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Health impacts of alcohol and other drug use in Australia

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The Queensland Family and Child Commission

As Principal Commissioner of the Queensland Family and Child Commission (the Commission), I welcome the Inquiry into the health impacts of alcohol and other drug use in Australia. Central to the Commission's mandate is our statutory responsibility to monitor the child protection system and the broader network of services contributing to children's safety and wellbeing, including the child safety and youth justice systems. As part of this, the Commission supports the work of the Queensland Child Death Review Board (the Board). The Board conducts independent, system-level reviews of service delivery for children known to the child protection system who have died. It provides insights and recommendations that inform policy, practice and legislative reforms aimed at preventing future deaths.

Our work is also informed by the *Safer Pathways through Childhood* framework¹ (Safer Pathways), a strategic initiative that centres children's rights in all prevention and safety activities. This framework draws on the principles of the United Nations Convention on the Rights of the Child² and represents a collaborative approach across systems, services, communities, and families to create safer environments for children and young people.

Submission overview

Australia stands at a pivotal moment in shaping its future response to alcohol and other drug (AOD) use. As the National Drug Strategy and the National Alcohol Strategy approach their conclusion in 2026, this Federal Inquiry offers a timely opportunity to reimagine our national approach to one that places the health, safety, and wellbeing of children and young people at its centre.

The Issues Paper responding to submissions for the 2024 Inquiry acknowledged the significant social harms associated with substance use, including its links to family violence, child abuse, neglect, and family breakdown.³ These harms reflect the lived realities of thousands of children across Queensland. Through our oversight, advocacy, and engagement with young people, we have seen firsthand how substance use drives statutory system entry and intersects with suicide, disability, and intergenerational trauma.

Despite decades of policy effort, Australia's AOD response remains disproportionately weighted toward supply reduction and enforcement. This imbalance has left critical gaps in prevention, early intervention, and harm reduction, particularly for children in state care, families experiencing methamphetamine-related harm and young people navigating complex systems. The siloed nature of service delivery, where substance use, mental health, domestic violence, and homelessness are treated in isolation, fails to reflect the reality of co-occurring challenges faced by vulnerable families.

I am calling for a shift in our national approach: from fragmented crisis response to integrated, trauma-informed systems that recognise the interconnected nature of harm. The Commission advocates for a health-led approach that prioritises prevention, elevates lived experience, and invests in community-led solutions. Children and young people must no longer be the invisible casualties of adult-focused drug policy.

This submission draws on the Commission's evidence base, including systemic reviews, child death data, youth advocacy, and frontline insights to contribute to each of the terms of reference.

¹ Queensland Family and Child Commission (2025). *Safer pathways through childhood 2022-2027: A framework to guide the Queensland Family and Child Commission's child death prevention activities*. [Queensland Family and Child Commission // Safer pathways through childhood](#)

² United Nations (1989). *Convention on the Rights of the Child*. [United Nations Convention on the Rights of the Child](#)

³ House of Representatives, Standing Committee on Health, Aged Care and Sport (2025). *Issues paper relating to the health impacts of alcohol and other drugs in Australia*. https://www.aph.gov.au/Parliamentary_Business/Committees/House/Former_Committees/Health_Aged_Care_and_Sport/Alcoholanddrugs/Issues_Paper

Harm to children from parental substance use

In response to the prevalence of parental methamphetamine use in child death cases, the Board commissioned a targeted investigation to better understand its impact on the health and wellbeing of very young children, those under three years of age.⁴

Since the Board's inception in 2020, nearly **4 in 10 child deaths** reviewed involved concerns about parental methamphetamine use in the year preceding the child's death. This is a systemic crisis demanding urgent national attention.

Drawing on a systematic review of literature and analysis of 32 de-identified cases involving families known to the Queensland child protection system, the findings are unequivocal: parental substance use profoundly harms children, both directly and indirectly. Infants and toddlers are exposed to unsafe sleeping environments, poor supervision, and drug paraphernalia. Parents caught in the binge-crash cycle of methamphetamine use experience extreme psychological distress, depressive symptoms, and volatile behaviours that undermine safe caregiving and healthy attachment.

