



Australian Research Alliance
for Children & Youth

**The impact of
drug and alcohol misuse on
children and families**

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For the Australian Research Alliance for Children and Youth December 2006

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ISBN:: 978-1-921352-14-0

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for Children & Youth

ABOUT ARACY

The Australian Research Alliance for Children and Youth (ARACY) was founded by a group of eminent experts and organisations in reaction to increasingly worrying trends in the wellbeing of Australia's young people.

ARACY is a national organisation with members based across Australia.

ARACY asserts that by working together, rather than working in isolation, we are more likely to uncover solutions to the problems affecting children and young people.

ARACY is a broker of collaborations, a disseminator of ideas and an advocate for Australia's future generation.

ARACY has two primary goals:

1. To promote collaborative research and agenda setting for children and young people
2. To promote the application of research to policy and practice for children and young people.

This paper is one of a series commissioned by ARACY to translate knowledge into action. This series of papers aims to convert research findings into practical key messages for people working in policy and service delivery areas. This paper has been supported by funding from The Telstra Foundation.

The ARACY topical papers may also be the focus of workshops or seminars, including electronic mediums.

This paper has been used as a background document for a Think Tank hosted by ARACY on 23 March 2007 on the topic of *Hazardous Drinking and Young People*. It is now being made available to a wider audience via the ARACY website: www.aracy.org.au

EXECUTIVE SUMMARY

Incidence and prevalence of substance use:

- Alcohol and tobacco are the most commonly used drugs in Australia.
- Alcohol use is a socially accepted and well established cultural practice in Australia.
- Higher levels of substance misuse are linked to a range of social and economic determinants; including the impact of colonisation for Indigenous people.
- Cigarette smoking is the major cause of death and hospitalisation in Australia and Indigenous people smoke at twice the rate of the general population.

Effects of substance misuse on families and children:

Families can be a significant influence on the patterns and problems associated with drug and alcohol misuse of relatives in both supportive and detrimental ways.

- Grandparents and other relatives in the extended family can be significantly affected by an individual family member's use. They may be called upon to provide care and support for their own adult children as well as their grandchildren.



Health and social well-being:

- Substance misuse has been associated with a range of detrimental social, physical and psychological factors affecting the individuals who use substances, their families and children.

Parenting:

- It has not been established that substance misuse alone results in compromised parenting or family violence – a complex range of other social and economic factors are also implicated.
- An increasing number of child abuse cases are associated with substance and alcohol misuse.
- There is an emphasis in the literature on the detrimental effects of maternal drug use and limited research about the effects of parental substance misuse, or the effects of substance misuse by fathers.

The physiological effects:

- Substance misuse during pregnancy is associated with foetal origins of a range of serious adult diseases including diabetes, kidney diseases and obesity.
- The association of heavy alcohol consumption with Foetal Alcohol Syndrome (FAS) and the need to provide early intervention strategies to pregnant women is highlighted in the literature.



Mental health:

- 'Dual diagnosis' refers to people who present with both psychiatric and substance misuse issues and is a growing problem.
- Increasing numbers of parents who are clients of child protection agencies have been diagnosed with 'dual diagnosis.'
- A recently launched report has highlighted the association between cannabis use and a range of mental health issues.
- The association between drug use and mental illness is complicated by other confounding factors such as poverty and unemployment.

Ethnicity:

- The assumption that adults and young people born overseas are less likely to use drugs is open to debate and the specific social and cultural contexts in which migrants live require careful consideration.
- The increased likelihood of substance misuse in some groups has been associated with issues such as social exclusion, refugee experience, racism and family isolation.

Indigenous people:

- Indigenous people are less likely to drink alcohol than the general population, but those who do are more likely to drink at harmful levels.
- Alcohol consumption is part of the complex history experienced by Indigenous communities and is linked with notions of kin and social obligation.



- Indigenous people who misuse substances are over represented in child care and protection applications.
- Indigenous peoples in Australia, New Zealand, Canada and the United States of America use higher levels of psychoactive substances than non-Indigenous peoples.

Substance misuse and the justice system:

- The relationship between substance misuse and involvement in the criminal justice system is a complex one; requiring an array of preventative, social and legislative responses.
- A high proportion of domestic violence, assault, malicious damage and noise complaints are the result of alcohol use.
- Young people who have been found with relatively small amounts of cannabis are increasingly becoming involved in the criminal justice system.
- Involvement in the criminal justice system is associated with a wide range of detrimental social and health effects for families and young people.

Drug treatment services:

- Over half of drug and alcohol agencies in Australia are non-government.
- Indigenous clients are less likely to receive detoxification and counselling treatment and are more likely to experience difficulties in accessing appropriate services.



