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Drug Addiction is a Scourge on the Earth and my Grandchildren are its Victims: the Tough Love and Resilient Growth Exhibited by Grandparents Raising the Children of Drug-Dependent Mothers

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Abstract Parental drug-usage is a risk factor for child neglect. Maternal drug-dependency, in particular, has far reaching implications for the mother, her children, and the grandparents who are left to rear the children when the mother's drug-dependency prohibits her from doing so. Thus, drug-related maternal incapacity to adequately parent her child/ren places a tri-generational burden on society. This study aimed to broaden understanding of this burden. In this regard, forty-nine custodial grandparent interviews were subjected to thematic analysis. Grandparents typically revealed their daughter's marijuana usage began in early-mid adolescence, progressed to heavy drugs, and led to an early exit from the family home. A teen-aged pregnancy commonly followed. Grandparents when becoming aware of their grandchild/ren's mother's continued drug use and repeated instances of child neglect issued the the children's mother with a 'go-into-rehab-or-lose-your-custodial-care-of-your-child/ren' ultimatum. Drug-dependent mothers were often unable to meet this ultimatum and grandparents then transferred their energies into caring for their grandchild/ren. The implications of this grandparent investiture shift are discussed, and future policy considerations are tabled.

Keywords Maternal drug-dependency · Child neglect · Grandparent custodial care · Tough love ultimatum · Grandparent social isolation · Resilient growth

The adult origins of addictive disorders commonly lay in childhood and adolescence. Indeed, 50 % of illicit drug use begins between the ages of 15–18 years ($M = 16$ years) and, it is this age-group who are at the greatest severity risk for morbidity and addiction, due in part to their

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experimentation with multiple drugs (Chambers et al. 2003). Drug-dependency (addiction) is defined as being a state in which the user has a relatively short period between doses during which they are free of cravings/experiences of withdrawal and that detoxification (or another dose) is required to counter their cravings (Straussner and Fewell 2015).

The United Nations Office on Drugs and Crime's report (UNODC 2015) into the global dimensions of the illicit drug problem estimates that approximately 246 million (i.e., one person in every 20 people) aged between 15 and 64 years used drugs on at least one occasion in 2013. While, the report notes that even though drug use has remained relatively stable (i.e., in relation to the increase in the global population) and the numbers of people dying from drug abuse (i.e., approximately, 200,000 per annum – Shi et al. 2015) has remained relatively constant, the problem for society is that one in every ten users are drug-dependent or are suffering from a drug-related disorder (UNODC 2015). The cost impost of treating such large numbers of people with drug-dependency and related disorders is so high UNODC estimates that only one in six have access to treatment.

While no single etiological factor for drug-dependency has been identified, various genetic, neurobiological, psychodynamic, social and environmental factors have been noted (Chambers et al. 2003; Straussner and Fewell 2015). The devastating impact of dependency is that it results in an unstable lifestyle that is characterized by increasing poverty, illegal activity, and health/sexual-risk behaviours. For example, Skinner et al. (2014) investigation of young adult children of parents enrolled in a methadone program found that 24 % of males and 17 % of females met the criteria for high-risk sexual behaviour. It is unsurprising then that drug-dependent users' are at an elevated risk for a variety of health problems (e.g., hepatitis C, tuberculosis, endocarditis, and sudden death), mental health issues (e.g., paranoia, suicide ideation, schizophrenia, borderline personality disorder), penury, and incarceration (Straussner and Fewell 2015).

Female Drug Use

Research into the gendered difference in drug-taking habits reveals females tend to start using drugs slightly later in adolescence/young adulthood than do their male counterparts; their initiation is commonly a consequence of their partner's usage; they use drugs to alleviate psychological distress; their rate of usage accelerates faster than does male usage; and they are more vulnerable to addiction than are males (Anker and Carroll 2011; Becker and Hu 2008; Becker et al. 2012; UNODC 2015). Breaking the dependency habit is difficult for female users because whereas males without a dependency problem tend to leave their drug-dependent female partner, female users tend to remain in a relationship with their drug-dependent partner (Straussner and Fewell 2015). Thus, having a drug-dependency problem, living with a drug-dependent partner and being a parent is a challenge that is beyond the coping capabilities of some drug-dependent mothers (Pihkala and Sandlund 2015).

