Drug use by parents

The challenge for child protection and drug and alcohol services

Frank Ainsworth

This article focuses on parental drug use and the impact on child welfare. The gravity of this issue is well documented in a number of reports from government and in annual reports from relevant state and territory departments. Yet, there has been little attention to this issue in Australian journals in spite of the fact that this is probably the most critical issue child protection services have had to face for two decades or more. Parental drug use is almost certainly responsible for the rise in the number of children, especially young children, entering out-of-home care. Drug use also creates issues in relation to family reunification. The final part of the article proposes an enhanced three stage model of family reunification that addresses these issues. This model is based on greater collaboration between child protection services, drug treatment agencies, and the legal system.

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Drug use among parents of children who enter the child welfare out-of-home care system is endemic. The Victorian Department of Human Services 'Public Parenting' (2003) report into home-based care services indicates that the parental characteristics of new foster care clients were as follows.

- 65% of parents with the primary characteristics of domestic violence also had substance abuse problems in 2001-02, an increase from 56% in 1997-98 (p. 35).
- 62% of parents with a psychiatric disability also had a substance abuse problem in 2001-02, an increase from 50% in 1997-98 (p. 35).

These figures highlight the extent to which there may be co-morbidity between drug use, mental ill health and domestic violence.

In a submission to the Commonwealth government entitled 'Our children, our concern, our responsibility' (2003), Families Australia, quoting from the 2002 annual report of the New South Wales Department of Community Services (DoCS), notes that

> it is estimated that up to 80% of all child abuse reports investigated by the DoCS have concerns about drug and alcohol-affected parenting (p. 11).

In an earlier report from Western Australia, Ainsworth and Summers (2001) also indicated that in 50% of cases where family reunification was under consideration by the Department of Children and Family Services (DFCS), drug and alcohol use was a concern. It is almost certain that a similar situation exists in the other states and territories.

Parental drug use also receives mention in the Child and Family Welfare Association of Australia (CAFWAA) 'Time to invest' (2002) report in the following terms:

> parental drug use is one of the most serious issues confronting the child welfare system in the past twenty years ... Future trends of parental drug use are likely to continue to adversely affect out-of-home care, with an increasing number of children requiring specialised, long-term care supports (CAFWAA, p. 10).

Added to this, the Council on the Ageing (COTA), in the report 'Grandparents raising grandchildren' (2003) for the

Federal Minister for Children and Youth Affairs, citing Patton (2003b), reports a US study that found that 72% of grandparents raising grandchildren were doing so due to maternal substance abuse (Kelley, Yorker, Whitley & Sipe, 2001).

It has also been shown that drug abuse increases the risk of child abuse and neglect (Jaudes, Ekwo & Van Voorhis, 1995; Dore, Doris & Wright, 1995; Tomison, 1996)

The Mirabel Foundation's efforts (Patton 2003a; 2003b) to disseminate findings about parental drug use and the impact on children in order to advance a research agenda further highlights the immense task which child welfare services face as a result of this epidemic.

Of course Australia is not alone in facing the issue of parental substance abuse. Studies in the US, where the issue has already received attention (Besharov, 1994; Famularo, Kinscherff & Fenton, 1992; Kelleher, Chaffin, Hollenberg & Fischer, 1994; Magura & Laudet, 1996), have found that for one-third to two-thirds of children in out-of-home care parental substance abuse is a contributing factor to their placement (Besinger, Garland, Litrownik & Landsverk, 1999). These children are also younger than other children in the child welfare system (under 5 years) and more likely to be the victims of severe and chronic neglect (Semidei, Radel & Nolan, 2001). Children from these families are also more likely to be placed in out-of-home care than to be helped at home by community-based services (US Dept of Health and Human Services, 1999).

DRUG USE IN AUSTRALIA

The most accessible data about drug use among the general population in Australia comes from the 2001 National Drug Strategy Household Survey (NDSHS) that is available as an Australian Institute of Health and Welfare report (AIHW, 2003a). This report presents data about alcohol, illicit drug and poly-drug use.