This report, [Risks for children caused by methamphetamine use by parents](#), was one of the first of its kind and explains many of the social issues that lead to and are caused by ice. Separately, the Board's 2022–23 Annual Report identified that between 1 July 2020 and 30 June 2023, methamphetamine use was prevalent in 32.94 per cent of the 170 cases they reviewed. The Board recommended strengthening child safety practice through a practice guide that supports frontline practitioners in their risk assessments of children whose parents' substance use is problematic. The Board recommended the practice guide should cover clear definitions of the thresholds for intervention types, a framework of identifiable markers of risks and the safety planning mechanisms and wraparound services that must be implemented to ensure a child's safety.⁵

The consequences ripple across generations. Children of methamphetamine-using parents are at increased risk of continuing cycles of neglect, abuse, and substance dependence. Despite practitioners often recognising the risks, responses were inconsistent and frequently failed to mitigate harm to children.

The report on *Risks for children caused by methamphetamine use by parents* applied the National Drug Strategy to the context of parental methamphetamine use. It found that current policy leans heavily on supply reduction, while demand and harm reduction strategies remain underutilised.

Opportunities

1. **A large-scale media prevention campaign** warning of the harms of methamphetamine use.
2. **Early intervention** through screening, brief interventions, and targeted support before dependence escalates.
3. **Clearer treatment pathways** for highly dependent individuals that recognises their family role and that includes clinical care, family therapy and support for affected children and caregivers.

⁴ Child Death Review Board (2023). *Risks for children caused by methamphetamine use by parents*. [Queensland Family and Child Commission // Preventing child death](#)

⁵ Child Death Review Board (2023). *Child Death Review Board Annual Report 2022-23* [Queensland Family and Child Commission//Child Death Review Board](#)

Young lives at risk: suicide, mental health and substance use

The Commission's analysis of child deaths in 2023–24 revealed a confronting truth: suicide remains the leading cause of death for young people aged 10–14 and 15–17 in Queensland. In the past year alone, 19 children and young people died by suicide. Over the past five years, 111 young lives have been lost – with 35 per cent involving a history of alcohol and/or substance misuse.

Substance use frequently co-occurred with adverse childhood experiences (ACEs) such as abuse, neglect, domestic violence, and household dysfunction. According to the Australian Child Maltreatment Study, young people with ACEs are 4.5 times more likely to attempt suicide and 6.5 times more likely to develop cannabis dependence.

These findings underscore the co-occurrence of substance use and suicidality, particularly among children known to the child protection system. The suicide rate for children known to Child Safety is 12.8 per 100,000—six times higher than the general population. Aboriginal and Torres Strait Islander children are also disproportionately affected, with suicide rates more than double those of non-Indigenous children.⁶

Despite the scale of this crisis, the current system is failing to respond. The National Centre for Youth Substance Use Research (NCYSUR) submitted to the 2024 Inquiry that only 11% of young males and 18% of young females with AOD disorders seek treatment. On average, there is an 18-year delay between the onset of substance use problems and access to treatment, driven by stigma, service inaccessibility, and a lack of youth-specific models of care.⁷ The Commission supports NCYSUR's call for innovative, integrated approaches that provide coordinated care for co-occurring mental health and substance use issues, and for early intervention services embedded in the environments where young people live, learn and connect.

The Board has further highlighted the complexity of this issue for children in residential care. In the 2023–24 Annual Report, the Board observed that children and young people in care may exhibit a range of behaviours considered to be challenging or high-risk. Some behaviours may be regarded as developmentally or age appropriate, while others may be linked to trauma, mental health, disability, drug and alcohol use or their environment.

In several cases, the system struggled to respond effectively to the escalating harms associated with substance use—particularly when young people declined to engage with available support. Residential care providers reported being overwhelmed, lacking the clinical expertise and resources to manage addiction while also ensuring the safety of co-tenants and staff.

The Board's findings point to a critical service gap: the absence of specialised, therapeutic care environments capable of responding to the complex needs of young people with substance use disorders. It calls for the development of dedicated residential models that integrate on-site AOD rehabilitation services, tailored to the developmental and therapeutic needs of young people.⁸

This is not simply a matter of service design, but a matter of safety and it is the right of every child to receive care that meets their needs. Without urgent investment in specialised responses, we risk continuing a cycle of harm that is both preventable and unacceptable.