The Detrimental Effects of Drug Use on the Developing Child

Although, knowledge of the impact that having a drug-dependent mother at the time of conception, in-utero, after birth and early infancy has on child development remains sparse,

it is increasingly being reported that in utero drug exposure negatively influences foetal development (Creanga et al. 2015). For example, toxicological screening tests have determined the prevalence rate of illicit drug use during pregnancy ranges between 6 and 40 % in live births and that mother-to-foetus drug transmission is linked to placental abruption, premature labour, low birth weight, low cranial perimeter, neonatal withdrawal syndrome, and congenital anomalies (Friguls et al. 2012).

Other research into the outcomes of in-utero and perinatal drug usage has demonstrated that the harmful in-utero effects continue to affect the developing child's behaviour throughout childhood and adolescence (Shi et al. 2015; Slamberova 2012). Biederman et al. (2001) caution though that the link between in-utero drug transmission and childhood behavioural inhibition has yet to be categorically established. Even so, having a drug-dependent mother, experiencing child maltreatment/neglect, witnessing domestic violence in the family home, and being exposed to antisocial practices places children of drug-dependent mothers at an accumulated risk for poor life outcomes (Taylor et al. 2015; Wiig et al. 2014). For, such risks have been linked to inattention, learning difficulties, emotional problems, post-traumatic stress, delinquent/aggressive behaviour, poor quality relationships, early engagement in high-risk sexual behaviours and mental ill-health (Friguls et al. 2012; Monohan et al. 2013; Pihkala and Sandlund 2015; Sheridan 2014; Sheridan et al. 2011; Shi et al. 2015; Skinner et al. 2014). In addition, atypical development/behaviour increases the likelihood that children of drug-dependent mothers will experience some level of stigmatization, marginalization and/or isolation within their peer-group (Shi et al. 2015). This adverse socialisation is ameliorated to some degree in instances where children of drug-dependent mothers have access to supportive grandparent relationships (Profe and Wild 2015; Sheridan 2014).

Custodial Grandparents

Custodial grandparent care is an increasing social phenomenon. It is estimated that 4.8 % of Canadian children aged under 14 years are being raised by a custodial grandparent; 2.4 million American grandparents are raising 4.5 million grandchildren; and 46,680 Australian households are grandparent-headed (Commonwealth of Australia 2014; Kier and Fung 2014; Kirby and Saunders 2014). Moreover, grandparent caregiving investment in the lives of grandchildren is not solely a consequence of relatedness, for the separation, divorce and partnering changes that are occurring in family composition have given rise to an increased incidence of non-kin grandcare-giver investment in children's lives (Coall and Hertwig 2010; Coall et al. 2014).

One of the most common reasons why both biological and non-biological grandparents assume custodial care of their grandchildren is parental drug/alcohol abuse (Pihkala and Sandlund 2015). Moreover, despite grandparents' ability to buffer adverse developmental outcomes in their grandchildren (Coall et al. 2014), little is known about the cost impact that custodial caregiving has on grandparent mental health. To help address this knowledge shortfall this study aims to investigate the caregiving experiences of grandparents raising the children of drug-dependent mothers. The guiding research question underpinning the research is: How does the drug-dependency of the mother influence the custodial grandparents' caregiving experience?

Method

Research Design

To address this question a qualitative research design located within the symbolic interactionist tradition was adopted. Symbolic interactionism is based on Social Theory's premise that people assign meanings to their role activities as a consequence of their interactions with others.

Participants

Forty-nine custodial grandparents were interviewed. 16 % ($n = 8$) resided in rural areas and the other 84 % ($n = 41$) with the state's middle-low suburban areas of Perth, the state capital city of Western Australia. The sample was almost equally split between single and two grandparent-headed families. Many of the latter were comprised of a biological grandparent and a non-biological partner who had assumed a grandparenting role of their partner's grandchild/ren.