In the 20-49 years age group daily alcohol consumption was confirmed by 16.6% of the population (females 11.0%, males 22.3%). The most common illicit drug was marijuana/cannabis with one in three persons acknowledging that they have used this drug at least once, and with one in eight people reporting that they have used marijuana in the preceding 12 months. In 2001 other illicit drug use included amphetamines (8.9%), hallucinogens (7.6%), ecstasy/ designer drugs (2.9%) and pain killers/analgesics (6.0%) for non-medical purposes.

By age the most prevalent illicit drug use was by the 20-29 years age group. Approximately 35% of this group used at least one illicit drug and 30% have used marijuana/cannabis in the preceding 12 months. In contrast a decline in illicit drug use was reported for the 30-49 years age group. Heroin use was reported in 2001 by only 0.2% of the population.

These statistics clearly demonstrate that among parents known to the child protection and out-of-home care system there is a higher incidence of substance abuse than among the general Australian population. Confirmation of this can also be found in some of the statistical data provided in the AIHW report (AIHW, 2003a) that relates to special populations, in particular to drug use by homeless people. This data comes from the Supported Accommodation Assistance Program (SAAP) (AIHW, 2003b) national data collection. It is of interest as the SAAP population overlaps in some measure with the child welfare population. Noticeably, in 2001 almost one in three SAAP support periods for males were those for which males sought or received assistance for substance abuse, compared with around one in five for females. For males this peaked at 35% of all support periods for the 25-44 years age group, while for females the peak was much later at 24% for the 45-64 years age group.

Many females who enter the SAAP system do so as a result of domestic violence. Over 80% are accompanied by children aged from under one to 17 years (AIHW, 2003c). In a proportion of these cases, drug use is likely to be a concern.

Drug use among parents of children who enter the child welfare out-of-home care system is endemic.

DRUG TREATMENT SERVICES

At odds with the notion that there is a sparsity of treatment services, data from the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) (AIHW, 2003d) indicates that in year 2001-2002 there were 505 government funded alcohol and drug treatment agencies nationwide. This data is also available in a series of state and territory reports. This shows, for example, that in Western Australia there are 26 drug treatment agencies (22 of which were non-government agencies) and in New South Wales there are 202 agencies (57 of which were non-government agencies).

Private or other non-government treatment agencies that do not receive government funding are not included in this data set. Nor is data available from halfway houses and sobering up shelters, correctional institutions, health promotional services or alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients. Hopefully, some parents who are known to child welfare services are recipients of services from these other sources, although there must be some question about the

incidence of this given the rise in the number of children entering out-of-home care.

The AODTS-NMDS also provides details of the age and gender of clients, duration and type of treatment, and the drug of concern for which treatment was sought. Of 120,869 persons across Australia who received treatment, 26.6% (approximately 32,151 persons) were in the age group 20-49 years, which is likely to span the age range of parents who come in contact with the child welfare system. Among these persons the principal drug of concern was alcohol (36.9%), heroin (19.9%), cannabis (12.5%) and amphetamines (11.8%) for females, and alcohol (38.8%), heroin (16.8%), cannabis (22.6%) and amphetamines (10.4%) for males. These figures indicate a higher heroin (+ 3.1%) and amphetamines (+ 12.4%) use by females and higher alcohol (+ 1.9%) and cannabis (+ 10.1%) use by males.

The main types of treatment reported were withdrawal management (19.7% male, 18.2% female), counselling (36.0% male, 44.1% female), rehabilitation (6.4% male, 6.1% female), pharmacotherapy (1.0% male, 1.5% female). Other services included support and case management (5.7% male, 6.9% female), information and education (11.1% male, 7.6% female) and assessment (16.9% male, 10.5% female). All these and other figures relating to treatment attendance and duration cross-referenced by type, although not effectiveness, are available on a state and territory basis.

The often chaotic lifestyle of drug using parents may make the home environment physically unsafe, especially for very young children.

CHILDREN IN OUT-OF-HOME CARE

Against this background it is worth noting that the number of children in out-of-home care in Australia at June 30, 2003 was 20,297, a decrease of 21 from the preceding year 2002 (AIHW, 2004). Noticeably, 37% of children admitted to care were under the age of 5 years and 12% under the age of 1 year. In addition, more children were admitted to care than were discharged from care (AIHW, 2004). This confirms a recent trend that children are arriving in care at a younger age than previously and are also staying in care longer. This phenomenon is associated with the difficulty in reunifying children with parents who continue to use drugs.

