



Statistical overview backing the Eindhoven Declaration

- how children are damaged by
parental caregiver and community
illicit drug use



The Convention on the Rights of the Child has been under attack since 2008, where those seeking to legalise illicit drug use have sought to position drug users as victims, more vulnerable than children. They are seeking to undermine what is the most ratified (196 countries) of all UN Treaties and Conventions.

This document provides the evidentiary basis upon which so many countries agreed to protect their children, focusing here on Article 33 - the Right of the Child to live in an environment free of illicit drug use.

A close-up portrait of a young child with dark, curly hair and large, expressive eyes. The child is looking slightly upwards and to the right. The background is a dark, textured blue-grey. The child is wearing a light-colored, striped shirt.

1989 United Nations' Convention on the Rights of the Child - Article 33

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

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EXECUTIVE SUMMARY

Illicit drug use - a constellation of harm

The Harm Reduction drug policy lobby narrows the focus of drug harm on only the drug user. Yet Western societies for more than 110 years made their valuations of illicit drug use based on harm done to others.

Drug users not only unacceptably harm themselves (which is the reason we have Harm Reduction) but also their partner, children, children's grandparents, siblings, friends, workmates and the general community.

But it is children that perhaps pay the highest price. And it is for that very reason that the 1989 UN Convention on the Rights of the Child is the most ratified of all in UN history - 196 countries. It commits countries to ensuring that the Child lives in an environment free of drugs. This document statistically spells out why. Everything is cited.

We recognise that statistics are a generalisation, of course, and are not true of every drug user, but ...

- One in every four US children lives with a parent/caregiver with a drug use disorder
- One in every 840 US children lost a parent/caregiver to fatal drug overdose in 2021 and one in every 175 currently live with that loss
- 39% of children placed in out-of-home care has a parent with a drug issue, where illicit drug use saw the highest percentage removed
- Parental/Caregiver illicit drug use made a higher percentage of children homeless than alcohol abuse
- Substance use disorders see a 2.7 times

increase in child sexual and physical abuse

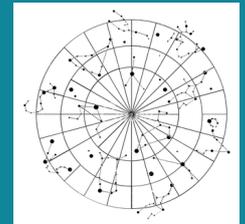
- 75% of child sex-trafficking cases in the US' largest study had illicit drug-using caregivers.
- Parental/caregiver neglect from drug use doubles the risk of unintentional injuries to a child
- 76% of Australian injecting drug users admit to modest or severe food insecurity. Hungry children is a troubling outcome for many
- Parental/Caregiver neglect has life-threatening consequences for chronically-ill children
- In utero damage to the unborn child can retard physical and cognitive growth, where cannabis is the illicit drug causal in the most birth defects
- There is an over-representation of behavioural issues and lack of educational attainment amongst children of substance abusers
- Road accidents, which have a strong over-representation of drugged drivers, likewise cause death or irreparable harm to children

Similar statistics have driven compassionate citizens for more than a century to declare the harms of illicit drug use societally unacceptable.

At present, the UN is being pressured by drug legalisation lobbyists to ignore these harms and declare the drug user more vulnerable and more needy of government assistance than all of these children. But users have choices, children don't.

The Eindhoven Declaration exists to highlight to UN agencies and instrumentalities their need to honour the 'popular vote' of 196 countries for the Convention on the Rights of the Child, ensuring the vulnerability of children comes first in our societies.

DRUG USER IMPACT ON FAMILY AND OTHERS



Introduction

Illicit drug use adversely affects a whole constellation of people - all drawn into a harming vortex of their drug use.



In a [submission](#) to a 2007 Australian Parliamentary Inquiry into the impact of drugs on families the Catholic Women's League of Australia summarised as follows:

The incredible mood swings, and dangerous, erratic and unpredictable behaviour of the addict, has family, friends and colleagues walking on egg-shells. Living with an addicted person is a recipe for madness that frequently results in nervous breakdown and serious physical illness in people riding the roller

coaster of pain and uncertainty that is the daily experience of those living with addiction.

Such a description can apply even to functioning addicts, however with a drug like heroin, most users are dysfunctionally **dependent**, and in those countries that provide welfare, dependent on government systems for stability. In Sydney Australia **60-70%** of heroin users are typically on welfare benefits and **10%** in the inner city involved in sex work. These are a recipe for child neglect.

The unacceptable harms of drug use are attested by a simple fact – our governments have spent hundreds of millions of dollars on ‘harm reduction’ programs for drug use – it’s in the name. Yet harm reduction programs do virtually nothing for the constellation of people being harmed by the user, and most affected is the most vulnerable of all - the Child.

The constellation - immediate family

From the same Australian 2007 report:

The family member’s problem is typically related to the drug use, but separate, such as:

- *I have no real relationship with my child;*
- *All the family income goes on drugs;*
- *My partner is not emotionally available to me;*
- *I am scared to ask for my basic needs;*
- *I am placing the needs of the addicted member above the needs of other family members;*
- *My partner/child does not respect my home/ my right to a peaceful/clean space; and*
- *My friends no longer visit our house*

For many families these conditions are intolerable.

Impact on Children

Again, from the same 2007 report:

The impacts of parental drug use on growing children were related by many inquiry participants. They included:

- *inadequate nutrition and periods without food;*
- *a lack of clothing;*
- *inadequate health care, including a lack of immunisation,*
- *lack of attention to the child's health problems or disabilities,*
- *irregular washing, dental decay, a filthy home environment and untreated head lice;*
- *poverty and financial disadvantage;*
- *physical, sexual and emotional abuse;*
- *traumatic and frightening experiences, such as parents overdosing or losing consciousness;*
- *family breakdown and conflict;*
- *parental mental health problems;*
- *frequent change of residence and carers;*
- *involvement in criminal activity;*
- *poor education outcomes due to learning and behavioural difficulties and interruptions to schooling;*
- *social problems, including social isolation and lack of attachment and connection to others; and*
- *problems with emotional development*

The unacceptable harms of drug use are attested by a simple fact – our governments have spent hundreds of millions of dollars on 'harm reduction' programs for drug use – it's in the name.

Burden on public health

Finally, from the same 2007 document:

Illicit drug use causes significant illness, including mental illness, and disease, violence and crime, and devastates families. The most recent estimate of the economic cost of illicit drug use in Australia is \$6.7 billion per year. This estimate does not include the significant physical and emotional trauma and social dislocation caused by illicit drugs.

The effects of illicit drug use are evident in the destructive effects of drug-related deaths, other associated health effects



and the damaging impact of drug-related crime on the community.

