



Parental 'Recreational' Substance Use

The Traumatic Ripple Effect on Children

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Here's a sobering thought: While your average recreational substance user is busy defending their "harmless fun," approximately 8.7 million children in the United States alone are living in households where at least one parent struggles with substance use disorder. That's right – one in eight children under 17 are watching their childhood disappear into the bottom of someone else's bottle or going up in someone else's smoke.

Let's cut through the haze and look at what the research actually tells us about this "recreational" activity's impact on the next generation.



The Numbers Don't Lie

(Though Parents Often Do)

The stark reality of parental substance use in modern society is far more pervasive than most people realise or care to admit. According to comprehensive studies by the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately one in eight children aged 17 and younger lives in a household where at least one parent struggles with substance use disorder. This isn't just another statistic to be glossed over – it represents 8.7 million young people in the United States alone who wake up every day to the uncertainty and chaos of living with an addicted parent.



The breakdown becomes even more disturbing when we examine the specific types of substance use affecting these children. A staggering 7.5 million American children – roughly 10% of all kids – live with at least one parent battling alcohol use disorder. This isn't occasional weekend drinking or social consumption; we're talking about clinically diagnosed alcohol dependence that significantly impairs parenting abilities and household stability. Additionally, 2.1 million children (about 1 in 35) live in households where a parent abuses illegal drugs, creating an environment of not just emotional instability but potential legal consequences as well. The situation isn't unique to the United States – across the Atlantic, a shocking one in five children in the UK are affected by parental drinking, suggesting this is a global crisis that transcends cultural and societal boundaries.



Perhaps most alarming is the fact that 20% of all child neglect or abuse cases are directly linked to parental substance use. This means that in one-fifth of all cases where children suffer from neglect or abuse, substance use isn't just present – it's a direct contributing factor. These aren't simply correlational statistics; they represent a clear causal relationship between parental substance use and child maltreatment that cannot be ignored or rationalised away.

The age breakdown reveals a particularly disturbing pattern of exposure across all developmental stages, with alcohol use disorder affecting children at remarkably consistent rates throughout childhood. During the critical developmental years of ages 0-2, when brain architecture and attachment patterns are being formed, 10.1% of children are exposed to parental alcohol use disorder. This percentage remains dishearteningly stable through early childhood formation (9.9% for ages 3-5), school-age years (10.2% for ages 6-11), and adolescence (11.3% for ages 12-17). The slight increase in adolescent exposure suggests that parental alcohol use problems may actually worsen as children age, perhaps due to accumulated stress or deteriorating family dynamics.

When it comes to illegal drug use, while the percentages are lower, they follow an equally troubling pattern. The highest exposure occurs in the youngest age group (4% of children ages 0-2), gradually declining to 2.1% by adolescence. This decline might seem encouraging at first glance, but it likely reflects the tragic reality that many of these families have already been separated through child protective services or other interventions by the time children reach their teenage years. It's worth noting that these statistics only capture reported cases and families known to authorities – the actual numbers are likely significantly higher, hidden behind closed doors and walls of silence that characterise households affected by substance use.



What makes these numbers particularly chilling is that they represent real children living in real homes where substance use has become normalised, where chaos is routine, and where the development of healthy coping mechanisms and emotional regulation is severely compromised. These aren't just statistics – they're millions of individual stories of childhood trauma, disrupted development, and intergenerational patterns of substance use that threaten to perpetuate this cycle into the next generation.



PERHAPS MOST ALARMING IS THE FACT THAT 20% OF ALL CHILD NEGLECT OR ABUSE CASES ARE DIRECTLY LINKED TO PARENTAL SUBSTANCE USE. THIS MEANS THAT IN ONE-FIFTH OF ALL CASES WHERE CHILDREN SUFFER FROM NEGLECT OR ABUSE, SUBSTANCE USE ISN'T JUST PRESENT – IT'S A DIRECT CONTRIBUTING FACTOR. THESE AREN'T SIMPLY CORRELATIONAL STATISTICS; THEY REPRESENT A CLEAR CAUSAL RELATIONSHIP BETWEEN PARENTAL SUBSTANCE USE AND CHILD MALTREATMENT THAT CANNOT BE IGNORED OR RATIONALISED AWAY.



