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FATHERS AND SUBSTANCE MISUSE: A LITERATURE REVIEW.

ABSTRACT

Purpose

To review the following research questions from the available literature:

- What evidence is there to suggest that substance misuse specifically by fathers (including alcohol and other drugs) causes wider harms, including child welfare concerns?
- How do professionals respond specifically to substance misuse by fathers?
- Do interventions aimed at parental substance misuse (particularly in the UK) include both mothers and fathers and if so how?

Design/methodology/approach

Scoping literature review, identifying 34 papers, (including scoping reviews published in 2006 and 2008 and six cited papers, covering the period 1990 – 2005), and 26 additional studies published between 2002 and 2020.

Findings

The review is organized into six themes:

- 1) Negative impact of men's substance misuse problems on their parenting behaviours
- 2) Quality of the relationship between parents is affected by substance misuse of the fathers, in turn affecting the parenting behaviour and outcomes for child/ren
- 3) Importance to fathers of their fathering role (for example as financial provider)
- 4) Difficulties fathers may face in developing their fathering role
- 5) Sidelining of the fathering role in substance misuse services
- 6) Professionals tending to focus on the mother's role in parenting interventions and services

Originality

The review focuses on *fathers and substance misuse*, an under-researched field within the wider contexts of fathering research and research into parental substance misuse

Keywords: Fathers, fathering, parents, substance misuse, drugs/ alcohol services, recovery

Article classification: Literature review

Introduction – why a focus on fathers and substance misuse?

Research into ‘fathers’ and ‘fathering’ has gained momentum in recent years as researchers and policy makers interested in research about parents shift their attention away from a predominant focus on mothers (see e.g. Dermott and Miller, 2015; Lee *et al.*, 2013; Miller, 2010; Osborn, 2015; Palm and Fagan, 2008; Williams, 2008). However, it is widely suggested that in practice, professionals still tend to equate ‘parent’ with ‘mother’ (see e.g. Brandon *et al.*, 2017) and they display ambivalence about the role and contribution of fathers (Gilligan *et al.*, 2012; Nygren *et al.*, 2019; Philip *et al.*, 2019). Indeed, there is evidence that social care professionals may resent the extra time involved in working with fathers (Gilligan *et al.*, 2012).

There is also a body of literature relating to parents with substance misuse issues, including professional responses. (e.g. Bosk *et al.*, 2017; Forrester *et al.*, 2016; Galvani *et al.*, 2014; Taylor *et al.*, 2008). Some of this literature is non gender-specific and refers to ‘parents’ instead of specifying ‘mothers’ or ‘fathers’; or else it tends to focus on mothers. This allows gendered (and potentially class-based) inferences to be drawn about professional responses (see e.g. Flacks, 2019; Taylor *et al.*, 2008):

‘Drinking mothers, in particular, are often afraid of engaging with services and then being honest about their drinking because of the danger of the children being taken away from them.’ (Taylor *et al.*, 2008, p.857)

‘...the framing of problem parental substance use as one which primarily concerns mothers naturalises drug use by women as especially troubling...’ (Flacks, 2019, p. 492)

In this paper we present the results of a scoping literature review into *fathers and substance misuse*, aiming to bring together a comprehensive picture of what is known about this apparently under-researched field. We chose to conduct a scoping review, as this allows you to ‘map’ out the field and identify gaps in the existing research literature (Arksey and O’Malley, 2005) In the review we focus on key themes emerging from identified publications.

We began the project with these research questions:

- What evidence is there to suggest that substance misuse specifically by fathers (including alcohol and other drugs) causes wider harms, including child welfare concerns?
- How do professionals respond specifically to substance misuse by fathers?
- Do interventions aimed at parental substance misuse (particularly in the UK) include both mothers and fathers and if so how?

From the literature we identified six themes which are discussed below.

Methodology

One of the authors conducted the initial literature search of UK published literature for a 10 year period 2007-2017; relevant databases and library sources were first accessed via a university search engine ('Summon'), then Google Scholar and Google, and direct searching of the IBSS database, Social Care online database and Sage journals. Key search terms used were: fathers, fathering, parent + substance misuse, addiction, drugs, alcohol. From this initial search, only seven papers with any focus specifically on fathers were identified; the search was widened to international English language papers, between 1992 and 2020 – a 28 year period. This second search with its wider parameters identified a further 13 relevant papers, with a predominance of American literature.. At this stage other team members hand searched some relevant journals such as *The British Journal of Social Work*, giving us an total of 26 other relevant publications, in addition to two scoping reviews and six papers already cited within them (Templeton *et al.*, 2006, Scaife, 2008). The papers are summarized in Table I.

Review of literature

We now discuss our findings by theme as they apply to fathers.

Negative impact of men's substance misuse problems on their parenting behaviours

A scoping study produced for the Scottish Executive, (Templeton *et al.*, 2006) suggested that in much relevant literature, mainly from the USA, fathers were typically viewed as negative influences on the lives of their offspring, who needed to be excluded (see also Das Eiden *et al.*, 1999; Dumka and Roosa, 1995). Templeton *et al.* (2006) recommend more research exploring potential for a positive and protective role for fathers who do accept parental responsibility. They identified little material on positive parenting or on giving fathers' own voices in situations where parenting becomes problematic (but see more recent studies e.g. Brandon *et al.*, 2017; Söderström and Skårderud, 2013). Similarly, in Scaife's (2008) review (which focused on the relationship between parental gender and risk or protective factors), the author notes that there is currently little detailed evidence of protective strategies enacted by fathers who misuse substances, compared to negative impacts. Scaife's review does identify some positive examples where fathers may be highly motivated to care for their children, or can support mothers, but risk factors including fathers' non-residency and violent or abusive behaviour are often identified in research literature.