Harm Reduction of unacceptable harms

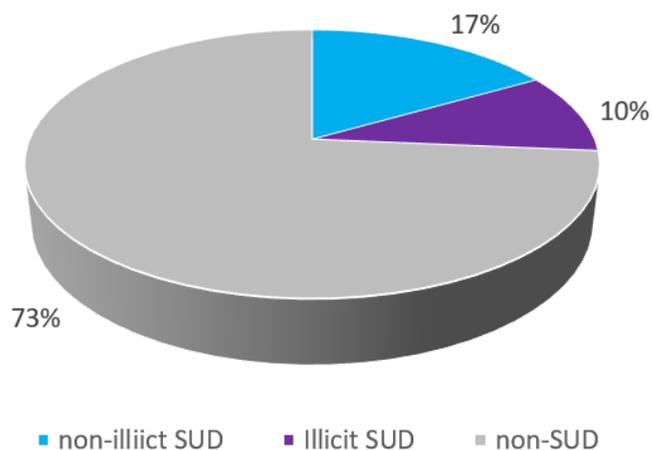
The United Nations community will readily acknowledge that Harm Reduction programming is premised solidly on the recognition that illicit drugs cause unacceptable harms to the individual user.

The Harm Reduction industry, on the other hand, bends over backward to avoid that recognition. This raises questions as to whether the Harm Reduction industry is operating in good faith for the good of the wider community, or for the 'right' of the user (there is no such right) to use.

One in four US children affected

According to a 2025 analysis of a 2023 nationwide survey, nearly 19 million U.S. children under age 18 — about 1 in 4 — live with at least one parent or primary caregiver who has a substance use disorder (SUD).

US children living with a caregiver Substance Use Disorder (SUD)



Our focus on children

Because One Voice One Message (OVOM) is focused on the Rights of the Child, as codified in the 1989 United Nations' Convention, this document will make the harms inflicted on the Child by illicit drug use the primary focus, with statistical attestation of each aspect of harm.

STATISTICS - PARENTAL DERELICTION OF DUTY



A Right to specific parental responsibilities

The 1989 Convention on the Rights of the Child identifies some specific responsibilities the State should oversee for its children, where every State will best deliver those responsibilities through promoting and facilitating due diligence on the part of their parents.

There are specific obligations placed on all member States that have ratified the Convention on the Rights of the Child to foster a society where there is a zero tolerance of child sexual exploitation, child slavery and, according to Article 33, a zero tolerance for illicit drug use in the Child's immediate environment.

Article 33 specifically says,

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

Article 33 does not focus first on preventing children from trying illicit drugs - the prevention clause applies to illicit production of illicit drugs and their trafficking.

Rather it calls for member States to protect children from illicit drug use. We note that those lobbying for

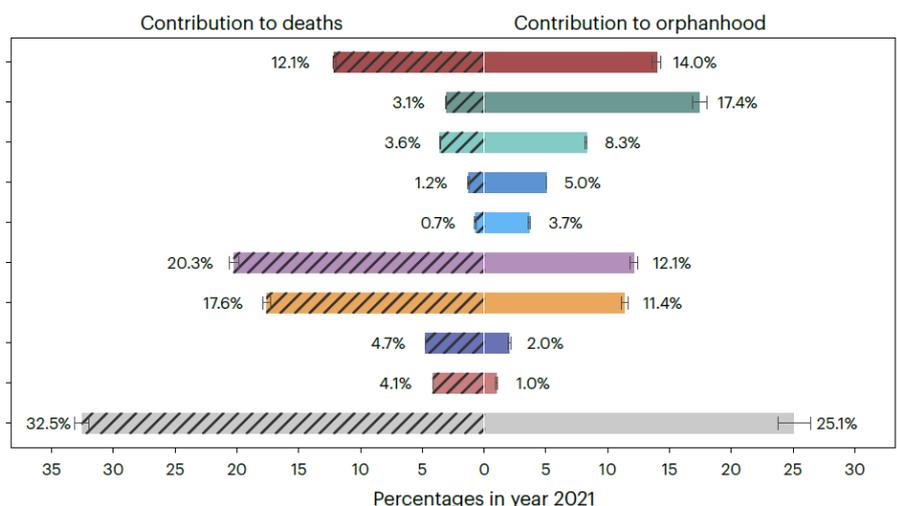
drug legalisation worldwide attempt to mislead the public by refocusing the meaning of 'protect' towards community prevention programs aimed at children tempted by illicit drug use, rather than prevention for adults/parents tempted by illicit drugs.

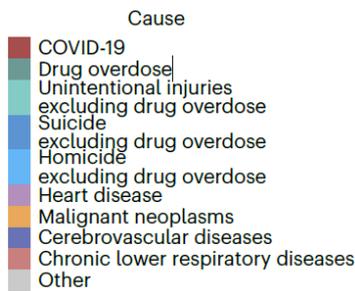
Cataloguing the harms to children

Every Child has parents, but not every parent fulfils a duty of care or responsibility to that Child. What follows here is a survey of harms inflicted by others' illicit drug use on the Child, along with a statistical assessment of the impact of each on the Child.

Drugs and the Orphaned Child

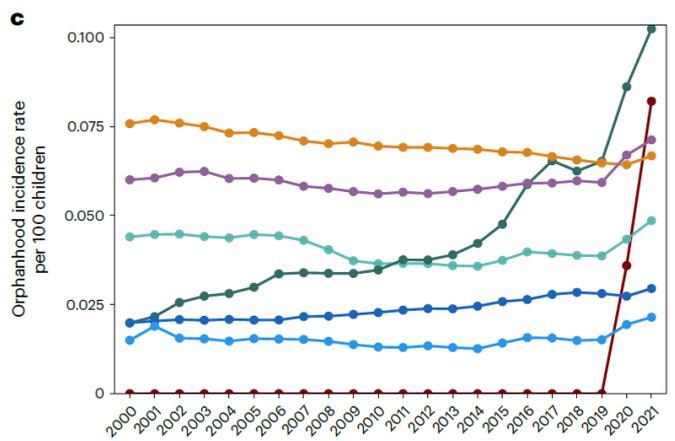
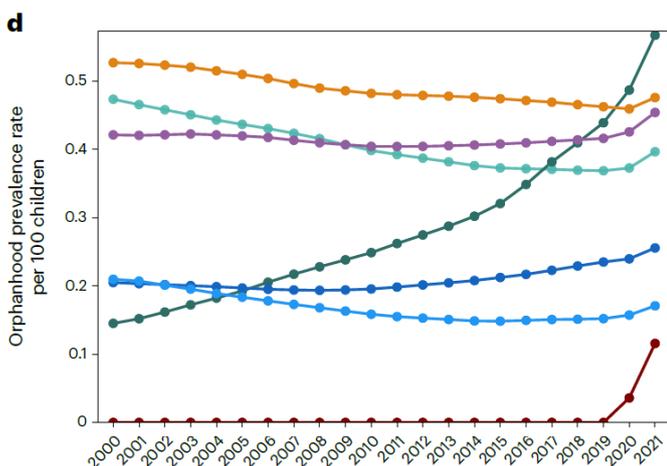
US statistics demonstrate a particular desertion of parental duty of care of many users for their children, where illicit drug use has become the leading cause in that country for orphaned children. Note the green bar on the graph below and the following legend.





