

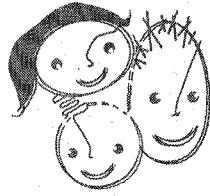
Submission No: 146

Supp to Sub:

AUTHORISED:

9/5/07

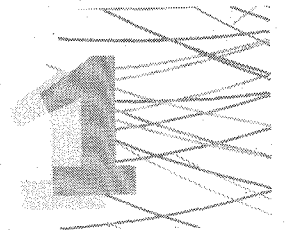
KS



commission for
children and young people
and child guardian

**Submission to the House of
Representatives Standing Committee**

Inquiry into the impact of illicit drug use on families



**Commission for Children and Young People
and Child Guardian (Qld)**

Submission to the House of Representatives
Standing Committee Inquiry into the
impact of illicit drug use on families.

Terms of Reference

1. The financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders;
2. The impact of harm minimisation programs on families; and
3. Ways to strengthen families who are coping with a member(s) using illicit drugs.

Contents

Financial, social and personal costs to families who have a member using illicit drugs, including the impact of drug induced psychoses or other mental disorder	4
Children and young people as users of illicit drugs	4
<i>Drug treatment services for young people</i>	<i>5</i>
<i>Dual diagnosis – drug use and mental health</i>	<i>5</i>
<i>Young people, crime and illicit drug use</i>	<i>5</i>
Parental use of illicit drugs	7
<i>Child safety concerns</i>	<i>7</i>
<i>Children and young people as carers of parents who use illicit drugs</i>	<i>8</i>
<i>Grandparents as primary carers</i>	<i>9</i>
Ways to strengthen families who are coping with a member using illicit drugs	10
Enhancing child safety and wellbeing	10
<i>Identify children</i>	<i>10</i>
<i>Provide services which also address the needs of children</i>	<i>10</i>
<i>Increase cross-agency collaboration</i>	<i>10</i>
<i>Raise awareness of the needs of children</i>	<i>10</i>
<i>Collect child protection data that identifies precipitating factors</i>	<i>11</i>
Supporting parents who use illicit drugs	11
Providing withdrawal and rehabilitation services for young people	11
Improving collaboration and co-operation between agencies and service providers	11
Developing and enhancing prevention and early intervention strategies	12
<i>Support within the education sector</i>	<i>12</i>
<i>Provide interventions early in the life-course</i>	<i>12</i>
<i>Prevent licit and illicit substance abuse</i>	<i>13</i>
<i>Engage children and young people</i>	<i>14</i>
Assisting young people in contact with the juvenile justice system	14
Supporting children and young people who care for parents who use illicit drugs	14
Providing support for grandparents providing primary care	14
Attachment 1	15
Key messages from the (Queensland) Premier’s Forum on Young People, Alcohol and Drugs, 28 February 2007 – Summary	15
References	16

The Commission for Children and Young People and Child Guardian (the Commission) recognises that the financial, social and personal costs of illicit drug use on individuals, families and society are significant, particularly their impact on children and young people.

It is the Commission's mandate to promote and protect the rights, interests and wellbeing of children and young people in Queensland. As such, the comments provided for consideration by the House Standing Committee on Family and Human Services focus specifically on issues relating to:

- children and young people as users of illicit drugs, and
- the impact of parental illicit drug use on children and young people.

Key areas which form the focus of the Commission's response with regard to children and young people as users of illicit drugs include: the limited availability of age-appropriate drug treatment and support services for young people; a lack of co-ordination between mental health and alcohol and drug services for young people with a dual diagnosis; and the need for ongoing support for young people leaving juvenile detention.

Issues which the Commission has identified as key areas of concern when parents use illicit drugs include: child safety concerns, such as the increased risk of child abuse and neglect in families where the parents use illicit drugs; children and young people who provide care for parents who use illicit drugs; and the social, emotional and financial costs to grandparents who provide care for grandchildren who have parents who use illicit drugs.

This submission provides an overview of each of these issues and includes suggestions where further activity is required to support children and young people who are affected by illicit drug use.