The total sample ranged in age at the time of interview from 49 to 83 years ($M = 66$ years). The age at which participants assumed the fulltime custodial care of their grandchildren ranged from 41 to 69 years ($M = 57$ years). Fifty-five percent ($n = 27$) of grandparents had formal custody of their grandchild/ren, 39 % ($n = 19$) had an informal custody arrangement, and the remaining 6 % ($n = 3$) were subject to an interim custody order. In total, 49 grandparents were caring for 71grandchildren (34 females 37 males) who ranged in age from 4 to 33 years ($M = 13$ years). The number of grandchildren being cared for varied between 1 and 5.

As can be seen from Table 1, 73 % ($n = 33$) of mothers who had relinquished or had their children removed from their care were drug-dependent, and three had been incarcerated for drug dealing offences. Of the remaining 12 mothers, three had an alcohol abuse problem, three had abandoned/neglected their child/ren, and six had a mental/physical illness which prohibited them from caring for their child/ren. Of the 20 fathers whose personal history was known to the study's custodial grandparents 18 were drug users. Of these, seven had been incarcerated for drug dealing/possession offences.

Procedure

Following approval from the administrating institution's Human Research Ethics Committee, a semi-structured interview schedule was developed and piloted. This piloting process resulted in a list of interview questions that were constructed in a conversational format so as to encourage participant disclosure. Participants were recruited through the auspices of three NGO's (Community Vision, Grandparents Raising Grandchildren WA Inc., & Wanslea) who distributed information letters/flyers to their respective membership. Potential participants were asked to contact the research team. The responding grandparents who met the single selection criteria (i.e., being a custodial grandparent) were offered the choice of a face-to-face, telephone or a self-complete email interview. Seventeen completed face-to-face interviews, 17 completed telephone interviews and 15 filled out self-complete email interviews. Issues of confidentiality and participatory rights were explained to all participants. The average length of the interview was 60 min. The face-to-face and phone interviews were audio-recorded and professionally transcribed verbatim and 10 % of the transcriptions were checked against the audiotapes to ensure their accuracy. In the days following the interview, a gift-voucher was sent to participants as a surprise thank you present.

Table 1 Drug usage among the parents of the 71 grandchildren being raised by the study's 49* custodial grandparents

Number of grandparents Interviewed in household	Mother drug user	Father drug user	Non-drug addiction related reasons why parents were unable to care for their children
1	Yes	Unknown	
1	No	No	Mother abandoned child with a disability, father in distance employment.
1	Yes	Unknown	
1	Yes	Unknown	
1	Yes	Unknown	
1	Yes	Unknown	
1	Yes	Unknown	
1	No	Unknown	Mother abused alcohol.
1	Yes	Yes	
1	Yes	Yes	
1	Yes	Unknown	
1	No	No	Mother has a mental illness, father works unsociable hours.
1	No	Unknown	Mother has a mental illness, non-custodial grandparents are drug users.
1	Yes	Unknown	
1	No	Unknown	Mother has a mental illness.
1	Yes	Unknown	
2	No	Unknown	Mother neglected child and father lacked the stability to care for child.
1	Yes	Unknown	
1	Unknown	Unknown	Mother abandoned four children each of whom had a different father.
1	No	Unknown	Mother abused alcohol.
1	Yes	Unknown	
1	Yes	Yes	
1	Yes	Unknown	
1	Yes	Yes	
1	Yes	Unknown	
1	Yes	Yes	
1	Yes	Unknown	
1	Yes	Yes	
1	Yes	Yes	
1	No	Unknown	Mother died as a result of chronic non-addiction related illness.
1	Yes	Yes	
1	Yes	Yes	
1	Yes	Yes	
1	Yes	Yes	
1	No	Unknown	Mother has a mental illness.
1	Yes	Yes	
2	Yes	Yes	
1	Yes	Yes	
1	Yes	Unknown	
2	No	Unknown	Mother abused alcohol.
2	No	Unknown	Mother has a mental illness.
1	Yes	Yes	
1	Yes	Yes	
1	Yes	Yes	
1	Yes	Yes	

