alle Betreuungen	40.3%	59.7%	66.7%	36.9%	11.6%	3.8%	6.4%
stationaer, Beender	43.7%	56.3%	67.8%	37.4%	17.2%	10.9%	11.5%
Cocaine							
ambulant, Alle Betreuungen	39.8%	60.2%	42.3%	22.8%	21.9%	5.9%	25.6%
stationaer, Beender	51.0%	49.0%	48.1%	23.9%	26.6%	9.3%	20.8%
Stimulants							
ambulant, Alle Betreuungen	37.9%	62.1%	30.9%	18.2%	39.8%	8.7%	18.4%
stationaer, Beender	41.7%	58.3%	28.2%	17.6%	41.1%	9.2%	22.6%
Hallucinogenics							
ambulant, Alle Betreuungen	39.7%	60.3%	26.0%	9.6%	43.8%	9.6%	17.8%
stationaer, Beender	71.4%	28.6%			100.0%		

*Multiple responses possible

Pfeiffer-Gerschel et al. 2010a;b;c.

12.1.2 Regional documentation and results of studies

Hamburger Basisdokumentation 2001 (Hamburg Basic Documentation 2001)

Hamburg Basisdokumentation (BADO) has devoted a special chapter in its annual report (data year 2001) to the topic of “Mothers and fathers dependent on addictive substances, where the children stay” since as far back as 2003. Ten years ago it assessed how many children live in families with addiction problems, how many clients receiving treatment have children of their own and how many of them live together with children. According to these

statistics, 44.0% (2,134) of the clients have children. This statistic from Hamburg is above the national average. A comparison is only valid to a certain extent, however, as this data does not provide any information on percentages accounted for by individual principal diagnoses and the period of time between these surveys is quite large. Nevertheless, one can infer that drug consumers with children tend to live more in urban areas like Hamburg than rural areas.

In Hamburg clients with children were of an average age of 35 in 2001. Between 46% of the children were no longer living with the parent under supervision or undergoing treatment, however, instead usually living with the other (separated) parent. This was particularly the case when the father had the addiction problem: in these cases three-fourths of the children lived with their single mother (76.6%). When the mother was a client of an addiction-treatment facility, the children lived more frequently in foster families (45.2%), with their grandparents (27.4%) or at child-raising facilities (13.4%). Most single parents in cases where the children live together with the parent receiving treatment were single mothers (62.4%). Basisdokumentation explored sociodemographic aspects and the socioeconomic status of clients, in particular mothers undergoing treatment. Although mothers undergoing treatment have a lower educational level than women without children undergoing treatment, they just as frequently had completed occupational training. Clients with children were more frequently dependent on social aid than clients without children, however. This figure was even higher among single mothers (Martens et al. 2003).

Fuchs et al. (2008) carried out a study on parents dependent on opioids with children of minority age with the framework of the Basisdokumentation for Hamburg Ambulatory Treatment Centres. This study examines the empirical relationship between parenthood and addiction with respect to the well-being of the children. The clients (n=4,971) were split up into the groups “parents who live together with their children”, “parents who do not live together with their children” and “childless persons”. Approximately one-third (30.3%) of clients had children, with roughly more than one-third of these living together with the children (35.9%). The results of the study show that the situation of parents raising children is much better with regard to the selected risk factors (drug consumption, traumatic experiences, social situation, health condition) than for those parents who do not live together with their children. Nothing can be surmised on the basis of this study as to whether the presence of children in the household is the reason that these clients are in a better situation or whether clients who were previously in a better situation tend more to keep their own children (Fuchs et al. 2008; see 2009 REITOX Report).

Results from the PREMOS study

The PREMOS Study[139] (Predictors, Moderators and Outcomes of Substitution Treatment) looked at the long-term effects of opioid-supported substitution therapy using a prospective-longitudinal, epidemiologically based 6-year study of patients receiving routine health care in Germany (see chapter 5).

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[139] http://www.premos-studie.de/

Sociodemographic aspects examined in the study show that 40.7% of the population in the study (n=1,624) had at least one child of their own (23.4% one child; 11.8% two children; 5.5% three or more children). A comparison between male and female patients shows that this percentage is greater among female patients: a total of 50.7% of women (n=524) had children, while among male patients (n=1100) this figure was only 36.0% (Wittchen et al. 2011).

A query as to whether and which type of facilities offer special services for risk groups (a total of approximately 30% of all facilities) showed that only 8.4% could demonstrate that they specialise in pregnant and/or women with children. This statistic shows a deficit in the health-care situation, as more than one-third of all substitution patients are women, and the majority of them have children. Moreover, specialised facilities are very unequally distributed in Germany. Generally it is large, staff-intensive facilities in urban centres which are able to offer specialised services in the first place (Wittchen et al. 2011).

The specific situation and problems of women dependent on opioids who have children and pregnant women has been examined in a supplemental, more detailed study using a separately developed interview of women.[140] The initial reports in the final report of the study indicates that comprehensive care was provided to female patients in particular during pregnancy, which is also reflected in the fact that a disproportionate number of women studied stated that they had become abstinent at least temporarily during their pregnancy. In the following period there were frequently relapses, phases of massive social disintegration and psychosocial stress and usually several new starts with substitution treatments, however (Wittchen et al. 2011).

The authors therefore saw a considerable need to expand and improve the coordination of the various services in particular for the period following birth to support women undergoing substitution who have children and to remove regional deficits in specialised services.

12.1.3 Risk factors for pregnant women and parents who consume drugs and their children

A substance disorder is often not just a burden on the person with the disorder. The illness also has an impact on other family members. Children are especially burdened by a parent having a substance disorder, as they are dependent on their parents. They require parents to rear them, protect and care for them, attend to their health, feed them and provide love and affection as well as financially support them. In many respects children are vulnerable and helpless if parents are not able to perform the tasks of parenthood. Substance disorders among parents thus constitute a particularly great risk.

