



Coalition of Alcohol and Drug Educators

Dalgarno
INSTITUTE

Children: Real and lasting casualties of domestic, familial and intimate partner violence

– The alcohol &
other drug (AOD)
connection.

Shane Varcoe | April 2020

“

Drug misuse creates chronic health problems that destroy lives and prevents young people from succeeding in education, being healthy and fulfilling their potential.

”

CHILDREN: REAL AND LASTING CASUALTIES OF DOMESTIC, FAMILIAL AND INTIMATE PARTNER VIOLENCE – THE ALCOHOL & OTHER DRUG (AOD) CONNECTION.

THE REPORTING ON THIS SOCIAL JUSTICE AND WELFARE IMPACTING CATASTROPHE REMAINS NOT ONLY SPORADIC BUT, IT IS INCOMPLETE IN SCOPE AND CONTEXT PARTICULARLY AROUND ALCOHOL AND OTHER DRUG (AOD) ISSUES.

The [Youths suffering under loved ones' drug and alcohol abuse: Report 2019](#) offers some insight into what is a significantly more pervasive problem than is being reported.

Nearly three in 10 young people felt that alcohol and drugs was a problem for their family and peers. Heavy drinking and drug use has placed thousands of high school students at a disadvantage in life, but they're not the ones with the problem. Rather, it's a behaviour that scores of young people are confronted with when they come home or go out. More than 6300 Australians aged between 15 and 19 recognise that alcohol is a problem for their family or peers, a Mission Australia survey has revealed. Meanwhile, more than 4400 of the 28,286 young people who took part in the Youth Survey – released on Thursday – admit the people around them are using drugs.

More than half who saw alcohol or drugs as a problem worry about their ability to cope with stress.

Because a lot of services are designed specifically to meet the needs of someone who is actually the user of drug and alcohol, little account is taken of people who are on the periphery of that but very much involved in it," Mr Toomey told The New Daily. "It becomes a dominating factor in their lives."

In a 2015 Australian Institute of Family Studies report entitled [A review of kinship carer surveys. The "Cinderella" of the care system?](#), the reasons for children placed within kinship care include the following observations from page 8:

“*Information about the circumstances that lead to children being placed in kinship care is important for developing child protection policy and practice. Many surveys inquired about the reasons for children's care (Table 4, page 9). Despite varying categories, there was considerable consistency in the overall picture about why children were in care. There were often multiple reasons. Child abuse and/or neglect were primarily the reasons given. Parental substance abuse was also frequently reported and, to a lesser degree, domestic violence and mental illness.”*

Note that this survey delineated between mental health and substance use, which now appears to be rarely if no longer done, as drug use is collapsed into one category together with 'mental health'. But the report clearly shows substance use contributes to not only neglect but direct harms. So why the drift toward a lack of clear delineation? At the very least drug use could mentioned as a comorbidity and not removed from the data set altogether.

Recent research out of Europe, New Zealand and the United States offer numerous cases that underscore this point.

A study from Columbia University's Mailman School of Public Health published in the Journal of the [American Academy of Child and Adolescent Psychiatry](#) revealed,

“*Trauma in Childhood Linked to Drug Use in Adolescence: Latest research from a national sample of almost 10,000 U.S. adolescents found psychological trauma, especially abuse and domestic violence before age 11, can increase the likelihood of experimentation with drugs in adolescence, independent of a history of mental illness. ‘Abuse and domestic violence were particularly harmful to children, increasing the chances of all types of drug use in the adolescent years’, says Dr. Carliner.*”

This was reinforced in another significant Finland study, [Parental substance abuse and risks to children's safety, health and psychological development 2016](#).

“*Children's hospitalisations for all reasons were more prevalent if the mother or the father had a substance abuse problem.. The risks were even higher if both parents were substance abusers. Parents' substance abuse can cause a variety of harms to children, which may be related to unsafe environment, long-standing stress, and non-adequate responding to the child's needs. Multi-professional work with substance abusing parents and their children is crucial in order to reduce children's risks for poor health.*”



Similarly, the New Zealand [Grandparents Raising Grandchildren Trust](#) survey revealed that most children came into grandparent care as a result of one or more of six factors:

- **Parental drug addiction 45%**
- **Domestic violence 42 %**
- **Family breakdown 41%**
- **Neglect 41%**
- **Parent unable to cope 40%**
- **Alcohol abuse 26%**

If you combine the alcohol and drug addiction elements the collective influencing factor appears in 71 per cent of cases.

