



## Information sheet 14

### Parental Substance Misuse can be a Child Protection issue

It has been estimated that 13% of Australian children live in a home with at least one adult who misuses alcohol and a further two percent live with an adult who uses cannabis on a daily basis. Yet only 1.5% of children under the age of 15 years in Australia have a parent who is attending drug treatment <sup>1</sup>.

*There is little doubt that parental drug and alcohol use causes serious harm to children at every age, from conception through to adulthood. (Pg 12) <sup>2</sup>*

*Families with parental substance misuse have high rates of child maltreatment. However, parental substance misuse frequently co-occurs with many other problems; the combination of which place children at heightened risk of abuse and neglect. (pg 5) <sup>3</sup>*

The 2014/15 Department for Child Protection and Family Support (CPFS) Annual Report states that parental drug and alcohol use is one of the major factors associated with children being brought into care. Many parents often have difficulty facing the sometimes severe consequence of their substance use on their parenting capacity and often convince themselves and others that, regardless of their substance using problems, they are adequate parents. Although a number of studies have shown that parents with problematic substance use are able to provide their children with effective parenting most research shows that the impact of parental alcohol or other drug use detrimentally affects parenting ability across all domains with a range of resultant negative consequences for children from the point of conception on.

Health workers have a responsibility to ensure that children's health and wellbeing is not adversely affected by parental substance misuse behaviours and should respectfully challenge parents who ignore or minimise the impact of the substance misuse on their children.

#### The impact of parental drug and alcohol misuse on children

*Why didn't anyone at the doctors or the hospital ever ask ME how I got the burns and the needle stick injuries?*

*I remember there were always strangers in the house, scoring drugs or bumming off my dad. I never, ever, ever felt safe at home.*

*There was never any food in the cupboard, or the fridge – how could there be when every cent went on drugs and booze? I was always hungry and used to steal from my classmates.*

*Watch out when dad had been on the booze; coming home fighting drunk. I used to hide under the bed with my little brother.....sometimes we used to think he was going to kill our mum.*

*You feel like you're always on the second shelf – that the drugs and alcohol will always be number one in your parent's life. And that makes you feel horrible and worthless and unlovable.*

<sup>1</sup> <http://w3.unisa.edu.au/childprotection/projects/bcbb/childandfamily.asp>

<sup>2</sup> Parental drug and alcohol use as a contributing factor in applications to the Children's Court for protection orders. Children Australia. Vol 34/2. 2009

<sup>3</sup> Issues No 29: Improving outcomes for children living in families with parental substance misuse. Aust. Institute of Family Studies.

## The direct effect of parental intoxication and withdrawal

When a parent is under the influence of substances, their ability to adequately care for and protect dependent children is severely compromised. Substances that result in extreme drowsiness, such as alcohol and heroin can impact on the capacity to supervise and provide care. Amphetamine and alcohol use can result in highly agitated states, leading to an increase in aggression and impairment of judgement. Withdrawal symptoms can cause physical and psychological distress. The management of everyday parental tasks such as keeping children fed, clean, and safe, and providing consistency and emotional nurturing are incompatible with these states.

## The elevated risk of physical abuse and violence

Physical injury can commence prior to birth. Children born to substance using mothers can suffer severe consequences in utero and post birth such as; [foetal alcohol syndrome](#), low birth rate, increased risk of perinatal mortality and [neonatal abstinence syndrome](#). As well as physical harm arising from a lack of parental supervision or care, the risk of family and domestic violence, including direct violence towards the child is significantly higher in substance-using families.

## Exposure to criminal behaviour

The obtaining of illicit drugs often requires engagement in a range of illegal activities, such as theft, prostitution and [clandestine drug labs](#). Parents engaging in such behaviours will often believe they have managed to hide such activity and its consequences from their children; this is very rarely the case.

## Material deprivation and neglect.

For those parents dependent on substances their primary relationship is, by definition, with that substance, rather than with the dependent child. This is particularly so for users of illicit substances although is also true of those with serious addictions to alcohol. Money, time, energy and commitment is directed towards finding, using and managing the drug, leaving little emotional and physical resources available for dependent children.

## Remember:

- Parental substance misuse will always impact negatively on the capacity to provide for, care, protect and nurture the child.
- Children who live with parental substance misuse are also at greater risk of multiple other related risk factors such as domestic violence, physical abuse, neglect and a general lack of nurturance and appropriate caregiving.
- The impact of the resultant harm to the child can be severe and lifelong.
- The focus of the health professional needs to be on the child's health and wellbeing and the negative impact on this as a result of the parent(s) substance use over and above focussing on the progress, or lack of progress the parent is making in dealing with their substance abuse issue.

**Whenever a health professional has clear concerns of physical, emotional, sexual abuse and/or neglect happening to the child they are seeing, or any other child in the family, they have a responsibility to take action to ensure that protective measures are put in place**

**Refer to *Guidelines for Protecting Children 2015* for further information and guidance.**