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**PREVENTIVE EDUCATION FOR CHILDREN AFFECTED BY PARENTAL  
SUBSTANCE USE: POLICY OPPORTUNITIES FOR THE EUROPEAN  
PILLAR OF SOCIAL RIGHTS**

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# **PREVENTIVE EDUCATION FOR CHILDREN AFFECTED BY PARENTAL SUBSTANCE USE: POLICY OPPORTUNITIES FOR THE EUROPEAN PILLAR OF SOCIAL RIGHTS**

Ana-Maria TELEOACĂ<sup>1</sup>

## **Abstract**

This paper explores how selected principles of the European Pillar of Social Rights – particularly those related to education, equal opportunities, and childcare – can provide a framework for developing preventive measures to support children affected by parental substance use. Using a qualitative policy analysis approach, the study examines existing prevention and social support programmes in Romania, focusing on their alignment with the European Pillar of Social Rights objectives. It also integrates statistical data on health and physical activity levels in Romania compared to other European Union member states. The analysis highlights the potential of physical activity programmes as innovative tools for prevention and social inclusion, particularly given the low levels of physical activity among Romanians and its multiple benefits for physical and mental health. Findings emphasise the need for integrated, multi-sectoral policies that bridge healthcare, education, and social services to better prevent the reproduction of parental risk patterns among children affected by parental substance use. The study aims to formulate policy-oriented recommendations for enhancing early prevention and promoting social inclusion in line with the European Pillars of Social Rights framework.

**Keywords:** child development, preventive education, parental substance use, physical education.

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## Résumé

Cet article explore comment certains principes du Socle européen des droits sociaux — en particulier ceux liés à l'éducation, à l'égalité des chances et à la garde d'enfants — peuvent fournir un cadre pour le développement de mesures préventives destinées à soutenir les enfants affectés par la consommation de substances par les parents. En utilisant une approche qualitative d'analyse des politiques publiques, l'étude examine les programmes existants de prévention et de soutien social en Roumanie, en mettant l'accent sur leur alignement avec les objectifs du Socle européen des droits sociaux. Elle intègre également des données statistiques concernant la santé et les niveaux d'activité physique en Roumanie, comparés à ceux d'autres États membres de l'Union européenne. L'analyse met en évidence le potentiel des programmes d'activité physique en tant qu'outils innovants de prévention et d'inclusion sociale, notamment compte tenu du faible niveau d'activité physique des Roumains et de ses multiples bienfaits pour la santé physique et mentale. Les résultats soulignent la nécessité de politiques intégrées et multisectorielles reliant les services de santé, d'éducation et les services sociaux, afin de mieux prévenir la reproduction des schémas de risque parental chez les enfants affectés par la consommation de substances des parents. L'étude vise à formuler des recommandations de politique publique afin de renforcer la prévention précoce et de promouvoir l'inclusion sociale, en conformité avec le cadre du Socle européen des droits sociaux.

Mots-clés: développement de l'enfant, éducation préventive, consommation de substances par les parents, éducation physique.

## Introduction

The European Pillar of Social Rights provides a framework for promoting inclusion, equal opportunities and access to quality services for all children – such as early childhood education and care – especially those at risk. In this context, one of the social categories that requires increased attention is that of children affected by parental substance use. The relevance of the problem is supported by the magnitude of the phenomenon at a global level, substance use being recognised as both a social and public health problem, with significant negative effects on individuals and communities (Ioan *et al.*, 2015; McGoven *et al.*, 2021).

International assessments show that the expansion of drug use in recent decades has led to the emergence of new vulnerable groups, characterised by increased health risks, limited access to services and a high level of stigmatisation. Although consumers' families are affected physically, psychologically and economically, most people with substance use disorders, at global level, do not receive adequate

support: only 1 in 12 people received treatment in 2023 (United Nations Office on Drugs and Crime, 2025).

The same trend can be observed in Romania, where data from the National Agency for Policies and Coordination in the Field of Drugs and Addictions (formerly the National Anti-Drug Agency) indicate a steady increase in the prevalence of drug use in recent years (2007-2024), especially among young people aged 15-34 (National Anti-Drug Agency, 2024). In terms of access to specialised services for children whose parents use drugs, Romania is classified at European Union (EU) level as offering “limited protection”, signalling the existence of local initiatives, but also the lack of a unitary and coherent approach (European Union Drugs Agency, 2023).

Addressing these issues requires coordinated efforts among the health, education, and social protection sectors, together with civil society organisations. Effective interventions must be evidence-based, accessible, and tailored to age and gender, encompassing prevention, treatment, and recovery support to reduce the negative consequences for individuals, families, and communities (United Nations Office on Drugs and Crime, 2025).