Findings relating to risk factors and health hazards for pregnant women, parents and children which arise through the consumption of drugs are usually not based on systematically collected data or more recent national studies carried out in Germany. The level of knowledge, e.g. pertaining to the risks of drugs for unborn children or dependency problems

[140] Additional results of these more detailed studies had not yet been analysed at the point in time of this report. The authors will be publishing additional works on these results in the future (Wittchen et al. 2011).

in families recurring across generations are for the most part based on studies conducted in the United States in the 1980s and 1990s. The following sections contain a summarising description of known risk factors and hazards discussed in the literature.

Multi-generational addiction problems in families

Alcohol and drug dependency are frequently a recurring problem in families. Dependency-related disorders constitute an increased risk for children in the family context, as they are more likely to develop a dependency-related illness themselves later on (see, for example, Klein 2003; Sack & Thomasius 2009b).

Impact of problematic life situations and circumstances

For the most part a distinction can be made between two types of negative influences on the life situation and circumstances of mother and child which are generally present at the same time. The literature first of all describes the living situation of the mother, which is marked by social disadvantage. Secondly, it addresses limitations on the ability of mothers to raise their children as a result of drug dependency.

In comparison to the normal population, drug addicts generally have a lower level of education and occupational training, which is as a whole associated with a higher risk of poverty and unemployment (Klein 2006). As a consequence it is not surprising that mothers who are dependent on drugs have a lower social status than mothers who are not dependent on drugs as well as higher levels of stress in their lives; they also tend to be more socially isolated (Klein 2008). In the case of mothers who are dependent on drugs, usually uncertain living circumstances and poor nutrition, poor housing conditions and a socially constrained environment have a negative impact on the physical, psychological and social development of the child. Discontinuities and disruptions in the lives of children of drug addicts such as changes and interruptions in their lives together are considered to be risk factors in connection with behavioural disorders. Children in families with addiction problems experience emergencies and stays in hospitals, the arrest of parents, attempts at suicide all the way to successful suicides more frequently, for instance, than other children. Mothers have often had traumatic childhoods themselves which continue to have an impact on their psychological health (Klein 2006). In families with addictions in which there is an addiction problem as a result of the consumption of illegal drugs, both partners in a relationship are frequently affected by the dependency when the mother is not raising the children alone (usually the case). In comparison to persons dependent on alcohol, among whom frequently only one partner is dependent, drug addicts also have partners who are dependent on drugs disproportionately often (Klein 2006).

Dependency-related disorders and possible additional psychological illnesses, the pressure to obtain drugs, criminality in connection with the acquisition of drugs and prostitution by mothers can place considerable constraints on the ability of mothers to raise their children

(Rasenack 2004, Klein 2008, fdr 2009)[141]. Drug-dependent parents are more prone to neglecting and not attending to their children. Children of drug consumers thus more frequently exhibit symptoms of neglect (Klein 2008). Among children who grow up in families with addiction disorders, it can frequently be observed that they assume (or have to assume) responsibility and perform tasks such as running the household and taking care of younger sisters (BMFSFJ 2009).

In a study conducted among 58 mothers undergoing substitution carried out within the framework of the development of a programme to promote the child-raising abilities of mothers who were dependent on drugs, Kroeger et al. (2006), in addition to establishing that these persons are frequently disadvantaged (see above), also conclude that these mothers perceive deficits in their child-raising competencies themselves. The authors note that the low level of self-confidence these mothers have also results in inconsistencies in their child-raising.

On the whole, it becomes clear that in addition to the many services available focusing on the needs of children from families with addiction disorders (see chapter 12.3), there is also a considerable need for aid services for these parents. It is for this reason that one of the key objectives or elements in various aid services for drug-consuming or substituting parents is to foster their child-raising abilities and to support them in exercising their right to raise their own children (on this see, for example, the sections on “early aid” in chapters 12.2 and 12.3).

Impact of heroin and cocaine on unborn children

Alcohol and illegal drugs have a teratogeneous effect on unborn children. Acute intoxication, withdrawal, the impact of substances at the cellular level and their organotoxic effect can cause deformities and developmental disorders. Moreover, substances cause passive dependency and neonatal withdrawal syndrome (Bevot & Kraegeloh-Mann 1999; fdr 2009). A woman finding out that she is pregnant and few preliminary examinations as well as comorbidity, especially with infections (HIV, hepatitis B and C), polytoxicomania and psychiatric disorders are frequent (Rasenack 2004).

The dangers posed by the effects of heroin on unborn children are more related to the aspect of it causing dependency; the teratogeneous effect is weaker than with e.g. cocaine or alcohol (Bevot & Kraegeloh-Mann 1999; Rasenack 2004). That is why the dangers posed by withdrawal for pregnant mothers are particularly great; this can lead to intrauterine death and neonatal withdrawal syndrome, (Rasenack 2004). The danger of crib death is also increased during the first year of life (Bevot & Kraegeloh-Mann 1999). Further complications in pregnancy which frequently occur among heroin consumers include insufficient intrauterine development of the hip bones, premature births and later neurological damage (Rasenack 2004).

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[141] The position paper “Drugs – Pregnancy – Child” cited in this chapter examines the debates and discussions which took place within the framework of a hearing of experts from the fields of medicine, addiction treatment and youth welfare which took place under the same title in Berlin on 29 January 2007 and was then explored in more depth at the 31st Federal Drug Congress “Children are our future – addiction treatment takes a position” in April 2008.

The teratogeneous effect of cocaine (and amphetamines) comprises a general vasoconstriction (constriction of the blood vessels) and a resulting decrease in the blood supply in the area of the placenta as well. This can lead to premature births and intrauterine death. Moreover, consumption can raise the rate of underdeveloped newborn babies with microphelia (dysplasia of the brain) and postnatal the occurrence of acute toxic symptoms and crib death (Rasenack 2004).