- Client profiles of drug and alcohol services show that 12% are aged between 10-19, and 33% are aged between 20-29.

Emerging service issues:

- Substance misuse occurs within complex social, economic and cultural contexts requiring drug services to respond to clients in a holistic and integrated way.
- Professional boundaries may act as a barrier to forging effective policy links between early intervention and drug treatment services.
- Workers in the child welfare area require improved training to enable them to respond effectively to substance misuse issues in families.



INTRODUCTION

The issue of substance misuse and its effects on families and communities presents many challenges for governments and service providers in Australia and internationally. The purpose of this paper is to explore what is known about the incidence and prevalence of drug and alcohol abuse in families with children and the impact of this on children. The range of literature presented in the literature reviewed for the papers uncovers the complexity of substance misuse and the effects for families. Two papers provide reviews of the impact of drug and alcohol misuse on families (this paper) and *Current policies and practices addressing the impact of drug and alcohol misuse on children and families* (the second paper).

Literature

A range of diverse national and international literature has been reviewed for the papers. This has been to ascertain current research being undertaken in this area and highlight those issues requiring research, service and policy responses for the future. Whilst the literature review is not exhaustive it has covered a wide selection of relevant areas, including: government statistical reports on the incidence and prevalence of a range of alcohol and other drugs; child protection reports of the children taken into care and the factors that contribute to the likelihood of this happening; work by health researchers examining the health and social effects of substance misuse for individuals and communities; clinical research outlining the particular physiological and psychological effects of substance and alcohol misuse on individuals; and sociological reports of how the life chances of individuals and their families are affected by substance and alcohol misuse. Literature on the over-lap between mental health and juvenile justice issues with substance misuse issues is also reviewed.



Material evaluating specific prevention programmes aimed at school aged children, parents and communities in general are included to illustrate how these are currently working and areas where further work is needed. Reports that examine particular populations have provided insights into the specific issues that confront Indigenous Australians, school-aged children, young adults, parents of children, single parents, Culturally and Linguistically Diverse communities and prison populations. A major national review *The Prevention of Substance Use, Risk and Harm in Australia* (Loxley, et al. 2004) is referred to frequently in both papers. This monograph, prepared by leading researchers for the Australian Ministerial Council on Drug Strategy, is currently the most authoritative publication on Australian substance use, risk and harm.

Concerns about the possible impacts of substance misuse on children and families are regularly aired but much of the evidence is indirect. Major government statistical reports on the prevalence and incidence of drug and alcohol misuse in Australia do not collect specific statistics on families with children in relation to the effects of parental drug and alcohol misuse. Individual statistics are collected on the incidence and prevalence of drug and alcohol use nationally and by state and use categories such as gender, age, ethnicity and type of substance used. Health and child protection statistics are also collected on the status of infants and children and these sometimes refer to the consequences of parental drug misuse, for example the incidence of Foetal Alcohol Spectrum Disorders (FASD) and Foetal Alcohol Syndrome (FAS), child abuse and behavioural, psychological and cognitive effects. The statistics collected by the National Household Surveys do not measure incidences of drug related harm. The emphasis in much of the government and academic literature has related to the treatment of substance misuse as a problem of the individual. More recently there has been an increased awareness of the effects on families of substance misuse and the complexities of structural and other health issues and a growing awareness that service responses to substance misuse need to take a more holistic and 'joined-up' form.



INCIDENCE AND PREVALENCE OF SUBSTANCE USE

The National Household Surveys 2005 report that 60 per cent of the Australian population are regular drinkers of alcohol and that alcohol is the second most commonly used drug by Australians. Tobacco is also a commonly used drug by 21 per cent of the total population (Australian Institute of Health and Welfare, 2005a). There has also been some work in attempting to calculate the social costs of drug and alcohol abuse in economic terms and these have been estimated for Australia for the year 1998-99 at \$7.6 billion for alcohol and \$6.1 billion for other drugs (Collins & Lapsley 2002).

Table 1. Profile of groups that drink alcohol at risky levels

Percentage of 'at risk' drinkers of alcohol			
Indigenous	Non-Indigenous	Young Men	Young Women
68 %	11%	3.5%	2.2%

Source: AIHW 2001; National Drug Strategy 2002.

Alcohol as drug of most concern	
Indigenous	Non-Indigenous
46 %	38%

Source: AIHW 2005 (a).