Within this context, physical activity emerges in the academic literature as a particularly promising preventive factor. Beyond its well-documented health benefits, physical activity is associated with psychological, social, and emotional outcomes that are relevant for reducing vulnerability to substance use. Although it represents only one of multiple possible preventive approaches, physical activity has distinctive characteristics that justify focused academic attention.

This paper analyses how selected principles of the European Pillar of Social Rights – particularly those concerning education, equal opportunities, and access to care – can provide a framework for developing preventive measures for children affected by parental substance use. The paper begins with a literature review covering parental substance use and its impact on children, existing prevention programmes, and physical activity as a preventive factor. The study adopts a qualitative approach based on the documentary analysis method, with the analysed documents including social policies, administrative data, prevention programmes, and best practices from EU Member States. It also aims to identify the potential of innovative interventions, such as the introduction of physical activity as a preventive and educational tool. Given that physical activity is internationally recognised as an effective method for children at risk, the integration of sports programmes into preventive interventions for children with substance-using parents is an opportunity that has been insufficiently explored in national and EU policies. The present study therefore approaches physical activity not as an exclusive solution, but as a strategically relevant and empirically supported component within broader substance use prevention approaches. Thus, the study aims to formulate recommendations oriented towards public policies capable of strengthening the early protection of children in this social category.

## Literature review

This section provides an overview of the existing literature on children affected by parental substance use. It is structured into three main sections: the first examines the impact of this phenomenon on children's well-being and development; the second explores prevention programmes targeting these children; and the third highlights the role of sport as a preventive factor against substance use. Together, these sections aim to synthesise current knowledge and identify potential strategies to support vulnerable children.

### *Children affected by parental substance use*

The literature review (Bahr *et al.*, 2005; Brook *et al.*, 1986; Făinaru, 2017; McGoven *et al.*, 2021; Orford *et al.*, 2013) highlights multiple risks associated with drug use in the family, especially on children. Făinaru (2017) emphasises that young people from families where there is a history of substance use are at increased risk of developing similar behaviours, as they are frequently exposed to multiple stressors (family tensions, school difficulties, crime, and financial insecurity). Some studies (Windle, Searles, & Milman, 1990; Broning *et al.*, 2012) estimate that, globally, about 33–40% of all children with at least one parent who uses substances or alcohol would develop a similar disorder themselves.

Problems related to substance use disorder tend to be passed down across generations through a combination of genetic, biological, and social factors. Hereditary predispositions, prenatal exposure to drugs, but also behavioural and cognitive processes modelled in the family contribute to the increase of children's vulnerability. In many cases, these children end up adopting consumption as a strategy in stressful situations, implicitly learned by observing their parents (Gifford, & Humphreys, 2007).

The negative impact of parental substance use on children has been documented by a multitude of studies (Marmorstein *et al.*, 2010; Hill *et al.*, 2011; Broning *et al.*, 2012) especially in the case of children of alcoholics. Research shows that this environment affects children's physical, psychological and cognitive development, increasing the risk of externalisation and internalisation problems, such as anxiety, depression, behavioural disorders, and hyperactivity. In addition, parental drug use influences the child from the prenatal period to adulthood, and the consequences vary depending on the child's age, gender, and resources. Regarding gender differences, studies show that girls tend to exhibit withdrawal and isolation behaviours, while boys more frequently present antisocial difficulties or attention problems, being generally more affected by the problematic family context (Giacomello, 2022).

The experiences lived by these children can lead to anxiety, depression, guilt, shame and difficulties with concentration, as they constantly live with concern about their parents' safety. Many avoid seeking help for fear of being separated

from their families. Often, children end up performing household tasks or caring for younger siblings, in the context of increased neglect and inadequate supervision. The social stigma associated with addiction amplifies isolation and decreased self-esteem, and emotional difficulties are directly reflected in school performance (Giacomello, 2022).

However, not all exposed children develop psychosocial problems. About a third of children with parents who use drugs or alcohol are considered “resilient”. Resilience is fostered by the existence of external social resources (relatives, teachers, friends) or by reducing exposure to parental consumption, including through parental participation in treatment and maintaining abstinence (Broning *et al.*, 2012).

Another aspect to consider when looking at families affected by drug consumption is that parents may be overwhelmed by the intersection between their personal and substance use histories, as well as by social, cultural, gender, and individual challenges related to parenting, and by a stigmatising environment that does not regard them as fit to parent due to their substance use. Concomitant stressors certainly have an impact on parents and, consequently, on their children (Giacomello, 2022).

In this context, social policies that can provide early preventive interventions become a fundamental tool for breaking this circle of vulnerability. In the absence of adequate social policies that can offer these children not only financial support but also a different model of life through education, the chances of them adopting behaviour similar to that of their parents increases. From this perspective, protecting children through prevention and early intervention is essential for reducing the negative effects of exposure to risk factors in childhood.

