

SUPPORTING CHILDREN WITH PARENTS WHO USE ICE: A GUIDE FOR HEALTH PROFESSIONALS

SUMMARY

- There are a number of potential harms experienced by children with parents who use crystal methamphetamine (ice).
- Exposure to drug use at a young age can increase the likelihood of a child using drugs themselves.
- Children whose parents use ice, are more likely to suffer from abuse, neglect, isolation, victimisation and an increase in antisocial behaviour.
- It is important that health professionals can identify key signs that a child may be at risk of suffering and intervene early.
- Parents who use ice may need additional support from health professionals to manage their use and role as primary caregiver.
- Health professionals have a duty to report to the relevant Department of Social Services if they have a reasonable suspicion that a child is suffering, is at risk of suffering, or has suffered abuse or neglect and needs protection.
- For more information on mandatory reporting [click here](#).
- For a list of reporting authorities, along with the relevant reporting decision trees for each state and territory, refer to the end of this factsheet.

CHILDREN WITH PARENTS WHO USE ICE

Children with parents who use drugs, including ice, are at risk of interrupted emotional and physical development. This can occur because of chaotic and unstable household environments which can lead to a children's physical, emotional and developmental needs being unmet, and/or an increase in abuse or neglect. A recent study in the United States found that children whose parents use drugs were three times more likely to be physically, sexually, or emotionally abused and four times more likely to be neglected than their peers. Parental drug use can have long term effects on the child's health, safety and wellbeing. It is important that health professionals can identify key signs that a child may be at risk of suffering abuse or neglect and intervene early.

ABUSE

Child abuse refers to behaviour by parents, caregivers or older adults that is outside the norms of conduct and carries a significant risk of causing physical or emotional harm to a child or young person. Abuse may be intentional or unintentional and comes in many different forms.

NEGLECT

Neglect refers to the deprivation of needs and may be physical, emotional, educational, supervisory, etc. Younger children are often more vulnerable than older children to neglect.

For more information, refer to [What is child abuse and neglect?](#)

A child who is suffering from abuse or neglect may present with:

- Malnutrition and/or failure to thrive
- Dehydration
- Ongoing, frequent illness
- Sores and poor personal hygiene
- Untreated dental needs
- High absentee rates and irregular school attendance
- Deficits in social skills and/or antisocial behaviour e.g. disturbed behaviour, sexually precocious behaviour
- Withdrawn children with suicidal ideation and/or regressed behaviour, e.g. bedwetting, separation anxiety
- Lack of academic progress
- Symptoms of post-traumatic stress disorder (PTSD)
- Developmental delays and disorders
- Poor mental health
- Injuries from interfamilial violence

Exposure to drug use at a young age can increase the likelihood of a child using drugs themselves. This may be because children seek emotional regulation strategies from their parents and model their behaviour upon the adults in their life.

SUPPORTING PARENTS WHO USE ICE

Parents who use ice may need additional support from health professionals to manage their use and role as primary caregiver. Research indicates parents who use methamphetamines (including ice), or have a history of use, experience high levels of parental-related stress, depression, guilt, and self-doubt, and may require targeted psychosocial support.

A variety of free and confidential telephone and online support services are available. Family Drug Support is one such service providing 24-hour support to families throughout Australia affected by alcohol and drug issues. [Click here for more information.](#)

For more information about other support services available in Australia, refer to **When and where do I get help?**

CHILDREN LIVING IN HOUSEHOLDS WHERE ICE IS MANUFACTURED

Between 2010 and 2015, there were 3,680 ice labs detected in Australia most of which were in residential homes. Children exposed to ice lab contamination even at residual levels can experience serious harms. The key dangers include:

- Exposure to toxic and highly explosive chemical solvents e.g. car starter fluid, fertilizer, drain cleaner, mercury, hydrochloric acid and lead
- Injection, ingestion and inhalation of smoke, chemicals and ice
- Injury from fire, as ice labs can contain explosive chemicals

Signs that a child might be living in an ice lab include:

- Chemical burns (to the skin, eyes, mouth, and nose) or other skin abrasions/irritations
- Headache, nausea and fatigue
- Shortness of breath, coughing and chest pain
- Dizziness and lack of coordination

EARLY INTERVENTION: REPORTING TO CHILD PROTECTIVE SERVICES

Health professionals have a duty to report to the department of Social Services if they have a reasonable suspicion that a child is suffering, is at risk of suffering or has suffered abuse or neglect and needs protection. Mandatory reporters are groups of people who are required by law to report any suspicion of abuse or neglect of a child. Workers should refer to the guidelines for mandatory reporting and seek advice from a supervisor if in doubt about their duty of care. For further information on mandatory reporting please see **Mandatory Reporting of Child Abuse and Neglect**.