It is well established that the use of alcohol in Australia is a socially accepted and entrenched cultural practice (National Health and Medical Research Council 2001). The statistics also demonstrate the differences within the population in regard to drug and alcohol use. For example, it is estimated that while fewer Indigenous people drink than non-Indigenous people, 68 per cent of Indigenous people who do drink are at risk for alcohol related harm compared to 11 per cent of the general population and that minority ethnic



groups, women, youth and the elderly are also at an elevated risk (Australian Institute of Health and Welfare 2005; Ministerial Council on Drug Strategy 2002). Alcohol and substance misuse is also associated with increasing rates of youth suicide and depression (Adams & Hodges 2005; Spooner 2004). Alcohol consumption is higher for Indigenous respondents in child protection applications; whilst opioid use is higher in other groups – Indigenous people are the only group to report solvent use (Leek *et al.* 2004). Alcohol is the most significant drug with regard to road trauma. Alcohol and drug use is also associated with violence and property crime (Loxley *et al.* 2004). The non-medical use of pharmaceutical drugs is also a major problem in Australia (Loxley *et al.* 2004).

The statistics also reveal the changing patterns in groups considered at high risk of alcohol abuse with an upward trend away from middle aged and older men to younger men (3.5%) and increasingly younger women (2.2%). A similar increase in the alcohol consumption of women is noted in the New Zealand literature (AIHW 2005b; Adams & Hodges 2005). Injury prevention statistics, particularly in the area of interpersonal violence to partners and children, refer to the association with this kind of violence to substance misuse and conclude that partner and child abuse may often co-concur in the same family (40-75%). Victims of interpersonal violence are also likely to misuse drugs and alcohol (Arem & Palamara 2003).

The consumption of alcohol by Indigenous people is further complicated as group drinking and heavy drinking interact with kinship and social obligation and preclude moderate drinking patterns for some. The social effects of unemployment, boredom and social and personal isolation also affect Indigenous patterns of alcohol consumption (Alati *et al.* 2003; Hayes 2001).

The relative ease with which people can obtain alcohol is problematical for families. Increases in the number of outlets and extended trading hours has been noted in Australia and an association with road trauma and violence



noted here and in other Western countries where the supply of alcohol has become more readily available. Alcohol based taxes on spirits and beers increase the price of these products unlike wine based products which are not taxed as heavily. It is maintained that this results in vulnerable groups and heavy drinkers buying cask wines and encourages young people to buy fruity pop wine based drinks (Loxley *et al.* 2004).

Tobacco use

Cigarette smoking is the major cause of death and hospitalisation in Australia, estimated to cost around \$21.2 billion (in health care, law enforcement and lost productivity) in one year (Loxley, Toumbourou *et al.* 2004). The 2004/05 Australian Bureau of Statistics National Health Survey Summary of Results show that approximately one in four adults (23%) were smokers and that the prevalence of smoking was highest in the younger age groups with 34 per cent of men and 26 per cent of women aged 18-34 years being smokers (2006).

Parental smoking has implications for child health and wellbeing as parents who smoke are more likely to have children who smoke (Murray, Kiryluk *et al.* 1985; Bailey, Ennett *et al.* 1993; Chassin, Presson *et al.* 1998; Derzon and Lipsey 1999; Department of Health Western Australia: Epidemiology Branch 2004; AIHW 2005b). Interventions to discourage parental smoking are seen as an important step in preventing children smoking (Distefan, Gilpin *et al.* 1998; Bricker, Leroux *et al.* 2003; Bricker, Rajan *et al.* 2005). Parental smoking has also been seen as contributing to Sudden Infant Death Syndrome, negative modelling behaviour, and negative effects on children's behavioural and cognitive functioning as a consequence of compromised in utero neuro development (Loxley *et al.* 2004; Weitzman, Byrd, Aligen *et al.* 2002).

Similar findings are reported in New Zealand where tobacco is reported to be the leading cause of preventable death and is also described as having



major implications for the quality of life for families. The rates of Maori smoking are twice those of non-Maori and there is an increase in younger people taking up smoking (Adams & Hodges 2005). These rates are similarly reported in Australia where it has been estimated that Indigenous people smoke tobacco at twice the rate of the rest of the population (Loxley *et al.* 2004). Tobacco related deaths are also much higher for Indigenous people - more than double for males and 3 to 4 times higher for females (Loxley *et al.* 2004).

EFFECTS OF SUBSTANCE MISUSE ON FAMILIES AND CHILDREN

Families can be a significant influence on the patterns and problems associated with drug and alcohol use of relatives (Angus & Hall 1996; Mitchell *et al.* 2001; Velleman *et al.* 2005). Families can provide support for children of drug users particularly when they are educated to provide the appropriate support. There is some tension in this literature because at the same time it is acknowledged that drug or alcohol misuse may be 'learned' from other family members. Children are at a far higher risk of early initiation into drug use if family members are substance users (Fergusson *et al.* 2005; Loxley *et al.* 2004; National Health & Medical Research Council 2001; Usher *et al.* 2005; Vimpani 2005; Velleman *et al.* 2005). Families may also, concurrently with substance misuse, be experiencing domestic violence, mental health issues, poverty, homelessness and be involved in criminal activity. In extreme cases parents who misuse substances may no longer be able to care for children and this can result in their children being placed in foster care or in the care of relatives.