### *Prevention programmes*

Research on the effectiveness of interventions specifically designed for children affected by parental substance use is relatively scarce outside the United States of America, and in Europe the number of specialised programmes – especially those publicly funded – remains limited (Broning *et al.*, 2012). Although some countries offer services dedicated to drug users, they rarely include systematic child-oriented components. Germany is one of the few EU countries with publicly funded support services, however, the literature shows that the situation of children is not always considered when the parent enters the treatment system (Broning *et al.*, 2012).

Studies on preventive interventions for these children have focused mainly on two directions: family-focused prevention programmes, oriented towards improving parental care and strengthening family relationships (Kumpfer, Alvarado, & Whiteside, 2003), and programmes for peer groups, implemented especially in schools, which capitalise on the positive influence of peers and mutual support (Tobler, & Stratton, 1997). The results of most of these assessments indicate positive effects on children’s coping skills, social behaviour and level

of knowledge, but the evidence is still insufficient and fragmented (Broning *et al.*, 2012). In contrast, traditional educational models – such as those focused exclusively on informing children about the harmfulness of substances – have shown limited effects: they increase knowledge levels but do not change attitudes or consumption behaviours (Kreeft *et al.*, 2007).

Another type of prevention programme, which began to gain momentum since the 1970s, particularly in America, is the affective education type. It brought about a significant change in substance use prevention, being built on the premise that low levels of self-esteem and poor attachment to family, school and community can encourage initiation to substance use. This type of programme used techniques such as “psychological inoculation”, behavioural repetition, and the development of decision-making skills to strengthen the ability of children and adolescents to resist the social pressures associated with drug use (Kreeft *et al.*, 2007).

Another example of a family-based prevention programme is the Family Behaviour Therapy (FBT) model, which integrates interventions for children with adult substance misuse treatment. FBT aims to reinforce positive parenting behaviours, strengthen parent-child relationships, and teach practical home safety skills, using structured sessions that involve both parents and children. While FBT emphasises supporting parents in treatment, children participate in activities such as assisting with household tasks and providing praise, which encourage reciprocal positive behaviours within the family. This model illustrates the potential of a whole-family approach in substance use prevention, highlighting the role of family dynamics in shaping adaptive behaviours (Todman, & McLaughlin, 2025).

Although these approaches have demonstrated positive results in terms of increasing self-esteem and the formation of social skills, they still remain insufficiently adapted and applied specifically to children affected by parental substance use. This limitation underlines the need to expand selective programmes and their systematic evaluation to meet the distinct needs of this vulnerable group.

### *Sport as a preventive factor*

Several studies (Lynch *et al.*, 2017; Carrellan *et al.*, 2025; Gorrell *et al.*, 2022) suggest that regular physical activity can provide alternative sources of excitement, emotional regulation, and stress relief, potentially reducing the appeal of substance use. In this sense, physical activity may function as a substitute for substance use, offering sensations of pleasure and achievement through the activation of reward pathways in the brain, including dopaminergic and serotonergic systems, which are also implicated in substance use behaviours (Gorrell *et al.*, 2022; Ruiz-Tejada *et al.*, 2022; Carrellan *et al.*, 2025). Engagement in exercise not only provides natural rewards that can mitigate the desire for harmful substances but also strengthens regulatory processes and supports adaptive behavioural modifications, highlighting its preventive potential (Zhang, & Yuan, 2019).

A systematic review of longitudinal studies by Kwan *et al.* (2014) found that sport participation is associated with reduced illicit drug use among adolescents, particularly non-cannabis substances, though its relationship with alcohol consumption varies significantly depending on the social context of participation, with some studies reporting increased alcohol consumption among athletes, likely influenced by sport-specific social norms. These findings are further corroborated by a large-scale longitudinal study by Terry-McElrath and O'Malley (2011), based on a national cohort of 11,741 participants followed from adolescence to age 26, which demonstrated that higher levels of exercise participation are associated with lower substance use trajectories, particularly regarding cigarette smoking and illicit drug use. Taken together, these studies provide robust empirical evidence that structured physical activity carries significant preventive potential in relation to substance use among children and young people.

Compared to other non-risk leisure activities, such as reading or artistic expression, physical activity uniquely combines physiological stimulation, social interaction, and goal-oriented engagement, making it particularly relevant for prevention strategies targeting children and young-people, for whom sensation seeking and emotional intensity play a significant role in risk-taking behaviours (Carrellan *et al.*, 2025).

Sport and physical activity are a fundamental component of quality of life, recognised as a tool with strong educational and preventive potential (Tătar, Herman, & Peșan, 2018). Practicing sports produces direct effects on brain functioning, improving attention, processing speed and reaction time (Hillman *et al.*, 2009 apud Bailey, 2017). At the same time, through the discipline, perseverance, responsibility and self-esteem it cultivates, sport contributes to character formation and the improvement of school behaviour, aspects that should reduce absenteeism and increase motivation for academic success (Pfeifer, & Corneliben, 2010).