* (i.e., 4 maternal grandfathers, 26 maternal grandmothers, 2 non-biological grandmothers, 5 paternal grandfathers, & 12 paternal grandmothers)

Data Analysis

Thematic analysis was independently conducted by two authors to discern recurring patterns within the dataset. These patterns were coded, clustered, and abstracted into themes and subthemes (Braun and Clarke 2006). Where coding disagreement occurred a third author adopted an adjudicating role, thus ensuring the study's interpretive rigour (Liamputtong and Ezzy 2005). Participant anonymity was maintained by not ascribing tracking identifiers (e.g., pseudonyms, ID numerals, or initials) to the illustrative quotes. As an additional anonymity measure, where names were recorded in the transcripts they were removed and a non-identifiable generic replacement was inserted (e.g., my grandson/granddaughter, he/she etc.). Quotes were amalgamated, shortened and temporally ordered (as indicated by a … marker) so as to eliminate repetitive/off-subject statements.

Findings

The five themes and nine subthemes that emerged from the analysis are detailed below.

Theme One: Grandparents Recollection of Their Teenaged daughter's Progression into Drug-Dependency

Subtheme 1: She was Beautiful Inside and Out, but She Got Involved in Dope and it Just Got Heavier and Heavier

Grandparents typically described their preteen daughters as being smart, likeable, caring, and loving. However, they recollected that once their daughters reached puberty their behaviour underwent radical change. They described this change in terms of their daughters becoming rebellious, hanging-out with 'the wrong crowd' and eventually losing all interest in their schooling. Initially, grandparents excused this changed behaviour as 'just normal adolescent rebelliousness and dismissed their suspicions that the change might be drug-related. However, by the time their daughter reached their mid-teens the signs of drug abuse were so evident that grandparents confronted them. A course of action that frequently resulted in their daughter leaving home and going to live with their drug-using friends:

> Up to age 12 you couldn't have had a better daughter… She was a smart girl, dux of her primary school… then it all went haywire. She became very rebellious… quite head-strong and hung around with the wrong crowd… For years I made excuses… I just thought it was a bad attitude… it took until she was 15 to realise she was on drugs… I couldn't recognise it at first even though there were signs, but I'd never been involved in drugs so didn't know what those signs were… Then she packed her bags and said: "I can't live under your rules anymore, I'm off" and she walked out the door.

The move out of the family home led to their daughters' progressive experimentation with marijuana and 'heavier' drugs:

> The drug lifestyle was too attractive to her… It started with marijuana as most of them do and it progressed from there… My daughter became a heroin addict… and after that cocaine… If you could get it in your mouth or up your arm, she was into it… She was free, but she was trapped.

Although, the choice to move to heavier drugs was sometimes self-made, many grandparents contended that their daughter's decision to use heavier drugs was made in conjunction with, or by, her partner:

> The children's father was on drugs when he met our daughter … After a couple of years he persuaded her to try soft drugs, but before long they were taking hard drugs.
> My grandson's biological father injected my daughter with drugs and held her captive for several days. She subsequently became a full-time drug user.

Subtheme 2: Her Drug Abuse Became All-Consuming and She Became Your Stereotypic User

As the frequency of their daughters drug-taking increased grandparents recalled that their behaviour underwent further change:

> She'd been a very high achiever… but she was unwell on drugs… and started doing a downhill slide… Amphetamines are very aggressive drugs… and she could be very aggressive… It was sad to see… We never knew from one visit to the next what mood she'd be in. If she left in a good mood, the next time we saw her she could be very aggressive… when she was unwell on amphetamines… and at times we feared for our lives.