The Queensland Government has also provided a response to the *Inquiry into the impact of illicit drug use on families*. This response focuses on relevant legislation and policies and the provision of services in Queensland that are aimed at reducing illicit drug use and harm minimisation for the general population. The Commission's response therefore focuses solely on issues relating to children and young people under 18 years of age.

If you require clarification on any of the issues raised, please contact Ms Lone Keast, A/Director, Strategic Policy and Research Program on (07) 324 75509 or at Lone.Keast@ccypcg.qld.gov.au.

Financial, social and personal costs to families who have a member using illicit drugs, including the impact of drug induced psychoses or other mental disorder

Children and young people as users of illicit drugs

The use of illicit and licit drugs among children and young people is concerning given the negative impact that drug use can have on a young person's life opportunities. From an individual perspective, children and young people who use illicit drugs experience an increased risk of disengaging from education, having poor mental health and suffering from a range of other health problems (Lynskey & Hall, 2000; Mathers et al, 1999; Darke et al, 2000). They also experience an increased risk of entering the juvenile and criminal justice systems (Pritchard & Payne, 2005).

Table 1 provides an overview of illicit drug use among children and young people in Australia as identified in a number of key reports or surveys.

Table 1: Illicit drug use among children and young people

- According to the 2005 Australian Secondary Students Survey (ASSS):
 - 15% of students aged between 12 and 15 years, and 33% of students aged 16 and 17 years had tried at least one of cannabis, hallucinogens, amphetamines, ecstasy, opiates or cocaine
 - the most commonly used substances among students in general are the legal drugs of alcohol, tobacco and analgesics
 - cannabis is the most common illicit drug used by adolescents aged less than 18 years, followed by amphetamines
 - among those secondary school students who do use illicit drugs, there is also a tendency to use legal drugs such as alcohol and tobacco, and
 - there has been an overall decrease in the proportion of students using illicit drugs between 1996 and 2005 (White & Hayman, 2006).
- While data suggest the use of illicit drugs among secondary school students is relatively low, use increases as young people enter early adulthood, or once they leave school (ASSS, 2005).
- Adolescents who do not complete secondary education are more likely to use illicit drugs. Therefore, the prevalence of illicit drug use among young people is likely to be underestimated as they will not be included in the survey sample (White & Hayman, 2006).
- Although reported illicit drug use (other than cannabis) is relatively low among students, the Australian Institute of Health and Welfare (AIHW) reports that illicit drug use is associated with around 1,000 deaths per year in Australia, and these are typically among young persons.

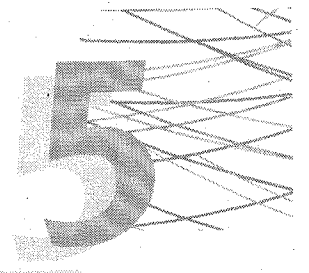


Table 1: Illicit drug use among children and young people

- According to the 2005 Australian Secondary Students Survey (ASSS):
 - 15% of students aged between 12 and 15 years, and 33% of students aged 16 and 17 years had tried at least one of cannabis, hallucinogens, amphetamines, ecstasy, opiates or cocaine

Although there are many serious issues relating to illicit drug use among children and young people, the Commission has identified the following as key areas that need to be addressed in any strategy responding to illicit drug use among children and young people.

Drug treatment services for young people

For young people wanting to stop using drugs it is essential that they are able to access age-appropriate treatment and support services. While access to adolescent treatment services has improved since the 1990s, when few youth specific programs were available, there is still a strong demand for more appropriate services. This observation is constantly made from service providers, parents and young people themselves. The most recent example is from the comments made by the young people who participated in the *Premier's Forum on Young People, Alcohol and Drugs* (attachment 1) in Queensland who identified the limited and insufficient number of beds available for supported withdrawal for young people as a significant issue.