Internationally, sport is seen as a promising tool in reducing the risks associated with crime, violence and substance use. Physical activity supports mental well-being, reduces the risk of depression and strengthens resilience to addictive behaviours, when sports programmes are well-structured and oriented towards personal development (United Nations Office on Drugs and Crime, 2021).

Low levels of physical activity are particularly prevalent in disadvantaged social groups, where several factors accumulate, such as unhealthy diet, sedentary lifestyle, alcohol consumption and smoking (World Health Organisation, 2024). In these communities, participation in sports is limited by reduced access to facilities, costs, the lack of adapted programmes, and often by parents' low level of education – a factor that directly influences children's engagement in sports activities (Tătar, Herman, & Peșan, 2018). These groups require specific strategies, as the usual approaches to promoting sport or health are often insufficient.

Thus, prevention programmes for children of parents with substance use disorders could be more effective if they integrate sport in a way that is adapted

to children's needs and differentiated by gender and age. Sport can provide a safe, attractive and motivating environment that supports children's social, emotional and physical development. Such integration would require coordinated action across three main and interconnected sectors: within the education system, schools can incorporate structured sport-based programmes that combine physical activity with life skills development and substance use awareness; the health sector can contribute by embedding physical activity into mental health and addiction prevention services; and social services can play a key role in identifying children affected by parental substance use and facilitating their access to safe and inclusive sport programmes. Such an approach could be taken into account in future strategies and recommendations, including the European Pillar of Social Rights. In this regard, promoting sport as a prevention strategy requires integrated public policies and the coordination of multiple government departments, as well as other relevant stakeholders (National Institute of Public Health, 2025).

## Methodology

The aim of the study is to examine existing institutional responses and interventions in Romania and at EU level regarding the support provided to children affected by parental drug use and to analyse the potential of including physical activity as a complementary element in prevention and social inclusion programmes.

The paper adopts a qualitative approach and uses documentary research as its main methodology, aiming to critically explore the EU and national policy frameworks relevant to the protection of children affected by parental drug use. The analysis includes EU and national public documents, such as legislation, social policies (national strategies and action plans), institutional reports, as well as existing prevention and support programmes addressing the targeted social group, and statistical data on physical activity in Romania compared to the European average. In addition, the research also examines European best practices, focusing on programmes explicitly targeting children affected by parental substance use and on initiatives that integrate sport or physical activity as a preventive and social inclusion tool.

Documents were selected based on three criteria. First, only official and publicly available documents issued by European institutions, international organisations, or national public authorities were included. Second, documents were selected for their thematic relevance, specifically those addressing child protection, substance use prevention, social inclusion of vulnerable groups, or the promotion of physical activity. Third, priority was given to documents containing explicit or implicit references to children affected by parental substance use or to vulnerable children at risk. Regarding the time frame, priority was given to documents published after 2017, in order to reflect current European frameworks, particularly the European

Pillar of Social Rights. Earlier documents were also included where relevant, especially in the case of empirically validated interventions or foundational legislation that retains current regulatory force.

The units of analysis consist of official policy and strategic documents issued by international organisations, EU institutions, and national public authorities. The analytical procedure followed a thematic document analysis approach: each document was examined in order to identify whether it acknowledges children whose parents use drugs as a distinct vulnerable group and whether it includes explicit or implicit measures of prevention, psychosocial support, social inclusion, or rehabilitation targeting this social category. Particular attention was paid to the types of interventions proposed, the allocation of institutional responsibilities, and the extent to which physical activity or sport is incorporated as a preventive or supportive measure, allowing for the identification of recurring themes, policy gaps, and examples of good practices at both national and European levels.

Among the objectives of the research we can list: 1. Analysis of the legislative framework, policies and national programmes in Romania regarding the prevention of drug use, child protection and promotion of physical activity; 2. Compare national practices with best European practices, including models of community interventions and sport-based programmes for vulnerable children; 3. Formulation of integrated policy recommendations (social-education-health) that include physical activity in prevention and support packages.

The research questions of the study are: 1. How can the European Pillar of Social Rights be used as a framework to develop national programmes for children affected by parental drug use? 2. What is the current situation in Romania in terms of measures, services and policies for the analysed social group and what major gaps can be identified? 3. To what extent can physical activity and sport be integrated into prevention and support interventions for the targeted group?

### *Analysis of relevant policies and interventions*

This section examines the policies and interventions relevant to children affected by parental substance use. It is organised into four sections: the first considers the European Pillar of Social Rights and its relevance to this issue; the second analyses the national framework in Romania, including existing policies, strategies, and interventions; the third highlights European best practices, especially in terms of existing programmes for these children; and the fourth discusses the role of physical activity in preventing substance use and mitigating risks for vulnerable children. This structure aims to provide a comprehensive understanding of both policy frameworks and practical measures to support this category of children.