One of the most fundamental threats that children are facing through escalating crises is orphanhood, defined by United Nations Children's Fund as the death of one or both parents and more generally caregiver loss, including the death of co-residing grandparent caregivers who are responsible for most or some needs of their grandchildren. Nearly 15 years ago, the World Health Organization (WHO) identified parental death as an adverse childhood experience increasing adult mental health risks. As an adverse childhood experience, parent or caregiver loss may have lifelong consequences, including increased risks of suicide, post-traumatic stress disorder, violence, insecure housing, and chronic and infectious diseases. These consequences often lead to ongoing needs for health and mental health services; parenting, educational and economic support for affected children remaining with surviving parents or caregivers; and foster care or adoption services for children bereft of care.

In the year 2021 there was a total of 494,036 US children who had been orphaned due to loss of a parent, a primary caregiving grandparent in the absence of parental care, or the loss of a secondary grandparent caregiver who provided accommodation but only some and not all the child's needs. See the prevalence chart below.



What is most significant in the graphs displayed here is that drug overdose was the leading cause of orphanhood in 2021, having moved from the second least likely cause in 2021 to the highest likelihood in 2021 as per the incidence Graph C above.

Thus in 2021, with an incidence of 0.1%, one in every 840 children in the United States lost a parent or caregiver to drug overdose. Because 17.4% of children were orphaned due to drug overdose in 2021 as per the previous graph, there were around 86,000 children orphaned that year as a result of accidental overdose. Given that drug users frequently commit suicide using their drug of choice, the number could be even higher.

Even more significantly the prevalence rate of around 0.57%, or 5.7/1,000 children gives a prevalence rate of around one in every 175 children orphaned over the years by the loss of parents or caregivers to drug overdose.

These figures cannot be dismissed by those pushing liberal drug policies as of no account. The assertion that drugs are treated as a crime but are essentially victimless, hurting only the users themselves, loses all validity by this single set of US statistics. A JAMA Psychiatry study gave higher estimates for orphanhood in 2021.

Summary - the Orphaned Child

In 2021

1 in every 840 US children lost a parent or caregiver to drug overdose - 86,000 in all.

Over time

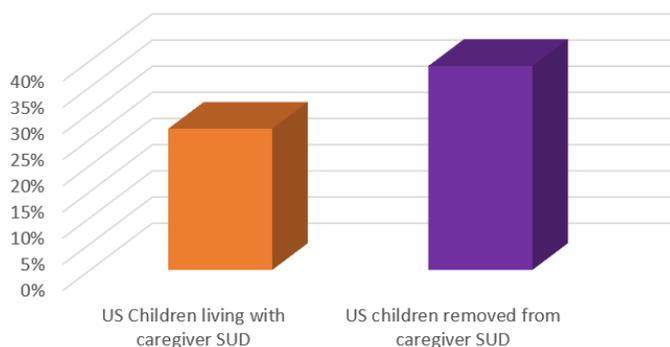
1/175 US children have been orphaned by drug overdose.

Drugs and the Neglected Child

Caregiver drug abuse is well over-represented as a reason for children being removed to out-of-home care where caregiver neglect is 4.2 times higher.

According to the National Center on Substance Abuse and Child Welfare (NCSACW) using AFCARS data, in 2021 39.1% of children in out-of-home care had parental alcohol or other drug use listed as a condition associated with their removal.

Over-representation of Substance Use Disorder in Child Removal



This statistic combines alcohol and other drug abuse rather than giving separate percentages. *But against one in four US children living with a caregiver with a Substance Use Disorder, a larger proportion are in out-of-home care (39% vs 27%).*

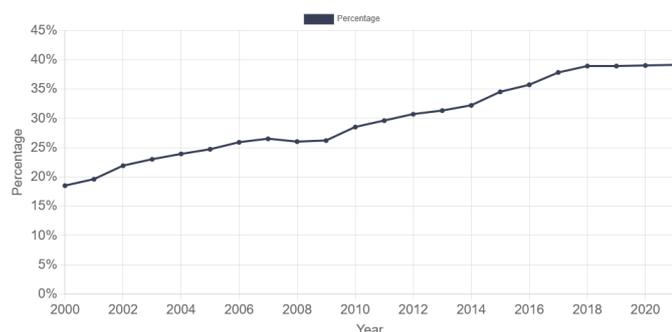
The percentage of children in out-of-home care with parental alcohol or other drug (AOD) abuse as a condition associated with removal has steadily increased from 18.5% in 2000 to 39.1% in 2021.

This reflects the rising drug problem in the US as evidenced by the alarming increases in drug overdose mortality.

Prevalence of Parental Alcohol or Drug Abuse as a Condition Associated with Removal

In the United States, 2000 to 2021

Source: AFCARS Data, 2000-2021, as of 10/1/24



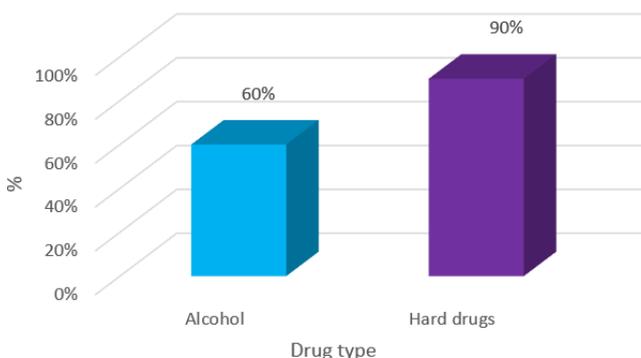
In the US a NSCAW III study of alcohol use versus illicit drug use in the maltreatment of children by caregivers, while alcohol was more associated with neglect, inconsistent discipline and physical abuse, illicit drugs were associated with a greater frequency of physical and emotional abuse.

Where caregivers used both alcohol and illicit drugs, children had the worst outcomes.