Much of the aggression and violence grandparents recalled related to their daughters' attempts to extract money from them in order to buy drugs. Grandparents confided that once their daughter was unable to extract the money they needed from them then she had little other recourse than to become a dealer, engage in criminal acts, or become a prostitute:

> She was on the game… she did a lot of stealing… she did a lot of shoplifting. Anything to survive to get the next fix… There was no way to bring her back.

At this stage grandparents claimed that their memories of their daughter's dependency were so 'etched' in their brain that they were able to recognise 'the stereotypic drug addict look' in other young women they saw:

> I can actually pick an amphetamine user a mile off because of some of the things I've seen around my daughter… You see them… they look like they've been dragged out of the rubbish bin… Scars, bloody pimples and sores all over their face and you know then exactly what they've been doing.

Theme Two: Multiple Pregnancies, Family Dysfunction and Child Neglect

Subtheme 3: By the Time She was Twenty She had Four Children

Grandparents repeatedly recounted accounts of their drug-dependent daughters (or the female partners of their sons) giving birth to their first child whilst still a teenager. In a few cases, the pregnancy and subsequent birth of their baby led some young mothers to temporarily abstain from their drug-taking. However, in most cases grandparents recalled this abstention did not last. Indeed several grandparents told of how soon after their newborn grandchild's birth the mother became pregnant again. The irony of the situation as far as the grandparents were concerned was that the baby-bonus and child-support

payment the government provides new mothers became a ready source of drug money for the baby's mother:

> At 14, my daughter had her first one (baby), then one at sixteen, one at eighteen and at nineteen she had her fourth… The government kept paying her money every time she had a kid… so now she's a parasite… she smokes and never works.
> They're getting support from everywhere and they've never paid taxes in their lives! They can get $5,000 for just having a baby! But… we fight to get $200 per fortnight to support the boys.

Subtheme 4: There's a Lot of Domestic Violence

Grandparents related that when money to buy drugs ran short then discord frequently erupted between the parents. This resulted in their grandchild/ren witnessing acts of domestic violence. This witnessing in many cases became the catalyst for grandparents to intervene. In this regard, grandparents would collect their daughter and their grandchild/ren and take them back to their own home in an attempt to provide a parental relationship circuit breaker and, more importantly to grandparents, to stop their grandchildren's exposure to domestic violence. Despite this intervention their daughters often returned to their abusive partner taking their child/ren with them. Grandparents explained that when this happened, the cycle of abuse continued:

> He'd beat her up, that's why we' kept bringing them back here… She didn't mean to get back together… but he'd ring up and beg her to come back.

While, male-on-female violence was common, grandparents also recalled incidents where their daughters' perpetrated acts of violence on their non-using partner and it was this violence that became one of the catalysts for the father to abandon the family.

Subtheme 5: My Girl She Didn't Look After Herself or Her Children

Grandparents stated that their grandchildren's health and safety were often placed in jeopardy by their drug-dependent mothers' 'blackouts' and acts of neglect/maltreatment. Indeed, grandparents recounted multiple experiences of turning up unannounced at the mother's abode and finding their young grandchild/ren in dire circumstances:

> I'd turn up and the doors would be unlocked… and my daughter she'd be fast asleep. My granddaughter wouldn't be dressed and her hair would be matted… The house wasn't far from a major road… and neighbours would tell tales of seeing my granddaughter wandering out on the street.
> I went around to my daughter's and the baby was just toddling at that stage, and he had a bottle of tablets in his hand.
> I arrived at the house and my granddaughter was not dressed. She was filthy dirty and crawling next to her dad's motorbike which could've fallen on her and killed her.
> We went to her place one evening… It would have been about six-thirty… and she was lying on a daybed with a cigarette in her hand and she was fast asleep. Her place was disgusting. The whole bathroom was full of mouldy washing because the washing machine was broken. Every drawer in my grandson's chest of drawers was full of mouse crap. There was absolutely nothing in the fridge… but mouldy bread!

> It kind of didn't really matter to her what happened to the children. Once, when the children were with her she wanted a break and she met some people squatting in an empty flat who said: We'll look after them. And she left the children for a weekend in a flat with no power, no water and with two drug addicts!