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**The "Fun" Starts
Before Birth**

The impact of parental substance use begins long before a child takes their first breath, creating a legacy of challenges that can last a lifetime. Recent research published in JAMA Pediatrics has revealed disturbing trends in prenatal substance exposure, particularly regarding cannabis use. What makes these findings particularly alarming is the casual attitude many take toward cannabis use during pregnancy, often viewing it as a "natural" solution for morning sickness or anxiety, while ignoring the mounting evidence of its developmental impacts.

The statistics paint a troubling picture of increasing prenatal cannabis exposure:

- 2002: 3% of pregnant women reported use
- 2017: 7% reported use (more than double)
- 2018: 4.7% reported use
- 2019: 5.4% reported use



This upward trend coincides with increasing cannabis legalisation and social acceptance, creating what researchers fear may be a perfect storm of developmental challenges for the next generation. The normalisation of cannabis use has led to a dangerous misconception that it's harmless during pregnancy, despite clear scientific evidence to the contrary. Many women report receiving conflicting information from healthcare providers, social media, and even dispensary staff, leading to confusion about the real risks to their developing fetuses.

The effects of prenatal cannabis exposure are particularly concerning after the middle of the first trimester (generally after five to six weeks of foetal development). This critical period of brain development is when the endocannabinoid system – which THC directly affects – plays a crucial role in neural circuit formation. Research supported by the National Institute on Drug Abuse (NIDA) has identified multiple areas of immediate impact, ranging from attention deficits to fundamental changes in how the developing brain forms social connections. These aren't minor, temporary issues that resolve themselves after birth – they represent fundamental alterations in brain architecture that can affect everything from learning ability to emotional regulation.





The immediate effects observed include attention deficits that manifest even in infancy, with babies showing altered responses to visual and auditory stimuli. Social interaction problems become apparent as early as six months of age, with affected infants showing decreased eye contact and altered social engagement patterns. Behavioural issues often become evident as these children enter early childhood, manifesting in everything from sleep disturbances to difficulty with emotional regulation. Perhaps most concerning is the potential cognitive development interference, which can affect everything from memory formation to problem-solving abilities.

The long-term impacts are even more sobering. Problems don't just persist into early adolescence (ages 11-12) – they often intensify as academic and social demands increase. The increased risk for mental health disorders becomes particularly apparent during these crucial developmental years, with affected children showing higher rates of anxiety, depression, and attention deficit disorders. Research indicates a higher likelihood of future substance use among these children, creating a troubling cycle of intergenerational substance use patterns. Most alarming is the growing evidence of potential alterations in brain development due to THC crossing the placental barrier, leading to changes in neural architecture that may be permanent.





The implications of these findings extend far beyond individual families. Healthcare providers are now grappling with how to effectively screen for and address prenatal cannabis use, particularly in states where it's legal. The medical community is increasingly calling for more robust public health messaging about the risks of substance use during pregnancy, while also acknowledging the need for compassionate, non-judgmental support for pregnant women struggling with substance use disorders. This complex intersection of public health, addiction medicine, and developmental biology highlights the need for a more nuanced understanding of how seemingly "recreational" substance use can have far-reaching consequences for the next generation.



THE LONG-TERM IMPACTS ARE EVEN MORE SOBERING. PROBLEMS DON'T JUST PERSIST INTO EARLY ADOLESCENCE (AGES 11-12) – THEY OFTEN INTENSIFY AS ACADEMIC AND SOCIAL DEMANDS INCREASE. THE INCREASED RISK FOR MENTAL HEALTH DISORDERS BECOMES PARTICULARLY APPARENT DURING THESE CRUCIAL DEVELOPMENTAL YEARS, WITH AFFECTED CHILDREN SHOWING HIGHER RATES OF ANXIETY, DEPRESSION, AND ATTENTION DEFICIT DISORDERS. RESEARCH INDICATES A HIGHER LIKELIHOOD OF FUTURE SUBSTANCE USE AMONG THESE CHILDREN, CREATING A TROUBLING CYCLE OF INTERGENERATIONAL SUBSTANCE USE PATTERNS. MOST ALARMING IS THE GROWING EVIDENCE OF POTENTIAL ALTERATIONS IN BRAIN DEVELOPMENT DUE TO THC CROSSING THE PLACENTAL BARRIER, LEADING TO CHANGES IN NEURAL ARCHITECTURE THAT MAY BE PERMANENT.



