

Early Exposure to Harmful Alcohol and Other Drug Use

The purpose of this document is to collate published research, the findings of government reports and inquiries, and academic commentary in relation to early exposure to harmful substance and alcohol use, and the effects this may have on a person's behaviour; development; physical, mental and social well-being; and links to contact with the criminal justice system.

This chapter should be read in conjunction with *Bugmy Bar Book* chapter 'Foetal Alcohol Spectrum Disorders (FASD)'.

Introduction

- 1 It is well established that children in families with parents or carers with substance use disorders or who use substances in harmful ways are at greater risk of a range of adverse developmental outcomes.¹ Carer alcohol and other drug misuse and carer mental ill health have all independently predicted recurrent child maltreatment.²
- 2 Harmful alcohol and other drug (AOD) use rarely occurs in isolation and is likely to co-occur with mental illness, unemployment, social isolation, poverty and domestic violence.³
- 3 The direct effects of early exposure to harmful substance use on children may include: Fetal Alcohol Spectrum Disorders (FASD),* emotional and physical abuse and other forms of maltreatment; modelling of poor drinking and harmful substance-using behaviours; inadequate supervision; and separation from parents due to incarceration and hospitalisation.⁴ In turn, these factors increase the likelihood that children will themselves develop substance use and behavioural problems,⁵ making it more probable that they will come into contact with the criminal justice system.⁶

¹ Adam Tomison, *Child Maltreatment and Substance Abuse* (Policy and Practice Paper, Australian Institute of Family Studies ('AIFS'), September 1996); Anne-Marie Laslett et al, *The Range and Magnitude of Alcohol's Harm to Others* (Report, AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health, 2010); Sharon Dawe, Paul Harnett, and Sally Frye, *Improving Outcomes for Children Living in Families with Parental Substance Misuse: What Do We Know and What Should We Do* (AIFS, Child Abuse Prevention Issues No 29, September 2008); Ann Roche et al, *From Policy to Implementation: Child and Family Sensitive Practice in the Alcohol and Other Drugs Sector* (Australian National Council on Drugs ('ANCD') Research Paper No 28, October 2013) 1; Anne-Marie Laslett et al, *The Hidden Harm: Alcohol's Impact on Children and Families* (Foundation for Alcohol Research and Education ('FARE') Report, February 2015) 1.

² Anne-Marie Laslett, Robin Room and Paul Dietze, 'Substance Misuse, Mental Health Problems and Recurrent Child Maltreatment' (2014) 7(1) *Advances in Dual Diagnosis* 15, 15.

³ Roche et al, *From Policy to Implementation* (n 1) 3.

* See *Bugmy Bar Book* chapter, '*Fetal Alcohol Spectrum Disorders (FASD)*'.

⁴ Carol Bower et al, 'Fetal Alcohol Spectrum Disorder and Youth Justice: A Prevalence Study Among Young People Sentenced to Detention in Western Australia' (2018) 8(2) *BMJ Open* 1.

⁵ Anne-Marie L. Laslett, Paul M. Dietze and Robin G.W. Room, 'Carer Drinking and More Serious Child Protection Outcomes' (2013) 34(7) *British Journal of Social Work* 1384, 1398; Grace Kuen Yee Tan et al, 'Exploring Offending Characteristics of Young People with Foetal Alcohol Spectrum Disorder in Western Australia' (2023) 30(4) *Psychiatry, Psychology and Law* 514.

⁶ Tan et al (n 5).

Terminology

- 4 In this document the term ‘substance use disorders’ refers to those who are regularly misusing alcohol or illicit drugs, and those who have progressed to a clinically defined dependence according to the DSM-5-TR. A substance use disorder is diagnosed using criteria that include impaired control, social impairment, risky use, and various pharmacological criteria.⁷
- 5 In the *National Drug Strategy Household Survey 2022–2023* the term ‘illicit drugs’ refers to illegal drugs, drugs and volatile substances used illicitly, and pharmaceuticals used for non-medical purposes. The survey identified the following illicit drugs: marijuana/cannabis (unprescribed), heroin, cocaine, hallucinogens, ecstasy, methamphetamine and amphetamine, ketamine, GHB, GBL and 1,4-BD, synthetic cannabinoids, emerging psychoactive substances, inhalants and (any) injected drug. The survey also included non-medical use of the following substances in the definition of illicit drugs: pain-killers/pain-relievers and opioids, tranquillisers/sleeping pills, steroids, pharmaceutical stimulants, methadone or buprenorphine.⁸

Prevalence

- 6 Alcohol consumption is widely accepted in Australian society; a recent volunteer survey of Australian adults found that 37.5% of parents who responded said they drank in front of their children on at least a weekly basis; 20% became slightly or clearly intoxicated on a weekly basis.⁹ In 2016 an estimated 14% of adults with a child aged 0–14 years used an illicit substance in the twelve months preceding the survey.¹⁰
- 7 The *HILDA* survey (2023) identified that 14.2% of Australians over 15 years of age had used illicit drugs in 2021, increasing to 22.6% for those aged 30–34.¹¹
- 8 The Mission Australia *Close to Home* survey of 28,000 young people identified that approximately 27% believed drugs and alcohol to be a problem for their family and peers.¹²
- 9 A Victorian-based study reviewed a sample (n=273) of child protection cases and found that parental substance misuse was present in 51% of cases sampled, and of these, poly-substance misuse was common (67%).¹³

⁷ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR, 5th ed, Text Revision, APA Publishing, 2022) 481–589, ‘Substance Use Disorders – Diagnostic Features’; Adam Tomison, *Child Maltreatment and Substance Abuse* (Policy and Practice Paper, Australian Institute of Family Studies (‘AIFS’), September 1996).

⁸ Australian Institute of Health and Welfare, *National Drug Strategy Household Survey 2022–2023* (Web Report, February 2024, updated 27 May 2025).

⁹ Bowden, Jacqueline A et al, ‘[Levels of Parental Drinking in the Presence of Children: An Exploration of Attitudinal Correlates](#)’, *Alcohol and alcoholism* 57.4 (2022) 460.