According to a 2002 report, permanent removal percentages differed by the type of substance abuse, but with high percentages regardless of the drug-type used:

- ~90% of parents abusing 'hard drugs' had their children removed when intervention needed
- ~60% of parents abusing only alcohol had their children removed when intervention needed

Permanent removal of Child



This suggests that hard-drug abuse by parents may result in more severe child welfare consequences as per the sample in this study.

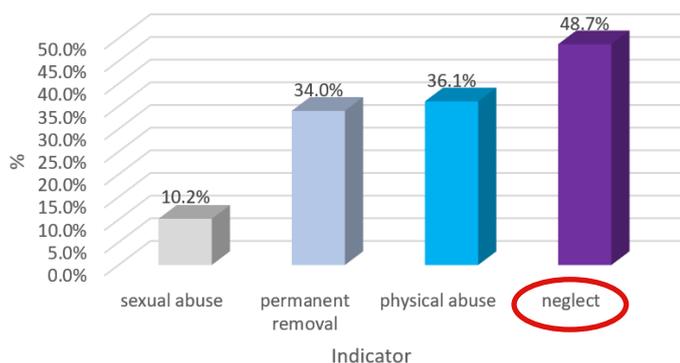
As at 2021 there was a total of 480,645 children who had been removed from their home because of caregiver alcohol and other drug use. That is one child in every 150 US children removed.

The age-at-removal breakdown in 2021 from the aforementioned National Center on Substance Abuse and Child Welfare (NCSACW) report of the 80,877 children removed in that year with parental AOD abuse as a factor was:

- 61.7% (49,888) were aged 0–5 at removal
- 7.5% (22,233) were aged 6–12
- 0.8% (8,756) were 13–18+

A systematic review (2025) of 35 studies on the types of maltreatment related to substance type found percentage prevalence of the following:

Parental alcohol & illicit drug use - prevalence



Summary - the Neglected Child

Caregiver drug abuse is well over-represented as a reason for children being removed to out-of-home care (39% of all children against 27% being in homes where there is a caregiver substance use disorder). Parental neglect for those abusing drugs is 4.2 times higher.

‘Hard drug use’ in turn also represents a significantly higher probability of removal than alcohol use.

In 2021 80,877 children were removed from homes due to caregiver AOD use, becoming part of a cumulative 480,645 (1:150) of US children estranged from home for the same reason.

Drugs and the Homeless Child

Homelessness is over-represented amongst the children of drug abusing caregivers.

According to a 2025 survey of people experiencing homelessness in California conducted by UCSF Benioff Homelessness and Housing Initiative (BHII), around 37% of respondents reported using illicit drugs within the prior six months; and around 65% reported they had used illicit drugs “regularly” (e.g. three or more times per week) at some point in their lives.

Nationally, older reports cite that among

homeless individuals, 38% were dependent on alcohol and 26% abused other drugs.

In a 2008 survey of 25 US cities by the United States Conference of Mayors, 68% of cities identified “substance abuse” as the largest cause of homelessness for single adults.

In that same survey, substance abuse was also cited among the “top three causes” of family homelessness in 12% of cities.

Some smaller or local studies of people who became homeless report that around 25% of respondents identified drug use as the primary reason they lost stable housing.

These findings underscore two important points:

- substance use is much more prevalent among the homeless than among the general population
- in many cases, substance abuse — or its consequences (job loss, relationship breakdown, financial instability) — is cited as a contributing factor to homelessness.

We should therefore fully expect that the very solid linkages between drug abuse and homelessness will deprive children of a home.

Research on families experiencing homelessness or otherwise living in shelters suggests a very high prevalence of parental Substance Use Disorders among those families.

For example, one often-cited older study of homeless mothers reported that 74% of the mothers had used illicit drugs within a year of assessment.

Qualitative research of youth who grew up with substance-using caregivers reports frequent housing instability, repeated moves, and “toxic stress” tied to parental drug use.

Studies of “youth experiencing homelessness” often note that parental substance abuse is a common risk factor and frequent part of their history.

All of this shows that parental drug use is common among homeless families and youth — much more common than in the general population — which suggests a strong association between caregiver substance abuse and risk of homelessness or housing instability for children.

Summary - the Homeless Child

Homelessness amongst children with drug abusing caregivers is over-represented. Strong links exist between drug use and homelessness, where illicit drug use has an even higher over-representation than alcohol abuse.

Drugs and the Sexually-Abused Child

Abuse of alcohol and other drugs is over-represented in reports of child physical and sexual abuse at 2.7 times higher.

While the above statistic conflates physical and sexual abuse as well as alcohol abuse and illicit drug use, one study found the following:

The authors reviewed 190 randomly selected records from the case load of a large juvenile court. These records involved cases in which the state took legal custody of the children following a finding of significant child maltreatment, based on a "clear and convincing" standard of evidence. Sixty-seven percent (127/190) of these cases involved parents who were classified as substance abusers. The results of this study revealed specific associations between (a) alcohol abuse and physical maltreatment and (b) cocaine abuse and sexual maltreatment.

Summary - the Sexually Abused Child

Sexual and physical abuse of children is over-represented amongst parents with alcohol and illicit drug use disorders.

At 2.7 times higher than for other children the study does not give separate statistics for alcohol/illicit drugs. However one study found cocaine use moreso associated with sexual abuse.

Drugs and the Sexually Exploited Child

There is a very well-attested over-representation of drug-user caregivers sexually trafficking their children to support their addiction.

A study on "Familial Sex Trafficking of Minors" found 82% of trafficked children were by family members in exchange for illicit drugs. **More than half of the children in this study reported attempted suicide at some time in their lifetime.**

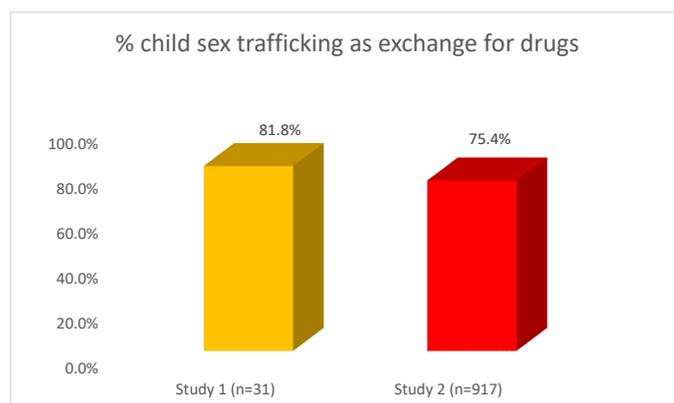
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A high percentage of cases (81.8%, n = 25) involved parents who used illicit drugs as the currency to profit from trafficking of their children. In every case the parent resided with the child during the exploitation period. Just under half (45.2%, n = 14) of trafficking cases originated in rural areas, 16.1% (n = 5) in micropolitan areas, and 38.7% (n = 12) occurred in metropolitan areas. In all cases, caregiver threats, intimidation, and parental authority were used to recruit and maintain the victim in prostitution (86.3%, n = 27), pornography (50%, n = 16), and strip club involvement (18%, n = 6). The victim's drug addiction (29% of cases, n = 9) was also utilized to engage and sustain the child youth in trafficking.

