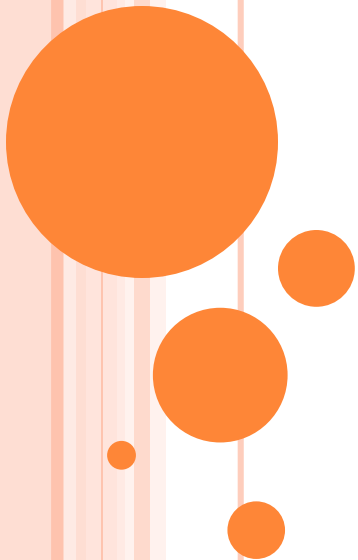


# **PARENTING AND AOD USE IS IT A BAD MIX?**

**Sally Garson**

**Midwife, Maternal & Child Health Nurse, Lactation  
Consultant and AOD Counsellor**



FIRST PERSON ACCOUNT OF A YOUNGSTER AND A WOMAN

# The road leads only to hell, say addicts

Just learn to say 'No' to drugs, says 24-year-old Akbar Shaikh



YOUNG AND ADDICTED-1



'It consumed my whole life. Now I feel reborn'

**crime**

**Drugs pose threat**

**Addicts**

**War**

**rise, police**

**mental**

**service**

## Why we must fight to stop drugs wiping out young lives

Andrew Rule



**B**Y THE time the brain stops and to the hospital, a patient had already given up. The teenager's hand was in his pocket, ready to pull out a piece of cash and recover a piece of soul. It worked.

This was the second miracle. The first was that the teenager had not died instantly after stepping in front of a passing bus. Instead, he had survived. Later, there would be a third miracle, when the teen stumbled and jumped out of a building but, against all odds, again survived.

Drugs, delusions or death? Most likely, perhaps, was that just drug use triggered a psychotic episode that made him want to kill himself—or made him feel invulnerable, the hope was.

In a question his family must still think about. Compared with teens, who are likely to be killed by a car or a falling object. At 24, he was young for his age. He was 18 days without sleep after taking marijuana and other drugs, an episode that

marked his slide into paranoia and breakdown. In mid-2006, he went on another drug binge that gave him visions of going to hell.

The vision in the ocean off Richmond then drove him to Phillips Island. When the police found him in their Reno he was behaving bizarrely and would communicate only within written notes.

Despite his parents' pleas to release him into their care, he was sent to a "secure" mental hospital in Washington Heights.

It wasn't secure for a young man. James climbed a wall and started running along the roof of the tower. Medication, drug delusions so powerful that he believed he was a god, and all of that led to all the bad social accident behavior at the time of drug abuse. That the connection is strong and often fatal.

Even if substances and thoughts aren't seen to be connected, the damage drugs have done to two generations, the evidence is all around. In every extended family, every career, every class reunion.

Everyone knows someone whose life has been ruined by drugs. Some

## abuse among youth on the rise

...abuse among youth on the rise

...abuse among youth on the rise

...abuse among youth on the rise

## Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

**L**AST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother] demanded that the baby be released." [the mother], the hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.

...abuse among youth on the rise



- “They shouldn’t be allowed to have kids”
- “The kids would be better off without them”
- “Those kids, they’ll grow up just the same as their parents”
- “Why doesn’t Child Protection just do their job and remove the baby?”



SO MANY REASONS...

All of these statements will effect how parents perceive their ability to parent.



# WORKING WITH YOUNG FAMILIES WITH AOD ISSUES

A reflection on twenty years+ of working in the AOD sector with childbearing women and children

- Women who have issues with AOD misuse in pregnancy will almost always have a male partner with the same, often more significant, AOD issues.
- Late presentation in pregnancy is very common and often caused by fear
  - Being judged
  - Being scared of the effects on their unborn child
  - Having Child Protection involved



○ Women will almost always have a background that includes

- Fractured upbringing
- Childhood sexual abuse
- Many have poor education attainment and/or employment prospects
- Have few strong family or friendship supports
- A lack of parenting role models

= few resources and lowered resilience



But what if we all started to look at parents with AOD issues differently?

What if we stopped looking at AOD issues in such a negative way and started to look at it for what it is.....a symptom is disconnection.....

If we look at it with this lens then it is easy to see what the issues are and how we, as health care workers, have a powerful ability to facilitate change.



The foundation of successful AOD work is the relationship – yours, theirs and the baby.

Once we have this – anything is possible and everything is meaningful!

So we are well placed to connect families with their community and support the relationship between them.





There is no better time than with a new baby to focus on connection and attachment with new parents.

Babies are such a powerful motivator for change and connection – the arrival of a baby is a pivotal time of opportunity.