¹⁰ Australian Institute of Health and Welfare (‘AIHW’), *Australia’s Children* (2020) 251.

¹¹ Roger Wilkins et al, *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 19* (Melbourne Institute, Applied Economic & Social Research, 18th Annual Statistical Report, 2023) 152–3.

¹² Joann Fildes et al, *Close to Home, Young People and the Impact of Alcohol and Drug Use by Family and Peers* (Mission Australia, 23 August 2019), analysing Youth Survey 2018.

¹³ Lillian De Bortoli, Jan Coles, and Mairead Dolan, ‘[Parental Substance Misuse and Compliance as Factors Determining Child Removal: A Sample from the Victorian Children’s Court in Australia](#)’ (2013) 35(9) *Children and Youth Services Review* 1319.

- 10 The Foundation for Alcohol Research and Education ('FARE') Centre for Alcohol Policy Research report by Laslett and colleagues (2015) estimated that over one million children (22% of all Australian children at the time) were affected in some way by the drinking of others; 142,582 children (3%) were substantially affected; and 10,166 (0.2%) were already within the child protection system where a carer's problematic drinking had been identified as a factor.¹⁴
- 11 The *National Drug Strategy Household Survey 2022–23* found that cannabis was the most commonly used illicit drug. There have been significant increases in the use of ketamine and hallucinogens, and cocaine usage in Australia is considered high among OECD countries.¹⁵ Amphetamine-type stimulants are the second most widely used illicit drug after cannabis.¹⁶ Earlier surveys indicated that heroin and methadone users comprised the highest proportion of survey respondents reporting they were unable to stop or reduce their substance use, despite attempts to do so, attesting to the highly addictive nature of opioids.¹⁷

Aboriginal and Torres Strait Islander people

- 12 Aboriginal and Torres Strait Islander people are more likely to abstain from drinking than non-Indigenous Australians, although those who do drink are more likely to drink at risky levels.¹⁸
- 13 Substance use disorders are a leading cause of disease burden for Aboriginal and Torres Strait Islander people.¹⁹ Higher rates of harmful drug and alcohol use in Aboriginal and Torres Strait Islander communities compared with non-Indigenous communities reflect the impact of 'cultural dislocation due to colonisation, intergenerational trauma and social/economic marginalisation'.²⁰
- 14 A study based on a sample of incarcerated Aboriginal and Torres Strait Islander mothers in NSW and WA prisons showed that 36% of surveyed mothers in NSW and 65% of surveyed mothers in WA were in prison for offences committed while under the influence of alcohol. In NSW, 83% of mothers were in prison for drug-related offences; in WA, '64.8% of mothers ... were in prison for offences committed under the influence of alcohol'. Close to half of all mothers in both groups (48% in NSW, 46% in WA) were caring for children less than 5 years old immediately before incarceration.²¹
- 15 A disproportionate number of Aboriginal and Torres Strait Islander children are removed from their families. Research into infants in out-of-home care ('OOHC') in WA showed that the highest risk factor for Aboriginal infants entering OOHC was 'maternal substance-related contact'.²² This risk factor refers to infants with mothers who have had contact with in-patient hospital services due to substance use.²³

¹⁴ Anne-Marie Laslett et al, *The Hidden Harm: Alcohol's Impact on Children and Families* (Foundation for Alcohol Research and Education ('FARE') Report, February 2015) 9.

¹⁵ Australian Institute of Health and Welfare, *National Drug Strategy Household Survey 2022-2023* (Web Report, February 2024, updated 27 May 2025).

¹⁶ Ellen Leslie et al, 'Alcohol Use and Motivations for Drinking among Types of Young Adult Illicit Stimulant Users' (2016) 515 *Trends & Issues in Crime and Criminal Justice* 1.

¹⁷ Australian Institute of Health and Welfare ('AIHW'), *National Drug Strategy Household Survey 2016: Detailed Findings* (Report, September 2017) 60.

¹⁸ Department of Health, Disability and Ageing (Cth), *National Alcohol Strategy 2019-2028* (2019) 8.

¹⁹ AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework, Summary Report* (updated June 2025).

²⁰ Grace Kuen Yee Tan et al, 'Adverse Childhood Experiences, Associated Stressors and Comorbidities in Children and Youth With Fetal Alcohol Spectrum Disorder across the Justice and Child Protection Settings in Western Australia' (2022) 22(1) *BMC Pediatrics* 587, 588.

²¹ Sullivan, Elizabeth A. et al, 'Aboriginal Mothers in Prison in Australia: A Study of Social, Emotional and Physical Wellbeing' (2019) 43(3) *Australian and New Zealand Journal of Public Health* 241, 241 and 243.

²² O'Donnell, Melissa et al, 'Infant Removals: The Need to Address the Over-Representation of Aboriginal Infants and Community Concerns of Another "Stolen Generation"' (2019) 90 *Child Abuse & Neglect* 88, 94.

²³ Ibid 90.

16 Aboriginal infants with maternal substance-related contacts were found to be at 7 times the risk of being removed from their families compared to Aboriginal infants without maternal substance-related contacts. This risk was lower, but still elevated, for non-Aboriginal infants of substance-using mothers, who were at 4.48 times the risk of being removed, compared with infants of non-substance using mothers.^{24*}

17 A NSW *Special Commission of Inquiry into Crystal Methamphetamine and other Amphetamine-Type Stimulants* stated:

Aboriginal people also face specific barriers to seeking and accessing health, treatment and rehabilitation services. These include the legacy of the Stolen Generations and fear of child removals, fear and distrust of government services, racism, the lack of culturally safe services and the necessity of separating from Country and family to access AOD treatment services.²⁵

18 The harmful use of alcohol and other drugs is closely related to issues such as socioeconomic disadvantage, trauma and mental ill-health, particularly in the absence of appropriate supports. However, the relative lack of culturally safe, trauma-informed and holistic services available to Aboriginal and Torres Strait Islander people means that the intersectional factors that contribute to harm from substance use are often not addressed.²⁶

Effects

19 Problems associated with a parent's harmful substance use may commence prior to a child's birth (e.g., for a child with FASD)* and/or throughout childhood development and into adulthood. These effects may be limited (e.g. affecting supervision at one-off social functions) or ongoing, such as affecting a child's development over many years if the child is inadequately fed, educated, clothed and looked after, as well as their behaviour into adulthood.²⁷

20 The *National Alcohol Strategy 2019–2028* states:

Children whose parents or guardians experience alcohol dependence are more likely to be brought to the attention of child protection services. The relationship between harmful parental substance use and outcomes for children is complex and involves an array of risk and protective factors. This population group tends to be placed in out-of-home care earlier and to remain in care longer; and reunification with parents/guardians is often delayed while they undergo assessment and treatment.²⁸

²⁴ O'Donnell, Melissa et al, '[Infant Removals: The Need to Address the Over-Representation of Aboriginal Infants and Community Concerns of Another "Stolen Generation"](#)' (2019) 90 *Child Abuse & Neglect* 88, 94.