THE IMPACT ON CHILDREN OF PARENTAL DRUG USE

It is well established that prenatal exposure of an unborn child to alcohol or illicit drugs can lead to a range of physical, cognitive and psychosocial problems that may have lifelong consequences (Patton, 2003a; Philips, 2004). Of equal concern are the consequences of living with and growing up through infancy and childhood with substance abusing parents and the threat that this poses for a child's physical, cognitive and emotional health and well-being (Alison, 2000; Hogan & Higgins, 2001; Johnson & Leff, 1999; Kroll & Taylor, 2003; Patton, 2003a; Vellman 1996).

Following a consultation with managers, supervisors and clinical staff in both the government and non-government community services sector in Western Australia, Ainsworth and Summers (2001) highlighted these providers' concerns about the negative impact of drug use on parenting capacity (Swadi, 1994). These practitioners also indicated that in these cases child neglect was the most prevalent issue. This is hardly surprising as in practical terms drug use by parents may lead to an impoverished home environment for children given the cost of maintaining drug usage. The often chaotic lifestyle of drug using parents may also make the home environment physically unsafe, especially for very young children (Kroll & Taylor, 2003). Drug usage may also lead to a parent's lack of availability to a young child because of the negative effects on a parent's level of consciousness. There is also the potential for children to be isolated from extended family and to be exposed to a wide network of drug using adults that in turn may increase the risk of abuse or neglect. Under such circumstances attachment relationships (Howe, Brandon, Hinings & Schofield, 1999) that are the core of secure care and healthy development may be in jeopardy, with the resultant long-term harm to adult health and mental health.

THE IMPACT ON CHILDREN OF PARENTAL DRUG OFFENCES

A further consequence for some parents, including mothers, is separation from their children through imprisonment for drug related offences. In a Victorian study of the general prison population with a self selected sample of 121 (111 males, 10 females), the majority of whom were between 30 and 34 years of age (Tudball, 2000), and a percentage of whom were undoubtedly drug users, these participants had parented a total of 365 children. Of these children, 71% were under 10 years of age. For these children it was noted that parental imprisonment had profoundly negative behavioural and emotional effects such as aggressive behaviour, learning difficulties and maladaptive patterns including offending behaviours. Of course it has been suggested that it is the children of imprisoned parents who suffer most, not the offender or the victim of the offence that resulted in parental

imprisonment (Shaw, 1990). This study appears to confirm again the negative impact of drug use by parents.

In a qualitative study involving interviews with 24 women aged 20-51 years in South Australia prisons (Gursansky, Harvey, McGrath & O'Brien, 1998), 17 women were identified as being imprisoned for non-violent drug offences. A majority of the women (21) identified themselves as having an addiction to one or more illicit drugs. These women (15) also had care of an unreported number of children prior to their imprisonment. Some of these children remained with the mother's partner. Others ended up in informal kinship care, while some were removed by the child care and protection authorities and placed in out-of-home care. Recently, Denton (2002), reporting on overseas experience, emphasised the need for family-based services for drug using parents in prison as well as in the wider community, and she identified the importance of such services as an avenue to the amelioration of child neglect and abuse.

PRACTICE WITH PARENTS WHO USE DRUGS

While there is a vast literature about drug use and drug treatment, there appears to be little that has a dual focus on child protection and on intervention with parents who use drugs. All too often this intervention literature focuses on support for parents or a range of quasi counselling or therapeutic interventions (Adams, 1999; Barber 2002; Heal, 2000) that can mostly be characterised as endorsing a persuasion/voluntary participation approach (Harbin & Murphy, 2000; Kroll & Taylor, 2003; Hampton, Senatore & Gullotta, 1998). This approach is of debatable efficacy when parental drug use is a factor in the placing of children in out-of-home care. Moreover, little of this material addresses the issue of family restoration/reunification which, given the not uncommon event of children being reunited with parents even when parental drug use issues are not fully resolved, suggests that this phase of the child protection process deserves our urgent attention (Ainsworth & Maluccio, 1998).