MANDATORY REPORTERS

- Mandatory reporters are people in the community who are legally obliged to identify and report on cases when they suspect a child is being harmed or at risk of being harmed.
- Mandatory reporters are people who have regular contact with children, such as social workers, educational personnel, health professionals.
- Mandatory reporters have immunity from civil or criminal liability that may arise because of reporting suspicions of child abuse or neglect.
- Penalties apply to mandatory reporters who fail to report suspected abuse.

For information on how to respond if a child or young person discloses abuse, see the resource **Reporting child abuse and neglect**.

AUSTRALIAN STATE AND TERRITORY REPORTING AUTHORITIES

States and territories in Australia have their own reporting platforms to help determine the risk of neglect or abuse of a child and identify ways to support vulnerable children, young people and their families. If health professionals have a risk concern, they should complete an online report, which will take them through the decision tree that best matches their concerns. A decision report will then be generated, guiding the professional on what to do next.

The contact details along with the relevant reporting decision trees for each state and territory are below.

Location	State of mind	Reporting authority	Contact details
AUSTRALIAN CAPITAL TERRITORY	Belief on reasonable grounds	Child and Youth Protective Services	General public Ph: 1300 556 729 (24 hours) Mandated reporters Ph: 1300 556 728 (24 hours) Complete online child concern report
NEW SOUTH WALES	Suspects on reasonable grounds that a child is at risk of significant harm	Department of Family and Community Services	Child Protection Helpline Ph: 13 21 11 (24 hours) Reporting Suspected Abuse or Neglect Webpage: Resources for mandatory reporters
NORTHERN TERRITORY	Belief on reasonable grounds	Territory Families	Child Protection Hotline Ph: 1800 700 250 (24 hours) Every person is required to report suspected child abuse and neglect. For more information on this process see the Report Child Abuse webpage .
QUEENSLAND	Has a reasonable suspicion	Department of communities, child safety and disability services	Child Safety Service Centre Ph: 1800 811 810 For information about a reporting refer to Reporting Child Abuse page of the department's website
SOUTH AUSTRALIA	Suspects on reasonable grounds	Department of Child Protection	Child Abuse Report Line Ph: 13 14 78 For more information visit SA's reporting webpage at Report Child Abuse
TASMANIA	Believes, or suspects, on reasonable grounds, or knows	Department of Child Protection	Child Safety Services Ph: 1300 737 639 (24 hours) For more information visit the department webpage at Child Safety Services
VICTORIA	Belief on reasonable grounds	Department of Health and Human Services	For a list of regional and metropolitan numbers see Child Protection Contacts For more information visit Victoria's reporting webpage at Child Protection
WESTERN AUSTRALIA	Belief on reasonable grounds	Department of Communities, Child Protection and Family Support	General public Ph: (08) 9223 1111 Email: cpduty@cpfs.wa.gov.au Mandated reporters Ph: 1800 708 704 For more information visit WA's If You are Concerned about a Child webpage

REFERENCES:

- Altshuler, J., & Cleverly-Thomas, A. 2011, What do we know about Drug Endangered children when they are first placed into care? *Child Welfare*, 90(3), 45-68. Retrieved from <https://search.proquest.com/docview/918234909?accountid=12763>
- Arkinson, M., Avery, I., Gaudin, J., et al., 1990, *J Appl Social Sci*, 15, pp. 97-123
- Barone, V., Greene, F., Lutzker, R. 1986, 'Home safety with families being treated for child-abuse and neglect', *journal of behavior modification*, Volume: 10 Issue: 1 Pages: 93-114.
- Blau, G., Whewell, C., Gullotta, P., & Bloom, M. 1994, Prevention and treatment of child abuse in households of substance abusers: A research demonstration progress report. *Child Welfare*, 73(1), 83-94.
- Brown, J., Hohman, M., 2006, 'the impact of methamphetamine use on parenting', *Journal of social work practice in the addictions*, 6 (1-2), pp. 63-88
- Child Family Community Australia, 2018, Reporting child abuse and neglect. [online] Available at: <https://aifs.gov.au/cfca/publications/reporting-abuse-and-neglect> [Accessed 2 Jul. 2018].
- DeLisi, M., Drury, A. J., and Elbert, M. J. Parent Exposure to Drugs: A "New" Adverse Childhood Experience With Devastating Behavioral Consequences. *Journal of Drug Issues* 2019, Vol. 49(1) 91–105. DOI: 10.1177/0022042618805738
- Denehy, J. 2006, The meth epidemic: Its effect on children and communities. *The Journal of School Nursing*, 22(2), 63-5. Retrieved from <https://search.proquest.com/docview/213112765?accountid=12763>
- Durbin, K. 2003, Expert to discuss plight of meth kids. *Columbian* Retrieved from <https://search.proquest.com/docview/253195338?accountid=12763>
- Dyba J, Moesgen D, Klein M, Leyendecker B. 2018. Mothers and fathers in treatment for methamphetamine addiction—Parenting, parental stress, and children at risk. *Child & Family Social Work*. 2018;1–9. <https://doi.org/10.1111/cfs.12587>
- Environmental Health Standing Committee (enHealth), Department of Health (2015). NSW Remediation Guidelines for Clandestine Drug Laboratories and Hydroponic Drug Plantation. Environmental Risk Sciences Pty Ltd and Flinders University, pp.p2-44.
- Haight, W., Jacobsen, T., Black, J. Kingery, L., Sheridan, K., & Mulder, C. 2005, In these bleak days: Parent methamphetamine abuse and child welfare in the rural midwest. *Children and Youth Services Review*, 27, 949-971.
- Hayward, R., DePanfilis, D. and Woodruff, K. 2010, Parental Methamphetamine Use and Implications for Child Welfare Intervention: A Review of the Literature. *Journal of Public Child Welfare*, 4(1), pp.25-60.
- Hohman, M., Oliver, R., & Wright, W. 2004, Methamphetamine abuse and manufacture: The child welfare response. *Social Work*, 49(3), 373-382.
- Irvine, G. D., and Chin, L. 1991, Methamphetamine abuse: Epidemiologic issues and implications, National Institute on Drug Abuse Research Monograph Series, 115, p.33.
- Jaffee, S. R., Sc Gallop, R. 2007, Social, emotional, and academic competence among children who have had contact with child protective services: Prevalence and stability estimates. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(6), pp.757-765.
- Johnson, J. L., & Leff, M. (1999). Children of substance abusers: Overview of research findings. *Pediatrics*, 103(5), 1085-99. Retrieved from <https://search.proquest.com/docview/228382593?accountid=12763>
- Lineberry, W., Bostwick, M. 2006, Methamphetamine abuse: A perfect storm of complications. *Mayo Clinic Proceedings*, 81(1), pp.77-84.
- McKellar, A. 2009, National Association of School Psychologists. *Communique*; Bethesda, Bethesda: National Association of School Psychologists, 37 (8), p. 124-26.
- Ostler, T., Haight, W., Black, J. 2007, 'Mental health outcomes and perspectives of rural children raised by parents who abuse methamphetamine', *Journal of American Academy of Child & Adolescent Psychiatry*, 46(4), pp.500-507.
- Carlson, B., Williams, L., Shafer, M. 2012, 'methamphetamine-involved parents in the child welfare system: are they more challenging than other substance-involved parents?', *Journal of public child welfare*, 6 (3), pp. 280-295.
- Substance Abuse & Mental Health Services Administration, 2003, Children living with substance abusing or substance dependent parents. *NHSDA Report*, June 2, 2003. Retrieved July 16, 2008, from www.oas.samhsa.gov/2k3/children/children.pdf
- Swetlow, K. 2003, Children at clandestine methamphetamine labs: Helping meth's youngest victims. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Victims of Crime. Retrieved January 23, 2006, from <http://www.ojp.gov/ovc/>
- Walsh, C, MacMillan, L., Jamieson, E. 2003, The relationship between parental substance abuse and child maltreatment, *Ontario health supplement: Child Abuse & Neglect*, 27(12), pp.1409-1425