

Other drugs have a stimulant effect giving a “rush” of energy and alertness, and staving off the effects of sleepiness and fatigue. These include amphetamine, cocaine, crack and ecstasy. Stimulant drugs can produce anxiety or panic attacks particularly if taken in large quantities. They can also be particularly dangerous for people who have heart or blood pressure problems.

LSD and magic mushrooms and to a lesser extent cannabis and ecstasy fall into a third group of drugs which have a hallucinogenic effect. They tend to have the effect of altering the senses, that is the way in which the user feels, sees, hears, tastes or smells. Hallucinogenic drugs sometimes produce very disturbing experiences and may lead to erratic or dangerous behaviour by the user, especially if they are already unstable.

The drug user as child carer

While the use of illegal drugs is clearly wrong it may not make the user dangerous to children, or unfit to look after a child. It is only when the drug affects the user in a way that prevents them from exercising judgment, or makes them violent or neglectful that their ability to care for a child is put in question. The circumstances in which the drug is used will have a bearing on this, for example the fact that Mum or Dad has had a few too many drinks when celebrating will not make them a bad or unsafe parent. The same might well be said for someone who has made moderate use of cannabis on occasion. On the other hand even the occasional use of a hallucinogenic drug may be very dangerous for a child, particularly a small child or one who is vulnerable through disability. A stimulant, such as amphetamine or ecstasy, may also put a child at risk if a carer uses the drug in large quantities which seriously impair their judgment. But the most prevalent, and undoubtedly the most dangerous, drug is alcohol which can have devastating effects upon a child's well-being and upbringing if indulged in to excess by a parent.

There are other, less obvious, disadvantages for a child in having a parent who abuses drugs. Infection from needles is a serious hazard for drug users who inject; many share needles with other drug abusers. They are at risk of contracting hepatitis and HIV/Aids. The consequences of such infections upon the health of a drug abusing parent

can have a devastating effect on their child, and even result in the child losing a parent.

The abuse of drugs during pregnancy can also seriously affect the child in the womb. Many women are aware that smoking during pregnancy is bad for the child they are carrying, and the adverse effects of alcohol on a foetus persuade many women not to drink while they are pregnant. The same applies to drugs. Though the evidence that cannabis, for example, causes physical abnormalities is not yet entirely clear, there is research evidence that brain function of the foetus is impaired when mothers abuse drugs. The best course is for the mother to stop using drugs, at the very least during pregnancy.

The child of a parent who abuses drugs increases the risk of their child becoming a drug abuser. The dangers are particularly high when the child knows of parental use, has access to a source and has emotional or behavioural problems. This danger to a child can be pointed out to a parent who abuses drugs, and the need to take action to protect the child can be emphasised. It is also worth noting that drug use and poor educational achievement go together.

If you have concerns about the effects that drug abuse may be having on a grandchild it is best to seek advice from one of the advisory agencies mentioned above before taking any further steps. Follow the advice above about communication and, if possible, talk to the person about whom you are concerned to find out if there is anything troubling them, or if they have difficulties which you, or others, might be able to help them tackle. It is only when these steps have not helped that you should consider involving child protection agencies like social services. Nevertheless, if you feel that a child is in immediate danger, you should contact social services or police without delay.

Grandparents' Association

Moot House, The Stow, Harlow, Essex CM20 3AG

Office Tel-Fax: 01279 428040

Advice and Information Line: 01279 444964

Email: info@grandparents-association.org.uk

Web: www.grandparents-association.org.uk

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Fact Sheet

Drug Abuse and the Care of Children



Working for children

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You may have become concerned about the behaviour of your son or daughter and whether they are abusing drugs. You may be worried about the effect of their behaviour on your grandchild, or grandchildren. The purpose of this leaflet is to give you some basic facts about drugs. You can get more detailed information and help from **Drugscope, 36 Loman Street, London SE1 0EE, a national charity providing information and advice, Tel: 020 7928 1211, www.drugscope.org.uk.** You may also get advice and help from the **National Drugs Helpline on 0800 776600, www.ndh.org.uk.** and **ADFAM 020 7928 8898** also provide advice on family members who may be abusing drugs.