### *The European Pillar of Social Rights*

European Pillar of Social Rights represents a strategic framework for developing policies and programmes at the EU and national level, having been approved in 2017 and articulated around 20 principles aimed at strengthening a fair and inclusive social Europe (European Commission, 2025). Of these, Principle 11 “Childcare and support for children” is the most aligned to respond to the problems of children affected by parental substance use, as it explicitly states the right of all children to accessible and quality early education, protection against poverty and specific measures aimed at vulnerable groups (European Commission, 2024). Although children whose parents use drugs are not explicitly mentioned among the vulnerable categories in this strategic framework, the necessary support for them is nevertheless integrated through other relevant vulnerabilities. They are indirectly covered by the principles of social protection of children, guaranteeing access to education, preventing and combating poverty, and reducing social exclusion.

Principle 1 “Education, training and lifelong learning” and Principle 3 “Equal opportunities” are also relevant to the issue of children whose parents use drugs, as they underline the obligation of states to guarantee equal access to quality education and essential services for all children, regardless of their socio-economic status or family background (European Commission, 2017). Related documents, such as European Strategy on the Rights of the Child and Recommendation on the European Child Guarantee, reinforces this orientation by promoting effective access to health, education, nutrition and social support services for children from disadvantaged backgrounds.

Overall, the European Pillar of Social Rights provides a normative benchmark that, although it does not explicitly address the issue of family drug use, creates the conceptual foundation for integrating this vulnerability into national child protection and prevention policies. The European Pillar of Social Rights’ focus on early prevention, multidisciplinary interventions and social inclusion supports the possibility of developing programmes dedicated to children affected by parental drug use, including those that integrate physical activity.

### *Analysis of the national framework*

Romania has a legislative and strategic framework largely aligned with the EU directions on the prevention of drug use and the protection of vulnerable groups. The national system includes a strategy, an action plan, as well as a monitoring mechanism, similar to the existing governance architecture at the level of the EU (National Anti-Drug Agency, 2024).

The legislation has been updated in recent years to respond to the increase in drug use and to strengthen the capacity of the prevention and intervention system. The amendments target both criminal aspects and public health elements, with the general objective of preventing the onset of consumption, reducing its prevalence,

and minimising its impact on the population, including vulnerable groups (National Anti-Drug Agency, 2024, 85).

A significant legislative element is the Order no. 32/2023 on the methodology for the evaluation, selection and financing of projects included in the Programme of National Interest for the Prevention and Medical, Psychological and Social Assistance of Drug Users (2023-2026) (National Anti-Drug Agency, 2024, 2). Also in the legislative area, Law 143/2000 on preventing and combating illicit drug trafficking and consumption provides for the establishment and operation of detoxification and recovery centres, structured on the eight development regions, under the coordination of the Ministry of Health.

A further significant legislative provision is Law No. 272/2004 on the protection and promotion of children's rights (republished), which explicitly addresses the protection of children against drug use. Chapter VI, Section 2, Article 93 establishes the child's right to be protected against the illicit use of narcotic and psychotropic substances and places explicit obligations on the competent authorities, including the National Agency for Policies and Coordination in the Field of Drugs and Addictions, in collaboration with relevant ministries, to prevent children's involvement in illicit drug production and trafficking, to raise awareness through the education system, and to support children and families through counselling and guidance. The law also provides for the development of alternative intervention methods to traditional psychiatric institutions, aimed at ensuring the physical and psychological recovery and social reintegration of children affected by substance use. This provision is particularly relevant for the present study, as it creates a legislative basis for the development of diversified prevention and support interventions, including those that may integrate physical activity as a complementary approach.

Regarding the educational component, the National Framework Action Plan on School Safety was launched in 2023, which provides for the establishment of procedures for identifying drug use in the school environment, with respect for confidentiality, non-discrimination and avoiding stigmatization of students. This approach is consistent with Principle 1 of the European Pillar of Social Rights on education, training and lifelong learning, which underlines the obligation of states to guarantee inclusive and non-discriminatory access to quality education for all children.

The Romanian National Drug Strategy 2022-2026 aims to limit the impact of drug consumption on public health (National Anti-Drug Agency, 2024). The corresponding action plan includes objectives dedicated to prevention, assistance and risk reduction, as well as projects/campaigns targeting vulnerable groups (Objective 2.2.2).

Another relevant document is the National Strategy for Social Inclusion and Poverty Reduction 2022-2027, which includes measures to improve the quality of life of vulnerable groups, among which injecting drug users are also mentioned

(National Anti-Drug Agency, 2024). This reflects Principle 3 of the European Pillar of Social Rights on equal opportunities, which emphasises the need to ensure access to essential services regardless of socio-economic background.