With regard to problems in the further development of children of mothers consuming drugs, the authors of the position paper "Drugs – Pregnancy – Child" (fdr 2009) have established a need for additional research on whether certain deficits can be attributed to the impact of drugs during pregnancy or whether psychosocial stress through parents consuming drugs is the cause (fdr 2009). The current state of the art in research in Germany has been described in the work of Stachowske (2008).

12.2 Strategies, laws and legislation

12.2.1 Statutory framework conditions: the Social Codes (SGB)

Drug-consuming parents with children have the same rights to obtain aid as other consumers, e.g. to treatment of their dependency or basic social security and other support services and benefits. The Social Codes (SGB) provide the legal foundations for the right of drug addicts to treatment and stipulate what institutions are to fund the treatment (see chapter 5). With regard to the treatment of parents, above all SGB V (statutory health insurance schemes) and SGB VI (statutory pension insurance schemes), in some cases SGB XII (social aid) are of relevance. With regard to the rights and obligations of parents towards their children, SGB VIII (children and youth welfare) provides the statutory foundations which are of key importance in the context of drug consumers.

12.2.2 Statutory framework conditions: SGB VIII – children and youth welfare

The United Nations' Convention on the Rights of the Child lays out foundations in Articles 24[142] and 33[143] which have been implemented in Germany in various statutory provisions.

The German Social Code (SGB) – Eighth Book (VIII) – child and youth welfare stipulates in § 1 that "every young person is entitled to be promoted in his or her development to become a responsible person in the community"[144]. The services, benefits and tasks of statutory and non-statutory agencies and organisations on behalf of young people and their families is subsumed under the term "children and youth welfare" ("Kinder- und Jugendhilfe"). Welfare for drug consumers with children hence consists of complex interaction between various actors. Parties involved include *inter alia* addiction treatment centres, youth welfare

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142 "States Parties recognize 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. […]"

143 "States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties […]"

144 http://bundesrecht.juris.de/sgb_8/__1.html

organisations, health care and the education system. Interface problems between different administrative and legal systems require cooperation and networking in order to be able to ensure optimum care (fdr 2009).

It emanates from Article 6(2) of the German Constitution that parents have the right to care for and raise their children, but that this is also related to obligations. Jeopardisation of the well-being of children resulting from the lifestyle of their parents[145] can lead to a conflict with the right of parents to raise their children. When the well-being of children is in danger, youth welfare offices (Jugendaemter) are assigned the task of offering suitable and necessary aid to preclude any jeopardisation of young people. The youth welfare office is an organisational unit within the community administration and under Social Code VIII (SGB VIII) must be set up by each county or urban municipality. The youth welfare offices are responsible for awarding benefits under SGB VIII; they can also act as the public agencies funding youth welfare. If the welfare of minors is at risk, for example because their parents are addicted to drugs, these offices are in charge of tasks involving cooperation with agencies providing services and benefits and institutions in the educational, health and social systems. It is expressly laid down in the law that the risk must be assessed by several experts; the parents are also to be included in this process. It is furthermore to be ensured that suitable and required aid is offered by the agencies responsible for facilities and services and that services and benefits are made use of by the parents. The objective is to jointly act to preclude dangers to the well-being of children while involving all actors required. Impingements on the rights of parents are only possible under § 1666 of the German Civil Code if the aid which is offered does not suffice to preclude dangers because the parents are not willing or are unable to cooperate. In such a case the youth welfare office petitions a family court. A host of measures can be initiated by the family court, ranging from issuing orders for services and benefits to be accepted all the way to the partial or complete removal of custody. In cases of acute risks, the youth welfare office must “take custody” of the child or adolescent under §42 of Social Code VIII.

12.2.3 Federal Child-Protection Act (Bundeskinderschutzgesetz - BkiSchG)

To achieve comprehensive protection of children and youth, it is necessary to involve different actors with different specialisations from different welfare systems with different purposes set out in law and different funding. The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth has drafted a Law to Strengthen Active Protection of Children and Youth (Bundeskinderschutzgesetz - BKiSchG) in order to create uniform framework conditions for regional cooperation structures in the area of protection of children and youth (Bundesrat Drucksache 202/11). The Federal Government endorsed the Draft Act on 16 March 2011 and it is scheduled to go into force on 1 January 2012. One key element in the Federal Child-Protection Act is Article 1, the “Act on Cooperation and Information in the area of Child Protection (“Gesetz zur Kooperation und Information im Kinderschutz – KKG)”. The

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[145] The Convention cites “persons having the care and custody over the child”. This term takes into account constellations in which children do not live with their biological parents. This section means persons having custody in the meaning of the law; for the sake of simplicity, these are referred to as “parents”.

framework conditions for binding network structures in the area of protection of children are laid down in this as are provisions on information to parents on support services. The Act on Cooperation and Information in the area of Child Protection furthermore sets out the disclosure of sensitive data among actors by laying down a standard on powers for actors possessing confidential knowledge by virtue of their profession. Legal conflicts have occurred here in the past, e.g. when actors become aware that parents have a dependency disorder which might be associated with jeopardisation of the well-being of the child, there is a conflict with physicians'' confidentiality obligations. The Bundesrat debated the Government's draft bill on 27 May 2011. Although the Bundesrat generally speaking welcomed the initiative in the guise of the Draft Act and supported its general aim, it continues to see a considerable need for improvement in its statement of position. In particular it argues that the health-care system must be more closely integrated in planned cooperative structures (Bundesrat Drucksache 202/11B).