Grandparents and other relatives in the extended family can be significantly affected by an individual family member's substance misuse. The number of grandparents caring for their children is thought to be increasing but is difficult to estimate because many of the arrangements are informal.



(www.cota.org.au). An estimated 8,874 children are living with relatives as a consequence of care and protection orders (AIHW 2005b). A community health and wellbeing study conducted in Gosnells, Western Australia also found that many older Indigenous women are caring for their grandchildren as a consequence of their own children's substance misuse (City of Gosnells 2003). Similar findings are reported in other states with Indigenous particularly grandmothers reporting difficulties in gaining legal custody of their grandchildren and a lack of understanding about Aboriginal culture as it relates to family obligations (Australian Institute of Family Studies 2005).

HEALTH AND SOCIAL WELL-BEING

Parenting

It is well known that parental drug and alcohol misuse can contribute to the potential for parental physical and sexual abuse as well as neglect of children (Department for Community Development 2005; Harwin & Forrester 2002; Johnson & Leff 1999; Patton 2003; Patton 2004; Taylor & Kroll 2004). The potential detrimental psychosocial consequences for children living in family environments where there is parental drug and alcohol misuse are also described, as is the increased likelihood for mothers to be imprisoned for drug related offences contributing further to breakdowns in family relationships and familial dysfunction (Ainsworth 2004; Hoover *et al.*; 2004; Loxley *et al.* 2004; Trace *et al.* 2004). Mothers who misuse substances may not be as responsive to their children's needs and may perceive them more negatively than mothers who do not (Vimpani 2005). Parental substance misuse is listed with several other risk factors as a contributor to child abuse or neglect including:

- inappropriate parenting skills;
- parenting at a young age;
- undiagnosed mental or emotional health issues;



- intellectual disability and lack of support; and
- family and domestic violence.

(Department for Community Development 2005; Shaw *et al.* 2006; Teeson *et al.* 2005; Toumbourou *et al.* 2005).

The extent to which children are affected adversely because they live in families where there is alcohol or other drug misuse, is widely documented in government reports, national and international literature. Individuals living in families where they or other family members misuse substances, are more likely to come in contact with the criminal justice system, be diagnosed with a mental illness, be admitted to hospital, experience or be a perpetrator of family violence, experience poverty and homelessness, and experience marital breakdown (Department for Community Development 2003; Feeney *et al.* 1998; Roberts, Bewley-Taylor & Trace 2005; Vimpani 2005).

Whilst much of the literature emphasises the drug use of the mother, in families where both parents are present, a father's ability to effectively parent may also be affected by drug use. A previous review of the literature has found similar emphases on mothers' drug use and limited research about the effect of parental drug misuse for children (Loxley *et al.* 2004). Long-term health issues that may affect parents who misuse drugs and consequently the children they are caring for, include a greater risk of HIV, Hepatitis C and other blood borne viruses. Many of the long term health implications for parents who use stimulant drugs are not yet known. More recent research has linked mental health problems and psychosis with cannabis use (Mental Health Council of Australia 2006; Wilson & Saleeba 2003; Trace *et al.* 2004). It is acknowledged that many drug users are good parents. However, for those who have a serious drug misuse problem the physical, psychological, economic and social well-being effects for the family can be profound (ACMD 2003). It has not been clearly established that substance misuse alone



is responsible for compromised parenting; other social determinants such as poverty, homelessness, lack of education and poor mental health may also be strongly indicated (Loxley *et al.* 2004; Shaw *et al.* 2006). Neglect and physical abuse by parents is also associated with earlier initiation into substance misuse by young people as well as involvement in violent and property crime (Prichard & Payne, 2005).

Child protection

Substance misuse has been associated with an increased risk of child protection interventions in families. The Victorian Department of Human Services notes that up to 65 per cent of foster family clients presented with family violence issues and drug and alcohol misuse (Department of Human Services, 2003). It was also estimated that up to 62 per cent of parents with a psychiatric problem were also affected by drug and alcohol misuse. The New South Wales Department of Community Services reported up to 80 per cent of child abuse cases were associated with drug and/or alcohol misuse (Department of Community Services, 2002). Similar concerns were reported by the Department of Family and Children's Services in Western Australia with up to 50 per cent of families being considered for 'family reunification' associated with drug and/or alcohol misuse concerns according to Ainsworth (2004). It was estimated that 16 per cent of child abuse cases were associated with alcohol in the National Alcohol Strategy 2006-2009 consultation (Ministerial Council on Drug Strategy, 2006).