Theme Three: Grandparents Assumption of Custodial Care and Their Tough Love Ultimatum to Their Grandchild/ren's Mother

Subtheme 7: I Got Them… and I've had Them Ever Since

After multiple unsuccessful attempts of trying to persuade their grandchild/ren's mother to give up their drug-taking lifestyle and complete a rehab program, many grandparents reached the conclusion that as their grandchild/ren's health and welfare was in such serious jeopardy they needed to act. The first action they frequently took was to adopt a tough love approach. It started with issuing an ultimatum to their grandchild/ren's mother informing her that unless she completed a program of rehab and was deemed mentally and physically competent to care for their child/ren, then they would assume the custodial care of their grandchild/ren:

> My daughter was reasonably clean during the pregnancy, but afterwards she fell back into the drug scene… She took the baby to the drug house… I said to her: You know, if you do that again I'll have the baby taken off you.
> I'd said to her: If you go back to using drugs, that baby belongs to me! It's mine. She said: I'm not going to do drugs, and I said: But if you do, that baby comes to me.
> I actually collected my granddaughter and took her back to my house. After a day or two I spoke with my daughter and said: Look darling let's see if you can get your act together… if you can…it'll be fine and you can have her back.
> My daughter went up North and took the girls away with her. They were only gone for three or four months when the girls came down and spent Christmas with us… We heard all these dreadful stories about how Mummy was leaving them alone at night and how scared they were… It took me a long time … but in the end I said: Sorry love, but I'm looking after your kids! You need to get help for yourself.

In a few instances, grandparents recalled that this tough love approach had an effect on the mother as some attempted to complete a rehab program. However, the grandparents revealed it did not last as after a relatively short period of time their grandchild/ren's mother returned to her drug-taking lifestyle.

In other instances, the mother was so drug-dependent that their erratic behaviour, poor health and/or neglect of their child/ren came to the notice of the Department of Child Protection (DCP), social services, or the Police. Out of a concern for the children's immediate safety one of these professional agencies' members contacted the grandparents and asked them to assume custodial care of their grandchild/ren:

> The police brought my grandson around to us at midnight … and asked us to take him. I felt my grandson was in danger so I sought help from DCP. We attended mediation/ intervention and the outcome was that she (daughter) would attend drug counselling and a team member from DCP would visit her home randomly to do check-ups. She never attended

> any counselling and moved into a fourth story flat with her son. Two weeks later I got a call saying she couldn't look after him anymore and I needed to come pick him up.
> I got a phone call late at night from Crisis Care saying: We're really busy, but we've had a phone call from a doctor that's just visited your daughter and he said: The child needs to be attended to. So could you go over and get the child?
> My daughter was she was just so aggressive that Crisis Care asked me to come and take the baby. She (mother) started screaming, and grabbed my grandson. I thought if I try and take him he'll be hurt so I had to walk away. Crisis Care then said they get somebody to take him from the hospital and bring him to me.

Theme Four: Grandparents' Post Assumption of Care Experiences of Emotional Turmoil

Subtheme 6: It's Really Hell When You Realise You've Lost Your Child to Drugs

Once grandparents had assumed custodial care of their grandchild/ren they recalled that an unrepairable rift occurred between themselves and the mother of their grandchild/ren. For, the mother upon losing custodial care of her children returned to her drug-taking lifestyle and contact between them became intermittent or in some instances ceased completely. Grandparents who retained intermittent contact noted that in the interval between the mother's visits their physical appearance and mental state underwent a marked deterioration:

> She used to be quite beautiful at one time and now her face is totally caved in, her teeth are black and she's as thin as she could possibly be. She looks… a very sad story.
> She off doing her own druggie thing and doesn't really miss her kids. Her drugs are more important than anyone or anything… That was the hardest moment for me. When I understood she wasn't, mentally or emotionally, ever coming back into our family again, because the drugs had overtaken her.