FAMILY REUNIFICATION AND PARENTAL DRUG ABUSE

A further body of research has concentrated on family restoration/reunification and on such issues as patterns of exit from care and the influence of parent-child visiting. This research rarely addresses the issue of family reunification and parental drug abuse. One study that is an exception was conducted recently by Frame, Berrick and Brodowski (2000). These researchers focused on a random sample of 88 children who first entered care between 1990 and 1992 and had experienced a second spell of out-of-home care by 1996. The authors found that maternal substance abuse is associated with a manifold increase in the likelihood of a child's re-entry to care, as compared to situations where substance abuse is absent.

In response to the added complexity of family reunification where parental drug use is an issue, Ainsworth and Summers (2001) and Maluccio and Ainsworth (2003; 2004) have proposed an enhanced three-stage model of reunification practice, as depicted in Figure 1.

- The first stage is *collaborative*, as it emphasises the practitioner's use of non-directive counselling techniques and other methods of influence and persuasion along with the voluntary participation of parents. This is in line with current reunification practice.
- The second stage involves *direction*, through placing treatment requirements on the parents. For example, they must be willing to work to resolve drug use issues and be ready to utilize drug treatment services. This approach is confrontational, as it requires parents to deal with the issues that precipitated the child's entry into care and to engage in pro-social behaviour as well as to improve their parenting practices. This is an enhancement to the current model of reunification practice in terms of specified requirements and other additional forms of intervention, ie, group treatment.
- The third stage is characterised by *compulsion*, as treatment requirements are imposed on the parents through use of the power of the law and legal sanctions. Parents are helped to understand that their rights will be terminated if they do not address the drug abuse issue (Maluccio & Ainsworth, 2003; 2004). This further enhances the existing model of reunification practice by moving from a voluntary to compulsory treatment strategy as a part of determined change effort.

There is strong justification for the above three-stage, time-limited model, *with no repetition of any of the stages*, given evidence of the developmental harm that can impact on children as a result of drug use by parents and their

Figure 1: A three-stage model of family reunification

THREE-STAGE MODEL OF FAMILY REUNIFICATION			
	Approach	**Intervention**	**Agency involvement**
Phase 1	Persuasion/ voluntary	Casework	STATE/NFP
Phase 2	Direction/ required	Treatment/ Group program	STATE/NFP/DA
Phase 3	Compulsion/ imposed	Court order	STATE/NFP/DA/ COURT

* NFP = Not-for-profit agency DA = Drug agency
(From Ainsworth & Summers, 2001)

consequent exposure to abuse and neglect. A child's need for secure attachment and a stable future (Howe, Brandon, Hinings & Schofield, 1999) also determines the model's time limits, which of necessity means that each stage has to be closely sequenced rather than spread across months or years. Without such progress and protection that takes account of the pace of a child's development, the child's opportunity to achieve an adequate level of behavioural and emotional functioning is likely to be severely compromised.

Nevertheless, in the event of a failure of family reunification efforts following various attempts, in some carefully selected case situations where parents maintain concern for the child *and* do not harm her or him, the parents might still be encouraged and supported to maintain optimal and safe contact with their children (Ainsworth & Maluccio, 1998). Continuing efforts to preserve a child's identity and connection to culture and family remain important even when reunification as a goal ceases to be feasible (Ainsworth & Maluccio, 1998).

COLLABORATION BETWEEN SERVICE SECTORS

This enhanced model of family reunification is based on collaboration between state and territory child care and child protection departments, drug treatment agencies and the adult and children's court systems (including, where they exist, drug courts). In the US, where this type of collaboration is more advanced, developing mutual respect together with an appreciation of the different value positions and models of practice in the different organisations has not been an easy process (Colby & Murrell, 1998; Feig, 1998; McAlpine, Courts Marshall & Harper Doran, 2001). For such collaboration to reach fruition in Australia it will require committed individuals to advocate for these types of arrangements. It will also require courageous action on the part of senior agency personnel who may think that such collaboration will compromise their independence. Legislation may also need to be modified in order to facilitate a move from the entrenched adversarial positions and value stances that these professional groups sometimes embrace toward a more collaborative set of practices.