In a public hearing conducted by the Committee for Family Affairs, Senior Citizens, Women and Youth of the German Bundestag on 26 September 2011, statements made by experts pursuant to the draft bill submitted by the government were discussed (Bundestag Drucksache 17/6256). The legislative bill was generally speaking welcomed by the experts who were heard. The lack of involvement of the health-care system was criticised, however. On the other hand, the experts also stated that the draft bill ran the danger of providing too little funding and too little resources at the local level for the planned cooperation structures. The experts considered the success of the law to depend upon sufficient funding and cost-sharing by the Federal, *Laender* and local governments.[146]

On 28 September 2011 the Federal Government also adopted the "Action Plan 2011 for the Protection of Children and Adolescents against Sexual Violence and Exploitation" (BMFSFJ 2011). Action Plan 2011 links into the "Round Table on Sexual Abuse of Children" initiated on 24 March and institutes specific measures in an overall strategy. The focal points of the Action Plan include the areas of "prevention" and "intervention". The comprehensive protection of children and adolescents on the one hand begins at the level of victims. Here increased efforts are needed to protect children in families with different neglect and abuse problems. The Action Plan also sees a need for action in informing and raising awareness (prevention) as well as counselling and housing services (intervention) to protect children from families with addiction and abuse problems.

12.2.4 National Centre for Early Aid (Nationales Zentrum fruehe Hilfen - NZFH)

The German social system offers comprehensive aid and support services for needy persons. This includes people with an addiction disorder, and these often meet other criteria entitling them to receive support as well. Poverty, illness and limited opportunities for participation are additional criteria, for example. Germany often pursues an integrative approach in strategies and action plans which aim at a more general target group in measures for needy persons. Thus drug addicts are not the primary target group, but these

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[146] http://www.bundestag.de/bundestag/ausschuesse17/a13/anhoerungen/Kinderschutzgesetz/index.htm

persons nevertheless frequently meet requirements and are part of the target group receiving support services.

One example of this is “Early Aid” (“Fruehe Hilfe”) which is described in the following. Early Aid is the term used to designate support and aid services which parents are offered beginning with pregnancy up until, for instance, the child turns three years old. The aim of Early Aid is to improve protection of children against neglect and abuse as early on as possible through prevention. Strengthening child-raising skills of (soon-to-be) parents is another focal point. Early Aid addresses parents in difficult living situations with limited resources to cope with their situation, e.g. parents with addictions and their children (Die Drogenbeauftragte der Bundesregierung 2011).

The Government Coalition in the 16th electoral period agreed in its 2005 Coalition Agreement to develop a social early-warning system in a project to offer early promotion of children at risk. Services offered by the health-care system and child and youth welfare offices are to cooperate more effectively. The National Centre for Early Aid (Nationales Zentrum Fruehe Hilfen – NZFH)[147] was established in 2007 within the framework of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth’s action programme entitled “Early Aid for parents and children and social early warning systems”. The Federal Centre for Health Education (BZgA) and the German Youth Institute (Deutsche Jugendinstitut - DJI) are the joint sponsors of the NZFH. Their joint sponsorship underscores the approach of multi-professional cooperation in the field of Early Aid[148].

12.3 Reactions

A non-intact family environment is considered to be one of the biggest causes of an increased risk that children will suffer addiction-related disorders later. The causes of increased addiction risk include inter alia experience of domestic violence, separations and divorces, physical and emotional abuse or even sexual abuse. These problems occur in varying degrees in households where there are addiction problems.

In Germany there are various services offering treatment and counselling for parents and pregnant women with drug dependencies. A large portion of services directly address children. Information offered by associations and facilities which address e.g. social workers and staff from youth welfare centres frequently focuses on work with children from families with addiction problems. In work with parents who consume drugs, the role of parents and perception of parental duties are less often the focus. Many services address the problems and difficulties of children who live with addicts.

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[147] The National Centre for Early Aid (NZFH) is the central information platform in the area of “Early Aid”. Results from model projects are prepared on the Internet site and recommendations for action are offered for implementation at the local community level. The work of the NZFH is based on three columns: a knowledge platform (e.g. recording examples from the field of practice, model projects, scholarly findings), public-relations work and communication (e.g. sensitisation of decision-makers in the German *Laender* and local communities on the further construction and establishment of early aid) and development and transfer (support by public and non-public actors, networking of actors from different disciplines in the field of Early Aid) (NZFH 2010).

[148] www.fruehehilfen.de

There is no uniform, comprehensive documentation on services and activities. The projects, cooperative ventures and events listed in chapter 12.3 provide a description of selected activities with different actors and institutions involved with the issue and related problems.

12.3.1 Treatment of parents who consume drugs and pregnant consumers

Treatment, counselling and assistance for drug consumers with children

In addition to the treatment of dependency-related disorders, there are various services offering counselling and assistance to families, parents and/or children both at ambulatory and in-patient facilities. Services which facilities offer include, for example, groups where children can be cared for during therapy meetings (to take an example of services which focus on the children of addicts). There are services offering family therapy at in-patient addiction-rehabilitation centres (to take an example of services which include the family). Moreover, seminars promoting the child-rearing competence of parents are offered (to take an example of services focusing on parents).

Treatment and assistance for pregnant consumers

The general goal of assisting pregnant consumers of drugs is to make the pregnancy as low-risk as possible. The desire to change one's own consumptive behaviour so that the unborn child suffers as little damage as possible is usually high among pregnant drug consumers. In the case of pregnant consumers of opiates, stable substitution is the best way to reduce risks emanating from consumption of other substances, withdrawal and relapse (Siedentopf & Nagel 2005). German guidelines on treatment for opioid-related disorders[149] are the same as the guidelines of the WHO[150] with regard to recommendations on substitution treatment for pregnant women. Methadone is considered to be a suitable substitution. It is also possible to offer treatment with levothethadone and buprenorphine in Germany[151]. Treatment with diamorphine has also been possible in substitution treatment in Germany since 2009; strict access criteria limit this form of treatment, however, to the group of "severely addicted". Taking into account these restrictions on access, pregnant persons who otherwise meet the preconditions for treatment with diamorphine could also be treated with this substitution substance at licensed facilities. In addition to medical treatment of addictions, psychosocial and birthing-aid assistance is also important. The identification of somatic and psychological disorders as well as information on *inter alia* risks (of infection), furthermore regular care and beyond this information on infections, complications with pregnancies, deformities and growth disorders are supposed to be provided within the framework of medical and birthing-aid assistance. It is supposed to be determined within the framework of psychosocial care

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149 See the German treatment guidleline "Opioidbezogene Stoerungen. Postakutbehandlung" ("Opioid-related disorders. Post-acute treatment") (Havemann-Reinicke et al. 2006).