The physiological effects

Substance misuse is linked to a wide range of physiological effects. The consumption of alcohol and/or drugs during pregnancy, particularly at harmful levels, is associated with low birth weight and compromised physical and intellectual developmental conditions for infants and small children including learning disabilities (Baker & Heller 1996; Farkas & Parron 1993; Fergusson *et al.* 1994; Finkelstein 1993; Hans 1989; Hans *et al.* 1999). Substance



misuse during pregnancy is considered to have adverse effects on the vital organs of the foetus. These effects have been associated with the increased likelihood that once the child is an adult they will be at greater risk of experiencing diseases such as: obesity, cardiovascular disease, Type 11 diabetes and renal disease. Alcohol misuse is also associated with the predisposition of smaller kidneys and albuminuria, otitis media and aural malformations in Aboriginal children (Vimpani 2005; Wattendorf *et al.* 2005). Opiate use, in particular, is associated with neonatal abstinence syndrome which presents as disturbed sleep patterns, irritability and longer term cognitive performance defects (Vimpani 2005). In an information booklet specifically written for pregnant women, Hull & Fawcett (1999) point out that women who use drugs often feel guilty about disclosing such use to health workers and that much of the literature and information about 'ideal' pregnancy is unrealistic and threatening to women who use drugs.

The association of heavy alcohol consumption with Foetal Alcohol Syndrome (FAS) is raised as a health concern in the health science and medical literature (Velleman & Templeton 2003; Payne *et al.* 2005). According to Australian self-report data, five per cent of pregnant women drink at the level associated with FAS (National Alcohol Strategy Occasional Paper 2003) and 5.8 per cent of women who were breast feeding self reported drinking at the same levels as before they were pregnant. The need to more effectively monitor the alcohol consumption of women when they are pregnant is identified as an issue requiring greater clarity (Loxley *et al.* 2004). The role of general practitioners is crucial in identifying and responding to pregnant women who may be at risk of drinking alcohol at harmful levels with current research indicating that Australian GPs are either misdiagnosing or under-reporting the condition. According to one study, only 45 per cent of GPs routinely asked pregnant women about their alcohol intake and over 60 per cent were concerned about the effects of stigmatising their patients by asking this question. GPs also reported needing more education and training



about how to prevent and recognise FAS conditions and provide more educational information for pregnant women (Payne *et al.* 2005).

A need to research more thoroughly the causes, prevalence and information requirements about FAS for other health workers and pregnant women is also asserted in the literature (Hayes 2001; O'Leary 2003). The complexity of the issue is further explored by Hayes (2001) who points out that for Indigenous women the consumption of alcohol along with pregnancy is part of a normative life cycle and that most young men and women did not have any knowledge about FAS or the possible implications of heavy drinking while pregnant.

Mental health issues

The complex issue of mental illness which is increasingly associated with substance misuse is also raised in a range of literature. The term 'dual diagnosis' refers to people who present with a psychiatric disorder along with evidence of misusing substances. Dual diagnosis or co-morbidity of substance misuse and mental health issues has become significantly more prevalent and reported in recent years (Teeson *et al.* 2005). The interconnectedness between mental illness, substance misuse, criminal activity and parenting is raised in a range of national and international literature (Baker *et al.* 1996; Hegarty 2004; Szirom, King, Desmond 2004; Teeson *et al.* 2005; Vimpani 2005). In Canada the use of screening instruments for all people presenting with mental health problems for substance abuse is considered best practice (www.hc-sc.gc.ca/ahc).

The association between these areas has been well recognised in the health and child protection areas. It is estimated that of the 18 per cent of Australian adults who are reported to have a mental illness almost 8 per cent also reported substance misuse. It is now also recognised that increasing numbers of parents are clients with 'dual diagnosis.' The need for complex responses to



these families and the recognition of their 'invisible' children who are not recognised by services is also advocated (Hegarty 2004).

The association between cannabis use and mental health issues has become an issue attracting increased debate with a recent report highlighting an association between cannabis use and a range of mental illnesses, depression and psychotic episodes in both younger and older populations. Whilst the authors point out that these associations are not the same as a causal link there seems to be increasing evidence that young people with a family history of mental illness may be more susceptible to some of these if they use cannabis (Mental Health Council of Australia 2006). Poor mental health outcomes may also be associated with the poverty that young people can experience as well as lack of education and mainstream social participation. These factors in turn can lead to a greater likelihood of using and dealing drugs and being involved in criminal activities (Rivers *et al.* 2006).