* See also Bugmy Bar Book chapter, '[Out-of-Home Care](#)'.

²⁵ NSW Government, '[Special Commission of Inquiry into Crystal Methamphetamine and Other Amphetamine-Type Stimulants](#)' (Report, January 2020) vol 1, xlivi (43) [126].

²⁶ SNAICC, National Voice for our Children, '[Strong Communities. Strong Culture. Stronger Children](#)' (Family Matters Report, 2024) 61–2.

* See Bugmy Bar Book chapter, '[Fetal Alcohol Spectrum Disorders \(FASD\)](#)'.

²⁷ Anne-Marie Laslett et al, '[The Range and Magnitude of Alcohol's Harm to Others](#)' (Report, AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health, 2010) 95; Grace Kuen Yee Tan et al, '[Exploring Offending Characteristics of Young People with Foetal Alcohol Spectrum Disorder in Western Australia](#)' (2023) 30(4) *Psychiatry, Psychology and Law* 514.

²⁸ Department of Health, Disability and Ageing (Cth), '[National Alcohol Strategy 2019–2028](#)' (2019) 10.

21 Substance abuse by parents can significantly affect children:

Being raised by a [harmful] substance-using parent increases a child's risk of exposure to unsanitary living conditions, witnessing domestic violence, requiring hospitalization, and experiencing poverty/homelessness. In older children, the long-term traumatizing effect of untreated childhood experiences of parental maltreatment often manifests as age-inappropriate behavioral problems, learning difficulties, and mental health problems (e.g., depression, anxiety, paranoia), which in adolescents can become a catalyst for venting, antisocial, hostile, violent, and criminal behaviors. Indeed, being a child maltreatment victim increases the likelihood of arrest as a juvenile by 59%, as an adult by 28%, and for engagement in interpersonal and domestic acts of violence by 30%.²⁹

Prenatal Effects*

22 Prenatal AOD exposure can disrupt foetal development and increase the risk of a child developing a neurodevelopmental disorder, including FASD.

23 FASD is characterised by a variety of cognitive, physical, emotional and behavioural difficulties:

Prenatal alcohol exposure affects a wide range of genetic and neurodevelopmental functions influencing every aspect of the developing embryo and fetus' physical and neurological development. This can alter the developmental trajectory and life course of an affected fetus. As such, prenatal alcohol exposure has the potential to disrupt the development of multiple body systems and structures.³⁰

24 Cannabis is the most widely used illicit drug by women of reproductive age in Australia. An Australian study determined that the continued use of cannabis at 15 weeks of pregnancy was associated with significantly lower birthweight, head circumference, birth length, and gestational age at birth, as well as with more frequent severe neonatal morbidity or death.³¹

Child maltreatment

25 While AOD has been indicated in child maltreatment, not all children are affected. A 2003 report by the Victorian Department of Human Services described a range of ways that children in families may be affected by exposure to alcohol or drug use:

[A] parent's overriding involvement with alcohol or drugs (AOD) may leave the parent emotionally and physically unavailable to the child; a parent's mental functioning, judgement, inhibitions, and/or protective capacity may be seriously impaired, placing the child at increased risk of all forms of abuse and neglect; a parent may disappear for hours or days, leaving the child alone or with someone unable to meet the child's basic needs; excessive responsibility may be placed on young children to care for themselves and/or young siblings; a parent may spend the household budget on alcohol and drugs, depriving the child of adequate food, clothing, housing and health care; and consistent exposure in the home may contribute to the child eventually developing AOD problems.³²

²⁹ Myra F Taylor et al, ['Substance Misuse-Related Parental Child Maltreatment: Intergenerational Implications for Grandparents, Parents, and Grandchildren Relationships'](#) (2017) 47(2) *Journal of Drug Issues* 242-243.

* See Bugmy Bar Book chapter, ['Fetal Alcohol Spectrum Disorders \(FASD\)'](#).

³⁰ McLean Sara, ['Fetal Alcohol Spectrum Disorder \(FASD\): An Update on Policy and Practice in Australia'](#) (CFCA Paper No 65, Australian Institute of Family Studies ('AIFS') February 2022) 3.

³¹ Luke E Grzeskowiak et al, ['The Deleterious Effects of Cannabis During Pregnancy on Neonatal Outcomes'](#) (2020) 212 (11) *Medical Journal of Australia* 519.

³² Department of [Health and] Human Services (Vic), 'Public Parenting: A Review of Home Based Care Services in Victoria' (Report, 2003) xxiii, quoted in Australian Research Alliance for Children and Youth, ['The Impact of Drug and Alcohol Misuse on Children and Families'](#) (Report, December 2006) 14.