150 See the guidelines of the World Health Organization (WHO 2009).

151 At present the AQWMF guidelines on treatment of disorders in connection with opioids are being revised (see 2010 REITOX report, chapter 11). The previous version did not make any statements regarding diamorphine, as it was not yet licensed as a substitution substance.

what influential factors which could have an effect on the development of the child during pregnancy can be expected (Siedentopf & Nagel 2005; fdr 2009).

12.3.2 Services: examples of treatment and counselling in the field of practice and projects

It is scarcely possible to provide a complete overview of services offered in Germany, as there is no system to record the scope, type and quality of services. The services which exist at the local or regional levels are in some cases very specific services offered by facilities and initiatives. The German statistical report on treatment centres for substance use disorders most recently documented that in 1999 11% of ambulatory facilities had services of some type for children of persons with substance-abuse disorders. What type of services these are is not explained (Tuerk & Welsch 2000). No systematic data whatsoever is recorded for services outside addiction-treatment centres. With regard to the development of standards and quality features for work with drug-dependent pregnant women and mothers and the need for continuing training of specialised staff, Toedte (2010) believes there is a need for action to be taken. This applies to the establishment of networks in the area of medical care, drug and youth welfare offices.

The following sections present several services on offer, some of which have been working with drug-consuming pregnant women and mothers for many years.

Berlin Out-Patient Infection Clinic (Infektionsambulanz Berlin) and WIGWAM Reach-Out Social Work (WIGWAM aufsuchende Sozialarbeit)

One example of interdisciplinary cooperation in the field of treatment practice is the work of the Berlin Out-Patient Infection Clinic for Birth Medicine at Charité University Clinic in Berlin. Pregnant women addicted to controlled substances, consuming narcotics and undergoing substitution have been provided counselling in an inter-disciplinary team since as far back as 1987. The treatment strategy includes medical birthing, neonatal, addiction medicine, infectology and psychosocial assistance. Patients who go to meetings are offered wide-ranging services, e.g. possible in-patient treatment of newborn withdrawal syndrome is part of this[152]. The Institute‘s out-patient clinic works together with “WIGWAM Connect – competent assistance in pregnancy and early years of parenthood”[153]. Pregnant patients who consume drugs are assisted and supported by WIGWAM Connect social workers at the birthing clinic. The work includes, for example, referral to offices for substitution treatment and psychosocial assistance, home visits and assessment of living circumstances and cooperation with youth welfare offices in Berlin to optimise services offered by youth welfare offices. In addition, WIGWAM cooperates with Berlin addiction-treatment facilities, providing contact to the Out-Patient Infection Clinic so that pregnant clients can make use of the medical care offered for birthing medicine at the clinic.

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[152] http://geburtsmedizin.charite.de/schwangere/sprechstunden/spezialsprechstunden/suchtsprechstunde/

[153] http://www.vistaberlin.de/index.php?id=58

Bella Donna, a drug counselling office for girls and women

The issue of pregnancy and motherhood among women dependent on drugs has been conceptually integrated into the work performed by the drug-counselling office for girls and women "Bella Donna" in Essen since as far back as 1992. The counselling office offers the training program MUT! (Muetter-Unterstuetzungs-Training) for addicted mothers or mothers undergoing substitution and their children. The training includes support, suggestions and practical help in the everyday chore of raising children, information on physical and psychological development stages of children and their basic needs. Child care is offered when the mothers attend group meetings in the course[154].

“Liliput – Mutter + Kind” counselling service

“Liliput – Mutter + Kind” is a service offered by Lilith e.V.[155], a non-profit funding organisation for several social facilities in Nuremberg. Individual counselling is offered for mothers and children in individual meetings, group meetings, child care, leisure time possibilities for mothers and children, consulting times for mothers and referral to facilities in the area of child and youth welfare and health services. The funding organisation Lilith among other things also addresses the target group through outpatient counselling services, reach-out work, street work and crisis intervention.

The “Eltern-Kind-Haus” at Boeddiger Berg Special Clinic

Boeddiger Berg Special Clinic[156] maintains a targeted service for parents consuming drugs. This offers the possibility for in-patient rehabilitation in a treatment area especially set up for the target group. The “Eltern-Kind-Haus” ("parent-child house") is a special service offered to mothers and fathers who have substance addictions or are at risk of such, but also pregnant women and soon-to-be parents. During their treatment they can live together with their children under one roof and receive advice and help regarding child-raising questions and support in organising everyday family life. An information meeting takes place at the facility in advance. It is possible to be admitted to the facility if costs are assumed for the parents (for example, by the statutory pension insurance scheme or health insurance scheme) as well as for the children (by the youth welfare office in charge).

Regenbogen – parent-child aftercare in a shared-living situation

One service offered in the area of in-patient aftercare following successful rehabilitation of young mothers or also families is the aftercare shared-living facility “Regenbogen”[157] in Kassel. This facility for addicted parents over 18 years of age who want to be abstinent offers to help structure parenthood for the parents with their children and for them to establish their

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[154] www.belladonna-essen.de/index.htm

[155] www.lilith-ev.de

[156] www.drogenhilfe.com/boeddiger_berg

[157] www.drogenhilfe.com/regenbogen

own existence together with their children. The aftercare comprises further assistance and counselling following ambulatory or in-patient therapy.