The issue of substance misuse and its association with mental illness is a complex one, presenting particular problems for drug treatment policy and services which are discussed further in Paper 2: *Current policies and practices addressing the impact of drug and alcohol misuse on children and families.*

Ethnicity

The effect of ethnicity and drug use is similarly complex and open to some debate. Much of the Australian research concludes that adults and young people born overseas and from some non-English speaking backgrounds are less likely to use drugs (Krouskos *et al.* 1998; Rissel *et al.* 2000). The generally lower rates experienced by ethnic communities are associated with more formal parenting styles that use rules and good parental supervision. It is considered these may act as a protective factor among adolescents from these communities (Loxley *et al.* 2004 p. 67). This generalisation is qualified in



other research which identifies problems in some cultural groups in Sydney and Melbourne (Hocking *et al.* 2002; Rissel *et al.* 2000; Spooner *et al.* 2001).

The likelihood of substance misuse in some ethnic groups is also linked to experiences of migration which may offer opportunities but is also associated with negative consequences such as social exclusion, cultural misunderstandings and dissonance with mainstream cultural values (Haour-Knipe *et al.* 2006). Higher rates of drug consumption in ethnic groups may be a consequence of family isolation, poverty, disruption, institutional racism, crowding, low levels of political power and participation, refugee experience and higher rates of youth unemployment (Jenkins, 2006).

Indigenous people

As indicated earlier, Indigenous people are less likely to drink alcohol than those in the general population, but those who do are more likely to drink at harmful levels (Ministerial Council on Drug Strategy 2002). The issue of substance misuse by Indigenous people is often linked strongly in the literature to other social factors such as violence, crime, family breakdown and child protection issues and the acknowledgement that Indigenous people are over-represented in these statistics. Literature about the issue of family violence in Indigenous communities describes the use of alcohol and drugs as 'triggers' to, rather than causes of this violence. It is asserted that violence is a consequence of Indigenous people's experiences of dispossession, loss of culture, colonisation and that the breakdown of traditional Indigenous families and loss of spirituality are major factors in alcohol and drug misuse (Carroll 2003; Loxley *et al.* 2004; Yarram 2003). Others sound a word of caution in acknowledging alcohol as a major contributor to violence in Indigenous communities stating that not all perpetrators use alcohol and that many Indigenous people who drink are not violent – rather alcohol consumption is



part of the complex history experienced by Indigenous communities and is also linked with notions of kin and social obligation (Carroll 2003; Hayes 2001).

Indigenous people are more likely to have drug and alcohol as a reason for care and protection applications than people of other origin. The Department for Community Development in Western Australia report that 75 per cent of Indigenous respondents were in this category compared to 37 per cent of people of other origin. Over 35 per cent of children in out of home care were Indigenous (Leek *et al.*; 2004). It is stated that it is difficult for Indigenous people (even those who do not drink or who only drink moderately) to be immune from the effects of heavy drinking and substance misuse. Many belong to families where substance misuse has contributed to child neglect, violence, inadequate nutrition and lack of parental supervision. Alcohol as a factor in the suicide rates of Indigenous people (particularly young men) has also been noted (Loxley *et al.* 2004). The pressure on individuals within some Indigenous communities to participate in substance misuse is described as immense and the demands for food, money, transport and accommodation by family members who are using substances is also described as contributing to family strain and violence (South Australia, Department of Health, 2005). The greater likelihood of Indigenous people becoming involved in property crime and the justice system is noted more generally in the Northern Territory's Illicit Drugs Report B (Department of Health and Community Services 2001).

In a review of the psychoactive substance misuse in indigenous peoples in Australia, New Zealand, Canada and the United States of America the commonality of higher levels of substance misuse in comparison to the non-indigenous populations is noted. The association of the higher levels of misuse with health and social problems; and the origins of the misuse as a consequence of range of social determinants such as dispossession and economic marginalisation are also noted (Gray & Saggars 2005). Indigenous Australians are 1.75 times more likely to inhale solvents and in Arnhem Land



10.5 per cent of males and 3.6 per cent of females had used kava (Loxley *et al.* 2004).

SUBSTANCE MISUSE AND THE JUSTICE SYSTEM

The relationship between substance misuse and crime is a complex one and is subject to significant debate in the literature. Much of this debate relates to whether criminal activity precedes substance misuse or if substance misuse leads to criminal activity. The relationship between substance misuse and crimes (ranging from minor misdemeanours to murder) has just begun to be documented in Australia partly in response to research trends in international literature. Whilst substance misuse is one of only many risk factors for involvement in criminal activity it is estimated that 34 to 52 per cent of offenders are illicit drug users (Makkai 2003).