For example, drug treatment agencies are more influenced by an understanding of motivational techniques and models of adult readiness for change (Miller & Rollnick, 1991; Prochaska, DiClemente & Norcross, 1992) than are child protection authorities, although Barber (2002) does link the Prochaska and DiClemente's model to social work practice but without any reference to child abuse and neglect. On the other hand child protection agencies are influenced by child development theories, especially attachment theory (Howe, Brandon, Hinings & Schofield, 1999), and less by theories of adult change. This is less than surprising as their concern is with protecting a child rather than waiting for an adult to change when there is no certainty that the change will occur. In that regard the 'No safe haven: Children of substance-abusing parents' (1998) report from the National Center for Addiction and Substance Abuse at Columbia University nicely illustrates this point by referring to two ticking clocks. The first clock is the parental drug treatment clock and the second is the child development clock. The problem is that the first clock ticks slower than the second clock and the developing child cannot wait for the first clock to catch up as that would put their healthy development at risk.

Without the collaboration and the blending of both child protection, including the legal aspects of this system, and adult drug treatment services, the potential for a growth in the population of children in out-of-home care has to be very real.

This places constraints on family reunification efforts and draws attention to the importance of making early long-term care plans, especially for young children. This adds a legal dimension to family reunification practice. In New South Wales Children's Court at least, under the Children and Young Persons 1998 Act, magistrates are now asked in some instances where parental drug use is an issue to make orders, within a year of a child being placed in out-of-home care, to reallocate parental responsibility to kinship and non-relative foster carers until the child reaches the age of 18 years. Prosecuting lawyers argue that this protects 'the best interest of the child' by putting in place stable long term care arrangements that take account of a child's attachment needs. Interestingly, some drug treatment professionals, while knowing the pace and time scale associated with successful drug treatment, view this scenario and the loss of parental rights as a disincentive to parents in their effort to become drug free. Somewhat similarly, defence lawyers argue against long term orders of this type on the grounds that parents must be given the opportunity to rehabilitate themselves and that it is 'in the best interest of the child' to grow up with her/his birth parents, and the legislation requires that the magistrate's determination be based on 'the best interest of the child'.

Usefully, the proposed three-stage model of enhanced reunification practice, by virtue of its progressive move from a collaborative to a compulsory stance and the greater use of authority, may be able to address more fully the issue of drug use by parents than appears to currently be the case. It can be argued that the model, if adopted, will take the Australian child welfare system closer to an acceptance of a

'termination of parental rights' position that is strongly pursued in the US (DHHS, 1999). Arguably, this position is by default already with us, at least in NSW, where Children's Court magistrates can make an order for a very young child that places the child with a relative or non-relative carer until they are aged 18 years. The order can be silent on the issue of birth parent contact. When this type of order is made, parental rights are in effect terminated.

CONCLUSION

It is more than apparent that the response of child protection, drug and alcohol, and legal services in all states and territories to the issue of drug use by parents is as yet only partially developed. It is not that treatment services do not exist. Rather it is that child protection and drug treatment services are not properly connected and that an ethos of collaboration has yet to be fully established. Nor is the legal system fully behind the effort that needs to be made to address this issue.

Needless to say, the magnitude of the problem is such that this collaboration between all these agencies is now imperative. Without this collaboration and the blending of both child protection, including the legal aspects of this system, and adult drug treatment services, the potential for a growth in the population of children in out-of-home care has to be very real.

This article offers a new model and conceptual framework, rather than operational detail, for collaborative family reunification practice to which all the disciplines, child protection, drug treatment and legal personnel, may be able to subscribe. Only with such collaboration can the necessary operational detail of the model be developed and then implemented. □

REFERENCES

Adams, P. (1999) 'Towards a family support approach with drug using parents: The importance of social work attitudes and knowledge', *Child Abuse Review*, 8, 15-28.

Ainsworth, F. & Maluccio, A.N. (1998) 'The policy and practice of family reunification', *Australian Social Work*, 51, 1, 3-7.

Ainsworth, F. & Summers, A. (2001) *Family reunification and drug use be parents*, Perth: Care for Children Advisory Committee, Department of Family and Children's Services.