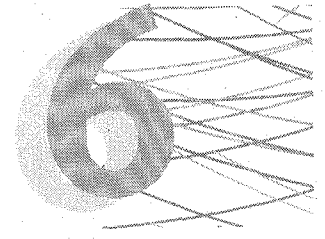
Dual diagnosis – drug use and mental health

Increasingly, young people who have an illicit drug problem also suffer from mental health problems which are not appropriately addressed (Rogers, 2005). Young people who participated in the *Premier's Forum on Young People, Alcohol and Drugs* in Queensland highlighted the lack of collaboration and co-ordination between alcohol and drug services and mental health services and the negative impact that this can have on promoting their wellbeing. A summary of the available research shows that limited or ineffective collaboration between drug services and mental health services significantly contributes to a young person's negative life outcomes (Rogers, 2005).

Consequently, it is essential that effective communication and collaboration strategies between alcohol and drug services and the mental health system be developed to provide integrated responses for young people who present with alcohol and drug problems and a mental health condition.

Young people, crime and illicit drug use

Pritchard and Payne (2005) have identified a strong relationship between illicit drug use and youth crime. In looking at the patterns of offending and drug use in 371 young male offenders aged 10-17 years, they found that: 48 per cent reported being under the influence of drugs at the time of their last offence; 44 per cent convicted for burglary said that they had committed the crime to obtain money to buy drugs; 88 per cent reported that they had



previously engaged in drug related offending, such as buying or selling illicit drugs; and one third attributed their offending to substance abuse.

Of the young people who identified as having used illicit substances in the six months prior to detention: 63 per cent reported using cannabis; 20 per cent reported using amphetamines; 8 per cent reported using ecstasy; and 7 per cent reported using inhalants.

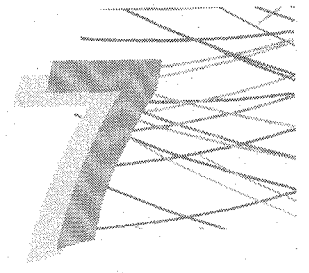
Their report concluded that substance abuse exacerbates criminal offending. Of particular interest to the current inquiry is that two thirds of the young people reported that a member of their family was abusing substances while they were growing up (Pritchard & Payne, 2005).

In recognition of the association between drug use among young people, contact with the juvenile (or criminal) justice systems and negative life opportunities, the Human Rights and Equal Opportunity Commission (HREOC) and the Australian Law Reform Commission (ALRC) report, *Seen and heard: priority for children in the legal process* (1997), outlined how Australian sentencing practices could become more consistent with the requirements of the UN Convention on the Rights of the Child. The report recommended that, if an offence is committed by a young person and was alcohol or drug related, the sentencing decision should address the addiction as the root cause of the offending behaviour.

Queensland has adopted such an approach to drug-related offences. For example, the Queensland Illicit Drug Diversion Initiative (QIDDI), funded under the COAG Illicit Drug Diversion Initiative includes the Police Diversion Program for minor cannabis offences and the Illicit Drugs Court Diversion program (in Brisbane). There is also a state funded Queensland Magistrate's Early Referral into Treatment (QMERIT) trial program, which aims to help motivated drug offenders overcome their drug use and criminal behaviour through court enforced and supervised treatment programs. It is a pre-sentence court diversion program implemented using a health service delivery model.

While much is being done to prevent young people from entering the juvenile justice system as a result of drug related crime, for example, through drug courts, there continues to be a need for support for young people who end up in detention and who use illicit drugs, particularly upon their release.

Upon release from detention, a case-worker may refer the young person to appropriate treatment and rehabilitation support services; however, this relies on the availability and accessibility of services for the young person. In addition, support systems also need to be available to encourage the young person to remain drug free, including supporting them to find affordable housing and positive employment and/or training opportunities.



Parental use of illicit drugs

The physical, emotional and financial cost of parental illicit drug use on families is significant, particularly its impact on children and young people. Families who are affected by parental illicit drug use often experience conflict, emotional or physical violence, decreased family cohesion and disorganisation, disrupted family rituals, isolation and frequent relocation, and children may have difficulty at school (Hegarty, 2004; Johnson and Leff, 1999). In addition, children may be exposed to verbal abuse, drug using equipment, drug dealing or criminal activities, parental death or overdose, and periods without food, school, or safe home environments (Ratnam et al, 2003).