A study by Wright (2012), based on interviews with thirty-three men receiving methadone treatment (Arizona, USA), focused on their experiences with opiate addiction and treatment. Two thirds were fathers, twelve having young children. Men reported that using drugs had

impacted negatively on their relationships with their children, but they hoped being in treatment would help to resolve their difficulties. Whilst some studies have suggested a predominantly negative impact of substance misuse on parenting, the picture is complicated because fathers as well as mothers often had insight into these difficulties and wished to minimize this negative impact (e.g. Caponnetto *et al.*, 2020). For example it is reported that fathers can be concerned that their child does not 'follow in their footsteps' in terms of problematic drug use (e.g. by Klee, 1998) or that their children would be 'better off without them' (Arenas and Greif, 2000). In a relatively large study (relating to 4898 births) using survey data and qualitative material taken from the American 'Fragile Families and Child Wellbeing Study (Waller and Swisher, 2006) describe how some fathers attempted to cease substance misuse, and their efforts to move away from their substance-using identity, with variable results. Most parents in Waller and Swisher's study only realised the negative influence their substance use had on their children after they had ceased using.

Stover *et al* (2012) examined substance misuse, trauma symptoms and parenting behaviors amongst men entering substance misuse treatment in the USA. This study involved 126 men (fathers and non-fathers), who completed structured questionnaires. Results showed no difference between fathers and non-fathers in terms of the level of severity of their substance misuse. Experiencing PTSD (Post-traumatic stress disorder) was associated with more neglectful, aggressive or hostile parenting behaviour, but severity of substance misuse was not.

A qualitative interview-based study of co-occurring substance misuse and intimate partner violence (IPV) by Stover and Spink, (2012) with 40 fathers, revealed a very low capacity of the 40 fathers interviewed to talk about their negative emotions of anger or guilt, or to think about the impact of the negative feelings on their children. Although some admitted having angry feelings as a father, they were not able to talk about anger towards the children – and often focused anger on the mothers of the children. They spoke of being angry or critical toward the mother out of protectiveness for the children but did not recognize the negative effects this might have; however they sometimes tried to shield their children from their feelings of anger, indicating they were aware of the damaging effect of their behaviour on children. These findings lead us into a second theme.

Quality of the relationship between parents is affected by substance misuse of the fathers, in turn affecting the parenting behaviour and outcomes for child/ren

Stewart *et al's* study (2007), based on data from the National Treatment Outcome Research Study (NTORS), investigated parental responsibilities among male and female drug dependent parents entering drug treatment programmes across England. Almost all men who were looking after children at treatment intake were in a relationship (93%), a much higher proportion than men not looking after children. This contrasted with women whose relationship status did not differ according to child care responsibilities. Men with children were also significantly more likely to report serious relationship problems than those without children.

Some literature has focused directly on examining the couple relationship and its impact on children's wellbeing, where substance misuse is an issue. For example, Kelley and Fals-Stewart (2002) compared couples-versus individual-based therapies for alcohol and drug abuse, concluding that couples based behavioural therapy was more effective in relation to children's psycho-social functioning. However this study was limited by its focus on white and heterosexual couples. Fals-Stewart *et al* (2004) reports an examination of children and adults from two-parent (heterosexual) families where only fathers were substance-dependent. In families where fathers misused drugs (compared to alcohol-abusing or non-abusing fathers), there were reportedly high levels of inter-parental conflict, physical aggression between parents, and poor parenting. They recommend further preventive interventions to support children in these circumstances. Twomey's work (2007), presenting three case studies, conveys some understanding of how men struggle to fulfil their father roles, where substance misuse is a factor, and how they also struggle with their sexual relationships with partners. This suggests how these relationships impact on their ability to be involved with their children. The three examples are labelled 'forgotten', 'failing' and 'fit to father'; in the 'fit to father' example, parents co-operated with professionals to improve their own relationship as well as in promoting the wellbeing of their child.

Kachadourian *et al.'s* research (2009) about paternal alcoholism, parenting, and the mediating role of marital satisfaction involved 197 families with 12 month old infants at recruitment, who volunteered for an ongoing longitudinal (comparative group) study of parenting and infant development. 102 of these families were classified as 'non-alcoholic', and there were 95 families where the father was classified as 'alcoholic'. Participants were assessed when their child was 12, 24 and 36 months old; extensive observational assessments with both parents were conducted at each age, and they completed a battery of self-report questionnaires. Mother-infant observations were conducted at the first visit followed by a developmental assessment at the second visit, then father-infant observations at the third visit. Results showed marital satisfaction mediated the association between paternal alcoholism and parental warmth and sensitivity for both mothers and fathers.