Opportunities

1. **Investment in integrated approaches** for substance use prevention and mental health concerns for children and young people with childhood trauma.
2. **Development of specialised, therapeutic care environments** that can meet the complex needs of young people with substance use disorders.

⁶ Queensland Family and Child Commission (2024). *Deaths of children and young people in Queensland 2023-24 Annual Report* [Queensland Family and Child Commission // Child death reports and data](#)

⁷ Stjepanovic, D. et al. (2024) *Submission to the House Standing Committee on Health, Aged Care and Sport* https://www.aph.gov.au/Parliamentary_Business/Committees/House/Former_Committees/Health_Aged_Care_and_Sport/Alcoholanddrugs/Submissions

⁸ Child Death Review Board. (2024) *Child Death Review Board Annual Report 2023-24* [Queensland Family and Child Commission // Child Death Review Board](#)

Preventing harm before birth: addressing alcohol use in pregnancy and Foetal Alcohol Spectrum Disorder (FASD)

The earlier discussion on the harms of parental substance use highlights the urgent need for systemic prevention and early intervention strategies. These same systemic failures are evident in the prevalence of FASD, a condition that not only stems from prenatal alcohol exposure but also reflects broader gaps in public health messaging, early screening, and support for vulnerable families. Addressing FASD requires the same integrated and trauma-informed approaches advocated throughout this submission, reinforcing the need for a unified national response to substance-related harm across the life course.

Alcohol use during pregnancy remains a critical and under-addressed public health issue in Australia. The 2024 *Growing Up in Queensland* report revealed that only 58 per cent of mothers abstained from alcohol during pregnancy, underscoring the urgent need for stronger prevention efforts and public awareness.⁹ I note the National Organisation for Foetal Alcohol Spectrum Disorders (NOFASD) submission indicated significant gaps in public knowledge about the risks of alcohol consumption during pregnancy, citing a 2021 poll by the Foundation for Alcohol Research and Education (FARE) which found 30 per cent of Australians are unaware that alcohol use during pregnancy can cause FASD.¹⁰

The Commission's *Parenting as a Young Person* Insights Paper further highlights how alcohol consumption is deeply embedded in Australia's social fabric, often normalised even during pregnancy. The consequences are severe: alcohol exposure in utero is linked to low birthweight, preterm birth, developmental delays and FASD, a lifelong neurodevelopmental condition that is significantly over-represented in child protection and youth justice cohorts. Women are more likely to consume alcohol in the first 20 weeks of pregnancy if they live in remote or very remote areas, or are teenage mothers, compounding the risks for already vulnerable populations.¹¹

The Board's analysis of three young males known to both the child safety and youth justice systems, each suspected of having FASD, illustrates the trajectory of undiagnosed and unsupported neurodevelopmental conditions. These young people experienced early behavioural issues, poor school engagement, and developmental concerns. Without early screening and intervention, they entered adolescence angry, confused and unsupported, facing mental health challenges, addiction and involvement in criminal activity.¹²

Siobhan, a youth advocate and speaker at the QFCC Youth Summit 2024¹³, spoke passionately about the harm experienced by children and young people exposed to alcohol-related violence and the harm caused by excessive alcohol consumption. She spoke about the National Alcohol Strategy and how one of the strategies was to reduce alcohol advertising.

⁹ Queensland Family and Child Commission. (2024) *Growing up in Queensland 2024* [Queensland Family and Child Commission // Growing up in Queensland](#)

¹⁰ House of Representatives, Standing Committee on Health, Aged Care and Sport (2025). *Issues paper relating to the health impacts of alcohol and other drugs in Australia*. https://www.aph.gov.au/Parliamentary_Business/Committees/House/Former_Committees/Health_Aged_Care_and_Sport/Alcoholanddrugs/Issues_Paper

¹¹ Queensland Family and Child Commission. (2024) *Parenting as a young person: Don't underestimate us Insights Paper* [Queensland Family and Child Commission // Topical Insights Papers](#)

¹² Child Death Review Board. (2024) *Child Death Review Board Annual Report 2023-24* [Queensland Family and Child Commission // Child Death Review Board](#)

¹³ [QFCC Youth Summit 2024 - Siobhan](#)

“We need to stop influential people, especially musicians and sportspeople, promoting alcohol consumption. We need to include warnings on advertisements or even just ban alcohol ads like we did with smoking. We need to regulate advertisements being displayed on children’s apps and media. We need to add alcohol dementia to the list of health warnings on government sites, because people need to be aware of this.”