Given this data, it is not hyperbole to claim that AOD use exacerbated issues of neglect, violence and inability to cope, contributing to nearly every reason related to family disintegration, along with the downstream effects intergenerational abuse and neglect of children.

While this is not a new phenomenon, it is a growing one and can no longer be ignored or buried. A trend that mirrors the tacit permission models that expressly shift the focus away from reporting of drug and alcohol harms that in effect function as de facto support of drug decriminalisation.

Professor Neil McKeganey of Drug Misuse Research, University of Glasgow began reporting this trend a decade ago. In Drugs: Protecting Families and Communities Report of 2008 he states:

“*Drug misuse can prevent parents from providing their children with the care and support they need and greatly increases the likelihood that their children will grow up to develop drug problems themselves. It creates chronic health problems that destroy lives and it prevents young people from succeeding in education, being healthy and fulfilling their potential.*”

McKeganey goes on to report:

- Parenting capacity is inversely related to increasing drug use.
- Children at risk of physical and emotional abuse neglect and to a lesser extent sexual assault.
- Parental attachment to child likely to be impeded.
- Drug dependent parents more likely to parent through negative commands.
- Parents' lives characterised by chronic adversity, troubled family history, co-morbidity.

Not unsurprisingly this was also reported on in Australia.

“At least 40,000 Australian children live in a household where cannabis and/or Methamphetamine (Ice) are used daily. In 2006 Methamphetamine addiction by West Australians was the most prevalent in the nation.”²

Reporting on the work of children protection agencies in 2006-7 the Australian Institute of Health & Welfare painted a grim picture of thousands of children growing up with parents who cannot or will not provide the care they need.

Nationally the number of children in out-of-home care doubled in the decade of 2007, rising from 14,078 to 28,441. In W.A 2400 children lived in out-of-home care, up from 1050 in 1997.”³

77% of 44 child deaths between 2003 and 2006 involved a parent's illicit drug addiction in Western Australia.

A 2017 report from the Australian state of Queensland noted demand for Kincare growing with [grandparents seeking custody advice at 'astounding' rates](#) and addiction a pivotal factor.

A Queensland community lawyer reported that grandparents are contacting her daily seeking custody of their grandchildren and increased requests for information,

“The chair of the Elder Law Committee of the Queensland Law Society and a lawyer with the Suncoast Community Legal Service, Kirsty Mackie, said she was “astounded” at the surge in the number of grandparents seeking help. She said addiction was at the crux of the majority of cases. ‘Unfortunately, in every matter I've seen in the last month there's been an addiction, generally ice, of one or both of the parents and the grandchildren are being neglected and abused.’”

Violence, neglect, abuse and criminality in most, if not all, domestic settings finds drug use of some type. Of course, alcohol contributes most to the harms outlined in reports but has been in social use far longer.

However, when viewed in a commercialised context ‘acceptable and legal’ can be viewed as an entitlement as the following article [‘Dangers in Too Much Cheer’](#) discusses.

“THERE'S no doubt the experts mean well, but for some it's hard in these days of forced home confinement to get behind calls for a ‘dry COVID’. Writing in The Independent, columnist Ian Hamilton criticised the British government's decision to deem ‘off licences’, or what we would call bottle shops, an ‘essential service’.

There is only one group that absolutely requires alcohol: alcoholics,” he wrote. “For those with alcohol dependencies, any abrupt disruption to their intake could be deadly; for the rest of us, alcohol is a luxury. Why, then, has the government made it essential?

It's not an issue limited to the UK, with Nielsen reporting that alcohol sales in the United States rose 55 per cent in the week ending March 21.

Because low taxes make them cheap, Americans are more fond of spirits than Australians, and this was reflected in a 75 per cent jump in tequila, gin and pre-mixed cocktails sales over the same period last year. Wine sales rose 66 per cent, beer 42 per cent and online alcohol sales were up 243 per cent.

Experts such as Hamilton, a lecturer in mental health at the University of York, say relying on alcohol to get through these stressful times will do more harm than good.

'It can be tempting — when feeling isolated, fed-up or bored — to use alcohol to try and change the way we feel,' Hamilton wrote. 'While that can work in the short term, there are physical and psychological risks to continuing to do this.'

In the face of these disturbing trends and growing harms it becomes difficult to comprehend the lack of outrage that would serve to better inform policy and practice. However, as with the recent reported rise in alcohol acquisition, combined with imposed isolation, it is certain communities will experience another spike in domestic, familial and intimate partner violence, neglect and abuse.