26 The Australian Institute of Health and Welfare states:

Parental substance misuse is a key risk factor for child abuse and neglect. Misuse can compromise parents' ability to consistently provide a stable and safe environment for children, maintain household tasks and routines, and respond to their children's emotional needs. Financial difficulties can also arise due to substance misuse, compounding the issues faced by the family.³³

27 International studies have found:*

Heavy drinking by adults who care for children can result in reduced supervision of children, verbal and emotional abuse, increased risk of injury and child maltreatment.³⁴

Heavy episodic drinking was associated with reduced positive fathering involvement.³⁵

Physical abuse or family violence-related harms to children are significantly greater (more than fourfold) in households where someone drinks alcohol excessively, and a man is most likely to be identified as a household's excessive drinker. Controlling behaviours, financial abuse, conflict, and erratic behaviours all escalate when a perpetrator is intoxicated, craving, or in withdrawal from alcohol. In a study of eight countries, 4–14% of all families reported harm to children—verbal abuse, neglect, physical harm, or family violence—because of someone's heavy alcohol consumption. Globally, harms caused by family members' and partners' alcohol use are associated with poor mental health and reduced quality of life for others in the family.³⁶

28 The *Australian Child Maltreatment Study* (2023) reported a strong association between multi-type maltreatment and living with someone who had a problem with alcohol or drugs.³⁷

29 The *Special Commission of Inquiry into Crystal Methamphetamine and other Amphetamine-Type Stimulants* found harmful associations:

Evidence [of] a strong association between the use of crystal methamphetamine and domestic and family violence, and the abuse and neglect of children and young people. The impact on families of violence perpetrated by people who use ATS [amphetamine-type stimulants] was a common theme ... including evidence [of association] with an increase in the frequency and severity of domestic and family violence ... reported to be stronger for crystal methamphetamine than for other illicit substances. However, the association between ATS use and domestic violence is complex.

There is limited academic literature on the effects on children of parental use of ATS specifically. However, the Inquiry heard that use of crystal methamphetamine is a factor in a significant proportion of ... children being reported at risk of significant harm and removed

³³ Australian Institute of Health and Welfare, *National Framework for Protecting Australia's Children 2009–2020* (Web report updated 15 Jun 2022) 3.1, discussing Australian Government, *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020 (2009)*. See more recently, Department of Social Services (Cth), *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031* (2021) 22.

* See also Bugmy Bar Book chapter, ‘[Childhood Exposure to Domestic and Family Violence](#)’.

³⁴ Anne-Marie Laslett et al, ‘[Children's Experience of Physical Harms and Exposure to Family Violence from Others' Drinking In Nine Societies](#)’ (2020) 28(4) *Addiction Research & Theory* 354, 355.

³⁵ Laslett, Anne-Marie, et al, ‘[The Relationship between Fathers' Heavy Episodic Drinking and Fathering Involvement in Five Asia-Pacific Countries: An Individual Participant Data Meta-Analysis](#)’ (2022) 46(12) *Alcoholism: Clinical and Experimental Research* 2137.

³⁶ Katherine J. Karriker-Jaffe, et al, ‘[Can Alcohol Policy Prevent Harms to Women and Children from Men's Alcohol Consumption? An Overview of Existing Literature and Suggested Ways Forward](#)’ (2023) 119 *International Journal of Drug Policy* 104148 2.

³⁷ Daryl J Higgins et al, ‘[The Prevalence and Nature of Multi-Type Child Maltreatment in Australia](#)’ (2023) 218 *Medical Journal of Australia* S19–S25.

into out-of-home care in NSW. As with domestic and family violence, the association is complex and ATS use is generally one of multiple factors contributing to the risk of harm.³⁸

30 The Network of Alcohol and Other Drug Agencies, in its submission to the NSW Ice Inquiry, noted:

The link between DFV [domestic and family violence] and substance use, including amphetamine type substances is complex. Research shows the use of AOD is a risk factor for DFV and can contribute to more frequent and higher levels of aggression by perpetrators. However, it is important to note that the use of AOD does not cause DFV.³⁹

31 The Foundation for Alcohol Research and Education ('FARE') report *Hidden Harm* stated:

Heavy drinking can be linked to a range of negative effects on children and families including modelling of poor drinking behaviours, family arguments, injury, neglect, abuse and violence.

...

Interviews revealed that children experienced a range of harms, with the most common of these being witnessing verbal or physical conflict, or witnessing drinking or inappropriate behaviour. Children were also verbally abused, left in an unsupervised or unsafe situation, physically hurt or exposed to domestic violence because of others' drinking.

Parental or carer drinking plays a large role in child protection cases, with available data indicating that alcohol abuse is associated with between 15 and 47 per cent of child abuse cases each year across Australia.⁴⁰

32 When a carer is intoxicated, their ability to provide adequate care and protection of children is compromised.⁴¹ A study by the Centre for Alcohol Policy Research found that alcohol was recorded as a factor in 33.2% of all substantiated cases of child maltreatment in Victoria.⁴² Factors that contribute to a child's maltreatment when living with a carer with an alcohol or substance abuse problem include:

- disruptions to family rituals such as birthdays;
- changes in and reversal of parent-child roles;
- disturbed school attendance;
- disturbed eating and bedtime routines;
- limited or more aggressive communication;
- diminished social connectedness; and
- lack of finances and worsening relationships.⁴³

³⁸ NSW Government, [Special Commission of Inquiry into Crystal Methamphetamine and Other Amphetamine-Type Stimulants](#) (Report, January 2020) vol 1, xiv (14) [144]. Also called *Special Commission of Inquiry into the Drug 'Ice'* or 'Ice Inquiry'.

³⁹ The Network of Alcohol and other Drugs Agencies ('NADA'), [Submission to the NSW Special Commission of Inquiry into the Drug "Ice"](#) (May 2019) 10, citing Janet Phillips and Penny Vandebroek, [Domestic, Family and Sexual Violence In Australia: An Overview of the Issues](#) (Parliamentary Library (Cth) Research Paper Series 2014–2015, 14 October 2014).

⁴⁰ Anne-Marie Laslett et al, [The Hidden Harm: Alcohol's Impact on Children and Families](#) (Foundation for Alcohol Research and Education ('FARE') Report, February 2015) ('Laslett et al, *Hidden Harm*') 9.

⁴¹ Department for Child Protection (SA), [Alcohol and Other Drugs \(AOD\) in Child Protection](#) (Practice Paper, October 2023).

⁴² Anne-Marie Laslett et al, [The Range and Magnitude of Alcohol's Harm to Others](#) (Report, AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health, 2010) 104.