While the sample in the above study is small and could be discounted as an outlier, similar percentage rates are recorded in a recent 2022 review of familial trafficking. This is the largest such study from the US with 917 trafficking cases. It found 75% of their tracked cases involved "exchange of sex acts for drugs."

Of course, drug use changes family dynamics in ways that can make children more vulnerable via neglect, conflict or unstable caregiving.

There are reports that the opioid epidemic has contributed to increases in familial trafficking. For example, interviews and analysis suggest that in some cases, parents addicted to opioids may traffic their children, or allow exploitation, to support



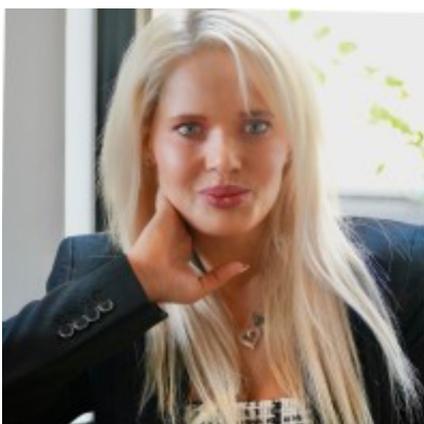
their addiction.

Most significantly, trafficking within families is very likely underreported according to a police [summary](#). Many “familial trafficking” cases aren’t reported, or may be hidden under other forms of abuse such as child neglect or sexual abuse rather than officially identified as “trafficking.” From the same police report:

While the anti-human trafficking field has largely focused on steps to prevent and respond to sex and labor trafficking, one type of trafficking—family-facilitated human trafficking or familial trafficking—can slip through the cracks and be overlooked by law enforcement, child welfare agencies, educators, and others. The Journal of Family Violence notes that familial trafficking occurs when a family member (a father, mother, sibling, grandparent, uncle, or aunt) or a guardian (a foster parent or intimate partner of the parent) facilitates the trafficking. This can include when parents or other family members allow sexual offenders to sexually abuse the victim in exchange for money, drugs, or a place to stay or when caregivers produce pornography of their children and sell, trade, or post the contents in exchange for money or other things of value.

The statistics are supported by the testimony of sex-trafficking survivors.

[Hollie Daniels](#), as a sex-trafficking survivor, tells of her mother first selling her at age 15, where her mother was deeply enmeshed in drug addiction. Quite evidently there are many such stories to be heard.



Summary - the Sexually Exploited Child

Amongst sex-trafficking statistics from the US, children trafficked in exchange for drugs is heavily over-represented and very well-attested, despite being also likely underreported. In the largest US study of 917 child trafficking cases 75% were trading for illicit drugs.

Drugs and the Physically Abused Child

Abuse of alcohol and other drugs is over-represented in reports of child physical and sexual abuse at 2.7 times higher. This statistic conflates physical and sexual abuse as well as alcohol abuse and illicit drug use, however the following facts are relevant and are likely to have implications for the physical abuse of children:

- Substance abuse and domestic violence are strongly linked. [Studies](#) suggest that 35% -50% of individuals who experience domestic violence report that drugs or alcohol were involved in the incidents.
- Domestic violence often [escalates](#) in severity when substances like alcohol, marijuana, and illicit drugs are

involved.

[Studies](#) estimate 10 million children witness violence annually in the United States. These not always victims, but severely impacted being indirectly psychological well

that between 3.3 and 2.7x in the United States children may be direct they can be by witnessing or involved in abusive then impacts the being of children.

for both alcohol & illicit drugs combined for physical & sexual abuse

Keeping in mind that there were about 420,000 children in foster [care](#) in the United States on any given day in 2020 and that a significant portion of these children (around 4 in 10) are there because of neglect which is often closely tied to substance

abuse and domestic violence in the home, the impacts of drug use and abuse on children should never be under-estimated.

Summary - the Physically Abused Child

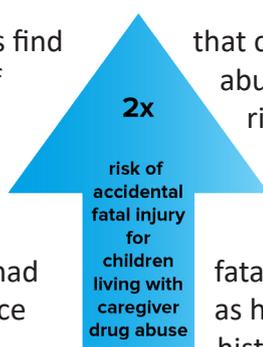
Sexual and physical abuse of children is over-represented amongst parents with alcohol and illicit drug use disorders. This is also true of general domestic violence which can be expected to impact children both physically and emotionally.

Drugs and the Unintentionally Injured Child

There is a stronger likelihood that injuries to children in a household where caregivers are using and abusing drugs will be over-represented. Neglect includes inadequate supervision of children and often can include dangerous living environments via unsafe housing, chaotic living conditions or exposure to hazards.

A more recent research [review](#) indicated that social, physical, and economic factors in the household environment significantly increase the risk of unintentional injuries among children under 5 years of age.

Some studies find that children with prior reports of abuse or neglect are at elevated risk of later unintentional injury. In one [risk-study](#), with a prior allegation of maltreatment had injury rates twice as high as children without such a history.



Hospitalisation data in the US show that maltreatment, which includes neglect, is sometimes coded as the cause of injury. A 2005 analysis estimated around 6,700 pediatric hospitalisations in community hospitals were associated with child maltreatment from abuse or neglect. Such statistics include alcohol abuse as well as illicit drug use.

Summary - the Unintentionally Injured Child

Caregiver neglect and abuse has been shown to double the likelihood of unintentional injuries to a child.

Drugs and the Hungry Child

US statistics on food security amongst children of illicit drug users is virtually non-existent, and statistics on food security amongst a drug using population is not as adequate as Australian statistics.

Their IDRS [study](#) of 733 injecting drug users gives good statistical validity and indicates the food security issues for a very drug-dependent population. While these statistics cannot be directly generalised to the plight of children with

Experiences of food insecurity among a sample of people who regularly inject drugs in Australian capital cities in 2022.

Key Findings National 2022 IDRS



75.6% (n=584) of respondents were at risk of moderate to severe food insecurity.



42.3% (n=327) were at risk of severe food insecurity, scoring the highest possible food insecurity experience score.



Respondents in unstable accommodation were 2.4 times more likely to indicate food insecurity than their peers with stable accommodation.