In Australia, around 60,000 children, or 1.5 per cent of children under the age of 15 years have a parent who is attending drug treatment (Odyssey Institute of Studies, 2004). Children and young people who have parents who use illicit drugs are at greater risk of:

- neglect and emotional, physical and sexual abuse
- developing drug and alcohol problems, and
- developing a range of other psychological problems (Taylor & Kroll, 2004; Ratnam et al, 2003; Forrester, 2004).

Key issues for consideration in developing a response to address illicit drug use among parents include:

Child safety concerns

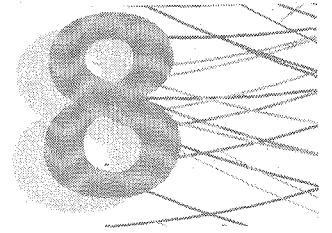
Australian and international research indicates that parental illicit drug use significantly increases the risks of child abuse and neglect, including providing inadequate care and supervision of child/ren.

A Western Australia study found that parental substance abuse was a contributing factor to care and protection applications in 57 per cent of cases (Leek et al, 2004). In Victoria, parental substance abuse was identified as an issue of concern in a third of substantiated cases of child abuse and neglect (AIHW, 2003). New South Wales (NSW) has reported that up to 80 per cent of all child abuse reports investigated involved concerns about parental substance abuse (NSW Department of Community Services, 2007).

According to the Queensland Department of Child Safety, between 1999 and 2002, substance misuse was present in 41.2 per cent of families in which a child death occurred (DChS, 2007). In Victoria in 2005-06, parental substance misuse featured in 45 per cent of families who had a child who had died (VCDRC, 2006).

In a study of illicit drug use among juvenile offenders, Pritchard and Payne (2005) found strong connections between childhood abuse and neglect, drug and alcohol use among family members, a troubled school education, and juvenile offending.

One of the risks for children is that it is often difficult for the various support workers working with the family, such as alcohol and drug workers, or child safety workers, to recognise the issues outside their direct knowledge



area. For example, alcohol and drug workers are not necessarily alert to or equipped to identify child abuse and neglect, and similarly child safety workers are not always able to identify alcohol and drug use (Forrester, 2004). It has also been argued that alcohol and drug workers may fail to recognise the potentially harmful impact of illicit drug use on the child/ren or may minimise the seriousness of the issue (Killen, 1996).

In addition, parents who use illicit drugs can be reluctant to access treatment programs for fear that exposing their substance abuse will result in child protection intervention (Hegarty, 2004). When they do access treatment programs they are usually more difficult to engage with in a collaborative way (Foulds et al, 2004).

The difficulties associated with working with parents who are illicit drug users can affect workers' ability or willingness to respond effectively to the care and protection needs of the child/ren. According to Cousin (2005), difficulties encountered by workers include:

- a lack of knowledge/awareness in identifying children at risk
- the effects of maltreatment are not immediately apparent
- children's own coping mechanisms can mask the effects of maltreatment
- managing the competing needs of the child/ren and their parent/s
- not sighting the children
- children acting as 'protectors' or carers for their parent, and
- a fear that the parent will be judged or stigmatised by child safety services.

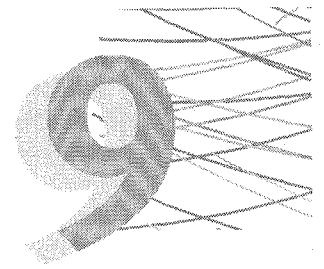
Despite the fact that the relationship between parents and their alcohol and drug workers may be affected, it is important that the safety and wellbeing of the child is the paramount concern. It is essential that human service providers, particularly those working in child protection or drug and alcohol services, are aware of the impact of drug use on child safety (Foulds et al, 2004).

Children and young people as carers of parents who use illicit drugs

According to Carers Australia, there are over 390,000 children and young people in Australia who help care for their relatives, and at least one in ten children has some level of responsibility for providing care for a parent or other family member who suffers from a disability, illness, a mental health problem or an alcohol or drug dependence problem.

There are significant issues facing young carers of parents who use illicit drugs. For example, they are at increased risk of: suffering from poor mental and physical health; experiencing poor educational outcomes; and disengaging from school and further education, all of which can significantly affect a child's or young person's future life opportunities.