FachAmbulanz Kiel – HiKiDra

FachAmbulanz Kiel addresses the topic of "parents and children" and offers a broad variety of counselling services to parents with drug dependencies and their children in the project "Hi-Ki-Dra – Hilfen fuer Kinder von Drogenabhaengigen" ("Aid for Children of Drug Addicts"). HiKiDra Kinderberatungsstelle (Child Counselling Centre) has maintained its own offices focusing on comprehensive social counselling for parents, child-raising and mothers-support courses in different age groups, counselling for pregnant women, groups for children and adolescents with parents who are addicts, family leisure time and holiday programmes as well as network and lobbying work, specialised counselling and continuing education.[158]

FachAmbulanz Keil also drafted an aid manual for the *Land* capital of Kiel (Schleswig Holstein) in 2005. The "Aid Manual for the *Land* Capital of Kiel: HiKiDr – Aid for Children of Parents Addicted to Drugs" seeks to examine the problems faced by children of parents who are drug addicts from different perspectives in order to inform all persons or persons/facilities/institutions involved with parents addicted to drugs about the problem. The manual describes the aid required for children of parents addicted to drugs and categorises these according to the type of services in charge. The manual moreover provides tips on the recognition of problems, assessment of risks and regarding legal issues, for example legal claims of the parents, but also the legal foundations for aid services under the Social Codes and with respect to financing issues. (FachAmbulanz Kiel, 2005).

Projects

The projects presented here are in some cases national model projects and in some cases projects funded at the regional and community level. The program "addiction prevention with children of parents with addiction disorders", funded by the "Kinderland Foundation", was carried out in Baden-Wuerttemberg over the period 2002 to 2006, for example. 23 model projects have been supported in Baden-Wuerttemberg, within the framework of which children learn positive behavioural models and self-confidence, interpersonal and decision-making skills in groups receiving therapy assistance in Baden-Wuerttemberg. This was followed by the programme entitled "support services for children of psychologically ill parents or parents with addiction disorders", which helps fund 16 projects in Baden-Wuerttemberg.

In a review Arenz-Greiving and Kober (2007) have studied "work with children and their parents with addiction disorders" by analysing the conception, documentation and evaluation of 35 projects and initiatives on the said topic[159]. An element of the study was among other things questions relating to the type of services and supporting measures in the projects. In particular, with regard to the aspect of parents consuming addictive substances, it was

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[158] http://fachambulanz-kiel.de/index.php/2010/projekt-eltern-kind-hikidra/

[159] A list showing the projects which were examined in the review can be found on pp. 63 ff. of Arenz-Greiving and Kober (2007).

explored which access paths to dependent parents have proven effective and how parents can be included in work with children. The authors identified a systematic family-oriented approach as an important conceptual element in work with families with addiction problems. Approximately 3/4 of the projects analysed by the authors pursue a family-oriented approach. Other elements which the authors cited include group services and services for parents (for example open meetings, parent groups, individual counselling, case counselling, weekend seminars, crisis intervention and parent training courses. Moreover, public-relations work (this especially involves awareness of services on the part of people affected and experts), administration (planning of resources) and services within the framework of self-help for addicts (for example services for children while parents take part in group meetings or family seminars for parents and their children). With respect to the access avenues of parents to the different services, the authors note that the initiation of contact often is a very difficult step for the parents themselves to take. Feelings of embarrassment and shame with respect to their own behaviour, but also fear of losing their children pose barriers to parents taking the initiative in establishing contact. Reach-out work (actively approaching people, house visits or presence in low-threshold facilities) and referral through other actors in the help system are stated as strategies with which to reach parents who consume drugs (Arenz-Greiving & Kober 2007).

Projects: examples at the local, regional and national levels

The “Kidkit”[160] project is a low-threshold, Internet-based service for children from families with addiction problems. A key element in the project is the website. This is a cooperative project between the Association KOALA e.V. (Kinder ohne den schaedlichen Einfluss von Alkohol und anderen Drogen e.V.), Drogenhilfe Koeln e.V. and the German Institute for Research on Addiction and Prevention at the Catholic University, Cologne section. This project aims at informing children and adolescents who grow up in dysfunctional families and/or experience domestic violence on the topics of "addiction and family" and "violence and family" in a manner commensurate with their age through the Internet. The project also offers online counselling on these topics free of charge and anonymously. The website was set up within the framework of the project in 2002.

The national model project “Trampolin”[161] is also a program which focuses on children from families with addiction problems. It seeks to strengthen children's self-image and ability to solve problems. For example, group work teaches participants strategies to cope with stress, removes taboos from the topic of "addiction" and informs people about drugs and alcohol. Programmes are offered to parents parallel to this. These aim at sensitizing parents to the needs of children and the effects of addiction on the children, at strengthening their abilities as parents and motivating them to make use of help. The project is supported by the German Centre for Addiction Problems of Children and Youth (Deutsches Zentrum fuer Suchtfragen des Kindes- und Jugendalters - DZSKJ) and the German Institute for Research on Addiction and Prevention (Deutsches Institut fuer Sucht- und Praeventionsforschung - DISuP) and

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[160] www.kidkit.de

[161] www.projekt-trampolin.de

reviewed by these to determine its effectiveness. The project is being carried out at sites in all 16 German *Laender*.

KiSEL[162] (Kinder Suchtkranker Eltern – "Children of Parents with Addiction-Related Disorders") is a project of the Drogen- und Jugendberatungsstelle Arbeitskreis Rauschmittel e.V. Loerrach which essentially focuses on children and adolescents from families with addiction problems, but also offers services to parents themselves. Services for parents include counselling on questions relating to child-raising, school or childcare centres. Moreover, the abilities of parents raising children are strengthened and feedback is obtained on the development of their children.