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Respondents in unstable accommodation were 2.4 times more likely to indicate food insecurity than their peers with stable accommodation.

a drug-using caregiver, there is nevertheless a notional idea of the chaotic lives of illicit drug users. Reasoning from our previous statistics on US children orphaned by fatal overdose, it follows that a significant percentage of injecting drug users do indeed have children can suffer the same food insecurity as their parent or caregiver.

76% of injecting drug users were at risk of moderate to severe food insecurity, with a subset of 42% scoring the highest insecurity score.

It is likely that drug-using caregivers will have more stable accommodation than drug users who are single, simply by virtue of caregivers having greater responsibility which may ground them better.

Nevertheless, the US figure of 86,000 children in 2021 losing a caregiver to drug overdose makes it very clear that the US drug problem is not confined to drug users who are single and childless. And there is every evidence that US drug user lives are equally as chaotic as Australian ones.

Summary - the Hungry Child

While US statistics on children's food insecurity as it relates to illicit drug use are virtually non-existent, Australian statistics suggest a strong over-representation of such children where 76% of injecting drug users report modest to severe food insecurity. With 86,000 US children losing a caregiver in 2021 to drug overdose, many children are clearly living chaotic lives, where many children will face food insecurity.

Drugs and the Chronically-Ill Child

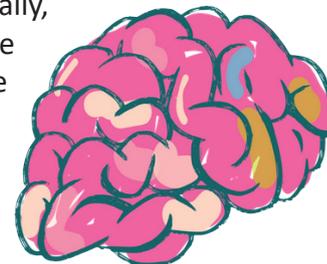
There is an over-representation of untreated or poorly controlled chronic illnesses for children of caregivers who use illicit drugs. Chaotic lives and relative lack of financial resources creates major issues for children's chronic illnesses.

Below is a list of conditions whereby caregiver neglect or inability affects the ongoing health of the child. *These explanations come from established patterns in pediatric medicine, child-welfare research, and clinical practice and are neither speculative nor sensationalised.*

- **Asthma** - For proper asthma control children need daily controller inhalers, rescue inhalers available at any time, a trigger-free environment with no smoke, mould or pests as well as regular follow-up with a pediatrician

or pulmonologist. The chaotic lives or poverty of many drug-user caregivers means most or all of these needs are not met. The result is that children have more severe, uncontrolled asthma and more hospitalisations.

- **Epilepsy** - Epilepsy is sensitive to medication lapses and requires daily, consistent anti-seizure medication, adequate sleep and routine neurology visits. Failure to provide these leads to children having



more frequent and dangerous seizures where the risk of injury increases.

- **Type 1 diabetes** - Children with this condition need precise insulin dosing, carbohydrate monitoring, reliable glucometer use and regular endocrinology appointments. So this condition requires a highly stable caregiver with strong executive functioning - exactly what substance abuse undermines. There is a higher risk for diabetic ketoacidosis (DKA), a life-threatening complication strongly associated with caregiver neglect or chaos.
- **ADHD/Behavioral Disorders** - while these conditions aren't chronic illnesses in the physical sense, they require long-term care with consistent medication schedules, regular behavioural therapy and stable daily routines. The chaos amongst many substance abusers leads to untreated or unstable ADHD leading to school failure, behavioural issues, and worsening mental health.
- **Infants with prematurity, congenital issues & feeding disorders** - These children need frequent specialty appointments, strict feeding plans and high medical monitoring. Failure to provide these leads to serious complications, malnutrition, delayed interventions.
- **Heart disease/congenital cardiac disorders** - Children with heart defects require long-term cardiology follow-up with medication adherence, monitoring for symptoms like cyanosis and fatigue as well as timely surgical follow-through. Failure to provide these leads to a greater risk of heart failure or need for emergency surgery.

- **Autoimmune and chronic inflammatory conditions** - conditions like juvenile arthritis or lupus require strict medication schedules, often with immunosuppressants, blood tests to monitor toxicity and rheumatology visits. Failure to manage these leads to long-term disability or permanent organ injury.

Summary - the Chronically-Ill Child

Chronic illness in children always requires careful management, involving the scheduling of doctor visits or medical appointments as well as medications. Failure can be life threatening. The chaos in the lives of many illicit drug users can seriously threaten their child's health and their life.

Drugs and the In Utero Damaged Child

There is no shortage of science demonstrating that various illicit drug-types do mostly irreversible damage to the unborn child. What is not yet well-appreciated is that the absurdly titled 'soft drug', cannabis (or marijuana), is perhaps the most damaging of all. Thus in utero damage of the child of illicit drug user parents is more extensive than most realise.

Based on the scientific literature, parental exposure to drugs of abuse both before conception or during pregnancy can lead to intergenerational and transgenerational effects via multiple mechanisms. Here are the main types of damage, with examples.

- **DNA methylation changes** - drugs can **change** the methylation status via addition or removal of methyl groups on DNA, which affects gene expression in offspring. Specific imprinted genes (genes where only one allele is normally expressed depending on parent of origin) can be **dysregulated** through methylation changes. And in offspring brains,



stress-regulatory or neurodevelopmental genes show **altered** methylation.

- **Histone modifications** - these can alter chromatin structure, making certain genes more or less **"open"** for transcription. Such histone changes may be **inherited** and impact neural circuitry in offspring.
- **Non-coding RNA dysregulation** - non-coding RNAs such as microRNAs in sperm or other germline cells can be **altered** by parental drug use. These RNAs can influence gene expression in offspring because they can **regulate** translation or stability of mRNAs.
- **Transgenerational epigenetic inheritance** - effects **persist** beyond just the immediate offspring to further generations, even without direct exposure. Animal models, especially rodents, show behavioural, neuroanatomical, or physiological **changes** in "grand-offspring" whose grandparents were exposed to drugs. These inherited changes are **mediated** by epigenetic marks (methylation, histone, ncRNAs) in germ cells.
- **Behavioural and cognitive effects in offspring** - where offspring of drug-exposed parents **show** deficits in memory, cognition, emotional regulation, and increased susceptibility to addiction-like behaviours. These phenotypes correspond to molecular **changes**, for example, in the reward circuitry of the brain.
- **Neurodevelopmental gene expression alterations** - for specific drugs like methamphetamine, parental exposure has been linked to **changes** in neurodevelopment-related genes in the offspring's brain, which may underlie cognitive deficits. These changes are not purely genetic mutations but altered regulation of crucial neurodevelopmental pathways.
 - **Placental/prenatal epigenetic alterations** - drugs taken during pregnancy can **alter** the epigenetic marks in the placenta, which may affect fetal development. These placental changes can **lead** to adverse outcomes like neonatal withdrawal syndromes, for example, following opioid use.