When Children Become Parents

(To Their Parents)



The role reversal that occurs in households affected by substance use creates a particularly insidious form of trauma. Children are forced to develop survival mechanisms that often come at the cost of their own childhood development. As one 22-year-old child of an alcoholic parent painfully describes: "When you grow up in the house of an addict, forced to take on the role of adult as you 'parent the parent,' your childhood is characterised by chaos, unpredictability, and (lack of) control."

This role reversal manifests in multiple complex layers of responsibility that no child should have to bear. The emotional caretaking burden is perhaps the most psychologically damaging aspect, with children constantly monitoring and managing their parent's emotional states. These young people become skilled emotional weathervanes, learning to read subtle changes in

mood and behaviour that might signal impending chaos. They provide comfort and support to the parent who should be their source of security, while simultaneously suppressing their own emotional needs. This emotional suppression often becomes so ingrained that it persists well into adulthood, creating a legacy of disconnection from their own feelings and needs.





The physical demands placed on these children are equally disturbing. Many find themselves taking on adult responsibilities before they can even reach the kitchen counter. They learn to prepare meals not just for themselves but often for younger siblings, becoming skilled at making something from nothing when supplies are scarce. Household tasks fall squarely on their small shoulders – cleaning, laundry, and maintenance become their domain as the parent becomes increasingly unreliable. Perhaps most heartbreaking is the role of safety monitor, with children staying awake at night to ensure their parents don't harm themselves or others while under the influence.



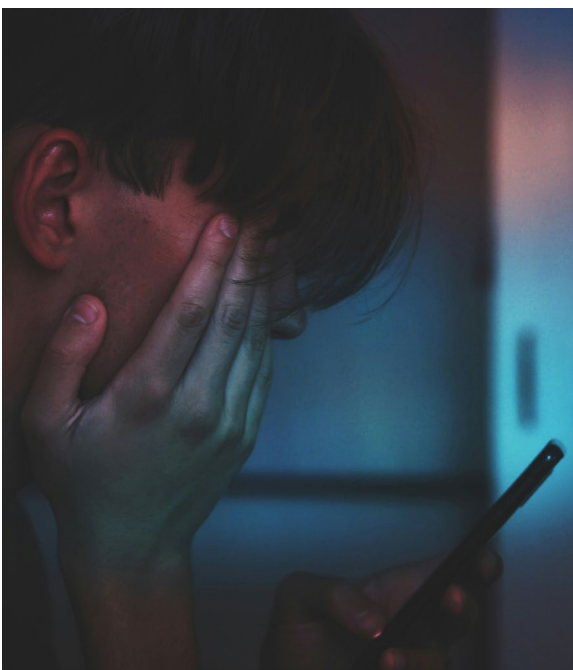
Financial responsibilities often complete this trifecta of premature adulthood. Children in these situations become adept at managing household finances out of sheer necessity. They learn to stretch limited resources, often going without basic necessities to ensure bills are paid or younger siblings are fed. Many begin working at inappropriately young ages, taking on part-time jobs or finding creative ways to earn money to support their families. This early entry into the workforce often comes at the expense of their education and normal social development.



The psychological impact of this role reversal is profound and far-reaching. Anxiety disorders become almost inevitable, with children developing a hypervigilance that manifests in various ways. Generalised anxiety disorder, social anxiety, panic disorders, and separation anxiety are common companions throughout their lives. These children live in a constant state of anticipation, always waiting for the other shoe to drop, never fully able to relax or feel secure.