⁴³ Laslett et al, *Hidden Harm* (n 40) 18, citing Richard Velleman and Lorna Templeton, [Understanding and Modifying the Impact of Parents' Substance Misuse on Children](#) (2007) 13(2) *Advances in Psychiatric Treatment* 79.

33 Families with multiple and complex needs ‘may be experiencing numerous, chronic and interrelated problems … [They] do not constitute a homogenous group and should not be labelled or assumed to be “forever” in this state.’ The problems they experience require ‘individualised, tailored and flexible’ assistance.⁴⁴

34 Respondents to the 2008 *Harm to Others Survey* reported fear, behavioural problems, and shame as some of the outcomes for children raised by carers with substance abuse problems.⁴⁵

35 The Australian Institute of Family Studies (‘AIFS’) states that the psychological effects of the substance used may impair a carer’s ability to supervise their child in varied ways:

[S]ubstances that result in a state of extreme drowsiness and impaired concentration and attention, such as alcohol and perhaps heroin, clearly impact on aspects of parental capacity, such as parental supervision, thus increasing risk of injury, neglect or harm by others. Substances such as amphetamines may be even more problematic as their regular use is associated with a state of agitation, restlessness and impaired judgement. A considerable proportion of regular users experience heightened levels of suspiciousness and hostility, sometimes accompanied by subclinical features of psychosis that include delusional beliefs of persecution. These states are clearly incompatible with sensitive and responsive parenting and may indeed increase the risk of neglect and abuse due to the misinterpretation of child behaviour and language on the part of the parent.⁴⁶

36 Children in families affected by substance use disorders are at high risk of being placed in out-of-home care (OOHC). In a Melbourne-based study of parents who inject drugs, 56% percent reported child protection involvement and almost half had children in OOHC. Additionally, almost half reported unstable accommodation, anxiety and depression. There was a higher risk of child removal for Aboriginal and Torres Strait Islander parents.⁴⁷

37 Harmful drug use increases both the risk for, and the impact of, family and domestic violence.⁴⁸ The degree to which parenting is affected by harmful substance use will be related to the parents’ patterns of use and the type of substance ingested. As a New South Wales *Practice Note* explains:

Opioids may be more likely to be associated with child neglect, while drugs such as amphetamines and cocaine, that are associated with serious disturbances of mental state, may be more likely to result in physical abuse.

The parenting style of opiate and cocaine addicted mothers has been described as ‘vacillating between the extremes of authoritarian over control and excessive permissiveness or neglect’.⁴⁹

⁴⁴ Leah Bromfield, Karen Sutherland and Robyn Parker, *Families with Multiple and Complex Needs: Best Interests Case Practice Model* (Specialist practice resource, Human Services (Vic), 2012).

⁴⁵ Anne-Marie Laslett et al, *The Range and Magnitude of Alcohol’s Harm to Others* (Report, AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health, 2010) 62.

⁴⁶ Sharon Dawe, Paul Harnett, and Sally Frye, *Improving Outcomes for Children Living in Families with Parental Substance Misuse: What Do We Know and What Should We Do* (AIFS, Child Abuse Prevention Issues No 29, September 2008) 3.

⁴⁷ Jocelyn Chan et al, ‘*Parents Who Inject Drugs: Demographics, Care Arrangements and Correlates for Child Placement in Out-Of-Home Care*’, (2024) 43(3) *Drug Alcohol Review* 775.

⁴⁸ Kerri Coomber et al, ‘*The Role of Illicit Drug Use in Family and Domestic Violence in Australia*’ (2021) 36(15–16) *Journal of Interpersonal Violence* NP8247.

⁴⁹ Communities and Justice NSW (formerly Department of Community Services), *Working with Parental Substance Misuse* (Research to Practice Notes, February 2010) 4, references omitted.

Intergenerational cycles of substance abuse and modelling behaviour

38 Children of parents who use alcohol and drugs harmfully are at greater risk of subsequently developing alcohol and other drug problems themselves.⁵⁰

39 Research suggests that parental alcohol use is associated with negative adolescent outcomes and is a predictor of alcohol use disorder in children:

Alcohol-related problems in succeeding generations of the one family are not uncommon, with younger family members acquiring particular patterns of consumption from older family members. While a genetic component may contribute to such problems, social learning is also likely to be an important determining factor.⁵¹

40 Generational patterns of drug use have been recognised by parliamentary inquiries. The final report of the 2007 House of Representatives Standing Committee on Family and Human Services *Inquiry into the Impact of Illicit Drug Use on Families* noted:

Family history of substance abuse is an important family-level risk factor for substance abuse. Australian data confirm parent substance use to be an important predictor of more frequent youth substance use. The more members of a household, including siblings, who use a drug, the greater the child's risk of early initiation of use of that drug.⁵²

41 The inquiry heard that parental use of drugs can normalise their use and cause children to model a particular kind of coping behaviour:

We have observed a dynamic where illicit drug-using parents use drugs to manage challenging personal experiences and pass this form of coping behaviour onto their children.⁵³

42 The 2016 *National Drug Strategy Household Survey* found that 'the most common reason that an illicit substance was first used was curiosity (65%), followed by [that] friends of family offered it or were using it (50%).⁵⁴

Implications for household dynamics*

43 Studies have identified that a further consequence of early exposure to harmful substance use can be the separation of children from parents and caregivers through parental imprisonment for drug-

⁵⁰ Ann Roche et al, [*From Policy to Implementation: Child and Family Sensitive Practice in the Alcohol and Other Drugs Sector*](#) (Australian National Council on Drugs ('ANCD') Research Paper No 28, October 2013) 1; Anne-Marie Laslett et al, [*The Hidden Harm: Alcohol's Impact on Children and Families*](#) (Foundation for Alcohol Research and Education ('FARE') Report, February 2015) 9; Alcohol and Drug Foundation, [*'Understanding Young People's Alcohol and Drug Use', Insights*](#) (18 August 2022).

⁵¹ Delyse Hutchinson et al, [*'The Impact of Alcohol Use Disorders on Family Life: A Review of the Empirical Literature.'*](#) (National Drug And Alcohol Research Centre ('NDARC') Technical Report No 325, June 2014) 49.