The National Strategy for the Protection and Promotion of Children’s Rights “Protected Children, Safe Romania” 2023-2027 aligns with the EU Strategy on the Rights of the Child (European Commission, 2021) and other European and national policy frameworks. In this sense, the strategy reflects Principle 11 of the European Pillar of Social Rights on childcare and support for children, by promoting access to quality services and targeted measures for vulnerable children, including those affected by parental substance use. Its vision is to ensure the effectively upheld, including those of the most vulnerable, by guaranteeing access to quality public services. The strategy explicitly identifies children from families affected by substance use, alongside other high-risk groups such as street children, children with incarcerated parents, and victims of abuse or neglect, emphasising the need for targeted support and preventive measures.

As regards the prevention programmes implemented by the National Agency for Policies and Coordination in the Field of Drugs and Addictions, there are a significant number of them, but most are general in nature, aiming rather to raise awareness among the population about the risks associated with drug use and targeting the schoolchildren, adolescents or parents (“Me and my child”, “Family – partner in the fight against drugs”, “Drive Clean”). Only one national programme directly targets children living in drug-using families: Serenity II.

The Serenity II, developed by the National Agency for Policies and Coordination in the Field of Drugs and Addictions, is currently the only national programme specifically targeting children affected by parental drug use. The target group are children aged between 12 and 18 whose parents are in substitution treatment or other forms of addiction assistance. The interventions are organised according to the specific needs of the children and include psychological counselling, individual and group sessions, educational activities and personal and social development programmes. Support is provided both daily and through weekly and monthly activities, in a structured, safe and accessible environment. The programme focuses on informing and educating children about the risks associated with drug use, developing coping strategies and strengthening protective factors (Giacomello, 2023).

### *European best practices*

At EU level, the protection of children with parents who use drugs has gained visibility relatively late, being gradually integrated into broader policy documents dedicated to children’s rights, public health and social inclusion. However, recent EU strategies increasingly underline the need for integrated, multisectoral, and evidence-based approaches that explicitly identify, support, and protect this category of children. The Pompidou Group reports (Giacomello, 2024), funded

by the Council of Europe, highlight the need for Member States to develop national strategies dedicated to children and families affected by substance use.

A first relevant strategic framework is the Council of Europe Strategy for the Rights of the Child (2022-2027), which, under the objective of “equal opportunities and social inclusion”, identifies the problem of children whose parents use drugs, emphasising that this category remains insufficiently identified and rarely referred to adequate services (Giacomello, 2024). Ireland is the first country to adopt, in 2019, a strategy explicitly dedicated to children affected by their parents’ problematic alcohol and drug use *Hidden Harm Strategy – Seeing Through Hidden Harm to Brighter Futures*. The document represents a major step towards the integration of adult services with those for children, proposing a family-centred work model and early identification of risks. The strategy is mandatory for all community and voluntary services funded by *Tusla and Health Service Executive*, thus becoming a European reference model for policies dedicated to “hidden harm” (Giacomello, 2023).

Several EU Member States have also developed interventions and institutional protocols aimed at the early protection of children from families affected by substance use. Croatia has introduced both the expansion of facilities for women who use drugs so they can live with their children, and an inter-institutional cooperation protocol for the identification of pregnant women with substance use disorder, in close collaboration with the health, social and justice systems. Cyprus has developed a prevention programme that has the following objectives: development of personal and social skills, creative and educational activities, individual and group psychological support and parental counselling. In Greece, an informal network of professionals dedicated to women drug users and their children has developed, focusing on the prevention of abuse and neglect, prenatal care and ongoing support measures for the involvement of mothers in treatment. Italy has developed a Programme for the Prevention of Institutionalisation of Children (PIPP), which includes parental education, parent-child groups, home interventions and coordination between schools and social services – an example of best practice in preventing the separation of children from their parents when substance use generates risks. In Ireland, in addition to the strategy mentioned above, they have developed many programmes, such as: *Preparing for Life* – based on early intervention and home visits from pregnancy to the child’s entry into school –, the day centre *Ballyfermot STAR* or residential services for mothers and children within *Coolmine Ashleigh House* (Giacomello, 2023).

Among the scientifically validated EU programmes, *Unplugged*, which was implemented in seven EU Member States, stands out as one of the most evaluated and validated school programmes for preventing substance use among adolescents.

Based on the social influence model, it targets young people aged 12-14 and aims to delay the initiation of substance consumption, strengthen the skills of resistance to social pressure, develop communication and critical thinking skills, as well as the active involvement of parents and teachers. Its effectiveness has been demonstrated in multiple studies, being considered a reference intervention for universal prevention (Kreeft *et al.*, 2007).

A second scientifically validated programme is *Trampoline* – implemented in Germany –, a modular programme in nine sessions, aimed at children aged 8-12 with at least one parent who uses substances. Its aim is to reduce psychological stress associated with the family environment, improve children's knowledge about alcohol and drugs, develop coping strategies and strengthen self-esteem. Available evaluations of the programme's effectiveness indicate a significant reduction in psychological stress and an increase in resilience, with the effects being maintained six months after the completion of the intervention – demonstrating the programme's ability to bring about real and lasting change (European Union Drugs Agency, 2025; Broning *et al.*, 2012).