Many young carers may not realise that they are undertaking this role, and parents may be hesitant to identify their children as young carers owing to concerns about possible child safety responses (Carers Australia, 2001). This makes it difficult for services to respond appropriately.



There are a range of barriers facing young carers attempting to gain access to adequate support, including a lack of appropriately funded support services specifically catering to their needs as young carers. In addition, many support services provided for parents who use illicit drugs do not address the needs of the child or young person who is providing care. For example, the young carer may not be included in discussion concerning the treatment program, which hides the important role played by the young carer, and can impact on the young person's caring abilities, and masks the need to fully support the parent.

It is essential that the needs of young carers are included in any response aimed at addressing the impact of illicit drug use on families.

Grandparents as primary carers

Increasingly, grandparents are becoming responsible for providing primary care for their grandchildren for a variety of reasons, including parental drug use (COTA, 2003). Grandparents providing primary care for their grandchildren are likely to experience financial difficulties, legal problems and limited access to support services, including respite care (Patton, 2003), which can impact on a child's positive life experiences (COTA, 2003).

Grandparents who provide primary care for their grandchildren through informal arrangements are currently unable to access financial assistance, and are often required to use their own retirement savings (if any) to care for their grandchildren.

It is important that grandparents (and other relatives) providing primary care for children or young people affected by parental illicit drug use be able to access financial support to assist them in their parenting activities.

Ways to strengthen families who are coping with a member using illicit drugs

Although the responses below refer to illicit drug use, in accordance with the terms of reference, it is important that any government response also includes families affected by legal drug use, for example alcohol and tobacco.

The Commission offers the following suggestions as possible ways to strengthen families who are coping with a member, or members, who use illicit drugs:

Enhancing child safety and wellbeing

Identify children

- Identify as soon as possible children who have parents who use illicit drugs. Early identification is essential and can expedite appropriate support and referral and treatment of the child and the parent, which can help minimise the cyclical transfer of alcohol and drug problems within a family (Loxley et al, 2005).

Provide services which also address the needs of children

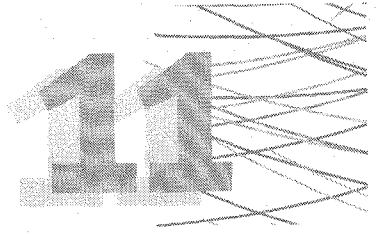
- Provide prevention and early intervention services for parents with an illicit drug problem which also address the needs of the children to reduce the risk of harm from abuse or neglect.

Increase cross-agency collaboration

- Work to increase interagency collaboration to address the complex health and social needs of illicit drug users and their children, particularly those who have a dual diagnosis (Ratnam et al, 2003; Odyssey Institute of Studies, 2004). While it is recognised that no one agency can undertake all parts of the child protection, drug and alcohol, mental health interface, there is a need for a more holistic approach to be adopted to address the often complex issues facing disadvantaged families (Hegarty, 2004).

Raise awareness of the needs of children

- Increase awareness of drug and alcohol workers about the safety needs of children who have parent's who are affected by illicit drug use (Ratnam, 2003; Odyssey Institute of Studies, 2004). This requires that workers receive education and training on how to identify whether a child is at risk, and that they are informed of their legal or ethical duty to report suspected child abuse and/or neglect. This requires that workers have the safety of the child as the paramount concern when dealing with parents or families who use illicit drugs.
- Engage General Practitioners as they are ideally placed to identify children who may be at risk of developing a range of problems owing to parental illicit and other drug use.



Collect child protection data that identifies precipitating factors

- Collect data about the incidence of alcohol and drug use among parents whose children come into contact with the child safety system. Not all jurisdictions currently record this information.