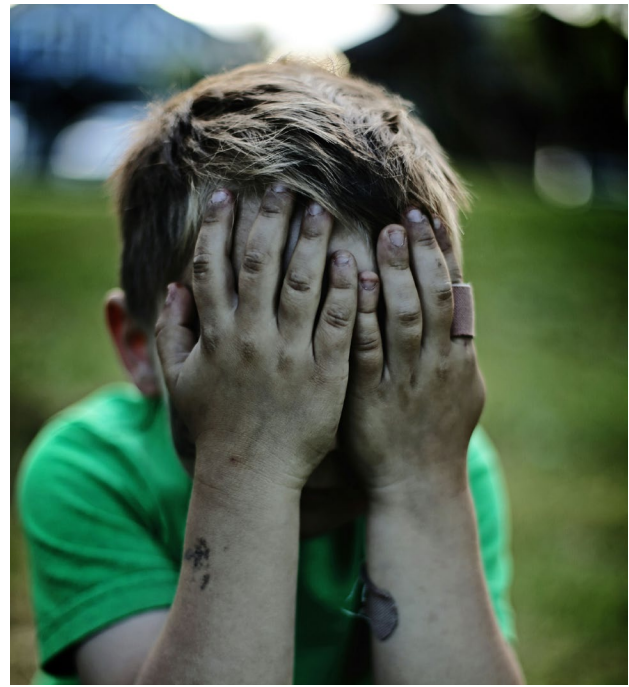


THE PSYCHOLOGICAL IMPACT OF THIS ROLE REVERSAL IS PROFOUND AND FAR-REACHING. ANXIETY DISORDERS BECOME ALMOST INEVITABLE, WITH CHILDREN DEVELOPING A HYPERVIGILANCE THAT MANIFESTS IN VARIOUS WAYS. GENERALISED ANXIETY DISORDER, SOCIAL ANXIETY, PANIC DISORDERS, AND SEPARATION ANXIETY ARE COMMON COMPANIONS THROUGHOUT THEIR LIVES. THESE CHILDREN LIVE IN A CONSTANT STATE OF ANTICIPATION, ALWAYS WAITING FOR THE OTHER SHOE TO DROP, NEVER FULLY ABLE TO RELAX OR FEEL SECURE.



Cognitive challenges emerge as the constant stress takes its toll on developing brains. Difficulty with concentration becomes normal as their minds are perpetually occupied with adult concerns. Academic performance often suffers, not due to lack of intelligence but because their cognitive resources are consumed by survival planning. Decision-making abilities become impaired as they struggle to balance adult responsibilities with their own developmental needs. The resultant struggles with executive functioning can persist well into adulthood, affecting everything from career progression to personal relationships.

The emotional development issues created by this role reversal are particularly devastating. Children in these situations often grow up with a profound difficulty in identifying and expressing their own emotions, having learned early that their feelings must take a back seat to survival. Problems with emotional regulation become common, as they never had the opportunity to learn healthy coping mechanisms from stable adult role models. Trust issues and attachment disorders become almost inevitable, as their earliest experiences taught them that adult caregivers cannot be relied upon.



The social impact of this parentification creates a devastating ripple effect through these children's lives. Isolation from peers becomes common, as their life experiences are so drastically different from those of their age mates. They often struggle to form relationships, having never learned healthy relationship patterns at home. Problems with boundaries plague them throughout life, as they struggle to understand where their responsibilities end and others' begin. Social anxiety and withdrawal become common coping mechanisms, further limiting their opportunities for normal social development.



The physical impact statistics paint an equally grim picture. These children face a threefold higher likelihood of experiencing physical abuse and a fourfold greater risk of emotional or physical neglect. The fact that 27% require child protective services intervention during their preschool years speaks volumes about the severity of their situations. The increased risk of developmental delays and higher rates of chronic health conditions suggest that the impact of this role reversal extends far beyond the psychological realm, affecting these children's physical development and long-term health outcomes.

This perverse role reversal doesn't just steal childhood – it fundamentally alters the trajectory of these children's lives, creating patterns and coping mechanisms that can take decades to unravel, if they ever do. The impact ripples through generations, as these children grow into adults who must consciously work to break the patterns they learned in childhood, lest they perpetuate the cycle with their own children.



THE INCREASED RISK OF DEVELOPMENTAL DELAYS AND HIGHER RATES OF CHRONIC HEALTH CONDITIONS SUGGEST THAT THE IMPACT OF THIS ROLE REVERSAL EXTENDS FAR BEYOND THE PSYCHOLOGICAL REALM, AFFECTING THESE CHILDREN'S PHYSICAL DEVELOPMENT AND LONG-TERM HEALTH OUTCOMES.



The Genetic Russian Roulette

The hereditary component of substance use disorders creates a particularly cruel cycle. Research has revealed a complex interplay between genetic predisposition and environmental factors that makes children of substance-using parents particularly vulnerable to following in their parents' footsteps. It's as if these children are born into a game of genetic Russian roulette, where the chambers are loaded not just with negative epigenetic 'levers', but with environmental triggers that can activate those epigenetic predispositions.