# ESSENTIAL ATTRIBUTES

- Genuineness – be real
- Respect – people, not cases
- Optimism – nurture hope
- Warmth
- Trust – be honest and transparent
- Humility – none of us know it all

“It doesn’t have to be like this”



## WAYS TO FOSTER CONNECTIONS

- Include dad!
- Role modelling interaction with their baby
- New Parent's Groups
- Playgroups
- Toy Library memberships
- Library sessions



## BE MINDFUL OF...

- Family Violence – you need to ask more often
- Mental health issues – you need to monitor more closely with new parents
- Literacy – don't assume

One of the biggest barriers to effectively engaging with services is fear of losing custody of their children. This needs to be talked about!



# SOME PRACTICAL STUFF TO BE AWARE OF...

## Starting solid foods

Parents will often need a surprising amount of support with starting solids and encouraging healthy eating.

- Lack of role models
- The parents with AOD issues often don't feel hunger and don't recognise it in their children
- Lack of resources and knowledge about food preparation
- Bad teeth can lead to the parents having a preference for soft food, so they need to be reminded to offer fresh, crunchy foods to kids



## Sexual abuse

Many women with AOD issues have had a significant history of sexual abuse or assault. This may have implications for their experiences of birth, breastfeeding and parenting.

## SIDS and Co-sleeping

Much higher risk of SIDS – this message is important.  
Co-sleeping is not advised

## Safety

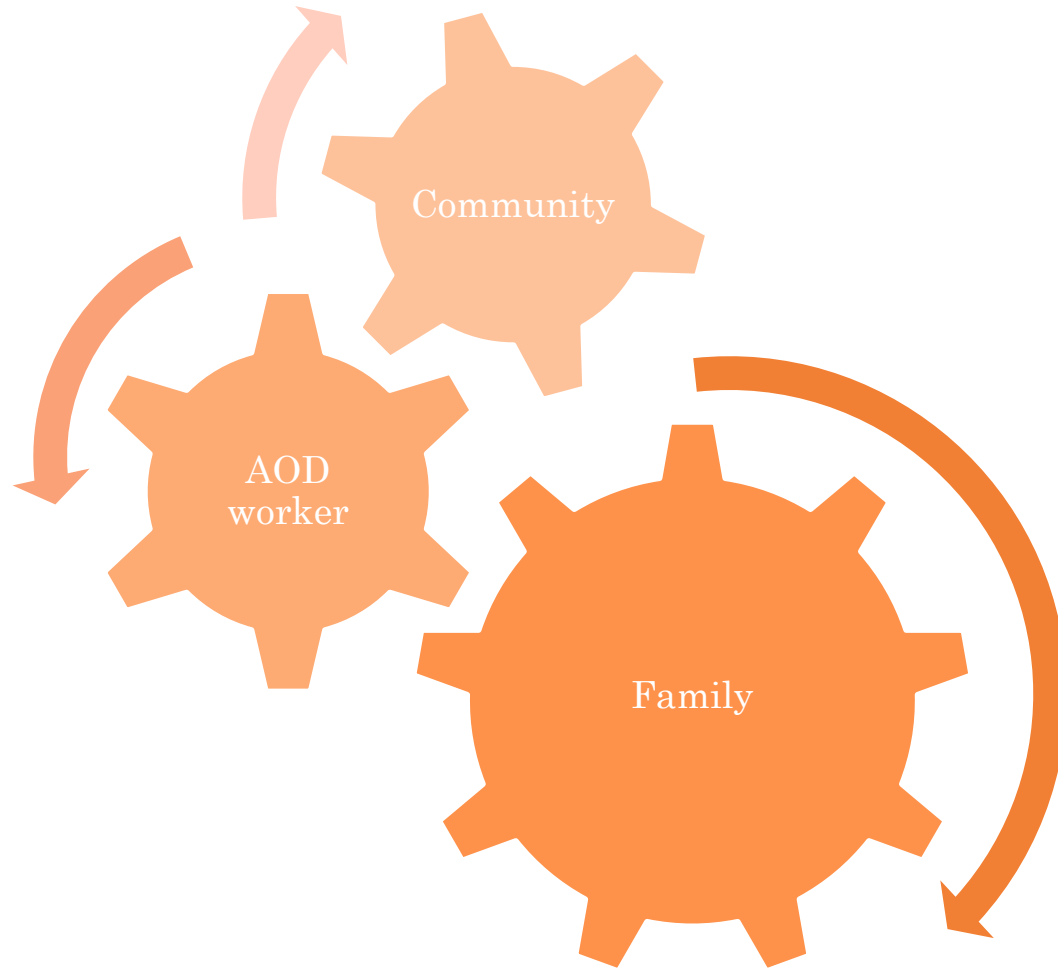
Look at storage of medications and drugs around children.....



It is very easy to get lost in the mess and chaos of the lives of these vulnerable families and often what they need most is someone that sees them for what they really are first and foremost – a family.



# THIS IS WHERE THE CYCLE CHANGES - CONNECTION





“Never believe that a few caring people can’t  
change the world. For indeed, that’s all who  
ever have”

Margaret Mead

*It starts with us.*