The project Lichtblick der Integrative Drogenhilfe e.V.[163] in Frankfurt is an ambulatory counselling and support service for parents with substance addictions and undergoing substitution. Lichtblick's work is based on the realisation that it is in the interest of children to avoid removal of custody from the parents if possible. The immediate objective of Lichtblick is to minimise damage, while the long-term goal is to get the parents out of the drug scene. The primary goal, however, is the healthy physical and mental development of the children. Parents are offered counselling on child-raising questions and other family-related topics as well as practical aid in coping with everyday problems, although another goal is empowerment of the parents to do as much as possible themselves.

Early Intervention for Pregnant Women with Substance Addictions (Fruehintervention fuer suchtmittelabhaengige Schwangere - KIDS)[164] was initiated in 2007 as a joint project by the youth welfare office of the city of Kassel and Drogenhilfe Nordhessen e.V.. KIDS' objective is to reach pregnant women with substance addictions as early as possible in pregnancy and to create the foundation for a close-knit, tailored planning of help between the soon-to-be mother, general social services (ASD) and KIDS, and to create the prerequisites for intensive individual support which is necessary to ensure a positive common future for mother and child through "KIDS". Support services for parents consuming drugs include strengthening their ability to raise their children, referral to additional help and prevention of pre-natal damage to children and preventing children from turning to drugs by establishing a more stable emotional and social environment.

In Thuringia sabit e.V. has been carrying out the project "Jonathan-a project for the promotion of children and youth from families with addiction problems" ("Jonathan – Ein Projekt zur Foerderung von Kindern und Jugendlichen aus suchtbelasteten Familien")[165] in Erfurt since 2006. Campaigns and measures include inter alia leisure-time pedagogical assistance services for children with at least one parent with a substance addiction, but also stabilisation and strengthening of social skills as well as informing different age groups about specific topics relating to addiction problems. In some cases services are also provided for

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[162] www.kisel.de

[163] www.idh-frankfurt.de/index.php?option=com_content&task=view&id=36&Itemid=84

[164] www.drogenhilfe.com/case

[165] www.projekt-jonathan.de

parents – for example in the form of a fixed consultation day for parents, children and institutions, which has been offered since 2011.

The mission of the NZFH (see 0) includes the promotion and coordination of support of model projects by researchers and scholars in all of the German *Laender*. These model projects test measures and strategies to provide early support for families facing severe problems, such as for instance cooperation and networking of relevant actors in the field of Early Aid. Examples of model projects within the framework of NZFH which have a direct link to the topic of families with addiction problems include "family midwives in Saxony-Anhalt (Intervention)" and “family midwives in County Osnabruck (Intervention)”. The strategy of family midwives is to offer support for families with severe problems and reduce the risk of infants and small children being hurt by their own parents. Willingness to accept this form of Early Aid is great.

12.3.3 Networks and cooperative ventures

Cooperation between public and non-public institutions involved

In work with families with addiction problems it is necessary to provide multi-professional assistance to families in order to offer support in various areas of life. Experts in addiction treatment have arrived at the opinion in a position paper that cooperative networks still need to be established or existing ones expanded (fdr 2009). Services on offer go beyond the area of addiction treatment, which is why the following are named inter alia as possible partners in regional cooperative networks: addiction counselling offices, AIDS-Hilfe, positions with various specialties (for example, family physicians, psychiatrists, paediatricians, gynaecologists), midwives, youth welfare offices, health offices, social-paediatric centres, early training offices, social offices, child-raising counselling offices, courts of law and additional offices. As described in chapter 12.2, cooperation structures are not yet regulated by binding laws and regulations; this is to be changed by the new Federal Child Protection Act[166].

Community cooperative agreements

One example for cooperation between different actors at the community level is the "Cooperation Agreement between institutions involved in assisting mothers/fathers/parents who consume drugs and their children to coordinate aid and assistance for these target groups within the municipality of Essen“[167].The 2002 agreement between drug treatment centres, youth welfare offices and clinics sets out joint objectives, with the aim being to make it possible for mothers/fathers/parents (including soon-to-be) who consume drugs to live together on a permanent basis and work constructively with the target group and lay down binding cooperation with the partners to the agreement in three areas. One specific example of cooperation on the basis of the Agreement is the "Helpers Conference". Depending on the

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[166] www.fruehehilfen.de/projekte/modellprojekte-fruehe-hilfen/

[167] www.nacoa.de/images/stories/pdfs/kooperationsvereinbarung%20essen.pdf

individual case, experts from the eight areas and the people affected themselves regularly discuss the situation and their needs as well as health services and objectives[168].

The multi-institution Cooperation Agreement in Essen was the first of its kind in Germany. In the meantime there are comparable agreements at the community level in a large number of German cities. Thus, for example, in Mecklenburg-Western Pomerania there are now three functioning networks for children from families with addiction problems in Rostock, Greifswald and Wolgast. Coordination is in the hands of the Mecklenburg-Western Pomeranian Office for Addiction Issues[169].

In Hamburg there are two framework agreements on cooperation ("pregnancy – child – addiction" and "family – child – addiction"); the signatories wanted to underscore the need for cooperation between different professions and institutions. Actors from the areas of medical care, youth welfare and addiction treatment or the General Social Services (ASD) and addiction treatment jointly agree on standards in support of the persons affected through respective professional groups and their domains of responsibility. Standards for cooperation, for example with regard to initiating contact to offices in charge, exchange between experts and exchange of information, possible waiver of confidentiality obligations and the composition of lists of cooperation partners for particular cases, are elements of the framework agreements (BSG 2008; BSG 2010).