Consider the stark epigenetic risk factors:

- Children of alcoholic parents are 4x more likely to develop alcohol problems
- Early exposure (before age 15) increases risk of dependence by 5x
- Genetic vulnerability to impulsivity and risk-taking behaviours
- Inherited tolerance levels affecting substance use patterns



These aren't just cold statistics – they represent a biological legacy that can feel like a predetermined destiny to many children of substance users. The genetic component is particularly insidious because it operates on multiple levels. Not only do these children inherit genetic markers that may predispose them to addiction, but they also often inherit specific neurobiological traits that make them more vulnerable to substance use. For instance, research has shown that children of alcoholics often have different brain wave patterns and altered responses to alcohol compared to children of non-alcoholics, even before they ever take their first drink.



The environmental risks multiply these genetic predispositions in ways that can feel almost impossible to escape:

- Normalised substance use behaviours
- Learned coping mechanisms
- Exposure to enabling behaviours
- Disrupted attachment patterns



CONSIDER THE STARK EPIGENETIC RISK FACTORS:

- **CHILDREN OF ALCOHOLIC PARENTS ARE 4X MORE LIKELY TO DEVELOP ALCOHOL PROBLEMS**
- **EARLY EXPOSURE (BEFORE AGE 15) INCREASES RISK OF DEPENDENCE BY 5X**
- **GENETIC VULNERABILITY TO IMPULSIVITY AND RISK-TAKING BEHAVIOURS**
- **INHERITED TOLERANCE LEVELS AFFECTING SUBSTANCE USE PATTERNS**

THE COMBINED IMPACT STATISTICS TELL A CHILLING STORY OF HOW THESE GENETIC AND ENVIRONMENTAL FACTORS INTERACT:

- **50-60% INCREASED RISK OF DEVELOPING SUBSTANCE USE DISORDERS**
- **2-3X HIGHER RISK OF MENTAL HEALTH DISORDERS**
- **4X GREATER LIKELIHOOD OF EARLY SUBSTANCE EXPERIMENTATION**
- **5X HIGHER RISK OF DEVELOPING ADDICTION BEFORE AGE 25**



The normalisation of substance use in these households creates a perfect storm of risk factors. Children grow up watching their parents use substances as coping mechanisms, inadvertently teaching them that this is a normal response to stress or emotional pain. The enabling behaviours they witness – from family members making excuses for the substance-using parent to friends and relatives covering up the consequences of substance use – become deeply ingrained patterns that they may unconsciously replicate in their own relationships later in life.



Perhaps most devastating is how these learned patterns interact with disrupted attachment formations. Children in these households often develop insecure attachment styles, which can make them more vulnerable to peer pressure and substance use as they seek connection and validation they never received at home. They may have learned early on that emotional needs are best suppressed or medicated away, creating a dangerous foundation for their own relationship with substances.

The combined impact statistics tell a chilling story of how these genetic and environmental factors interact:

- 50-60% increased risk of developing substance use disorders
- 2-3x higher risk of mental health disorders
- 4x greater likelihood of early substance experimentation
- 5x higher risk of developing addiction before age 25



These numbers represent a devastating convergence of nature and nurture – **The R.E.C.I.P.E** – if you like of the human development. The 50-60% increased risk of developing substance use disorders suggests that the combination of genetic predisposition and environmental exposure creates a vulnerability that's greater than either factor alone. The increased risk of mental health disorders points to how this genetic-environmental interaction affects not just substance use patterns but overall psychological well-being.



The fact that these children are four times more likely to experiment with substances early in life, and five times more likely to develop addiction before age 25, speaks to the urgent need for early intervention and support. These aren't just statistics – they're red flags signalling a critical window of opportunity to break the cycle before it becomes entrenched in the next generation.



THE FACT THAT THESE CHILDREN ARE FOUR TIMES MORE LIKELY TO EXPERIMENT WITH SUBSTANCES EARLY IN LIFE, AND FIVE TIMES MORE LIKELY TO DEVELOP ADDICTION BEFORE AGE 25, SPEAKS TO THE URGENT NEED FOR EARLY INTERVENTION AND SUPPORT



Understanding this interplay between genetic predisposition and environmental factors is crucial not just for prevention efforts, but for breaking down the shame and stigma that often accompanies generational substance use. Children of substance-using parents need to understand that while they may have inherited certain vulnerabilities, their future isn't predetermined. With proper support, education, and intervention, the genetic Russian roulette they were born into doesn't have to define their destiny.