⁵² House of Representatives Standing Committee on Family and Human Services, Parliament of Australia, [*The Winnable War on Drugs: The Impact of Illicit Drug Use on Families*](#) (Final Report, September 2007) 300, quoting P Mitchell et al, *The Role of Families in the Development, Identification, Prevention and Treatment of Illicit Drug Problems* (National Health and Medical Research Council Report, 2001) 6.

⁵³ House of Representatives Standing Committee on Family and Human Services, Parliament of Australia, [*The Winnable War on Drugs: The Impact of Illicit Drug Use on Families*](#) (Final Report, September 2007) 301, citing Palmerston Association, Submission 91, 2.

⁵⁴ Australian Institute of Health and Welfare ('AIHW'), [*National Drug Strategy Household Survey 2016: Detailed Findings*](#) (Report, September 2017) 52, 74.

* See also Bugmy Bar Book chapters '[*Impacts of Imprisonment and Remand in Custody*](#)' and '[*Out-of-Home Care*](#)'.

related offences.⁵⁵ Separation may result in a child remaining with the other parent, ending up in informal kinship care, or being placed in out-of-home care by care and protection authorities.⁵⁶

44 Harmful substance use may also have repercussions on families' financial stability:

The income of the family and the ability to provide for children's material needs may be affected, as the substance user's unpredictable behaviour can make employment difficult to maintain and the cost of drugs may mean there is not enough money left to buy necessities like food. Parents can also experience considerable conflict between meeting the physical and emotional needs of their children and sustaining their drug habit; buying food or clothing and paying bills may be sacrificed in order to sustain parental habits.⁵⁷

45 One of the major factors contributing to the development of harmful substance use was found to be an individual's environment: 'Problematic adolescent drug use is more likely among those who are raised in extreme poverty, by sole parents, or where other family members use drugs.'⁵⁸

46 During the COVID-19 pandemic, parents reported higher rates of parent depression, anxiety and stress, higher parenting irritability and higher alcohol consumption (22% were drinking on four or more days per week, compared with 12% pre-COVID).⁵⁹

Links to Contact with the Criminal Justice System^{*}

47 The potential relevance of evidence of early exposure to harmful alcohol and other drug use in sentencing proceedings includes an assessment of *moral culpability*; moderating the weight to be given to *general deterrence*; and determining the weight to be given to *specific deterrence* and *protection of the community*. There may also be issues relating to the likelihood of *hardship in custody*, a finding of *special circumstances* and the shaping of conditions to enhance prospects of *rehabilitation*.

48 There is a well-established, but complex, link between AOD and criminal offending.

49 Children and adults with FASD, who have been exposed to prenatal alcohol use, are particularly vulnerable to offending behaviour:

The neurocognitive deficits in individuals with FASD increase their risk of involvement with the justice system as victims, witnesses, and perpetrators ... For example, individuals with FASD often have poor judgement, can be highly suggestible/ impulsive, and lack consequential thinking due to underlying executive dysfunction ... This can increase susceptibility to criminal behaviour and victimisation.

Additionally, individuals with FASD tend to experience high rates of life adversity from a young age that are characterised by repeated contacts with the child protection systems,

⁵⁵ Frank Ainsworth, '[Drug Use by Parents: The Challenge for Child Protection and Drug and Alcohol Services](#)' (2004) 29(3) *Children Australia* 4, 7.

⁵⁶ Ibid.

⁵⁷ Communities and Justice NSW (formerly Department of Community Services), [Working with Parental Substance Misuse](#) (Research to Practice Notes, February 2010) 3, references omitted.

⁵⁸ Communities and Justice NSW (formerly Department of Community Services), [Working with Parental Substance Misuse](#) (Research to Practice Notes, February 2010) 1, references omitted.

⁵⁹ E M Westrupp et al, '[Child, Parent, and Family Mental Health and Functioning in Australia during COVID-19: Comparison to Pre-Pandemic Data](#)' (2023) 32:317 *European Child & Adolescent Psychiatry* 317.

* See also Bugmy Bar Book chapters '[Impacts of Imprisonment](#)' and '[Out-of-Home Care](#)'.

unstable home environment, exposure to trauma/abuse, parental substance abuse, and parental incarceration ...⁶⁰

50 Individuals with FASD are underdiagnosed and overrepresented in the justice system.⁶¹ A 2017 prevalence study conducted in Western Australia's youth detention centre documented FASD in 36% of participants, the majority of whom had not previously been diagnosed.⁶²

51 Support is indicated as a way to combat recidivism:

Enhancing access to diagnostic services and interventions in the justice population is crucial to help break the cycle of recidivism. Without appropriate support, individuals with undiagnosed FASD may continue to become enmeshed in the justice system. Encouragingly, there is a growing awareness regarding FASD across all aspects of the WA justice system in recent years, with training programmes that aim to increase awareness of FASD and upskill the custodial workforce in the management of youth with FASD (Passmore et al [2021]).⁶³

52 AOD may influence people to engage in risky or criminal activity, including drink-driving a motor vehicle, offensive conduct and verbal or physical violence.⁶⁴

53 Research has found that methamphetamine, heroin and cannabis use increases the risk of acquisitive offenses.⁶⁵ Children who have been exposed to harmful substance use at an early age may go on to model their carer's poor behaviours. Community Services (NSW) found:

Poor parental modelling and supervision may in turn impact on peer relationships that children develop. For example, children whose parents misuse alcohol tend to engage in significantly more deviant behaviour and belong to more deviant peer groups.⁶⁶

54 The imprisonment rate for Aboriginal and Torres Strait Islander people is currently 16.7 times the non-Indigenous imprisonment rate (2024). The leading proximate cause of this overrepresentation is a high rate of Indigenous arrest. The strongest risk factor for arrest is having used illicit drugs and alcohol over the preceding 12 months. The risk of arrest is higher for young males and

Illicit drug and alcohol use increases the risk of arrest, as does a high level of psychological distress, being a member of the stolen generation, living in a problem-affected neighbourhood and having a higher level of exposure to police. The risk of arrest is lower among Indigenous Australians who are married, who have never been homeless, who have people they feel they can confide in, who have completed school, and who have an income in the top four deciles.⁶⁷

⁶⁰ Grace Kuen Yee Tan et al, '[Exploring Offending Characteristics of Young People with Foetal Alcohol Spectrum Disorder in Western Australia](#)' (2023) 30(4) *Psychiatry, Psychology and Law* 514, 515.