However paternal alcoholism at 12 months was associated with decreased marital satisfaction at 24 months with decreased satisfaction for both mothers and fathers. Marital satisfaction at 24 months in turn was associated with decreases in parental warmth and sensitivity at 36 months.

Clear links are made in the identified research literature between issues such as *domestic or interpersonal violence (IPV)* and *misuse of substances* when considering the relationship between parents (see e.g. Stover *et al.*, 2013; Stover and McMahon, 2014; Rubenstein and Stover, 2016 – see also below section 4 – *Difficulties...*). Research from the USA relating to these issues seems to focus on the therapeutic needs of the father and improving his ability to co-parent. For example, Waller and Swisher (2006) consider how the parents' relationship status relates to risk, and how these relationships are associated with involvement of the father in parenting. Fathers in this study were significantly less likely to be involved with daily activities with their child where substance use interfered with daily life. Qualitative accounts showed that mothers who partnered men with substance misuse issues often monitored the father's access to the child, especially if the substance misuse was combined with violence, thereby reducing the father's contact with children. These authors note that a subset of fathers with substance misuse problems have female partners also with similar problems, and so treatment for both might be required if the family hope to stay together.

Following on from Stover and Spink's 2012 study (mentioned above), Stover's more recent work (2015 and Stover *et al.*, 2018) includes two small US pilot studies (involving 18 men and 10 men, respectively) that both looked at the effectiveness of a new intervention called 'Fathers for change' (F4C), which aimed to focus on the role of men as fathers, where men had histories of Inter personal violence (IPV) and co-occurring substance abuse. F4C is reported to be the first programme involving fathers with these dual issues to specifically target *co-parenting* as well as the relationship between the father and child. The goals of the intervention were the cessation of aggression and violence; abstinence from substances; and improved co-parenting alongside increasing positive, and decreasing negative, parenting behaviour. This study aimed to test feasibility and efficacy of the intervention by comparing those in the F4C group to those only receiving substance misuse treatment. The intervention involved 4 months of individual and dyadic treatment based on theories about attachment, family systems and cognitive behavioural techniques. The F4C programme included restorative parenting sessions (where the father talks to his child about his past behaviour and the mistakes he has made) in an appropriate way.

Results showed no difference in the rates of abstinence between the two groups and 90% of men maintained abstinence throughout. The Fathers for Change (F4C) group were more likely to complete treatment and be more satisfied that the programme had met their needs and helped them to deal with their problems effectively. Both groups showed a decrease in self-reported IPV, with a trend toward bigger reductions in the F4C group. (However it is not clear whether this 'self reporting' corresponds to their partners' experiences, see e.g. Miller and Bell, 2012; Bell, 2014.) Men's interactions with their children showed significant improvements in the F4C group, but there was no significant difference in co-parenting behaviours over time or as a result of the intervention. As a result of this pilot the authors state they need to make some adjustments to the programme to address some areas such as the co-parenting, but they maintain the intervention is feasible and acceptable to the men receiving it.

Importance to fathers of their fathering role

Research suggests that substance misusing men can become motivated to be more involved and to parent their children responsibly; the ability to adopt an improved father role can potentially act as a motivational factor in men's attempts to address their substance misuse. Fathers can therefore be interested in enhancing their father-role, in the context of interventions addressing substance use, parenting skills, couples therapy or a combination of all three. Recent work in England by Brandon *et al.*, (2017) in relation to fathers and child protection indicates that fathers would often like to become more involved in parenting their children where relationships have broken down and there are child welfare concerns; many of the men in this study (n = 35) are also reported to have had health problems including substance misuse, although the study does not focus on this aspect of their lives in detail.

An earlier study (Arenas, and Greif, 2000) had focused on positive parenting and providing the opportunity for discussion/support between fathers. Twomey's study (2007) illustrates how in one case example ('fit to father') both parents had a history of abuse as children and adults and they shared substance misuse activities. The child was placed as a baby with maternal relatives and child protection services became involved. Both parents then decided to make changes and enrolled on a vulnerable infants programme aimed at promoting placement permanence for substance-exposed infants. The couple both engaged fully with various helping services including mental health support and remained closely involved with their baby when the child was placed elsewhere. Their positive outcomes and support for each other increased their confidence and self-esteem. The father focused on work, and was committed to supporting his family and partner, their relationship gave him a strong foundation to become a benevolent parent.

Peled *et al.*, (2012) took a qualitative approach to examine how substance-dependent fathers perceived their paternal identity. The 12 fathers were enrolled in a methadone maintenance programme in Israel. The authors identified a four stage process of parental identity formation: absence, awakening, taking responsibility and resolution to become a 're-formed' father (11 identified as 're-formed' fathers). For participants being a 're-formed' father meant being physically and emotionally present in their children's lives, often in contrast to periods of absence in the past. The study highlighted the developmental nature of this process of paternal identity formation, the value that men ascribe to their fatherhood and the importance of interventions aimed at supporting fathering practices at all stages of treatment. Another qualitative study by Söderström and Skårderud (2013) took a phenomenological perspective and involved eight fathers in focus groups to investigate fatherhood from the perspective of men with a substance addiction in Norway. These authors identified 3 man fatherhood figures; the 'Good father', the 'Bad father' and the 'Invisible father'. The 'good father' was prepared to work hard to become a caring parent and to support their family emotionally and financially, very much like the 're-formed' father of Peled *et al.*'s study (2012). The 'Bad father' is portrayed as a self-centred, abusive, reckless and preoccupied by their drug use. Of the eight fathers in the study, five were more or less absent or 'invisible' from the lives of one or more of their children. The concept of the 'Invisible father' related not just to being absent from their child's life but also feeling unwanted. Both Peled *et al.* (2012) and Söderström and Skårderud (2013) discuss how the notion of what a "good" father that the fathers aspire to reflects Western society's ideal of fatherhood where by the father takes an active part in the lives of their children and has a caring role as well providing financially.