The Economic Burden

The financial impact of parental substance use extends far beyond the individual family unit, creating rippling effects throughout society that burden healthcare systems, social services, and ultimately, taxpayers. While the human cost is immeasurable, the economic toll can be quantified – and the numbers are staggering.



Let's start with one of the most immediate and costly consequences: Neonatal Abstinence Syndrome (NAS). The numbers tell a devastating story:

- Total annual cost: \$2.5 billion
- Medicaid burden: \$2 billion
- Average length of hospital stay: 15.9 days
- Cost per infant: Approximately \$66,700 per hospital stay



These figures represent more than just dollars and cents – they represent thousands of newborns spending their first weeks of life in withdrawal, requiring intensive medical intervention just to survive. The fact that Medicaid bears \$2 billion of this burden indicates that this crisis disproportionately affects our most economically vulnerable populations. The average hospital stay of 15.9 days represents more than two weeks of round-the-clock medical care, with each tiny patient requiring specialised attention and monitoring. At \$66,700 per hospital stay, the cost of treating just one NAS baby equals the annual salary of many working Americans.

THE TRUE ECONOMIC BURDEN OF PARENTAL SUBSTANCE USE MAY NEVER BE FULLY CALCULATED, AS ITS EFFECTS RIPPLE THROUGH GENERATIONS, CREATING NEW COSTS AND CHALLENGES LONG AFTER THE INITIAL SUBSTANCE USE HAS ENDED. THESE EXPENSES REPRESENT NOT JUST CURRENT COSTS, BUT LOST POTENTIAL – THE HUMAN CAPITAL SQUANDERED WHEN CHILDREN'S DEVELOPMENT IS COMPROMISED BY THEIR PARENTS' SUBSTANCE USE.



The healthcare system impact extends well beyond these initial costs, creating a cascade of expenses that continue throughout childhood and often into adulthood:



1. Direct Medical Costs:

- Emergency room visits
- Mental health services
- Substance use treatment
- Long-term health complications

These direct medical costs often represent just the tip of the iceberg. Emergency room visits become routine as children from substance-affected homes experience higher rates of accidents, injuries, and stress-related health issues. Mental health services, when accessible, must address complex trauma that often requires years of therapeutic intervention. Substance use treatment may eventually be needed for the children themselves, as they struggle with their own addiction issues later in life. The long-term health complications can persist for decades, creating an ongoing drain on healthcare resources.



2. Developmental Services:

- Special education programs
- Early intervention services
- Behavioural therapy
- Speech and language therapy



The developmental impact of parental substance use creates another layer of necessary interventions, each with its own significant cost. Special education programs must be equipped to handle the complex learning and behavioural challenges these children often face. Early intervention services, while expensive, represent a crucial investment in preventing even costlier problems down the line. Behavioural therapy becomes essential as these children struggle to develop appropriate social and emotional skills, while speech and language therapy often becomes necessary due to developmental delays caused by early childhood trauma and neglect.

3. Child Welfare System Costs:

- Foster care services
- Child protective services investigations
- Court proceedings
- Family reunification programs



The child welfare system bears perhaps the heaviest financial burden. Foster care services alone represent billions in annual expenditure, with many children requiring specialised placements due to complex emotional and behavioural needs. Child protective services investigations drain resources that could otherwise be spent on prevention, while court proceedings can drag on for years, consuming massive amounts of legal and administrative resources. Family reunification programs, while crucial, require intensive support services that further strain already limited budgets.





The broader societal economic impact creates yet another layer of financial burden:

- Lost workplace productivity
- Criminal justice system costs
- Social service expenditures
- Educational support services



These ripple effects extend into every corner of society. Lost workplace productivity occurs not just from parents struggling with substance use, but from their adult children who may struggle with their own mental health and substance use issues. The criminal justice system bears the cost of increased rates of both substance-related crimes and the secondary crimes that often accompany addiction. Social service expenditures multiply as these families require multiple forms of support, from housing assistance to food security programs. Educational systems must develop and maintain specialised support services, often without adequate additional funding.



The true economic burden of parental substance use may never be fully calculated, as its effects ripple through generations, creating new costs and challenges long after the initial substance use has ended. These expenses represent not just current costs, but lost potential – the human capital squandered when children's development is compromised by their parents' substance use. It's a sobering reminder that when we talk about the cost of addiction, we're not just counting dollars and cents, but the price paid by entire communities and future generations.