In a few cases the mother state of health deteriorated so such that they attempted or committed suicide:

> The ambulance came out and took her to hospital because she needed to get her stomach pumped out… but she wouldn't stay there… she discharged herself and… now she's still doing drugs.
> My daughter suffered with drug addiction. Even though she went for long periods without taking drugs… when she did… she'd go into psychosis… Then when my grandson just turned twelve, she committed suicide. She sat on the train-line, cross-legged with her back to the train and was killed.

Subtheme 8: We're Left with the Emotional Baggage of Their Dysfunctional Lives

Once the grandparents' emotional connection with their grandchild/ren's mother was physically or metaphorically severed, then they struggled to deal with their feelings of grief and loss:

> She was a beautiful person… and I lived in hope that one day she'd choose to recover from drugs… and be able to take care of her two beautiful children, but because of her

drug taking she's not the same person she once was… You can't trust what she says because there's something wrong in her head.
My husband couldn't see why our daughter couldn't cope, why she would walk away from her children. He couldn't quite grasp why she needed the drugs so much that they overtook her life. It still sort of sticks in our hearts to think that she could walk away from her children.

And guilt:

Always you think, what did I do wrong with her? Because I did everything that I'm doing with these kids with her. I loved her. She was everything to me.
There's the guilt of having taken my grandson away from his mother… It's not any relief when your child dies… because then your heart goes out.

Theme Five: Posttraumatic Resilient Growth in grandparents' Outlook on Life

Subtheme 9: Come on You Can Do It, You Can Do It!

Many grandparents who internalized their feelings of grief, loss and guilt became despondent. So deep did this despondency become that some grandparents told of how they withdrew into the relative safety of their home and in time became isolated from their other offspring, extended family members and friends.

Although, at the time of interview some grandparents were still in this despondent state, other grandparents who had been in it too had reached the awareness that if they were ever to move beyond their despondency then they needed to reintegrate themselves back into society. To achieve this, they either became a member of a grandparent support group or made overtures to a family member or former friend. Moreover, grandparents asserted that they also realized that if they wanted to build on this reconnection then they would need to change their negative 'glass-half-empty' way of thinking (e.g., What did I do wrong?) into a more positive 'glass-half-full' thought process (e.g., What can I do better second time round?). This positive reframing of their thoughts grandparents stated helped them to start visualizing a happier future for both themselves and their grandchild/ren. Grandparents accredited this 'forward looking' change to an increase in their own sense of self-belief, which, in some cases, not only increased their ability to advocate for their grandchild/ren, but also helped them advocate for other grandparents:

One positive thing I've learnt is not to make the same mistakes I made with my own daughter… Now I'm actually thinking that I'll do a better job with my granddaughter than I did with my daughter. Because, when you have your own children you haven't got a clue what the hell you're doing, but now I've got a better idea of what's required… So I'm trying… to stay focused on getting her up and running… If I let all the resentments and bitterness get in I'm not going to be any good to her… I'm trying to give her the best chance she can have… I want her to be the first in the family to finish high school.
I think most of the grandparents who take on their grandkids, they're life's doers and fighters. I feel great I was able to help her (granddaughter) get out from the life she was in… and I'm happy and content… I'm feeling fulfilled as a grandmother… My granddaughter has helped me to get over losing my own daughter… She brings me such a sense of joy and comfort that I'm happy she's happy…

Table 2 Multifaceted policy considerations to addressing the specific needs of grandparents raising the children of their son or daughter's drug dependency