### *The role of physical activity*

Although in Europe – including Romania – there are no prevention programmes specifically addressed to children affected by parental drug consumption that integrate sport, at international level, especially under the auspices of the United Nations, sport is recognised as a tool with preventive potential in the field of drug use. Through the *Youth Crime Prevention through Sport* initiative, developed within the *Doha Declaration Global Programme*, sport is promoted as a prevention method among vulnerable young people. *Line Up Live Up* is a training curriculum based on sports activities, which aims to develop life skills (anxiety management, critical thinking, communication, resistance to group pressure). This programme has been implemented in fourteen countries in Africa, Central Asia, the Middle East and Latin America, demonstrating that sport can be used effectively to prevent antisocial behaviour and substance use when integrated into a multisectoral framework involving school, family and community. International examples, such as that of the Dominican Republic, show that integrating sport into national prevention policies can strengthen inter-institutional collaboration and increase the attractiveness of interventions for adolescents. At the same time, experiences such as the *Sport2Live* methodology, aimed at people at risk of social exclusion, illustrate how physical activity can support mental health, the recovery process, and the development of resilience.



Figure 1. Perception of effective methods to reduce drug use and trafficking

Source: <https://webgate.ec.europa.eu/ebsm/api/public/deliverable/download?doc=true&deliverableId=95325>. Accessed April 20, 2026.

At the level of the EU and Romania, although sports, entertainment, and cultural activities for young people are considered to be an effective method of reducing substance use, there are no drug prevention programmes that integrate sports activities, explicitly dedicated to children and adolescents. In the Flash Eurobarometer 552 (2024) “The impact of drugs on local communities”, 32% of respondents at EU level consider sport as an effective prevention measure for young people, and in Romania the percentage is 24%, but this perception has not been translated into concrete policies.

Figure 2 below shows the number of health-enhancing physical activity (HEPA) policies across the EU developed by target groups in need of physical activity. Although children affected by parental substance use are not targeted by specific policies, they could be placed in target groups related to children or groups with low socio-economic status.

**Table 8.** Target groups in the 204 national HEPA policies or action plans reported

Target group	No. of policies
General population	128
Children < 5 years	61
Children and adolescents (5–17 years)	89
Adults (18–64 years)	71
Older adults (> 65 years)	53
Frail and very elderly people (> 85 years)	30
People with a disability	63
People with a chronic disease	41
Pregnant women	21
Breastfeeding women	19
Low socioeconomic groups	43
Ethnic minorities	33
Deprived of liberty	4
Migrants	19
Unemployed people	25

Figure 2. Europe-wide HEPA policies developed on target groups in need of physical activity

Source: <https://iris.who.int/server/api/core/bitstreams/49670dca-fe1e-4f05-b78f-dce788abbcc1/content>, page 17. Accessed April 20, 2026.

As for Romania, the World Health Organisation Reports (2025) show that Romania does not have a national policy on physical activity, does not have official national recommendations on the optimal level of movement and does not include vulnerable groups in its strategies to promote sport. The lack of these elements – considered as a standard in many EU selected Member States – suggest a systematic lack of integration of sport into public health, education and prevention policies.

From the Special Eurobarometer 525 “Sport and physical activity” (2022), at national level, 80% of respondents answered with “Never or rarely” to the question “How often do you do sport?”, compared to the EU, where 61% of respondents answered with “Never or rarely” to the same question. These percentages highlight the need of increasing the level of national policies to promote physical activity, especially as a preventive and educational method for vulnerable groups, such as children affected by parental substance use.

## Discussions

The discussion section should be interpreted in the light of several methodological limitations. The analysis is predominantly based on documentary research, which allows for the rapid integration of various sources and the international and national strategic framework, but may not fully capture the practical implementation of programmes and interventions. Official strategies and reports can reflect idealised or incomplete representations of practice, while the lack of up-to-date and comparable data across countries constrains the assessment of policy and programmes impact. Also, the results are influenced by the quality and availability of existing information, which may leave certain relevant dimensions of the phenomenon unexplored.

The European Pillar of Social Rights, together with the Child Guarantee and the broader strategic framework on social inclusion, outlines a coherent vision that promotes equal access to education, health services, social support and preventive measures. Although children affected by parental substance use are not explicitly defined as a distinct vulnerable group within these policy documents, they are indirectly covered through broader principles related to poverty reduction, child protection, and equal access to essential services. This indirect approach reflects findings from the literature review, which shows that the risks associated with parental drug use intersect with other major social determinants (poverty, neglect, health problems and education).