Alison, L. (2000) 'What are the risks for children of parental substance misuse?' in *Substance misuse and child care: How to understand, assist and intervene when drugs affect parenting*, F. Harbin & M. Murphy (Eds.), Lyme Regis: Russell House.

Australian Institute for Health and Welfare (2003a) *Statistics on drug use in Australia 2002*, Canberra: AIHW.

Australian Institute for Health and Welfare (2003b) *Homeless people in SAAP: National data collection. Annual report 2002-2003*, Canberra: AIHW.

Australian Institute for Health and Welfare (2003c) *Children accompanying homeless clients 2002-2003: A report from the SAAP National data collection*, Canberra: AIHW.

Australian Institute for Health and Welfare (2003d) *Alcohol and other drug treatment services in Australia 2001-02*, Canberra: AIHW.

Australian Institute for Health and Welfare (2004) *Child protection Australia 2002-03*, Child Welfare Series No 34, Canberra: AIHW.

Barber, J. (2002) *Social work with addictions (2nd edn.)*, Basingstoke: Palgrave Macmillan.

Besharov, D.J. (Ed.) (1994) *When drug addicts have children: Reorienting child welfare's response*, Washington, DC: Child Welfare League of America.

Besinger, B.A., Garland, A.F., Litrownik, J. & Landsverk, A. (1999) 'Caregiver substance abuse among maltreated children placed in out-of-home care', *Child Welfare*, 78, 2, 221-239.

Child and Family Welfare Association of Australia (2002) *A Time to invest in Australia's most disadvantaged children, young people and their families*, CAFWAA, Sydney.

Colby, S.M. & Murrell, W. (1998) 'Child welfare and substance abuse services: From barriers to collaboration', in *Substance abuse, family violence and child welfare*, R. L. Hampton, V. Senatore and T. P. Gullotta (Eds.), Thousand Oaks, CA: Sage.

Council on the Ageing (2003) *Grandparents raising grandchildren*, Canberra.

Denton, B. (2002) *A study of overseas residential and non-residential parenting and family based services that target the needs of illicit drug-using parents with young children*, Melbourne: La Trobe University, School of Law and Legal Studies.

Department of Community Services (2002) *Annual report 2002*, Sydney.

Department of Human Services (2003) *Public parenting. A review of home based care services in Victoria*, Melbourne.

Dore, M.M., Doris, J.M. & Wright, P. (1995) Identifying substance misuse in maltreating families: A child welfare challenge', *Child Abuse and Neglect*, 19, 5, 531-543.

Families Australia (2003) *Our children, our concern, our responsibility*, Canberra.

Famularo, A., Kinscherff, R. & Fenton T. (1992) 'Parental substance abuse and the nature of child maltreatment', *Child Abuse and Neglect*, 16, 475-483.

Feig, L. (1998) 'Understanding the problem: Gaps between substance abuse programs and child welfare services', in *Substance abuse, family violence and child welfare*, R. L. Hampton, V. Senatore and T. P. Gullotta (Eds.), Thousand Oaks, CA: Sage.

Frame, L., Berrick, J.D. & Brodowski, M.L. (2000) 'Understanding re-entry to out-of-home care for reunified infants', *Child Welfare*, 79, 4, 339-369.

Gursansky, D., Harvey, J., McGrath, B. & O'Brien, B. (1998) *Who's minding the kids. The children of women in prison*, Adelaide: University of South Australia, Division of Education, Arts and Social Science.

Hampton, R.L., Senatore, V. & Gullotta, T.P. (Eds.) (1998) *Substance abuse, family violence and child welfare*, Thousand Oaks, CA: Sage.

Harbin, F. & Murphy, M. (Eds.) (2000) *Substance misuse and child care: How to understand, assist and intervene when drugs affect parenting*, Lyme Regis: Russell House.

Heal, A. (2000) 'Providing therapeutic services for drug using parents and their children', in *Substance misuse and child care: How to understand, assist and intervene when drugs affect parenting*, F. Harbin and M. Murphy (Eds.), Lyme Regis: Russell House.

Hogan, D. & Higgins, L. (2001) *When parents use drugs: Key findings from a study of children in the care of drug-using parents*, Dublin: Trinity College, Children's Research Centre.