Supporting parents who use illicit drugs

- Provide more residential treatment services to accommodate women and/or parents and their children. There is a shortage of residential treatment services that accommodate women and/or parents and their children (Hegarty, 2004). It is suggested that this may deter women from seeking help for fear of removal of or separation from their children, which can further expose children to a risk of harm (Hegarty, 2004). It is also suggested that a common reason for women in drug treatment programs not completing their treatment is because of child-care issues (Killeen & Brady, 2000). Services and facilities therefore need to be parent-child or family oriented (Hegarty, 2004) to encourage parental participation.
- Provide parenting support and assistance with child developmental problems for families with illicit drug use problems (Loxley et al, 2005).
- Identify women who have an illicit drug problem early in their pregnancy and refer them to appropriate support services in both the prenatal and postnatal periods (Loxley et al, 2005). Support services should include regular home visits in the medium to long term to ensure risks to the child can be identified and addressed.

Providing withdrawal and rehabilitation services for young people

- Provide adequately resourced, age-appropriate, safe and accessible withdrawal and rehabilitation services for young people. Despite the significant impact that illicit drug use can have on a young person's life, there is a lack of age-appropriate withdrawal and rehabilitation services available for young people with drug and alcohol problems. Withdrawal and rehabilitation services that are available are typically targeted towards adults, or accept only adults into their programs.

Improving collaboration and co-operation between agencies and service providers

- Enhance communication and collaboration between agencies providing support and assistance to young people who are affected by illicit drug use, particularly those who have a dual diagnosis. This was reiterated by young people participating in the *Premier's Forum on Young People, Alcohol and Drugs* in Queensland.

Developing and enhancing prevention and early intervention strategies

Support within the education sector

- Commence strategies aimed at preventing the uptake of illicit drugs in primary school and continue these into young adulthood. This approach was supported by young people who participated in the 2007 Queensland Premier's Forum on Young People, Alcohol and Drugs.
- Implement a health promoting schools framework which can enhance the health and wellbeing of the school community, and also promote effective responses to drug and other social or health related issues (Grove, 2002).
- Provide education and training opportunities, including the availability of alternative schooling options, which cater for the individual learning needs of young people with illicit drug use issues (for example, the Albert Park Flexi-School in Brisbane).

Provide interventions early in the life-course

- Develop and implement effective preventive approaches to illicit drug use based on identified risk factors (table 2) which make a child or young person more susceptible to drug use.
- Provide interventions early in the life-course of a drug user to prevent prolonged and ongoing use into adulthood. Sometimes the first time young people have been able to access support services is when they enter the juvenile justice system.
- Support the availability of suitable and affordable housing, meaningful employment opportunities and access to recreational facilities and activities.

Table 2: Risk and protective factors for illicit drug use by young people

Two recent reviews of the available research (Frisher et al, 2007; CMC, 2007) identified the following risk factors which may be predictive of a young person's illicit drug use:

- sexual abuse, family violence and neglect
- early school leaving
- familial characteristics such as parental drug abuse
- poor/reduced monitoring by parents
- poor or inappropriate parental discipline
- large family size
- lack of family cohesion
- low parental age
- unemployment

- poverty, community disorganisation and community violence and crime
- early onset of criminal behaviour
- individual characteristics including shyness, aggression and impulsive personality traits
- school-related factors such as a pro-drug environment and the availability of drugs on or near the school
- peer drug use, and
- low levels of law enforcement with respect to the use of licit and illicit substances.

Protective factors which can prevent illicit drug use among young people include:

- stable temperament
- high degree of motivation
- strong parent-child bond
- consistent parental supervision and discipline
- bonding to pro-social institutions
- association with peers who hold conventional attitudes
- consistent, community wide anti-drug use messages and norms,
- positive academic and recreational programming for children and adolescents after school and on weekends (CMC, 2007)

Prevent licit and illicit substance abuse

- Focus on reducing the use of 'legal' drugs such as alcohol, tobacco and analgesics, which have been identified as the more common drugs of choice for young people (ASSS, 2005). This highlights the importance of including alcohol reduction and tobacco cessation programs and campaigns when addressing illicit drug use among adolescents (ASSS, 2005). Young people who participated in the *Young People and Drugs Conference* in Sydney in 2006 said that mixed messages are given by peers, parents, the government and the media about alcohol, tobacco and illicit drugs, but particularly in relation to the 'legal' drugs.