At the national level, the Romanian policy framework reflects a similar pattern. The 2022-2026 National Anti-Drug Strategy and its annual reports include relevant dimensions of prevention and intervention in the family, but without outlining a unitary mechanism for early identification, monitoring and systematic support for children whose parents use drugs. Serenity II represents a promising starting point, especially with its explicit focus on children whose parents are undergoing substitution treatment. But it remains a singular project, with limited territorial coverage, dependent on the capacity of the substitution centres and lacking national scaling. This situation illustrates a recurrent issue in Romanian social policies, namely the existence of innovative but fragmented and insufficiently institutionalised interventions – a pattern that persists despite the existence of explicit legislative provisions, such as Article 93 of Law No. 272/2004 (republished), which mandates the development of alternative and diversified intervention methods aimed at ensuring the recovery and social reintegration of children affected by parental substance use. This finding is in line with the literature presented above (Broning *et al.*, 2012; Giacomello, 2022), which highlights that in the absence of clear mechanisms for early identification, systems tend to intervene late, and support for children affected by substance use remains fragmented.

Recent developments, such as the National Strategy for the Protection and Promotion of Children's Rights "*Protected Children, Safe Romania*" 2023-2027,

indicate increased institutional awareness of children from families affected by substance use. Although the strategy aligns with the EU Strategy on the Rights of the Child (European Commission, 2021) and formally recognises this group as high-risk, it does not introduce specific programmes or operational mechanisms tailored to their needs, thus maintaining the gap between policy recognition and effective implementation.

The analysis of European best practices shows that the countries which have made significant progress in protecting children affected by parental drug use have developed either sectorial strategies (such as Ireland – *Hidden Harm Strategy*) or specialised and validated programmes (such as *Trampoline* in Germany or *Unplugged*, implemented in several EU Member States), or clear interinstitutional protocols for early identification and intervention (Croatia and Cyprus). While not all countries have developed comprehensive toolkits, those with effective responses share coherent mechanisms, clearly defined institutional roles, and continuity between prevention, family support, and therapeutic intervention. By comparison, Romania remains at an early stage, with isolated initiatives and dispersed policy references, but without a comprehensive strategic framework or validated prevention programmes explicitly targeting this category of children. This suggests the need to move from punctual interventions to a systemic approach, comparable to the consolidated models in other EU Member States.

Regarding the role of sport, the analysis reveals an almost complete absence of prevention interventions based on physical activity both in Romania and at the EU level, for this specific category of children. This gap is particularly significant given the growing body of empirical evidence supporting the preventive potential of physical activity. Longitudinal research demonstrates that structured sport participation is associated with reduced illicit drug use among adolescents, particularly non-cannabis substances (Kwan *et al.*, 2014), and with lower substance use trajectories over time, including cigarette smoking and illicit drug use (Terry-McElrath & O'Malley, 2011). International initiatives developed under the aegis of the United Nations Office on Drugs and Crime, such as *Line Up Live Up*, demonstrate the potential of sport-based interventions to develop life skills and reduce risk factors associated with drug use. However, such approaches are not reflected in EU policy frameworks, nor are they integrated into Romanian prevention programmes. This gap persists despite European data indicating that sport is perceived by the population as an effective preventive tool. In Romania, low levels of physical activity, the absence of a functional HEPA policy, and the lack of inclusion of vulnerable groups in physical activity promotion strategies, further reinforce the marginal role of sport in national prevention frameworks. Addressing this gap requires the development of integrated, multisectoral approaches that involve coordinated action across education, health, and social protection sectors: schools can incorporate structured sport-based programmes combining physical activity with life skills development and substance use prevention; health services can embed physical activity into mental health and addiction prevention interventions;

and social services can facilitate access to inclusive sport programmes for children identified as being at risk, particularly those affected by parental substance use.

## Conclusions

To sum up, Romania is at a stage where general policy frameworks addressing child protection and drug prevention exist, yet they fail to produce targeted and effective outcomes for children affected by parental drug use. This is primarily due to the absence of operational mechanisms, limited interinstitutional coordination, and the lack of empirically validated programmes explicitly designed for this vulnerable group. While European policy frameworks provide strategic direction and several EU Member States demonstrate the feasibility of more coherent and specialised approaches, Romania has yet to translate these orientations into a comprehensive and preventive national model.

At the same time, emerging areas such as the use of physical activity and sport as preventive tools remain largely unexplored, despite their documented potential to address both substance use risk factors and broader issues of social inclusion and wellbeing. Integrating sport-based interventions into prevention frameworks – through coordinated action across education, health, and social services – could contribute to bridging existing gaps and responding more effectively to the specific vulnerabilities of children affected by parental drug use. Overall, the findings of this study support the need for the development of a dedicated national strategy, grounded in multisectoral cooperation and incorporating scientifically validated components, in order to overcome the fragmented nature of current interventions and to ensure more effective protection for this often invisible, yet deeply vulnerable, category of children.

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