PARENTAL SUBSTANCE USE

Parental Substance Use & Grandfamilies in PEI

A practical handbook for grandparents, relatives and other kinship caregivers raising children when a parent has substance-use problems.

This handbook is general information, not legal, medical or child-protection advice. If a child is in immediate danger or you suspect an overdose, call 9-1-1.

Developed by Building GRAND-Families Inc. using PEI research, Health PEI services and Canadian evidence on substance use, stigma and caregiver support.

1. Start with the child, not the diagnosis

Substance use can be one of the reasons a parent is unable to provide safe, reliable day-to-day care. The child may have lived through unpredictability, secrecy, missed routines, conflict, medical emergencies or abrupt changes in who is caring for them.

What this means for the caregiver

- You do not need to diagnose the parent to set safety boundaries.
- You can care about the parent and still put the child first.
- The child can love the parent and still need protection from unsafe behaviour.
- A safer placement does not instantly remove the child's fear or sense of responsibility.

PEI context

In the PEI study *Stepping Up and Stepping In*, 11 of the 12 participating grandparents had adult children living with mental illness and/or substance use disorders that left them unable to provide care. This was a small qualitative study, not a province-wide prevalence estimate, but it shows how central the issue can be in grandfamily life.

A substance use disorder is a health condition. Not every person who uses alcohol or other drugs has a substance use disorder.

2. What children may have been carrying

Children sometimes become the responsible person too early. They may watch the parent, care for siblings, hide the family situation, call for help, manage adults' emotions or try to keep the parent safe.

Common experiences can include

- Chronic worry about where the parent is or whether they are safe.
- Shame or secrecy because the child fears judgment from friends, school or community.
- Mixed loyalty: love, anger, grief, relief and protectiveness at the same time.
- Difficulty trusting plans because promises have often changed.
- Food hoarding, sleep problems, anxiety, concentration problems or behaviour changes.
- A strong need to control ordinary routines because unpredictability feels unsafe.

None of these responses proves a diagnosis. They are signals to understand the child's experience and decide whether professional support is needed.

3. Build relational safety

Physical safety matters first. Relational safety means the child can also depend on the adults around them without monitoring, rescuing or managing a parent.

Move adult responsibilities back to adults

- Adults confirm whether a visit is safe.
- Adults handle money, treatment information and legal communication.
- Adults call 9-1-1 and respond to emergencies.
- Adults decide the transportation plan.
- Adults explain what will happen if a visit is cancelled.

Promise what you control

Instead of promising that the parent will arrive, promise your own response: *"If the visit happens, I will take you. If it does not happen, I will be here and we already have a plan."*

After contact

Expect that a child may need time to settle after seeing or speaking with a parent. Offer routine, food, quiet, movement or connection before asking for a detailed account of the visit.

4. Talking with the child about the parent

Keep the explanation true and age appropriate

A useful starting point is: *"Your parent has a serious problem with alcohol or other drugs that is making it hard for them to provide safe, reliable care right now. You did not cause it, and it is not your job to fix it."*

Avoid messages that create shame

- Do not say the parent chose drugs over the child.
- Do not call the parent an addict, drunk, junkie or other label.
- Do not ask the child to keep adult secrets.
- Do not use the child to gather information about the parent.
- Do not make the child defend or condemn the parent.

Keep the conversation open

The child's questions will change with age, new contact, treatment, court decisions and the family's circumstances. One conversation does not have to explain everything.

5. Parent contact and boundaries

Contact can support attachment and identity when it is safe, predictable and consistent with any court, Child Protection or Grandparent and Alternative Care Provider (GACP) Program requirements.

Useful boundaries may include

- No contact when the parent is intoxicated if that would be unsafe or breaches the plan.
- No impaired driving with the child.
- No substances or drug-use equipment in the caregiver's home.
- No unplanned arrivals when they destabilize the child or breach an agreement.
- No asking the child for money, secrecy or adult information.
- A clear adult contact person for cancellations and changes.

Do not make the child enforce the rules

The child should not decide whether the parent sounds intoxicated or whether a visit should proceed. Adults need to make and communicate those decisions.

6. Supporting recovery without giving up child safety

Treatment, counselling, peer support and a period of improved functioning can all be positive. Recovery deserves encouragement. It does not automatically change legal authority, placement or the child's need for stability.

Separate four questions

- Is the parent getting help?
- Is contact safe today?
- Can the parent provide reliable day-to-day care?
- Who has authority to decide whether the child returns home?

A return to substance use can happen

Plan calmly in advance for what changes if substance use returns. For example, unsupervised contact may pause, transportation may change or a worker may need to be contacted. Follow the legal or Child Protection plan where one exists.

CRAFT in PEI

Health PEI lists Community Reinforcement and Family / Parent Training (CRAFT) for families and concerned significant others. It is designed to help family members support a loved one toward treatment while protecting their own wellbeing.

7. Money, housing and the caregiver's limits

Substance-use crises can pull grandparents and relatives into repeated requests for money, housing, transportation and emergency rescue. Decide which support you can safely offer and which requests threaten the child's stability.

You can say yes to

- Driving the parent to a treatment appointment if practical.
- Sharing accurate PEI service information.
- Acknowledging progress.
- Listening without promising to solve the crisis.