Engage children and young people

- Incorporate the views of young people in developing responses to illicit drug use. For example, young people who participated in the *Young People and Drugs Conference* said that:
 - young people need to be involved in the development of prevention, early intervention, treatment and rehabilitation programs
 - there needs to be a focus on the positive role of mentors in a young person's life
 - there is a need to make young people feel good about themselves without resorting to drugs
 - involving young people in decisions that affect them empowers them
 - young people need to be informed about services available to them
 - there is a need for long-term follow up to determine the effectiveness of any intervention service, and
 - programs for young people with drug or alcohol problems should also assist parents with drug and alcohol problems to reduce the cyclic nature of substance abuse and misuse.

Assisting young people in contact with the juvenile justice system

- Provide appropriate drug treatment facilities incorporating detoxification programs, treatment and referral services, and rehabilitation programs, including counselling and other practical programs to assist young people who are in juvenile detention (HREOC/ALRC, 1997).
- Continue to provide support to young people upon release from detention to assist them to remain drug-free. This includes the provision of suitable and affordable housing options, access to appropriate education or training avenues, and meaningful employment opportunities.

Supporting children and young people who care for parents who use illicit drugs

- Provide essential and appropriate supports for children and young people who provide care for their parent/s. Any policies, programs or practices which aim to address illicit drug use for parents/families should also identify issues relating to these young carers.
- Develop or enhance services to specifically target young people who provide care for a parent with an illicit drug problem.
- Evaluate projects funded under the National Illicit Drug Strategy (NIDS) - Strengthening and Supporting Families Coping with Illicit Drug Use (Strengthening Families) Measure and commit to appropriately resource effective programs throughout Australia.

Providing support for grandparents providing primary care

- Provide grandparents providing primary care for their grandchildren as a result of parental illicit drug use with appropriate financial, social and physical support, including respite care. This will have a positive impact on improving outcomes for their grandchildren.

Attachment 1

Key messages from the (Queensland) Premier's Forum on Young People, Alcohol and Drugs, 28 February 2007 – Summary

- Commitment including funding and resourcing, and flexible pools of funding.
- Early intervention and prevention, the role of schools and other organisations with which young people are regularly engaging.
- Support and responsiveness is necessary along the continuum, as opposed to just intervening early to prevent drug and alcohol abuse.
- Accommodation and other reasons (e.g. family violence, lack of accommodation due to an unsafe home environment, discrimination), behind the causes of alcohol and drug use and abuse.
- This forum wants a respectful response to today's incredible performances. We would like to meet with the Premier again to see if anything comes from this.
- Attention to young people with dual diagnosis / complex needs. This requires a holistic response rather than a parallel response.
- Young people as the focus and centre of responses, rather than alcohol and drug abuse being the focus.
- It's important to find creative ideas and solutions, as funding is always going to be limited, e.g. private sector funding, volunteer networks. Legislation needs to be amended or considered to protect people trying to help young people. This is particularly an issue for schools in supporting its teachers dealing with young people. Support needs to be continuous and assist with professional growth.
- Approach in schools is about making good choices, not just 'saying no to drugs'. Schools are very good at supporting students and trying to keep them engaged, although this may vary across schools.
- More creative engagement of young people may be required.

For more information go to: <http://www.communities.qld.gov.au/youth/>

References

Andrews, G., & Wilkinson, D.D. (2002) The prevention of mental disorders in young people *MJA* 177 (7): S97-S100.

Carers Australia (2001) Young Carers Research Project: Final Report. Department of Families and Community Services. Australian Government.

Cousins, C. (2005) "But the parent is trying..." The dilemmas workers face when children are at risk from parental substance use. *NCPC Newsletter*. Vol. 13(1). Pp 3-6. Australian Institute of Family Studies.

CMC (2007) Illicit drug use in Queensland: A survey of households 2002-05. *Crime and Misconduct Commission*, Brisbane.