Caponnetto *et al.*'s recent small scale Italian qualitative study (2020) involved eighteen men who were in psycho-rehabilitative, residential treatment for addiction to heroin and cocaine (although not all of them were fathers). Thematic analysis of interviews with these men revealed participants' perceptions about their paternity, quality of relationships with their father and their children, and the influence substances had generated in relationships with their father and their children. Study participants said they felt insecure and disoriented because they felt that their substance misuse limited how much they could act as fathers, and that both the substance misuse and their residence in a therapeutic community to address their dependence would prevent them from being 'physically and psychologically present' in their children's upbringing. These authors therefore suggest that, particularly where fathers undertake lengthy rehabilitation, they will require increased clinical support.

Parenting satisfaction is thought to be associated with a number of crucial aspects of care-giving, for example positive parent/child interactions, healthy attachment and a sense of

parenting efficacy. Watkins *et al.* (2009) studied parenting satisfaction among 88 fathers who were in alcohol treatment in Massachusetts, USA. In this study the authors predicted that parent satisfaction would increase following entry to treatment for alcoholism and at 6 and 12 month follow up. Results showed that those exhibiting larger decreases in the number of days drinking showed increases in parenting satisfaction, while individuals who increased the number of days engaged in drinking showed decreases in parenting satisfaction. Reductions in alcohol use may thus lead to better interactions between child and parent, which may in turn lead to greater parenting satisfaction. This study seems to suggest that even if treatment for alcohol dependency is the only service offered, this still might have a beneficial effect on the quality of parenting of alcohol dependent fathers. Although further research is needed to assess if the improvements in parental satisfaction result in improved functioning or parenting for the child.

Difficulties fathers may face in developing their fathering role

Men can feel motivated to develop father role but may lack their own role models, confidence, self-efficacy and skills. In an American study, Waller and Swisher (2006) show how risk factors are often multiple, especially where both partners have problems with substance misuse; drug-related crime and imprisonment can often emerge when there are fewer economic opportunities for men with lower educational levels. Educational, employment, and income support programmes are therefore needed to provide alternatives for fathers attempting to overcome drug-related behaviours and the effects of imprisonment (see Twomey 2008 as noted above).

McMahon *et al.*'s American study of men in methadone treatment (2007) suggests that drug-misusing fathers in that study made some attempts to care for their children responsibly, while clearly struggling with their addiction. However the same data showed although they were involved with their children early in their lives, this deteriorated over time as they carried on using drugs and the relationships with the mother declined and their ability to provide financially eroded. They also made more effort to be involved with their own biological offspring than with their partner's children, from other relationships. Results also found that issues such as having experienced poor male role models themselves, abuse or neglect influenced their own efforts to parent.

In another American study using mixed research methods, McMahon *et al.*, (2008) compared 106 fathers who were in methadone treatment for an average of 20 months with a sample (n = 118) living in the same community who had no history of substance misuse. Methadone maintained fathers reported significantly less education, and lower employment status and

monthly income than fathers in the community, although the longest length of employment was similar. Methadone treated men were more likely to get their income from state benefits or the underground economy. Although both sets of men reported being involved in positive parenting behaviour during the past year, the methadone maintained men reported a narrower range of activities. Methadone maintained men rated their parenting more negatively and were less satisfied with their parenting role. Both sets of fathers felt their fathering role was important, but fathers in methadone treatment thought they were less important than the 'community' fathers.

Chuang *et al.* (2013) report in an American study how involvement with drug treatment services can provide an opportunity to link families with support services that could help ameliorate problems exacerbating risks to the child. Support services if accessed can result in better outcomes such as less time away from the parental home for children who have been taken into care. Klee (1998) reported that for some fathers the presence of their children was therapeutic. However Klingemann and Gomez (2010), in a study investigating the role of masculinity in addiction therapy in Switzerland, also report that despite men desiring to be a 'good father' they also found fatherhood difficult and sometimes a burden.

In another recent study of 128 men in an American court-ordered treatment programme (Rubenstein and Stover, 2016), researchers found that although a majority of men stated they had positive role models when they were growing up (78%), a significant proportion had witnessed domestic abuse (38%) between their parents; 60% reported being the victim of physical abuse by their caregivers. A high proportion had experienced both. Seventy percent of men who reported domestic abuse in their childhood also reported being abusive (verbally or physically) in their most recent relationship.

Fathers were much more likely to have witnessed domestic abuse between their parents than non-fathers in the sample (49% vs. 29.7%). Fathers who reported abuse towards their partners also indicated their partners undermined their parenting role, explaining this by suggesting the mother may be trying to protect the child by keeping them apart, or by telling the child negative things about the father. The authors state that *co-parenting* has shown benefits to the child even if there was high conflict or aggression previously, although they comment that careful assessment of safety, and interventions addressing the violence are needed. They suggest that coordinated interventions should be integrated into substance misuse programmes that address substance use, domestic violence and co-parenting.