Area of need	Possible ways of addressing tri-generational need	Reference
Trauma identification	• Require a systematic assessment to be conducted to assess the stress levels of children at the time that they are transitioning into custodial.	(National Stress Network 2011)
Burden load sharing among family members	• Ensure that placement agencies maintain links with custodial grandparents after the children are transitioned into care. • Advise placement agencies to facilitate where feasible the involvement of the children's non-custodial grandparents and other extended family members in the children's ongoing care.	(National Stress Network 2011) (Sheridan 2014)
Grandparent wellbeing	• Fund respite care and grief and loss counselling services for custodial grandparents struggling to come to terms with their son/daughter's drug dependency and also their custodial grandparent occupational role. • Finance self-help and NGO grandparent support groups so they can facilitate grandparent social integration and, by default the social integration of their grandchildren.	(Antonucci et al. 2010) (Hayslip et al. 2014)
Grandparent educational support	• Provide custodial grandparents with drug addiction and parenting informational and counselling support. • Ensure that all informational materials, health education and interventions are custodial grandparent centric. • Ensure that the workers delivering informational support have undergone cultural and age sensitivity training.	(Taylor et al. 2016) (Skinner et al. 2014). (Pihkala and Sandlund 2015)
Tri-generational support	• Provide multiple rehab and addiction counselling opportunities for drug-dependent mothers. • Improve drug use and screening mental health of pregnant women. • Extend therapeutic help to mother for several years after their rehabilitation treatment. • Facilitate graduated reintroduction of rehabilitated mothers into their parents and grandchildren's lives when appropriate and desired by all parties. • Coordinate and integrate mental health services for custodial grandchildren. • Finance ongoing counselling and occupational therapy support for children with identified high stress levels until they return to the established stress norm for their age. • Modify the safety-net so that custodial grandparents are eligible for assistance.	(Shi et al. 2015) (Kelly et al. 2001) (Montoro-Rodriquez et al. 2012) (Wiig et al. 2014) (Sheridan 2014) (Dunifon et al. 2014)

Discussion

While non-drug-dependent parents typically invest a considerable amount of time and immersive energy into caring for their offspring (see, Coall and Hertwig 2010; Coall et al. 2014), this study's

findings reveal that the quality of drug-dependent mothers' investment in their children becomes increasingly impoverished as their dependency gains in ascendancy. Moreover, as the family environment becomes progressively more dysfunctional the drug-dependent mother's ability to nurture and care for her child/ren diminishes and her subsequent neglect of her child/ren tests (and in some instances severs) the former bond they had with the children's grandparents (see Shi et al. 2015). Consequently the grandparents' former nurturing investiture in the mother is transferred towards their vulnerable grandchild/ren.

In instances where a mother's drug dependency supersedes her ability to adequately parent her child/ren, the study's findings additionally reveal that upon assuming custodial care of their grandchild/ren grandparents tend to issue the mother with a tough love ultimatum (go into rehab or lose the ongoing custodial care of your child/ren). The mother's failure to respond to the ultimatum and their continued drug use burdens the grandparent issuing the ultimatum with feelings of grief, loss and guilt (see Pihkala and Sandlund 2015). Adding further to this burden is the grandparents' tendency to self-isolate themselves from not only their other offspring, but also from their extended family members and former friends (Barnard and McKeganey 2004; Monohan et al. 2013). Ultimately grandparents realize the negative consequences of their isolation and decide to re-establish a connection with others (typically via a grandparent group) so as to secure the social capital support resources they require in order to improve the quality of life both for themselves and their grandchild/ren.

Limitations and Strengths

The strength of qualitative grandparent research is that it can provide rare insights into the caregiving dynamics that are occurring within custodial households. The identification of areas of interventional need can help to direct future research, enhance the development of policy initiatives, and the future construction of practice interventions. However, an inherent limitation of qualitative research studies is that their findings are specific to the investigated cohort (e.g., in this study Western Australian custodial grandparents raising children of drug-dependent mothers) and, therefore, cannot be generalised to a broader subject cohort (i.e., all custodial grandparents).

Policy Considerations

Improvements to the safety-net for elderly people is an issue of growing importance for policy makers, however, what is lacking from such considerations is an in-depth understanding of particular pockets of need within this age cohort (Dunifon et al. 2014). This study clearly identifies one such pocket, namely, the increasing and often hard-to-reach cohort of custodial grandparents raising the children of drug-dependent mothers. Moreover, the myriad of financial and parenting problems custodial grandparents face puts them at risk for financial hardship and declining health. To help address this need Table 2 provides policy makers with a list of initiatives to consider when deliberating on ways to address the particular needs of custodial grandparents.

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