» Breaking the Silence

Breaking the Silence

(And the Cycle)

The culture of silence surrounding parental substance use creates a complex web of psychological and social challenges for children, weaving a tapestry of trauma that can take generations to unravel. This forced silence manifests in multiple ways, each creating its own unique pattern of survival mechanisms that,



while essential in childhood, often become barriers to healthy adult functioning. This forced silence has now been fortified in some cultural settings by speech-codes that restrict and negative assessment, or criticism of those who use substances. The misuse and manipulation of anti-stigma protocols is hijacked by many pro-drug actors in the community to continue to prevent these shocking conducts and outcomes being properly and thoroughly scrutinized and adjudicated upon for the atrocities they are.



From their earliest moments, children in these situations develop sophisticated survival mechanisms that would impress even seasoned psychologists. Emotional suppression becomes their first line of defence – a learned numbness that settles over them like a second skin. They master the art of emotional disconnection, becoming experts at hiding their feelings not just from others, but from themselves. The difficulty in identifying feelings isn't just a temporary coping mechanism; it becomes their default mode of existence. The fear of expressing needs grows so profound that many lose touch with what those needs even are.





Behavioural adaptations emerge as their second layer of protection. Hypervigilance becomes as natural as breathing, with children developing an almost supernatural ability to read rooms and anticipate emotional storms before they break. People-pleasing behaviours evolve from simple survival tactics into intricate personality traits, while perfectionism serves as both shield and sword against the chaos of their home lives. Risk aversion becomes so ingrained that many will spend decades overcompensating with excessive caution in all aspects of life.



Social coping strategies develop next, creating a complex dance of approach and avoidance that can last a lifetime. Isolation from peers isn't just about avoiding difficult questions or hiding their home life – it becomes a protective bubble where they don't have to maintain the exhausting facade of normalcy. Limited relationship formation serves as both protection and prison, while trust issues and fear of authority figures become deeply embedded in their psychological makeup.



The long-term impact on development creates patterns that can take decades to unravel. Communication patterns become distorted, with these children growing into adults who can articulate everyone else's feelings while remaining strangers to their own. The mental health consequences are profound and far-reaching, with Complex PTSD often manifesting in ways that traditional trauma treatment struggles to address. Attachment disorders create patterns of relationship dysfunction that can persist across generations, while depression and anxiety become familiar companions.



Perhaps most insidious is the forced education of silence these children receive. They learn harmful lessons that persist well into adulthood, creating a complex web of beliefs and behaviours that can take years of therapy to untangle. Security through secrecy becomes their mantra, with phrases like "Don't tell anyone what happens at home" and "Nobody will understand" becoming deeply embedded beliefs that shape their worldview. The fear-based decision-making patterns they develop serve them well in surviving childhood but become major obstacles to adult functioning.



These survival skills, so essential in childhood, often become significant liabilities in adulthood. Hyper-responsibility and excessive self-reliance, while impressive on the surface, can create adults who struggle with basic vulnerability and interdependence. The difficulty in asking for help, combined with chronic anxiety about others' needs, creates a perfect storm of self-neglect masked as capability.

FROM THEIR EARLIEST MOMENTS, CHILDREN IN THESE SITUATIONS DEVELOP SOPHISTICATED SURVIVAL MECHANISMS THAT WOULD IMPRESS EVEN SEASONED PSYCHOLOGISTS. EMOTIONAL SUPPRESSION BECOMES THEIR FIRST LINE OF DEFENCE – A LEARNED NUMBNESS THAT SETTLES OVER THEM LIKE A SECOND SKIN.



Breaking this cycle requires a comprehensive approach that addresses both immediate needs and long-term healing. Early intervention programs represent the front line of defence, offering hope for breaking the cycle before it becomes entrenched. Educational support becomes crucial, as schools often provide the only stable environment these children experience. Family support services must address not just the substance use but the patterns of dysfunction that have developed around it, while community resources create the safety net these families desperately need.



The real tragedy lies not in the statistics, though they are staggering, but in the countless untold stories of children who learn to navigate chaos as if it were normal. These are children who develop survival skills at the cost of their childhood, who carry wounds that may take generations to heal. The ripple effects extend far beyond the immediate family unit, creating patterns of trauma and dysfunction that require intentional,



comprehensive intervention to address. The impact of this silence reverberates through generations, creating a legacy of pain that extends far beyond individual families into entire communities. Breaking this cycle requires more than just individual intervention – it demands a societal commitment to acknowledging and addressing the deep wounds that parental substance use creates in children. Only through understanding the full scope of this impact can we begin to develop the comprehensive solutions needed to help these children not just survive, but thrive.