Howe, D., Brandon, M., Hinings, D. & Schofield, G. (1999) *Attachment theory, child maltreatment and family support*, London: Macmillan.

Jaudes, P.K., Ekwo, E. & Van Voorhis, J. (1995) 'Association of drug abuse and child abuse', *Child Abuse and Neglect*, 19, 9, 1065-1075.

Johnson, J.L. & Leff, M. (1999) 'Children of substance abusers: An overview of the research findings', *Pediatrics*, 103, 5, 1085-1099.

Kelleher, K., Chaffin, M., Hollenberg, J. & Fischer, E. (1994) 'Alcohol and drug disorders among physically abuse and neglectful parents in a community based sample', *American Journal of Public Health*, 84, 10, 1586-1590.

Kelly, S.J., Yorker, B.C., Whitley, D.M. & Sipe, T.A. (2001) 'A multimodal intervention for grandparents raising grandchildren: Results from an exploratory study', *Child Welfare*, 80, 1, 27-50.

Kroll, B. & Taylor, A. (2003) *Parental substance misuse and child welfare*, London: Jessica Kingsley.

Magura, S. & Laudet, A.B. (1996) 'Parental substance abuse and child maltreatment: review and implications for intervention', *Children and Youth Services Review*, 19, 3, 193-200.

Maluccio, A.N. & Ainsworth, F. (2003) 'Drug use by parents: A challenge for family reunification practice', *Children and Youth Services Review*, 25, 7, 511-533.

Maluccio, A.N. & Ainsworth, F. (2004) 'Family reunification practice with parents who abuse drugs', in *A handbook of children, youth and family services (*forthcoming), G.P. Mallon, P. Hess and B. McGowan (Eds.), New York: Columbia University Press.

McAlpine, C., Courts Marshall, C. & Harper Doran, N. (2001) 'Combining child welfare and substance abuse services: A blended model of intervention', *Child Welfare*, 80, 2, 129-149.

Miller, W.R. & Rollnick, S. (1991) *Motivational interviewing: Preparing people to change addictive behaviour*, New York: Guilford Press.

National Center for Addiction and Substance Abuse (1998) *No safe haven: Children of substance-abusing parents*, New York: Columbia University.

Patton, N. (2003a) *Parental drug use – the bigger picture. A review of the literature*, Melbourne: The Mirabel Foundation. Available at www.mirabelfoundation.com

Patton, N. (2003b) *The effects of parental drug use – children in kinship care. A review of the literature*, Melbourne: The Mirabel Foundation. Available at www.mirabelfoundation.com

Philips, R. (Ed.) (2004) *Children exposed to parental drug misuse: Implications for family placement*, London: British Association for Adoption and Fostering.

Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. (1992) 'A search of how people change: Application to addictive behaviour', *American Psychologist*, 47, 1202-1114.

Semidei, J., Radel, L.F. & Nolan, C. (2001) 'Substance abuse and child welfare: Clear linkages and promising responses', *Child Welfare*, 80, 3, 109-128.

Shaw, R. (1990) 'Prisoners' children and politics: An aetiology of victimisation', *Children and Society*, 4, 3, 315-325.

Swadi, H. (1994) 'Parenting capacity and substance misuse: An assessment scheme', *Association of Child Psychology and Psychiatry Review and Newsletter*, 16, 237-245.

Tomison, A. (1996) *Child maltreatment and substance abuse*, National Child Protection Clearing House, Discussion paper no. 2, Melbourne: Australian Institute of Family Studies.

Tudball, N. (2000) *Doing it hard. A study of the needs of children and families of prisoners in Victoria*, Melbourne: Victorian Association for the Care and Resettlement of Offenders.

US Department of Health and Human Services, Children's Bureau (1999) *The AFCARS report – current estimates as at January 1999*, Washington, DC: Author.

Vellman, R. (1996) 'Alcohol and drug problems in parents: An overview of the impact on children and implications for practice', in *Parental psychiatric disorders: Distressed parents and their families*, M. Gopfert., J. Webster and M. V. Seeman (Eds.), Cambridge: Cambridge University Press.