⁶¹ See, e.g., Carol Bower et al, '[Fetal Alcohol Spectrum Disorder and Youth Justice: A Prevalence Study Among Young People Sentenced to Detention in Western Australia](#)' (2018) 8(2) *BMJ Open* 1, 8.

⁶² *Ibid.*

⁶³ Tan et al, 'Exploring Offending Characteristics' (n 59) 528–9 (citing Passmore et al, 'Reframe the Behaviour' (2021) 28(3) *Psychiatry, Psychology and Law* 382). See also Department of Health (Cth), [National Fetal Alcohol Spectrum Disorder \(FASD\) Strategic Action Plan 2018–2028](#) (2018) 24.

⁶⁴ Australian Institute of Health and Welfare ('AIHW'), [Alcohol, Tobacco & Other Drugs in Australia](#) (Web Report, updated June 2025); Don Weatherburn et al, '[Towards a Theory of Indigenous Contact with the Criminal Justice System](#)' (Australian Institute of Criminology ('AIC') Research Report No 32, 2024) 6.

⁶⁵ Susan Goldsmith and Matthew Willis, '[Methamphetamine Use and Acquisitive Crime: Evidence of a Relationship](#)' (2016) 516 *Trends & Issues in Crime and Criminal Justice* 1.

⁶⁶ Communities and Justice NSW (formerly Department of Community Services), '[Parental Alcohol Misuse and the Impact on Children](#)' (Research to Practice Note, October 2006) 1.

⁶⁷ Don Weatherburn et al, '[Towards a Theory of Indigenous Contact with the Criminal Justice System](#)' (Australian Institute of Criminology ('AIC') Research Report No 32, 2024) vii.

Lifestyle factors, such as illicit drug and alcohol use, may be strongly correlated with aggression and violence but they may also trigger an arrest even in the absence of aggression and violence.⁶⁸

The hostile relationship between Indigenous Australians and the police ... is greatly exacerbated by a shared oral history of indiscriminate murder, forced removal, abduction, harassment and police brutality. Much of this harassment and brutality was and is directed at Aboriginal youth. The result is an undercurrent of fear and hostility towards police that puts young Aboriginal men at heightened risk of arrest for even minor breaches of the law.⁶⁹

Children grow up repeating the domestic violence, substance abuse, crime and hostile interactions with police they have witnessed among their older peers and parents ... Children whose parents engage in illicit drug and alcohol abuse are at increased risk of substance abuse themselves. Young people whose attachment to parents is broken, weak or absent due to substance abuse or mental health problems are more likely to associate with delinquent peers.⁷⁰

55 The NSW *Special Commission of Inquiry into Crystal Methamphetamine and other Amphetamine-Type Stimulants* stated that evidence

clearly establishes that, by stigmatising people who use and possess illicit drugs as criminals, we are marginalising them and raising significant barriers that discourage them from seeking help. For fear of being prosecuted, for fear of having their children removed, or simply out of a sense of shame, they often do not seek help and instead follow a secretive path, hiding their drug use from their family and friends, their GP or others who might assist and support them. This makes it much harder for our health system and other agencies of social support to identify and help them. It is clear from the evidence that this dynamic is causing our society harm that significantly outweighs any benefit from the limited deterrent of treating people who use or possess drugs as criminals.⁷¹

56 The Australian Institute of Family Studies ('AIFS') considered that '[i]llicit drugs such as opioids and amphetamine-type substances often require engagement in a range of illegal activities, such as theft or prostitution, in order to support the habit'.⁷²

Co-Occurrence of Substance Misuse and Mental Health Issues

57 The Productivity Commission *Mental Health Inquiry Report* (2020) stated:

There is a strong relationship between substance use disorders and other mental disorders, with many people who experience one also experiencing the other. People with substance use comorbidities experience worse outcomes than those with only substance use or other mental health disorders.⁷³

Factors contributing to this complex relationship include that many people with mental ill-health use alcohol and other drugs to alleviate the stresses of their mental ill-health, including the symptoms of their mental illness, the side effects of their medication, and the stigma and discrimination associated with mental ill-health. As well, using alcohol and other drugs can exacerbate mental illness and its

⁶⁸ Don Weatherburn et al, *Towards a Theory of Indigenous Contact with the Criminal Justice System* (Australian Institute of Criminology ('AIC') Research Report No 32, 2024) 4.

⁶⁹ Ibid 5.

⁷⁰ Ibid 6–7.

⁷¹ NSW Government, *Special Commission of Inquiry into Crystal Methamphetamine and Other Amphetamine-Type Stimulants* (Report, January 2020) vol 1, ix (9). Also called *Special Commission of Inquiry into the Drug 'Ice'* or 'Ice Inquiry'.

⁷² Sharon Dawe, Paul Harnett and Sally Frye, *Australian Institute of Family Studies, Improving Outcomes for children living in families with parental substance misuse: What do we know and what should we do* (2008) 3.

⁷³ Productivity Commission, *Mental Health* (Inquiry Report, 30 June 2020) 643.

symptoms, impair decision making, reduce the likelihood of recovery and reduce the effectiveness of some mental health medications.⁷⁴

58 The terms ‘dual diagnosis’, ‘co-morbidity’, and ‘co-occurring’ refer to people who present with both substance misuse and mental health issues. Sunderland et al (2024),⁷⁵ analysing data from the two Australian National Surveys of Mental Health and Wellbeing conducted in 2020–2022, estimated that ‘approximately 46% of people with a mental or substance use disorder in the past 12 months experienced two or more diagnosable conditions.’⁷⁶ They found common patterns of co-occurrence. They concluded:

Co-occurring mental and substance use disorders remain endemic in Australia. Indeed, they appear to be increasingly problematic in younger, more recent cohorts. The results suggest that continued effort is needed to develop and implement transdiagnostic interventions that target broad contextual and/or societal factors.