COTA (2003) Grandparents raising grandchildren: A report of the project commissioned by The Hon. Larry Anthony, Minister for Children and Youth Affairs. July. Available at: <http://www.aifs.gov.au/afrc/bibs/grandparenting.html>

Darke, S., Ross, J., Hando, J., Hall, W., & Degenhardt, L. (2000) Illicit drug use in Australia: Epidemiology, Use Patterns and Association Harm. National Drug and Alcohol Research Centre. Commonwealth of Australia.

Degenhardt, L., & Dietze, P. (2005) Monograph No. 10: Data No. 10: Data sources on illicit drug use and harm in Australia. DPMP Monograph Series Fitzroy: Turning Point Alcohol and Drug Centre.

DChS (2007) Research Forum: Parental substance misuse and child protection. 21 February 2007, (Queensland) Department of Child Safety.

Foulds, H., Hallgrimsdottir, E., & Healy, K. (2004) Child protection practice with families affected by parental substance use. *Children Australia*. Vol. 29(3) pp.11-15.

Frisher, M., Crome, I., Macleod, J., Bloor, R. & Hickman, M. (2007) Predictive factors for illicit drug use among young people: a literature review. Home Office Online Report 05/07. UK Home Office. Available at www.homeoffice.gov.uk/rds

Gays, M (2000) Getting it right for young carers in the ACT. Family Futures: Issues in Research and Policy 7th Australian Institute of Family Studies Conference Sydney, 24-26 July 2000

Hegarty, M. (2004) Mind the gap: children whose parents have a dual diagnosis. In: NSW NGO Conference 2004 - NGOs Mental Health and Community: Turning the Tide, March 2004. Sydney, NSW: Mental Health Coordinating Council. Available at: <http://www.mhcc.org.au/conferences/2004/papers/MichelleHegarty.pdf>

Hislop, A., Horner, B., Downie, J., & Hay, D. (2004) The perceived experiences of children and adolescents living with their grandparents: "Why living with my Grandparents is so...good". Curtin University of Technology, Freemasons Centre for Research into Aged Care Services, School of Nursing and Midwifery and School of Psychology. Available at: <http://www.aifs.gov.au/afrc/bibs/grandparenting.html#raising>

Leek, L., Seneque, D., & Ward, K. (2004) *Parental drug and alcohol use as a contributing factor in care and protection applications 2003*. Department of Community Development, Government of Western Australia.

Loxley, WM., Toumbourou, JW., & Stockwell, TR. (2005) A new integrated vision of how to prevent harmful drug use. *MJA* 182(2): 54-55.

Lynskey, M. & Hall, W. (2000) Educational outcomes and adolescent cannabis use (report) National Drug and Alcohol Research Centre. Report prepared for the NSW Department of Education and Training. Available at http://www.schools.nsw.edu.au/learning/yrk12focusareas/druged/cann_outcomes.php

Mathers, C., Vos, T., & Stevenson, C. (1999) The burden of disease and injury in Australia. AIHW Cat No. PHE17. Canberra: AIHW

NSW Department of Community Services (2007) About DoCs: Our Services. Available at: <http://www.community.nsw.gov.au/html/about/services.htm>

Odyssey Institute of Studies (2004) The Nobody's Clients Project: Identifying and addressing the needs of children with substance dependent parents: Summary report. Available at www.odyssey.org.au.

Pritchard J., & Payne, J. (2005). Alcohol, drugs and crime: a study of juveniles in detention. Research and Public Policy Series No. 67. Australian Institute of Criminology Australian Government.

Ratnam, S., Gruenert, S., & Tsanktefski M. (2003) Improving service for children whose parents are in treatment for substance misuse. The Nobody's Client Project, Odyssey Institute of Studies. Presented at the 9th Australasian Conference on Child Abuse and Neglect.

Rogers, N. (2005) Bridging the gap: Enhancing co-morbidity services for young people. *Parity* Vol 18, No. 8 pp. 10-11 September.

VCDRC (2006) Annual report of inquiries into the deaths of children known to child protection 2006. Victorian Child Death Review Committee. Victorian Government.

White, V., & Hayman, J. (2006). Australian Secondary School Students use of over-the-counter and illicit substances in 2005 report. Prepared for the Drug Strategy Branch, Australian Government Department of Health and Ageing.