But startlingly, even in this 'new normal' Covid-19 environment, where mental health, suicide and domestic violence are spiking no doubt exacerbated through sudden financial hardship and lockdown measures, health experts and lobbyists are pressing on and doubling down with a harm minimisation policy view that primarily focuses on 'safely' continuing drug use. This is endorsed through government funded counselling services.⁴ Compare this policy approach with a total harm minimisation strategy that considers both direct and indirect

harms (drug use effects to individual, children, family and community) seeking to reduce both to the minimum.

The current Covid-19 logistics aside, the last few decades have witnessed a gagging of certain information and the obfuscation of data that needs reporting. Instead there is a consistent reframing of AOD data so as to lessen its perceived prominence in community, family and childhood disasters.

But what and who would gain from deleting, omitting, reframing the alcohol and other drug harms to families and particularly children?

In early April 2020 the United Kingdom's Victims' Commissioner, Dame Vera Baird's published their report: [Sowing the Seeds: Children's experience of domestic abuse and criminality](#). The following are some of the key findings.⁵

The report scrutinised the impacts and pervasiveness of domestic abuse on children and young people with key findings listed below.

- The Children's Commissioner estimates that three million children under the age of 17 live in a household where an adult has ever experienced domestic violence and abuse.
- One in five children see or hear what happened in cases of partner abuse.
- More than half of Children in Need assessments identified domestic abuse as a factor for children in England.
- Stakeholders and practitioners identified severe and multiple effects of domestic abuse for children and young people. These include harms to emotional and psychological well-being as well as effects on education, relationships, risky and harmful behaviour and housing and accommodation.

Dame Vera makes a number of strong recommendations to try to tackle this enduring problem. These include:

- A call for children who experience domestic abuse to be recognised in statute as victims of crime.
- These children to receive targeted interventions and support to help them recover from domestic abuse.
- Children who are victims of domestic abuse must not be made more vulnerable to exploitation by sending them far away from their homes and support networks when taken into care.

The above excerpt gives us just one tacit indicator as to perhaps why the alcohol and other drug issue is not stated in new reports, the sheer number of potential 'consumers' involved in perpetrating harms and the dissuading element to change.



The report not only sheds a light on the disturbing breadth of impact, but the need for strong language around criminalizing neglectful and abusive behaviours in familial settings – particularly against our most vulnerable citizens, our children. Children in these abusive and neglectful settings are subjected to criminal conduct and consequently their parents or guardians behaviour should be referred to accurately as criminals.

This criminal behaviour that is, their actions, as we have so clearly demonstrated in the previous research, are overwhelmingly contributed to

through the misuse of alcohol and the use of illicit drugs. But this nexus of course cannot be made so long as the decriminalisation agenda, let alone commercialised drug use, is relentlessly pursued.

Yet it also needs underscoring, alcohol and other drug use can never form a *prima facie* excuse for violent, neglectful and criminal behaviour.

However, the evidence stands that it must be recognised as more than just a passive element or even as a 'tool of the crime'. And even within the scope of the 'tyranny of addiction', the *choice* to use a psychotropic toxin remains a choice. This is an important emphasis, as personal agency aids recovery.

Now, it is telling that the use of 'labels' is only done when referring to victims, but to do so for perpetrators, under new emerging speech codes, is stigmatising. But this leads to a dangerous conundrum. The obvious reality is, you cannot have a 'victim of crime' if there is no 'crime' committed. However, if there was a crime, and one of abuse and/or neglect, then the correct and non-pejorative label for those perpetrating that act is described as criminal behaviour.

The linguistic gymnastics around nomenclature, all in attempts to manipulate culture to certain outcomes, boggle the mind.

Yet, another reason to downplay, delete or otherwise deny the shocking impact that substance use has in domestic settings is found in emerging narratives around stigma. On the surface it presents as compassionate or even empowering, but clearly has another useful end for the nefarious drug-use promoters and permitters, who want to not only decriminalize but fully commercial current illicit drugs.

The addiction for profit driven lobby industry, though comparatively small, appears to wield great influence. The best way to achieve their ends lies in policy interpretation. It would again appear that it is not just indifference or passivity to drug using by policy gatekeepers, but seemingly growing support from actual drug users or a sympathetic cohort in the policy and legislative arena. These supportive

'agents' who are often touted as 'functional drug users' and see drug use as a manageable lifestyle choice and faux right that has no real consequence.

However, as the UK report into the impact on children from domestic violence affirms, this is reflective of similar patterns across western cultures.