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Breaking the Silence

Prevention Over Damage Control

At the Dalgarno Institute, we've watched with growing concern as our ethics-and-morality-ambiguous default culture increasingly herds caring actors into spending their energy and effort solely on damage control – managing the aftermath of substance use rather than preventing its devastating ripple effects in the first place.



We've witnessed our society shift to handing out kudos to the damage managers while often scorning those who advocate for prevention and abstinence as judgmental or paternalistic. This backward prioritisation is particularly egregious when it comes to protecting our most vulnerable citizens – our children.



THE REAL TRAGEDY LIES NOT IN THE STATISTICS, THOUGH THEY ARE STAGGERING, BUT IN THE COUNTLESS UNTOLD STORIES OF CHILDREN WHO LEARN TO NAVIGATE CHAOS AS IF IT WERE NORMAL. THESE ARE CHILDREN WHO DEVELOP SURVIVAL SKILLS AT THE COST OF THEIR CHILDHOOD, WHO CARRY WOUNDS THAT MAY TAKE GENERATIONS TO HEAL. THE RIPPLE EFFECTS EXTEND FAR BEYOND THE IMMEDIATE FAMILY UNIT, CREATING PATTERNS OF TRAUMA AND DYSFUNCTION THAT REQUIRE INTENTIONAL, COMPREHENSIVE INTERVENTION TO ADDRESS.



The pro-drug lobby has been remarkably successful in hijacking crucial prevention strategies, replacing them with a damage management model that treats substance use as inevitable rather than preventable. This shift has created a culture where even questioning recreational substance use is often viewed as outdated or unsophisticated.



The current approach to substance use education and prevention has been dangerously compromised by confusing narratives that lean toward normalising or even sanitising drug use as 'part of growing up' in Western culture. This normalisation creates a dangerous cognitive dissonance, particularly in our messaging to young people. When we send the tacit message that substance use is somehow 'normal' or at least a phase of experimentation that's to be expected, we undermine the very foundations of prevention.



The result? A self-fulfilling prophecy where children are essentially primed to believe that 'drug use is normal, a little risky, but manageable' because that's what the 'grown ups' are telling them.



This cultural shift has been facilitated by several concerning tactics. We've watched as certain psychotropic toxins are increasingly couched in a 'medicinal' context, lending a false legitimacy to their recreational use. The legitimate vehicle of de-stigmatization has been cynically misused, not to assist those caught in substance use, but to defend those who willingly use substances for 'recreational' purposes. Meanwhile, the damage management model of harm reduction has been elevated above prevention in our educational approaches.



What makes this situation particularly alarming is the disparity between how we handle tobacco versus other substances. With tobacco, there is only one message, one voice, and one focus in the public square: Don't Start or QUIT. There are no dissenting, contrary, or confusing voices in any public sectors of education, medical, government, or media policy on tobacco. Yet when it comes to other substances, we've allowed a cacophony of conflicting messages to muddy the waters of prevention.



The usefulness of prevention isn't just in the lives it saves today – it's in the generations of trauma it prevents tomorrow. Our children have a fundamental human right under Article 33 of the Convention on the Rights of the Child to be protected from all aspects of illicit drug use – all aspects. Any vehicle or mechanism that undermines or interferes with that authentic human right is at best incredibly concerning, at worst utterly egregious.

The next time proponents of "recreational" substance use argue for their rights, they should consider the 8.7 million children who didn't get to choose whether they wanted to participate in this particular recreation. While adults are defending their "harmless fun," millions of children are losing their childhood one "recreational" use at a time. These aren't just statistics – they represent real children learning to navigate chaos as if it were normal, developing survival skills at the cost of their childhood, and carrying these wounds into adulthood.

This posture of drug use promotion is inconsumable when this juxtaposition of 'rights' is presented, and the way forward is to any rational mind, a "NO Brainer".

It's time to invest heavily in prevention and recovery, not just a faux damage management, that simply is not!

The Dalgarno Institute



Sources



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**Parental
'Recreational'
Substance Use
– The Traumatic
Ripple Effect
on Children**



Parental 'Recreational' Substance Use – The Traumatic Ripple Effect on Children

Dalgarno Institute



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