Sidelining of the fathering role in substance misuse services

Whilst men are well catered for in substance misuse treatment services, their role as fathers can be largely side-lined, they can be excluded or exclude themselves (e.g. Williams, 2014). For example in Chuang *et al's* study of 442 caregivers within 80 child welfare agencies (2013), caseworkers were less likely to identify substance abuse when the primary caregiver was the father, or when they had high caseloads. The issue of under-identification of paternal substance misuse was explained by different gender norms in relation to what is an acceptable level of alcohol use, or by inexperience of caseworkers in working specifically with fathers. However in this study only 16% of the caregivers sample were biological fathers.

Collins *et al's*, (2003) US based study involved 331 mothers and fathers who were in drug treatment programmes and had children under 18. 57% of mothers and 51% of fathers were categorised as being highly involved with their children. Higher levels of involvement related to less severe addiction scores, less severe psychological problems or distress and higher levels of self-esteem and perception of parenting skills. Fathers had higher levels of substance misuse severity than mothers generally, but those with higher levels of involvement had lower severity of substance misuse than men who were less involved with their children. These authors suggest that given the association of less severe substance misuse and higher levels of involvement, treatment services should support parents to build upon their relationships with their children, and help less involved parents to improve theirs.

McMahon *et al.* (2007) contend that the US treatment system should support men interested in being better parents, as this is currently set up only to provide such support to women. If professionals wish to support men in this way they should investigate methods of engaging men in a dialogue about parenting; develop their motivation to change; support socially responsible parenting attempts and, address weaknesses in parenting that they present.

To illustrate how professional treatment programmes can be combined with parenting initiatives, the following studies (in addition to Stover (2015) with its focus on IPV, and Rubenstein and Stover, 2016), already discussed) provide some additional evidence. Lam *et al's* (2009) small study of 30 fathers voluntarily entering alcohol treatment as outpatients, a three group comparison was made between those randomly allocated to a programme involving (a) parenting skills and behavioural couples therapy (PSBCT); or (b) Behavioural Couples Therapy (BCT); or (c) Individual-Based Treatment (IBT). Outcome measurements were taken at pre-treatment, post treatment and at 6 and 12 month follow up for substance use, inter-parental conflict and violence, parenting, and child maltreatment.

Each group (condition) demonstrated clinically robust increases in days abstinent, at follow up. Only BCT and PSBCT participants reported clinically meaningful reductions in percentage of days of any spousal violence. PSBCT participants (group a) were the only group to experience observed decreases in the involvement of child protection services at each follow up. Changes in parenting in the PSBCT group appeared to be greater than in each of the other conditions at follow up, with slightly stronger effects in fathers than mothers especially in measures of parental monitoring, and over-reactive parenting (Lam *et al*, 2009). The authors see this research as significant in developing new and effective ways of supporting substance misusing parents; next steps would be researching possible effects these approaches have on children's functioning. These researchers call for evaluation of an integrated approach which combines training in parenting skills, with the 'spill over' effect of BCT, to which this study responds.

Professionals tending to focus on the mother's role in parenting interventions and services

Men's role as fathers can be ignored in assessment/screening processes in substance misuse treatment, similarly in generic services for parents their substance misuse issues may not be identified. In previous action research with parents who have lost children to public care, funding was available to work with mothers although professionals and mothers themselves wished to extend support to fathers (see e.g. Bell *et al*, *in press*; Bell and Herring, 2017; Lewis-Brooke *et al.*, 2017). The recent study by Brandon *et al.*, (2017) exemplifies how fathers can be left out of parenting or other children's services (whether or not they have substance misuse issues) and suggests ways to listen to fathers' voices in these circumstances.

We identified examples of research specifically involving parents with substance misuse issues, however, these tended to focus on or involve predominantly mothers. Two publications from research by Forrester, Holland and their colleagues (Forrester *et al.*, 2014, Holland, *et al.*, 2014) illustrate this point. In the first example, a mixed methods evaluation of an intensive family preservation service compared 15 families (including 46 children) who received the service with 12 families (including 28 children) who were referred but did not receive the service. This study demonstrated improvements in relation to substance misuse, parental well-being and family cohesion, but the sample of participating parents consisted of 87% mothers. In the second example (Holland *et al.*, 2014) again using mixed methods, the researchers worked with 27 families but in only one case was the family referred for the intervention because of a father's substance misuse problems alone. In 24 cases, the mother was the sole client and in two cases, both parents were clients.

Conclusions

In this scoping review we have brought together published literature on fathers and substance misuse. In addition to literature focused specifically on fathers and substance misuse, we identified literature focused on *immediate or long term harms or risks to children*; e.g. how parental drug/alcohol misuse potentially affected a child's future in relation to issues such as early onset alcohol/drug use, or mental health issues. A range of investigations into *parenting support or therapeutic approaches* were also identified, most referring to non-gendered 'parenting' in general or specifically focused on mothers' difficulties as noted above (e.g. Forrester *et al.* (2016)). We organised the review around six key themes: these explore both the experiences of substance misusing fathers themselves (e.g. in trying to develop a fathering role), and the perspectives of, and implications for, professionals who work with these fathers and their families; side-lining of 'fathering' within substance misuse treatment, and professionals tending to focus on mothers in both services and in research have been identified here.