Opportunities

1. **Universal and targeted prevention campaigns** that challenge alcohol culture and promote abstinence during pregnancy.
2. **Embed youth perspectives in alcohol harm prevention** – strengthen restrictions on alcohol advertising, particularly where aimed at young people and children.

Unmet needs, unjust outcomes: FASD - substance use and youth detention

Children and young people with FASD are more likely to experience suicidality, incarceration, and systemic exclusion. The *National Foetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028* recommends targeted screening for groups at higher risk of FASD, including children in the care of child protection services and those who have been placed in adoptive care, children of mothers who are alcohol or drug dependent and those in youth correctional settings. With this strategy coming to an end in 2028, it is critical that the effectiveness of this plan is reviewed and strengthened to coordinate a national approach.

The *Exiting Youth Detention* report, informed by the lived experiences of 66 young people recently released from custody, paints a confronting picture of the realities faced by some of Queensland's most vulnerable youth. These young people spoke candidly about lives shaped by poverty, family breakdown, violence, unstable housing and substance use. For many, alcohol and drug use was a coping mechanism, a form of self-medication in environments of trauma and despair. In their own words:

“Feel good... just taking drugs and just doin' bad s--t. I know it sounds bad, but to me, it's normal. Normal to me. I mean it's normal to do that s--t.”

“I started, like, chroming and stuff, because I wanted to fit in, and then I got addicted to that, then I stopped that and I got on to drugs and then I found like a way to like, support myself with that...for anxiety and depression, so I do Yandi a lot...”

“Um, I started smoking, like cigarettes and that when I was eight and then um, I just did Marijuana when I was 12 and then I did ice at the age of 15.”

Young people also spoke about experiencing mental health difficulties, particularly feelings of hopelessness about the future.

“I'm used to all the s--t things that happened in my life, you know, it happened over and over and over. And um, I'm kind of used to that cycle.”

“Feels like I don't have a soul anymore... just feels like I don't have any emotion, feels like numb, like so when I come in here like, it... it doesn't really bother me... well it does but I can't do anything about it so I just sit there, watch time go by...I don't know, it doesn't really phase me.”

Most of these young people entered detention with histories of trauma, mental health challenges, substance dependence and experiences of the care system. Their pathways into custody were paved by circumstances beyond their control: parental substance use, homelessness, domestic violence and systemic neglect. The

experiences leading up to their involvement with the criminal justice system mean these young people are likely to enter custody addicted to substances.¹⁴

The Commission's most recent *Performance of the Child Protection System Annual Report*¹⁵ reveals: 71 per cent of young people in youth justice custody have been diagnosed or are suspected to have a disability. Among these, 25 per cent are affected by FASD. To put this in perspective, national prevalence estimates suggest that:

- ADHD affects 6–10 per cent of children and adolescents
- intellectual disability affects around 4 per cent
- FASD affects 2–5 per cent of the general population.

The over-representation of FASD in youth justice settings is not coincidental, it stems from systemic gaps in early diagnosis, intervention, and support. These young people are not inherently criminal; they are children whose neurodevelopmental needs were unmet, whose behaviours were misunderstood, and whose vulnerabilities were punished rather than supported.

The opportunity for change

Australia's current response to alcohol and other drug use is too focussed on issues rather than humans. It is failing to protect its most vulnerable: children and young people. Despite decades of effort, the system has critical gaps in prevention, early intervention, and integrated care.

I have no doubt that unless we deal with domestic and family violence, child maltreatment, mental health and alcohol and drug use holistically, we will continue to waste time, money and lives.

A national shift is required towards a health-led, child-centred approach that addresses the complex, intergenerational impacts of substance use. As national strategies near their conclusion in 2026, this Inquiry is a vital opportunity to build a more compassionate, coordinated and effective system, one where every child has the chance to thrive.

¹⁴ Queensland Family and Child Commission. (2024) *Exiting youth detention: Preventing crime by improving post-release support* [Queensland Family and Child Commission // Exiting youth detention](#)

¹⁵ Queensland Family and Child Commission. (2025) *Performance of the Child Protection System 2024-25 Annual Report* [Queensland Family and Child Commission // Annual Reports](#)