The association between alcohol misuse and crime is also reported in Australia with studies in New South Wales and Queensland reporting that a high proportion of domestic violence, assault, malicious damage and noise complaints were a result of alcohol use (NSW Adult Alcohol Action Plan 1998-2002; Queensland Alcohol Action Plan, 2006). The Department of Health and Ageing report that up to one third of all road deaths in Australia are a consequence of excessive alcohol consumption. The effects of alcohol misuse in half of domestic and sexual violence cases, 40-70 per cent of violent crimes and 70-80 per cent of night-time assault and 34 per cent of murders in Australia in 2003 are also reported (Australian Department of Health and Ageing 2003). The cost of drug offences is estimated to be around \$1,960 million. The Australian Institute of Criminology reports that more than 60 per cent of non-Indigenous detainees and 46 per cent of Indigenous detainees reported substance use before their last offence. A British study reported that 40 per cent of 300 young offenders interviewed associated their substance misuse with offending behaviour (Prichard & Payne, 2005).



The likelihood of becoming involved in criminal activity may also be linked to misusing substances at an earlier age, experiences of child abuse, family problems and academic failure (Prichard & Payne, 2005). Risk-taking may be a consideration in social group situations where group status for young people is attained by risk-taking; whether through taking drugs or being involved in criminal activity. Addiction to hard drugs is also believed to escalate the involvement of youth in property crime. Criminal activity is described as preceding regular heroin use in 69 per cent of cases in another study (Maher 1998). Moreover, 43 per cent of young people in one survey maintained that they are aware their own parents misused substances (Prichard & Payne, 2005). The likelihood of adolescents being substance misusers and involved in the juvenile justice system is also reported to increase in situations where the adolescent has lived in families where substance misuse occurs. A Victorian study finds that most drug related offences for which young people are detained are a consequence of possession of small amounts for personal use. Young offenders have far higher rates of substance misuse compared to non-offenders in the same age cohort (Prichard & Payne, 2005).

The link between alcohol and violence is highlighted by Haines and Graham (2005) who assert that incidences of violent crime commonly involve young people (particularly males) who have been drinking alcohol. This finding is qualified with the observation that not all young males who drink become aggressive, and that other factors such as a competitive social setting, or adherence to 'macho' values, need also to be considered. The influence of promotions that encourage rapid drinking of cheap drinks; and the use of door staff or 'bouncers' who respond to violence (and in some cases may also be the perpetrators), are also considered factors. Loxley and colleagues (2004) assert that the causal links between alcohol and violence seem to be clear whilst the use of illicit drugs and crime are less so; with ongoing debate about the question of whether drug use precedes crime or that involvement in criminal lifestyles leads to a greater likelihood of being exposed to drugs.



The Australian Department of Health and Ageing (2005) reports that one in three Australians have experimented with the use of cannabis. A Victorian longitudinal study reports that 60 per cent of 14-15 year olds interviewed for the study had tried cannabis by the time they were 20 (Victorian Youth Alcohol and Drugs Survey, 2003). The use of cannabis has resulted in many Australians, particularly young people, becoming involved in the criminal justice system for possession of relatively small amounts – with many having no previous criminal record (Feeney *et al.* 1998). The importance of screening the young people referred to diversion programmes is emphasised by Feeney and colleagues (1998) who state that a third of young people referred to diversion programmes in Queensland had presented with clinically significant mental health problems for which they required treatment. In international literature drug use in young people is also associated with the increased likelihood of them carrying weapons or being involved in car accidents – situations which may also bring them to the attention of the police and juvenile justice system (Usher *et al.* 2005)

The implications of involvement in the justice system for families and young people have long reaching effects. Young women who are increasingly being caught up in the juvenile justice system are considered to be one of the most vulnerable groups when incarcerated. Copeland and colleagues (2006) state that in the USA and Canada girls are the fastest growing population in juvenile justice systems. The long term outcomes for young women include increased risks of substance dependence, HIV infections, increased exposure of babies to substance misuse and being more likely to lose custody of their children. In Australia young people who are incarcerated are more likely to have an earlier initiation to illicit drugs when compared with their peers in the general population – with particularly high levels of injecting drug use (Copeland, Howard & Arcuri 2006). Neglect and physical abuse of young people by parents is also associated with earlier onset of substance misuse (Prichard & Payne, 2005). The likelihood of young people becoming



involved in criminal activity, starting drug use earlier and being more vulnerable to violent and physically abusive situations, highlights the challenges that face governments and service providers who need to recognise and respond to these complex situations.

The effectiveness of drug courts and diversion programmes within the criminal justice system are covered in more detail in Paper 2 – *Current policies and practices addressing the impact of drug and alcohol misuse on children and families*.