You can say no to

- Lending money you cannot afford to lose.
- Allowing substances or unsafe behaviour in the home.
- Housing the parent when the arrangement makes the child unsafe.
- Changing a court, GACP or Child Protection plan informally.
- Keeping secrets that put the child or another person at risk.

8. Overdose and naloxone safety

Suspected opioid overdose or drug poisoning is an emergency. Call 9-1-1, give naloxone if available, follow the dispatcher's instructions and stay with the person until help arrives.

PEI naloxone access

PEI provides free take-home naloxone kits to people at risk of experiencing or witnessing a drug-related overdose. Kits are available through participating pharmacies and community sites across the Island.

Signs that require urgent action

- The person cannot be woken or is not moving.
- Breathing is very slow or has stopped.
- Lips or nails appear blue or grey.
- The person cannot stay awake or is severely unresponsive.

Keep children out of the responder role

A child can be taught to call 9-1-1 if an adult is unresponsive, but the family safety plan should not rely on a child administering naloxone, monitoring breathing or deciding whether a parent is intoxicated.

Canada's Good Samaritan Drug Overdose Act provides some legal protection for people who seek emergency help during an overdose. It does not protect against every offence.

9. Caregiver grief, fear and exhaustion

Grandparents may be grieving the adult child they remember while parenting that adult child's children. Hope, anger, guilt, fear and relief can coexist.

Watch for caregiver overload

- Poor sleep or constant phone monitoring.
- Fear of the next crisis.
- Financial pressure from supporting two generations.
- Isolation from friends or family.
- Difficulty maintaining boundaries because of guilt.
- Neglecting your own health appointments or medication.

PEI family support

Youth and Family Addiction Services supports youth and their families or caregivers. PEI also lists a seniors support and education group called Friends Supporting Friends for older adults affected by a family member's addiction. The Mental Health and Addictions Phone Line is available 24/7 at 1-833-553-6983.

10. When several systems are involved

A kinship caregiver may simultaneously deal with the parent's treatment system and the child's school, health care, Child Protection, court, benefits and community services.

Do not become everybody's case manager

- Ask each service what it is responsible for.
- Ask for decisions, referrals and next steps in writing when useful.
- Use warm referrals rather than carrying information between systems where possible.
- Keep a simple contact and meeting record.
- Share only the private information each service actually needs.

Building GRAND-Families can help with navigation

Use the PEI Kinship Care Support Navigator at **grandfamiliesinc.com/support-navigator.html** when you know the practical problem but not the right service to contact.

Reviewed September 2026. PEI service information can change, so use the official provincial links in the final section for current access details.

11. PEI services and starting points

Mental Health and Addictions Phone Line	1-833-553-6983, 24 hours a day, 7 days a week.
Mental Health and Addictions Emergency Department	At QEH in Charlottetown, open 24/7 for mental health, addictions or substance-use crises. Enter through the QEH Emergency Department and go to triage.
Mental Health and Addictions Patient Navigator	Help finding and navigating Mental Health and Addictions services. 902-218-3289 | MHApatientnavigator@ihis.org
Youth and Family Addiction Services	Counselling, groups and education for youth and families or caregivers. Current programs include CRAFT and Friends Supporting Friends.
Community Addiction Services	Regional access to addiction counselling and related services across PEI.
Open Access Counselling	Walk-in mental health and addiction counselling at current PEI locations and hours.
Take Home Naloxone Program	Free naloxone through participating pharmacies and community sites for people at risk of experiencing or witnessing overdose.
Child Protection	If you believe a child may need protection, use PEI Child Protection. Call 9-1-1 for immediate danger.

For current locations, hours and eligibility, use the PEI links on **grandfamiliesinc.com/parent-addiction-substance-use.html.**

12. A simple family plan

Use the separate Substance Use Safety & Contact Plan for the full worksheet. These are the questions to answer before the next crisis.

Write down

- Who decides whether parent contact proceeds?
- What behaviour makes a visit or drive unsafe?
- Who contacts the parent about changes?
- Where is naloxone kept if opioid use is relevant?
- Who takes the child away from an emergency scene?
- Who is the after-hours professional contact?
- What changes if substance use returns?
- What support does the caregiver need to maintain the boundary?

The goal is not to control the parent's recovery. The goal is to make the child's safety plan predictable.

Sources and further reading

- University of Prince Edward Island, IslandScholar. *Stepping Up and Stepping In: Exploring the Role of Nurses in Supporting Grandparents Raising Grandchildren.* islandscholar.ca/islandora/object/ir%3A25290
- Health PEI. Youth and Family Addiction Services. princeedwardisland.ca/en/information/health-pei/youth-and-family-addiction-services
- Health PEI. Help for Addiction and Substance Use. princeedwardisland.ca/en/information/health-pei/help-for-addiction-and-substance-use
- Government of Prince Edward Island. Take Home Naloxone Program. princeedwardisland.ca/en/information/health-and-wellness/take-home-naloxone-program
- Health Canada. About the Good Samaritan Drug Overdose Act. canada.ca/en/health-canada/services/opioids/about-good-samaritan-drug-overdose-act.html
- Canadian Centre on Substance Use and Addiction. *Stigma and Overcoming Stigma Through Language.*
- Canadian Centre on Substance Use and Addiction. *Adaptation Toolkit: Co-creating a Local Resource with Caregivers Supporting a Young Person with Substance Use Disorder.*