- **Altered sensitivity to drugs in offspring** - some studies report that offspring of drug-exposed parents show increased or decreased **sensitivity** to the same drug as with, for example, altered reinforcing or rewarding effects. This could be due to epigenetic **changes** in genes related to neurotransmission - for example glutamate, neurotrophic factors.

These lead to retarded growth in the child physically and cognitively, disadvantaging them.

CANNABIS, the most widely used illicit drug worldwide contributes the broadest range of in utero harms to the child, but also includes damage done by cannabis to the father's DNA and sperm.

It has now been established for 5 **decades** that cannabis literally shatters a cannabis user's chromosomes, and in the process of **chromothripsis** the DNA repair mechanisms do not always get it right.

Between 2019 and 2025 vast population **studies** on the effects of cannabis have been completed on all 50 States in the US, as well as on 14 countries in Europe. With differing cannabis use regimes in these States and countries driving varying rates of cannabis use, strongly determinative findings using longitudinal data for each for up to 20 year stretches have confirmed what *in vitro* studies found decades ago - cannabis is genotoxic (destroys genetic material), mutagenic (creates DNA mutations), carcinogenic and teratogenic (creates birth defects).

A population study of 95 birth defects tracked

- **Systems found to be particularly affected in both the United States and Europe:** **Central nervous system**, cardiovascular, chromosomal, orofacial, limb, gastrointestinal, uro-nephrological, body wall, and general;
- **Congenital anomalies** found to be particularly affected in the United States: 46 of 62 anomalies [6];
- **Congenital anomalies** and systems found to be particularly affected in Europe: 90 of 95 anomalies and systems [5];
- **Forty shared anomalies:** anotia/microtia, **interrupted aortic arch**, aortic valve **stenosis**, **atrial septal defect**, **atrioventricular septal defect**, bilateral **renal agenesis**, bladder extrophy, **choanal atresia**, **chromosomal anomalies**, cleft lip and **cleft palate**, **cleft palate** alone, **club foot**, **coarctation of the aorta**, **congenital cataract**, **diaphragmatic hernia**, double-outlet right ventricle, Down syndrome (trisomy 21), **Edward syndrome** (trisomy 18), **encephalocele**, deletion 22q11.2, **congenital hip dislocation**, Hirschsprung's **disease** (congenital megacolon), **holoprosencephaly**, hypoplastic left heart, **hypospadias**, large intestinal/rectal/anorectal atresia/stenosis, limb reduction anomalies, microphthalmos/anophthalmos, esophageal atresia/stenosis (+ tracheoesophageal fistula), **omphalocele**, **Patau syndrome** (trisomy 13), congenital **posterior urethral valve**, **pulmonary valve atresia**, **single ventricle**, small **intestinal stenosis** or atresia, **spina bifida** (without anencephalus), **tetralogy of Fallot**, total **anomalous pulmonary venous return**, **Turner syndrome** (female X0), and **ventricular septal defect** [5], [6].

by the European Union found cannabis causal in 90 birth defects. A summary below of commonalities between the European and the US birth defect data (which tracks only 62 birth defects shows conditions which often severely affect the unborn child.

The same population studies show that cannabis is causal in:

- Autism - to the point of predicting future rates
- Pediatric cancers that make up 70% of cases
- 33 cancer types (as against 16 for tobacco)

where the same epigenetic mechanisms previously explained carry risk to three to four generations of a cannabis user's offspring.

The totality of what cannabis does to the unborn child, and the future development of the child is overwhelmingly negative.

Summary - the In Utero Damaged Child

Well-understood genetic changes from drug abuse affect children via retarded physical and cognitive growth. The drug most damaging to the unborn is cannabis, where population studies show it causal in 89 of 95 birth defects as well as autism and pediatric cancers.

The Educationally Disadvantaged Child

A **review** of 51 empirical studies found that children of parents with substance use problems often have lower grades/academic attainment, more behavioural problems at school regarding conduct issues, attention and discipline, poor school attendance or lower attendance rates and lower "academic self-concept" (i.e. they believe they are less capable academically).

Summary - the Educationally Disadvantaged Child

Significant issues in behaviour and educational attainment for children with caregiver drug use.

STATISTICS - EXTERNALLY CAUSED HARMS



While almost every harm outlined in this document is direct harm from either the agency or neglect of a child’s parent/s or caregiver/s, illicit drug use can still admit harm to the children of diligent and caring parents. We last consider:

Drugs and the Road Accident Victim Child

It is well-attested that illicit drugs as cause of road accidents are well over-represented, but the number of child fatalities or serious injuries is not tracked in the US.

Australian data has good State road data but again don’t count child fatalities where drug driving is involved. The data nevertheless is indicative. 24% of NSW road fatalities in 2019–2023 had any illicit drug involvement, and cannabis (THC) made up a large share of those illicit-drug cases. Australian cannabis use was 11.5% in 2023.

In Queensland their RACQ/TMR material reports 20.5% of road crash fatalities in 2022 involved a drug driver, and RACQ says around 83.6% of those drug-driver fatalities tested positive for THC.

In Victoria a large VIFM/Monash University analysis of 2010–2019 crash toxicology shows 16.8% of car drivers & motorcyclists tested positive for one or more drugs across a decade of data, and the study highlights cannabis, methamphetamine and alcohol as important contributors. The paper and press summaries emphasise that cannabis is commonly detected in injured and deceased drivers but do not publish a neat single “percent of fatalities with

THC present by year” in an easy table for 2019–2023 online.

State road-safety pages and reports repeatedly identify drugs, more specifically cannabis and stimulants, as contributors to road fatalities and severe injuries where children are affected.

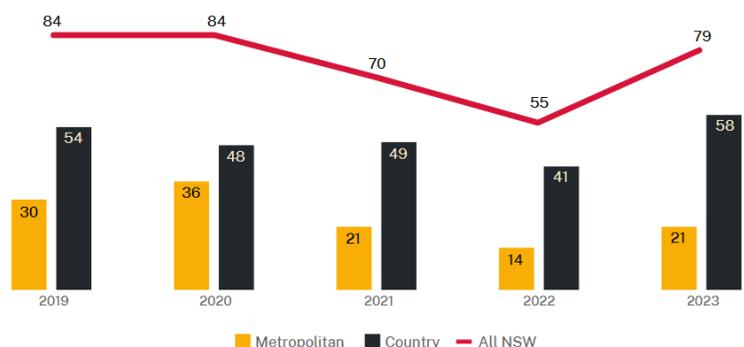
Summary - the Road Accident Victim Child

Drug use can be implicated in up to a quarter of road fatalities, where cannabis is the most culpable and is well over-represented. Child fatalities and serious injuries can only be extrapolated given a lack of specific data.

