

DUBLIN CITYWIDE DRUGS CRISIS CAMPAIGN

SUBMISSION TO THE EXPERT WORKING GROUP ON CHILDCARE.

Introduction.

The Dublin Citywide Drugs Crisis Campaign was set up to provide communities from across the city with a forum where they could support each other, share experiences and address policy issues around drugs. Citywide has a membership drawn from all parts of Dublin city and suburbs, made up of community activists, trade unionists and voluntary sector members. In 1996 the Campaign produced its policy document “Responding Together” which presents detailed proposals on treatment, education and justice.

This three strand approach represents a key principle of Citywide policy – the drugs crisis cannot be tackled by action in one area i.e. treatment, without co-ordinated actions in the other areas i.e. education/prevention and justice. Our submission to this Forum must be read in this context and it will be clear in the submission that the proposals outlined will only be successful if the required services are put in place for treatment and rehabilitation of drug users.

This submission makes three key points:

The need for a Family Support Service for drug users in treatment

The need for childcare provision in treatment and satellite clinics

The need for childcare facilities to be provided as an integral part of rehabilitation programmes.

Background.

Childcare often tends to be seen as a women’s issue and generally the burden of childcare falls more on women than men. While recognising this reality, Citywide is of the view that a child will have special support needs if either of it’s parents is a heroin addict. Heroin addiction is not just an individual problem, it is a family problem. Adequate treatment services for the users is obviously of crucial importance for their children: however, children of drug users will have special needs that need to be recognised and met independently of the needs of the addicted parent.

While the profile of drug users in Dublin has been predominantly male, there are a significant number of female users (local community studies show a breakdown of 65 % male to 35% female). Recent figures produced by Merchant's Quay show an increasing number of women users. Community services on the ground have identified a reluctance on the part of some women users to come forward for treatment because of fears that their ability to care for their children will be called into question. These fears, whether justified or not, will form a substantial barrier to some women presenting for treatment.

A) The need for a family support service for drug users.

The majority of drug users will do their very best to look after and care for their children. However their ability to do so will be affected by their addiction. A report from CARP(Community Addiction Response Programme) in Killinarden, Tallaght outlines some of the difficulties experienced by children whose parents are attending the local treatment programme – the children's ability to play had not been encouraged or developed and they treated each other with a lot of verbal abuse and aggression. This behaviour was changed over time through the provision of a childcare facility for the children.

All users in treatment should have access to a family support service, which helps them to develop their parenting skills and to have a clearer understanding of the effects of their addiction on their children. The service should also be able to offer respite care when required so that lapses from treatment or crisis events can be dealt with. The service should be provided through Family Support Workers who can operate on an outreach basis in local communities.

The availability of this service would be particularly important for women users who might be reluctant to access treatment services due to fears around their children. They would be more likely to come forward if they know that they will be offered help and support with rearing their children while they are in treatment.

B)The need for childcare provision in treatment and satellite clinics.

The provision of childcare facilities in clinics is important for two reasons: first, it allows more time and space for users to access and make full use of the services of the clinics and secondly, it can provide a stimulating and supportive environment, which the children might not otherwise experience. Children of drug users are starting life with a particular disadvantage and services to counter that disadvantage need to be in place for them from the earliest possible age. From a cost benefit point of view, there can be no question that resources invested in these young children should act as a crucial preventative measure in terms of their future development and in decreasing the likelihood of their experiencing problems. i.e. low self-esteem, learning difficulties, psychological problems, behavioural difficulties etc.

C)The need for childcare facilities to be incorporated as an integral part of rehabilitation programmes.

At present there are very few rehabilitation services available for drug users. As they begin to be put in place, childcare facilities must form an integral part of their services in order to facilitate and encourage participation by users, particularly women. The SAOL Project is an example of an existing rehabilitation programme, which could not operate without its childcare facility. Again these facilities will have the double value of not only allowing the users to participate but also providing the children with a supportive and stimulating environment which can meet their developmental needs.

Conclusion.

The provision of adequate family support services for drug users and childcare facilities for their children is a priority for two reasons. First, it facilitates access for drug users to treatment and rehabilitation as it becomes available and enables them to participate fully in these programmes. This is of particular importance for women drug users who might otherwise be reluctant to come forward for treatment. Secondly, the provision of a stimulating and supportive environment for the children themselves can counter some of the difficulties they experience because of their parents' heroin addiction. This early intervention can be crucial to the children's later development and to breaking the cycle of deprivation.