Much of the literature we identified comes from the USA, differences in patterns of drug use and approaches to treatment and support makes international research of "uncertain relevance" (Scaife , 2008, p.60) and caution is required when considering what lessons can be drawn. However, what emerges from across the literature is the need for professionals to consider men as fathers (regardless of current level of contact with child/ren), the challenges of engaging fathers (and mothers) but also the potential benefits of targeted interventions for fathers, their children and their partners. Our intention in setting our original research questions was to shed more light on the current research evidence in this significant yet still under-researched field and to encourage further research.

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Philip, G., Clifton, J. and Brandon, M. (2019),The trouble with fathers: The impact of time and gendered-thinking on working relationships between fathers and social workers in child protection practice in England, *Journal of Family Issues*, Vo.40 No.16, pp.2288-2309.

Taylor, A, Toner, P, Templeton, L and Velleman, R. (2008), Parental alcohol misuse in complex families: the implications for engagement, *The British Journal of Social Work*, Vol.38 No.8, pp. 843– 864.

Williams, S. (2008), What is Fatherhood?: Searching for the reflexive father, *Sociology*, Vol.42, No.3, pp. 487 – 502.

5938 words

Table I: PUBLICATIONS REVIEWED

Author(s), Ref and Publication year	Title	Research design and methods	Sample
<p>Arenas, and Greif (2000) <i>Jnl of Psychoactive Drugs</i>, 32(3): 339- 341</p> <p><i>Cited In Templeton et al (2006) Review</i></p>	<p>Issues of fatherhood and recovery for VA substance abuse patients</p>	<p>Suggests providing interventions that teach about positive parenting and discussion/support between fathers</p>	
<p>Caponnetto, P, Triscari, C, Maglia, M (2020) <i>International Journal of environmental research and public health</i> 17, 1051; doi:10.3390/ijerph17031051</p>	<p>Living fatherhood in adults addicted to substances: a qualitative study of fathers in psycho-rehabilitative drug addiction treatment for heroin and cocaine</p>	<p>Qualitative design, interviews, thematic analysis.</p>	<p>18 males, in psycho-rehabilitative drug addiction (heroin and cocaine) and residing in an Italian therapeutic community. (Not all were fathers). Purposive and quota sampling (non probability)</p>
<p>Chuang, E., Wells, R., Bellettiere, J. and Cross, T.P., 2013. <i>Journal of substance abuse treatment</i>, 45(1): 118-125</p>	<p>Identifying the substance abuse treatment needs of caregivers involved with child welfare.</p>	<p>Quantitative methods using confidential responses on two validated instruments indicating harmful substance use or dependence.</p>	<p>National probability sample of 442 permanent, primary caregivers involved with 80 child welfare agencies. 16% of the caregivers sample were biological fathers.</p>

Collins, C.C., Grella, C.E. and Hser, Y.I., 2003.. <i>The American journal of drug and alcohol abuse</i> , 29(2): 237-261.	Effects of gender and level of parental involvement among parents in drug treatment	Baseline and follow up assessments of participants sampled from 19 drug treatment programs across four types of treatment modalities. Considered parental involvement, addiction, psychological distress, self esteem and perception of parenting skills.	331 mothers and fathers who were in US (Los Angeles) drug treatment programmes and had children under 18.
Das Eiden, R, Chavez, F and Leonard, K (1999) <i>Development and psychopathology</i> , 11(4): 745 – 762 Cited in Templeton et al (2006) Review	Parent-infant interactions in among families with alcoholic fathers		
Dumka, L and Roosa, M (1995) <i>Journal of studies on alcohol</i> 56 (5): 528 – 537 Cited in Templeton et al (2006) Review	The role of stress and family relationships in mediating problem drinking, and fathers' personal adjustment		
Fals-Stewart, W., Kelley, M. L., Fincham, F. D., Golden, J., & Logsdon, T. (2004). <i>Journal of Family Psychology</i> , 18(2), 319–330 Cited in Scaife (2008) Review	Emotional and Behavioral Problems of Children Living With Drug-Abusing Fathers: Comparisons With Children Living With Alcohol-Abusing and Non-Substance-Abusing Fathers		
Forrester, D., Holland, J., Williams, A & Copello, A (2016)	Helping families where parents misuse drugs or alcohol?	Quasi-experimental design Retrospective study of families 5,6 years post referral.	15 families (46 children) who had received