What seems clear is that any factor that actively contributes to creating harmful and neglectful environments should be targeted for removal within policy and legislation. As it is not only the current and emerging generation of the young that are being adversely harmed but if unabated the ensuing generations will suffer significantly greater harms as the following excerpt reinforces.



“ We also heard from the Youth Justice Board that the evidence for links between being a victim and perpetrator of violent crime have been ‘well established for some time’. The links between being a victim and perpetrator in relation to violence and other forms of aggressive behaviour have been well established for some time. Evidence from Public Health Wales demonstrates that experiencing childhood trauma and stressors can have a negative influence on physical and mental health and be associated with health-harming behaviours, and criminal justice outcomes. Children can experience personal ACEs (because of various forms of abuse and/or neglect) and family/household ACEs because of exposure to domestic violence, parental separation, parental substance misuse and/or alcohol abuse and incarceration. Living with domestic abuse (DA) is recognised as an adverse childhood experience (ACE) and living in a violent and stressful environment makes children vulnerable and may increase the likelihood of them perpetrating domestic or other violence in the future. When the caring environment is inconsistent or abusive, children do not feel safe. Feeling safe is fundamental to healthy child development and feeling unsafe will impact upon physical, cognitive, emotional and social functioning. Research has also shown increased rates of neglect and emotional abuse for children who experience DA. This often results in children presenting with what others interpret as ‘misbehaviour’ further excluding them from mainstream society, for example by being excluded from school. This is not effective in assisting children to change their behaviours and as indicated above may result in their behaviours escalating further, including into criminalisation.”⁶

In concluding this brief, we must ask and plead with those charged with the health, safety, well-being and productivity of our communities – specifically the young:

- What directive exists, if any, that has determined that AOD data and its impact on family and community violence and well-being, is to be omitted or blended in and where is it?
- What was the reason for this new diminished format?
- Who or what group oversaw this directive, or new direction in reporting and recording?
- Why do policy makers and governments, charged with minimising harms and maximizing health, well-being, safety and productivity, appear to want less information about the harms of Alcohol and Other Drugs?
- Is this changed format of omission and obfuscation, simply poor/lazy recording and reporting, or is there a more deliberate agenda aimed at misrepresenting facts and misleading not only service providers, but families and communities in general?
- Finally, if the answer to the previous question is yes, then is this part of a new consensus manufacturing mechanism to shroud the sinister push to not only legalise, but also commercialise illicit drugs into the Australian community in the future?

Shane Varcoe
Executive Director
Dalgarno Institute

“

*It is not
hyperbole to
claim that AOD
use exacerbated
issues of neglect,
violence and
inability to cope,
contributing
to nearly every
reason related
to family
disintegration.*

”

REFERENCES

1. [*\(Drugs Protecting Families and Communities \(2008:8\)\)*](#)
2. "Ice epidemic is worst in WA", The West Australian 26 July 2007. The Australian Institute of Health and Welfare report, based on stats from 664 drug treatment agencies across Australia, reported: Amphetamines, also known as speed and ice, were taken by 25% of WA drug users-far ahead of the national average of 11%. The study revealed that 14,521 West Australians received treatment for addictions to amphetamines, alcohol, cannabis (18.8%), heroin (10.2%), cocaine (0.2%) and ecstasy (0.3%) in 2005-6.
3. "Families battling alcohol, drugs have kids removed", *The West Australian*, August, 2007. Welfare authorities reported that children they dealt with came from families with more complex social problems than were evident in the past such as dealing with families with a string of issues, including parents who abused drugs, had mental health problems and were violent towards their children. WA Dept for Child Protection director-general Terry Murphy said about 60% of child-protection cases involved a parent with substance-abuse problems.
4. <https://www.counsellingonline.org.au/covid-19-update> refers drug users to advocacy groups throughout Australia such as <https://www.cahma.org.au/covidhr.html> and <https://www.hrvic.org.au/covid19-you>. Advice includes: "Don't get caught without. Talk to your dealer about what may happen if they are unwell and plan with your friends about possible sources", and "Make sure you have enough equipment! Get enough equipment for 2-3 weeks (or more) in case deliveries are slowed down or services are limited because workers are ill."
5. [Russell Webster Report](#)
6. [Youth Justice Board written response – February 2020, page 46](#)



Coalition of Alcohol and Drug Educators

Dalgarno
INSTITUTE



/DALGARNOSNB



NOBRAINER_DRUGS



WWW.DALGARNOINSTITUTE.ORG.AU