59 The connections between mental illness, substance misuse and criminal activity, and their effects on parenting are frequently noted in the literature, in Australia and internationally. As a report commissioned by the Australian National Council on Drugs (2013) noted:

Problematic drug use rarely occurs in isolation, and families in which alcohol and other drug misuse occurs are also more likely to experience a range of other problems. These include mental illness, unemployment, social isolation, poverty and domestic violence.⁷⁷

60 Co-morbidity is an additional risk factor that further compounds the effects of a parent’s harmful substance use on children:

[C]hildren of parents with dual diagnosis, particularly alcohol misuse and ASPD [antisocial personality disorders], are more likely to develop externalising behaviours and oppositional defiant disorder than children of parents who misuse alcohol but do not have a mental health problem.⁷⁸

Treatment and Management of Substance Misuse

61 Treatment for substance misuse is usually conducted through services such as counselling or information and education, but in some cases requires long-term ongoing support to achieve change, similar to treating a chronic health condition. In Australia, 131,500 clients received treatment for substance use in 2022–2023. Of those, 34% received counselling treatment and 22% received only an assessment; 92% were receiving treatment for their own substance use, and the remainder were treated for someone else’s substance use. Self or family referrals were the most common point of entry into treatment (36% of episodes) and 59% of treatment episodes reached their expected or planned completion. Over the past ten years, withdrawal management for a client’s own drug use fell from 15% to 11% of episodes.⁷⁹

⁷⁴ Ibid 644.

⁷⁵ Matthew Sunderland et al., ‘Co-Occurring Mental and Substance Use Disorders in Australia 2020–2022: Prevalence, Patterns, Conditional Probabilities and Correlates in the General Population’ (2024) 59(6) *Australian & New Zealand Journal of Psychiatry* 522.

⁷⁶ Ibid 522.

⁷⁷ Ann Roche et al, *From Policy to Implementation: Child and Family Sensitive Practice in the Alcohol and Other Drugs Sector* (Australian National Council on Drugs (‘ANCD’) Research Paper No 28, October 2013) 3.

⁷⁸ Communities and Justice NSW (formerly Department of Community Services), ‘*Parental Alcohol Misuse and the Impact on Children*’ (Research to Practice Note, October 2006) 1, discussing the key issues raised in Alexandra Loukas et al, ‘*Developmental Trajectories of Disruptive Behavior Problems among Sons of Alcoholics*: Effects of Parent Psychopathology, Family Conflict, and Child Undercontrol’ (2003) 112(1) *Journal of Abnormal Child Psychology* 119.

⁷⁹ Australian Institute of Health and Welfare, *Alcohol and other drug treatment services in Australia annual report* (Web Report, June 2024) (‘Treatment provided, Treatment referral and completion’).

62 A multi-site study across Victoria and Western Australia by Victoria Manning et al⁸⁰ found that some 52% of clients who commenced a treatment episode for AOD misuse showed reliable reductions in substance use of their primary drug of concern after one year.

63 There is limited evidence to determine the number of recovery attempts required before successful resolution of a substance misuse problem, but research examining recovering US adults found that multiple recovery attempts are associated with successful resolution,⁸¹ with a median estimate of two attempts.

64 While Aboriginal community-controlled AOD residential treatment services are closely linked to positive results for Aboriginal clients, largely due to culturally specific and responsive care models, the availability of such facilities is limited.⁸² A 2022 report prepared by the National Drug and Alcohol Research Centre identified roughly 35 Aboriginal residential rehabilitation facilities across Australia, with only six operating in NSW.⁸³

65 A 2022 study of Aboriginal client discharge from the six Aboriginal residential rehabilitation services in NSW found:

Aboriginal clients who used stimulants as their primary substance of concern were nearly eight times more likely to re-admit to the same residential AOD rehabilitation service within 2 years of an original admission, compared with those who did not use stimulants ... Aboriginal clients might see the residential AOD rehabilitation services included in this study as culturally safe options compared with their experience of mainstream services [20,37]. Hence, Aboriginal residential AOD rehabilitation services may be seen as a safe place where they may feel comfortable to continue working on their recovery [20]. Other motivating factors that might have prompted a readmission could be support from a residential AOD rehabilitation service to help identify practical steps needed to re-establish relationships with family and community [20,36].⁸⁴

66 The same study identified some reasons why Aboriginal clients may self-discharge:

Clinically, there may be factors that are beyond the control of the residential AOD rehabilitation service, which may result in some clients self-discharging. For example, being away from family or other loved ones may be too great a burden for some Aboriginal clients. Also, some Aboriginal clients may feel uncomfortable residing at a resi rehab which is located 'off country' [...]. For example, being 'off country' may mean that the individual cannot fulfil their cultural commitments [...].⁸⁵

⁸⁰ Victoria Manning et al, '[Substance use outcomes following treatment: Findings from the Australian Patient Pathways Study](#)' (2016) 51(2) *Australian & New Zealand Journal of Psychiatry*, 177 ('Results').

⁸¹ John Kelly et al, '[How many recovery attempts does it take to successfully resolve an alcohol or drug problem? Estimates and correlates from a national study of recovering U.S. adults](#)' (2019) 43(7) *Alcoholism, clinical and experimental research* ('Abstract').

⁸² Danielle Manton and Mark Ragg, *Aboriginal Drug and Alcohol Residential Rehabilitation Network Model of Care Evaluation* (Report, 2023) 14.

⁸³ Anthony Shakeshaft et al, '[Strengthening the Evidence Base for Aboriginal Alcohol and other Drug Residential Rehabilitation Services](#)' (Report, 2022) 12.

⁸⁴ Doug B James et al, '[Predictors of Length of Treatment, Discharge Reason, and Re-Admission to Aboriginal Alcohol and Other Drug Residential Rehabilitation Services in New South Wales, Australia](#)' (2022) 41(3) *Drug and Alcohol Review* 603, 612. References omitted. Peer-reviewed manuscript PDF [here](#).

⁸⁵ Ibid 613.