Drug treatment service

Access to drug treatment services varies across the country with 60 per cent located in major cities. Only a very small percentage of services available are specifically for people whose first language is not English. Thirty-eight per cent of the treatment received from drug and alcohol services in Australia is in the area of counselling, followed by detoxification at 18 per cent and assessment only at 15 per cent. Female clients are more likely to receive counselling than other services. A greater proportion of Indigenous clients receive assessment and information services only (20% and 15%) compared with the general population (14% and 7%). Indigenous clients were less likely to receive detoxification and counselling treatment (AIHW 2005b).



Table 2: Drug and alcohol services type and location

Percentage of government drug & alcohol agencies	Percentage of non-government agencies	Percentage in major cities	Percentage in inner regional Australia	Percentage in outer regional Australia	Percentage of services for people with English as first language
48%	52%	60%	26%	14%	90%

Source: AIHW 2005 (b).

Table 3: Drug and alcohol services: Profiles of clients

Aged 10-19	Aged 20-29	Aged 30-39	Aged 40-49	Male Clients	Female Clients	Indigenous Clients
12%	33%	28%	19%	65%	35%	10 %

Source: AIHW 2005 (b).

EMERGING SERVICE ISSUES

The interrelationships between substance misuse and a range of health, mental health and criminal issues has resulted in an increased awareness about the need for drug services that respond to these complexities in a more holistic way. Usher and colleagues (2005) cite a study which reports that mothers of young people who misuse substances need to deal with the violent behaviour and criminal activity of their own children and their associates; whilst Weatherburn (2002) notes that one of the major long-term causes of crime is inadequate or abusive parenting and calls for programmes addressing this to be part of mainstream child protection services.



A number of the obstacles to achieving greater collaboration between diverse sectors has been highlighted where the issue of 'different professional missions' is raised – for example, child protection workers have the welfare of the child at the centre of their mission while drug and alcohol agencies have the client who misuses substances at the centre of theirs (Taylor & Kroll 2004). The importance of forging policy links between those services that provide early intervention with those that provide drug treatment is highlighted in an international review of drug prevention literature (Loxley *et al.* 2004).

Improved training is advocated for workers in the child welfare area which will enable them to respond more effectively to both the needs of the child and parents experiencing substance misuse problems (Keel 2004; Taylor & Kroll 2004; Payne *et al.* 2005). Tensions arise for workers in child protection and drug and alcohol agencies including the rights of the client to confidentiality regarding their drug use and the interests of the child living with the parent. Child protection workers cite difficulties in enabling clients to disclose substance misuse either because of fear or denial; and this is identified as a major barrier to responding to the needs of children living in families where substance misuse occurs (Taylor & Kroll 2004). Workers treating clients for substance misuse identified the limitations for including children, or more holistic responses that included families, due to the lack of resources and the reluctance of the client to openly discuss substance misuse in the presence of other family members (Taylor & Kroll 2004; Trace *et al.* 2004).

CONCLUSION

This paper has discussed how substances such as alcohol, tobacco and illicit drugs are used in an Australian and international context. The ways in which substance abuse affects the individuals who use them, their children and



other family members has illustrated the complex social contexts within which such misuse occurs. Substance misuse cuts across the sectors of health prevention and promotion, mental health, education, housing, child protection, parental education and the justice system. This paper has touched on some of these issues and highlighted the difficulties for policy makers and service providers in responding to these. Paper 2: *Current policies and practices addressing the impact of drug and alcohol misuse on children and families*, will explore these service and policy issues in more depth and highlight some of the 'better practice' interventions that have been devised to respond to the complexity of substance misuse.



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Web-sites:

www.aboutseniors.com.au

www.aic.gov.au

www.cota.org.au

www.facs.gov.au



APPENDIX 1.

Search Terms

Children of drug users

Child protection & welfare & drugs & Aboriginal

Child health & welfare & drugs & alcohol & fetal alcohol syndrome

Drug abuse & mothers & fathers

Drug abuse & families & incidence & prevalence & Aboriginal & Indigenous & Australian & government & social determinants

Alcohol misuse & families & incidence & prevalence & Aboriginal & Indigenous & Australian

Drugs & intervention & prevention & families & Australia & UK & US & Canada & New Zealand

Drug services & policy

Substance misuse & families & children & youth & Aboriginal & child protection

Substance misuse & incidence & prevalence & Indigenous & Australian

Data Bases

Expanded ASAP

APAIS Health

Cochrane Collection

Medline

DRUG

NDRI Indigenous Australian Alcohol and other Drugs Bibliographic Database

NDRI Indigenous Australian Alcohol and other Drugs Intervention Projects Database

Proquest

National Child Protection Clearing House