Cooperation structures in the area of Early Aid (Fruehe Hilfe)

A national stock-taking on forms of cooperation in the area of Early Aid (see chapter 12.2) has been carried out by the German Institute for Urban Studies (Deutsche Institut fuer Urbanistik). The cooperation structures cover approximately 50% of all youth and health offices in Germany (Landua et al. 2009). In particular, the number of offices with their own activities in the area of Early Aid is high among youth welfare offices, and networking with other professions has proceeded quite far. On the whole, the focal areas of Early Aid are, as described in the foregoing, strengthening the child-raising abilities of parents, although networking with drug-counselling offices also plays a role in the area of cooperation with other institutions (Landua et al. 2009).

In some cases, networks are also supported at the *Laender* level. Baden-Wuerttemberg, for example, provides financial support and 18 urban and rural counties are currently carrying out a programme entitled "Seal of Approval Network Early Aid and Protection of Children" („Guetesiegel Netzwerk Fruehe Hilfen und Kinderschutz"). Counties receive technical support in establishing and expanding a structure for improved cooperation between youth welfare offices and the health system and for improved Early Aid services.

12.3.4 Associations

Several examples of networks and associations which are active as actors in the field of "families with addiction problems" are provided in the following. They carry out projects,

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168 http://essen.de/de/Rathaus/Aemter/Ordner_50/Sucht/Sucht_Startseite_Abhaengigkeit_und_Sucht.html

169 http://lsmv.de/index.php?option=com_content&task=view&id=55&Itemid=31

perform information and public-relations work, help network facilities and experts or act as interest representatives. In particular, it is difficult to make a distinction between "illegal" and "legal" narcotic substances in connection with families with addiction problems.

“NACOA Deutschland - Interessenvertretung fuer Kinder aus Suchtfamilien e. V.”[170] is an official partner organisation of the National Association for Children of Alcoholics (NACOA) in the United States. NACOA promotes the interests of children who are affected by alcoholism or other types of addiction disorders in their families. The most important tasks to be performed in the view of NACOA are to inform the public and remove taboos surrounding the topic of "children from families with addiction problems". The more general objective is to improve opportunities for children of parents with addiction disorders to receive help in order to improve their lives. The Association provides background information, facts and figures from studies and other sources as well as help services on its home page. NACOA offers information for staff working at youth welfare offices, for example recommendations on how to deal with families with addiction problems or it provides examples of community cooperation agreements with offices which work with families having addiction problems in target group-oriented parts of its website.

The “European Network for Children Affected by Risky Environments within the Family (ENCARE)”[171] networks, informs and supports experts who work with children and young people from families with addiction problems. Primarily projects relating to the topic of "families with alcohol problems" are carried out in the network, which are for the most part funded by the Daphne Programme of DG Justice. The focus is by the same token, for example, on surveys of risky environments in which children live, violence in the family in connection with alcohol or recommendations for action and compendiums of good practice to limit damage and promote health.

12.3.5 Conferences and events

The Brandenburg Land Centre for Addiction Problems (Brandenburgische Landesstelle fuer Suchtfragen, BLS), AG Suchtpraevention Potsdam and AK Sucht/Erwachsene Potsdam staged a joint conference on the topic of children in families with addictions on 13 December 2010. Presentations addressed issues relating to support for families with addiction disorders and networking of youth welfare services and addiction offices as well as a presentation of the national project “Trampolin”. The workshops addressed issues relating to networking and cooperation between actors and facilities in Potsdam und Brandenburg which work with families with addiction problems.[172]

The "Action Week for Children from Families with Addictions" took place from 13 to 19 February 2011. The three associations "Kunst gegen Sucht" (Duesseldorf), "NACOA Deutschland" (Berlin) und "Such(t)- und Wendepunkt" (Hamburg) initiated the Action Week. This took place at the same time as the "Children of Alcoholics Week (COA Week)“ was

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[170] www.nacoa.de

[171] www.encare.de

[172] http://www.spf.chillout-pdm.de/content/view/396/233/

taking place in the United States and Great Britain and is carried out every year. The aim of the Action Week is to raise the awareness of the public and media for the situation of up to 2.65 million children who grow up in families with addiction problems in Germany. Events and campaigns are carried out throughout Germany at institutions, facilities, associations and initiatives from different social areas. Different types of activities are performed – for example, conferences, informational evenings, continuing education seminars or theatre and film presentations.[173]

The Baden-Wuerttemberg Office for Addiction-Related Issues held its 31st conference on the topic of "Father-Mother-Child – Family Orientation in Addiction Treatment" on 23 May 2011. Presentations addressed the dimensions of families with addiction problems in Germany and the repercussions of addiction problems in families for the persons with addictions and family members as well as possible solutions and information on specific help services. The high number of children affected is being assigned too little attention at addiction-treatment facilities at present. On the other hand, in particular many children are in jeopardy in families whose father/mother/parents abuse alcohol or are dependent on it and cannot be reached at all by addiction treatment organisations and facilities at present, which is why the need for work with families and family members was emphasised. The conference also offered a host of projects and facilities the possibility to present their work and methods in dealing with families with addiction problems.[174]

The German Centre for Addiction Research in Childhood and Adolescence (DZSKJ) staged a conference on the topic “When parents are addicted ... assistance for children from families with addiction problems on 9 September 2011.[175] The conference addressed the increased danger faced by children from families with drug addictions of developing an addiction-related disorder or another psychological disorder later. Experts from the fields of science and practice discussed the causes of the problematic development of such children, covering both genetic factors as well as internal family stress factors. The DZSKJ staged the conference to draw attention to the various problems faced by children in families with addiction disorders and provided an overview of the various aspects of the topic.

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173 http://www.coa-aktionswoche.de/

174 http://www.suchtfragen.de/landestagung/beitraege.html

175 http://www.uke.de/zentren/suchtfragen-kinder-jugend/index.php