<p><i>Child and Family Social Work</i>, 21 (1): 65–75</p>	<p>A mixed methods comparative evaluation of an intensive family preservation service</p>	<p>Interviews (including questionnaires & scales)</p>	<p>the service, and comparison group of 12 families (28 children) referred but not provided the service as no workers available. Sample 87% mothers.</p>
<p>Holland, J., Forrester, D., Williams, A & Copello, A. (2014) <i>British Journal of Social Work</i>, 44 (6): 1491–1507 doi:10.1093/bjsw/bcs197</p>	<p>Parenting and Substance Misuse: Understanding Accounts and Realities in Child Protection Contexts</p>	<p>Mixed-methods evaluation of an intervention for families affected by substance misuse and child protection concerns, including semi-structured interviews, focusing on experiences.</p>	<p>27 families, including eighty-four children. 31 interviews with 25 women & 6 men. 28 of 31 had been problematic users (papers just reported on). Only 1 of 27 families referred for the intervention because of a father's substance misuse problems alone. In 24, mother was the sole client & in two cases, both parents.</p>
<p>Kachadourian, L.K., Eiden, R.D. and Leonard, K.E., 2009.. <i>Addictive behaviors</i>, 34 (11): 918-927.</p>	<p>Paternal alcoholism, negative parenting, and the mediating role of marital satisfaction</p>	<p>Prospective longitudinal group comparison. Participants assessed at three time points: when children were 12, 24, and 36 months. old.</p>	<p>197 families with 12 month old infants at recruitment who volunteered for an ongoing longitudinal</p>

			study of parenting and infant development. 102 families classified as 'non-alcoholic', and 95 families where the father was classified as 'alcoholic'.
Kelley, M.L. and Fals-Stewart, W., (2002), <i>Journal of Consulting and Clinical Psychology</i> , 70 (2): 417-427.	Couples-versus individual-based therapy for alcohol and drug abuse: effects on children's psychosocial functioning.	Randomised, un-blinded, controlled trial with 12 months of follow up. Couples allocated to 32 sessions of treatment over 20 weeks which included Behavioural couples therapy (BCT), individual based therapy IBT or psycho-educational attention control treatment (PACT	135 heterosexual couples where men had drug or alcohol problems and received outpatient treatment, New York, USA Limitations included: heterosexual couples only, only 12 month follow up, largely Caucasian heroin and crack users.
Klee, H., 1998. <i>International Journal of Drug Policy</i> , 9(6): 437-448. <i>Cited in Scaife (2008) Review</i>	Drug-using parents: analysing the stereotypes.	3 main studies from which data was used focusing on different aspects of drug use (Poly-drug misuse, Amphetamine use and treatment, illicit drug use, pregnancy and early motherhood). Examined 'serendipitously acquired' qualitative data from a range of research samples. Semi-structured interviews with parents.	Total sample of 240 parents

<p>Klingemann, H & Gomez, V. 2010 <i>Journal of Mens' Health</i>, 7 (3) : 211–220</p>	<p>Masculinity issues in addiction treatment in Swiss inpatient alcohol programs: bringing men's treatment needs back to the research agenda</p>	<p>Investigating the role of masculinity in addiction therapy in Switzerland. New male admissions to 2 alcohol treatment clinics and matched population control group. Interviews</p>	<p>200 male admissions (quota of 100 each site) and 200 matched population control group</p>
<p>Lam, W.K., Fals-Stewart, W. and Kelley, M.L., (2009), <i>Child maltreatment</i>, 14 (3): 243 - 254.</p>	<p>Parent training with behavioral couples therapy for fathers' alcohol abuse: Effects on substance use, parental relationship, parenting, and CPS involvement</p>	<p>Randomised 3 group comparison (a) parent skills with behavioural couples therapy (PSBCT); (b) Behavioural Couples Therapy (BCT); or (c) Individual-Based Treatment (IBT). Outcome measurements taken at pre-treatment, post treatment and at 6 and 12 month follow up.</p>	<p>30 male participants who were voluntarily entering alcohol outpatient treatment.</p>
<p>McMahon, T and Rounsaville, B (2002) <i>Addiction</i> 97 (9): 1109 - 1115 DOI: 10.1046/j.1360-0443.2002.00159.x Cited In Templeton et al (2006) Review and in Scaife (2008) Review</p>	<p>Substance abuse and fathering: adding poppa to the research agenda</p>		
<p>McMahon, T.J., Winkel, J.D., Suchman, N.E. and Rounsaville, B.J., (2007). <i>Journal of substance abuse treatment</i>, 33 (3): 295-302.</p>	<p>Drug-abusing fathers: Patterns of pair bonding, reproduction, and paternal involvement</p>	<p>Structured interviews, collecting critical dimensions of fathering from men's own perspectives</p>	<p>50 men in methadone maintenance treatment. US setting.</p>

McMahon, T.J., Winkel, J.D. and Rounsaville, B.J., (2008) <i>Addiction</i> , 103(2): 269-283.	Drug abuse and responsible fathering: a comparative study of men enrolled in methadone maintenance treatment.	Comparative group study. Mixed methods. Fathers completed two structured interviews and battery of self report measures to generate data on substance misuse and dimensions of responsible fathering	Sample of 106 fathers in methadone treatment in USA were compared with a sample living in the same community who had no history of substance misuse
Peled, E., Gavriel-Fried, B., and Katz, N. (2012) <i>Family Relations: An Interdisciplinary Journal of Applied Family Studies</i> , Vol.61 No.5, pp.893–908. https://doi.org/10.1111/j.1741-3729.2012.00729.x	"I've fixed things up": Paternal identity of substance-dependent fathers,	Qualitative study	12 fathers enrolled in a methadone maintenance programme in Israel.
Rubenstein, B. and Stover, C.S. 2016. <i>Advances in Dual Diagnosis</i> , 9(4): 119-129.	Intimate partner violence, fatherhood, and co-parenting of men in residential substance misuse treatment.	Survey. Exploratory study aiming to provide initial data about childhood histories of men in substance misuse residential treatment.	Sample of 128 men in a court-ordered treatment programme.
Scaife, V. 2008 <i>Children and Society</i> , 22: 53-62.	Maternal and paternal drug misuse and outcomes for children: Identifying risk and protective factors	Review of national and international research examining the impact of parental drug misuse on children.	
Söderström ,K & Skårderud ,F. 2013 <i>Fathering</i> , 11 (1): 31-51	The good, the bad, and the invisible father: A phenomenological study of fatherhood in men with substance use disorder	Phenomenological study using focus groups. IPA used to investigate fatherhood from the perspective of men with a substance addiction	8 fathers in Norway with substance use disorder. Family treatment residence