Is a parent abusing drugs?

There are many indications that a person may be abusing drugs, such as changes in work attendance, mood swings, changes in appearance, excessive tiredness, lack of appetite etc. However, none of these things are in themselves abnormal, and they may all have a variety of causes. You may not see any clear signs and symptoms if you are not with a person when they are intoxicated or high on drugs. Even if you think that unusual behaviour shows that a person is intoxicated, that behaviour might be caused by mental illness.

Do not jump to conclusions unless you have clear evidence. If you feel that there is something wrong with a person or that they are acting strangely talk to them about what is going on in their life. Trying to spot signs and symptoms of drug use is no substitute for good communication.

Drugs are used by many different people and in many situations. Illegal drug use is only an occasional activity for most people. Most illegal drug use is experimental or on a relatively controlled, recreational basis and most people who use drugs do not come to serious harm.

Drug misuse largely remains an uncommon or a short-lived activity. While a third of those aged 16 to 59 have tried illicit substances at some time in their lives, rates of drug use during the last year and last month reported by individuals are much lower, at 11 per cent and 6 per cent respectively. The vast majority of people in the UK who use drugs, even those in deprived areas, do so infrequently. Cannabis remains the most widely

consumed prohibited substance, tried by almost half of 20- to 24- year-olds. Around half of all drug users restrict themselves simply to cannabis.

However, drug use tends to become significant by the age of 14 for many young people and becomes increasingly common throughout the remaining teenage years. But most young people, when they 'settle down' and take on adult responsibilities, reduce or completely stop their use of drugs by their mid to late 20s. About half of all children will have been introduced to drugs by 16. Most who become dependant will have been introduced before 18 and most will start with cannabis. A small, but significant, number of people continue to use illegal drugs, and particularly cannabis, into their 30s. Many of these people are parents.

Drugs used

The main mood-altering drug used in the UK is alcohol. Excessive alcohol use causes more problems than use of illegal drugs. By far the most commonly used illegal drug is cannabis. In many areas by age 16 years, a majority of young people may have tried cannabis at least once and between 20 and 25 per cent may be regular users. Use of other illegal drugs is not as prevalent or frequent. After cannabis, the most commonly used illegal and other socially unacceptable drugs are LSD, 'poppers', amphetamine, magic mushrooms, solvents (aerosols, gases and glues etc) and ecstasy. Most people who use these drugs tend to do so on an occasional basis.

Addiction

A small number of people inject drugs or become dependent on drug use. There may be possibly as many as 200,000 dependent drug users in England and Wales (out of a population of about 56 million).

Drug dependency

Dependence on drugs will take one of two forms, depending on the drug used. The first is psychological dependence. This means that the person using drugs feels they cannot cope or face the world unless they have the support of drugs. Psychological dependency is more to do with the person than about the particular drug they are taking.

The second form is physical dependence. This is caused by repeated, heavy use of drugs like heroin, tranquillisers and alcohol. These drugs if used a lot can change the body chemistry. If the drug user does not get a repeat dose they suffer physical withdrawal symptoms – shivering and flu like effects. If they do not take the drug they will feel ill.

Cannabis, ecstasy, LSD and similar drugs do not cause physical dependency, but frequent use may result in psychological dependence. Drugs such as cocaine, crack, amphetamine and the nicotine in cigarettes may give rise to physical dependence but there is uncertainty about this.

Effects of drugs

Alcohol, heroin, tranquillisers and similar drugs have a sedative effect, that is to say that they slow down the way the body and brain function. They can also have a numbing effect and produce drowsiness if a lot is taken (morphine, a form of heroin, is used medically for severe pain relief). Sedative drugs like alcohol and heroin can lead to fatal overdose if a lot is taken. They can also affect co-ordination making accidents more likely. Use of sedatives can also lead to physical dependence and withdrawal symptoms while others drugs like cannabis appear not to.