			for parents with problems of addiction and accompanying children
Stewart, D., Gossop, M. and Trakada, K., 2007. <i>Addictive behaviors</i> , 32(8): 1657-1668	Drug dependent parents: Childcare responsibilities, involvement with treatment services, and treatment outcomes.	English study using data from the National Treatment Outcome Research Study (NTORS) to investigate parental responsibilities among male and female drug dependent parents entering drug treatment programmes across in England	
Stover, C. S and Spink, A., 2012. <i>Advances in dual diagnosis</i> , 5(2):74-85.	Affective awareness in parenting of fathers with co-occurring substance abuse and intimate partner violence.		40 fathers were included in this qualitative study.
Stover, C.S., Hall, C., McMahon, T.J. and Easton, C.J., (2012). <i>Journal of substance abuse treatment</i> , 43(3): 335-343.	Fathers entering substance abuse treatment: An examination of substance abuse, trauma symptoms and parenting behaviors.	Survey	126 men completed a structured questionnaire
Stover, C.S., Easton, C.J. and McMahon, T.J.(2013). <i>Journal of interpersonal violence</i> , 28(11): 2290-2314.	Parenting of men with co-occurring intimate partner violence and substance abuse..	Group comparison	Compared parenting behaviours of 43 men with co-occurring IPV and substance abuse with 43 community controls.

Stover, C. S. and J. McMahon, T., 2014. <i>Advances in Dual Diagnosis</i> , 7(1), pp.3-14.	Opioid dependence and intimate partner violence: associations with the current parenting behavior of fathers,	Looked at differences in parenting behaviour associated with IPV (Intimate partner Violence) vs a history of substance misuse. Pilot study	Methadone maintained men who were fathers (n=91) men) and fathers with history of IPV but not substance misuse (n=111). USA
Stover, C.S., 2015.. <i>Family process</i> , 54(4): 600-609.	Fathers for change for substance use and intimate partner violence: Initial community pilot	Pilot study	18 men. USA
Stover, C.S. Carlson, M, Patel, S and Manalich, R (2018) <i>Child abuse review</i> , Jul-Aug; 27(4): 280–300. doi.org/10.1002/car.2528	Where's Dad? The Importance of Integrating Fatherhood and Parenting Programming into Substance Use Treatment for Men	Pilot study of implementation of a fatherhood-focused intervention for men in a residential substance use treatment programme	10 men USA
Templeton L. Zohhadi S. Galvani S. Velleman R. (2006). Scottish Executive: substance misuse research programme. Cited in Scaife (2008) Review	“Looking beyond risk”, Parental substance misuse: scoping study	Scoping review. Material on <i>fathers</i> was one of the key gaps in the literature.	Reviewed international literature 1990 – 2005
Twomey, J.E., 2007. <i>American journal of orthopsychiatry</i> , 77(4): 563-572.	Partners of perinatal substance users: forgotten, failing, or fit to father?.	Based on 3 case studies	

Waller, M.R. and Swisher, R., 2006. <i>Social Problems</i> , 53(3): 392-420.	Fathers' risk factors in fragile families: Implications for "healthy" relationships and father involvement.	Survey and qualitative information from the <i>Fragile Families and Child Wellbeing Study</i> looked at how risk factors such as physical abuse, substance misuse, and imprisonment among unmarried fathers are associated with fathers' early involvement with their children. (Secondary analysis)	Sample of 4898 births, (3712 to unmarried parents) taken from the Fragile Families programme, USA, started in 1998.
Watkins, L.E., O'Farrell, T.J., Suvak, M.K., Murphy, C.M. and Taft, C.T., 2009. <i>Addictive behaviors</i> , 34(6): 610-612.	Parenting satisfaction among fathers with alcoholism.	Quantitative measures: inverse correlation of days drinking and parenting satisfaction. (Prediction that parent satisfaction would increase following entry to treatment for alcohol dependence and at 6 and 12 month follow up).	88 men in alcohol treatment in Massachusetts, USA.
Williams, I. 2014 <i>Journal of Groups in Addiction & Recovery</i> , 9: 160-185.	Desilencing fatherhood: Making the invisible visible within substance use disorder treatment	Literature review & clinical knowledge Discussion draws on symbolic interactionism, identity theory, double consciousness	US studies only
Wright, M.S., 2012 PhD Thesis	Men on Methadone: Fatherhood, Families, and Partners	PhD thesis University of Arizona United States	