Fatalities by Illicit drug involvement

	2019		2020		2021		2022		2023		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Yes	84	24%	84	30%	70	25%	55	20%	79	23%	372	24%
No or unknown	269	76%	200	70%	205	75%	226	80%	261	77%	1161	76%
Total	353		284		275		281		340		1533	

Fatalities from crashes involving an illicit drug by urbanisation



EINDHOVEN DECLARATION

Why the Eindhoven Declaration is needed

The United Nations traditionally stood against illicit drugs destroying lives, families and communities, but there are some that have been working since 2008 to dismantle its international legal frameworks so that illicit drugs can be freely used without penalty or resistance.

The 1989 Convention on the Rights of the Child (CRC) is the most ratified - by 196 countries - of all the UN Conventions over its 80 year history. Article 33 of the CRC calls on nations to protect children from illicit drug use, just as they must protect them from slavery or sexual exploitation. It also counters claims by the drug legalisation lobby that human rights conventions support illicit drug use—they do not. They have turned 'harm reduction' away from a drug cessation goal to government supported ongoing and unchecked drug use. Article 33 (CRC) clearly portrays illicit drug use and its supporters as perpetrators against a child's right to a drug-free environment.

As some United Nations' agencies and some governments have since taken weaker stands against such drug use and succumbed to the pressure of the pro-illicit drug lobby, the Eindhoven Declaration demonstrates the people's voice against the weakened stances. We call on UN Member States, local governments, media, corporations, NGOs, community organisations, and concerned individuals to stand up and demand that UN agencies uphold the legal frameworks they are mandated—and funded—to protect.

EINDHOVEN DECLARATION ON PROTECTING THE CHILD FROM ILLICIT DRUG USE AND SECURING A DRUG-FREE SOCIETY

Worried by the gradual, but consistent, drift away from the obligation to prevent the initiation or onset of illicit drug use, in favor of complacency bordering on condoning illicit drug use, expressed as 'a right to harm reduction';

Considering that the concept of 'harm reduction' has no formal or commonly agreed definition at the UN level despite its inclusion in various documents;

Cognizant of the provisions of Article 33 of the Convention of the Rights of the Child (CRC) - the most ratified of all United Nations Human Right treaties and also the only Human Rights Treaty to talk about illicit drugs - which explicitly obliges State Parties to take all necessary steps to ensure that children are protected from the consequences of illicit drug use;

Recognizing that in convoking the three conventions jointly referred to as the 'International Drug Control Conventions', there is global recognition of the need for international benchmarks and parameters to address a problem that is universal in scope and is approached identically in the 1988 Drug Convention as in Article 33 of the CRC;

Observing the deterioration in the quality of life in the family and the community, by extension the society at large, directly linked to addiction, dependence or affliction of one or more members of a family or the community to illicit drugs;

Believing in the enormous collective capacity of parents, extended families, communities, corporate bodies, and society, when well actuated, to effectively address any

scourge that threatens the sanctity, sustainability and well-being of society;

The Conference of experts on illicit drug issues (policy, treatment and practice), impacted families, grassroots organizations, and youth organizations participating in the 'Wake-up Drug-Free is the Key' International Conference on Drug Prevention organized by Stichting One Voice One Message, Rise4life and Moedige Moeders in Eindhoven, The Netherlands from 20th – 21st March 2025, served as the venue for deliberations into how best to attain the joint goals of ensuring people are able to live in drug-free environments and that children are protected from illicit drug use and related harms.

National and territorial authorities, multi-state and multilateral agencies and institutions, corporate entities, communities and civil society organizations, and concerned individuals across the world are encouraged to adopt and endorse the following recommendations as ideal towards ensuring that children are protected from illicit drug use and that a drug-free society is attained and sustained.

1. Secure a drug-free society by protecting the right of all, particularly children, to live in a drug-free environment

Respect for the rights of individuals when addressing illicit drug issues, policies and practices which also recognizes and incorporates the overriding interest of communities and society at-large to exist and prosper in a drug-free environment, remains paramount and should be adhered to.

2. Prioritize prevention of initiation or onset of illicit drug use in all policy and action plans

The reality of prevention as the primary strategy to genuinely reduce harm is unassailable. Cessation, recovery and rehabilitation should be the ultimate goal of any genuine drug treatment efforts.

3. Protect children from exposure and participation in environments trivializing or encouraging illicit drug use

In keeping with the spirit and intentions of Article 33 of the United Nations Convention of the Rights of the Child (CRC) the need to protect children from exposure to every form of illicit drug use, which automatically entails a drug-free environment, should be paramount and infused in all efforts at addressing the drug issue.

4. Mobilize the community to assume ownership and leadership of efforts at addressing illicit drug use

Parents, extended families, communities, grassroots organizations and corporate entities should be encouraged and empowered to take ownership and leadership in efforts and processes at addressing illicit drug use. Illicit drug use adversely impacts on the individual, families and the communities, making it cost-effective to best address as close to its source as possible.

5. Resist and reject the push to normalize illicit drug use

By the zero-tolerance expressed to the following vices against children under the UN Convention on the Rights of

the Child (CRC): economic exploitation of children (Article 32); sexual exploitation (Article 34); slavery and trafficking (Article 35); other forms of exploitation (Article 36); torture and other cruel and degrading treatment (Article 37); and use of children in armed conflicts (Article 38), humanity affirms a resolve to protect the child as a cardinal path to protecting and ensuring sustainability of society. Continuing efforts by diverse entities to exclude the protection of children from all aspects of illicit drug use as envisaged in Article 33 of the UN Convention of the Rights of the Child, should be treated as unacceptable. We urge all, just as we say 'No' to the other special protection concerns above, to say 'No' to illicit drug use, and implement policies and practices which advance a zero-tolerance approach to exposing the child to any form of illicit drug use and involvement in the supply side of controlled substances.

6. Unequivocally establish that there is, and can be, no right whatsoever, to detract from the right of the child to a drug-free life and an environment free from drugs. Thus all claims to a so-called 'right to use drugs' can have no legal substance

According to the present international legal treaties, adopted and ratified, children have a legal right to protection from illicitly used drugs as defined in the relevant international treaties and to prevent children's involvement in the production and/or supply side of such substances according to Article 33 CRC. There is no legal provision to confer a right to use illicit drugs.

7. Ensure that regulatory agencies charged with certifying medicines adhere to the scientifically rigorous and time-tested pathways to registering such products when dealing with controlled substances such as cannabis, LSD, MDMA, psilocybin, and other such substances and their derivatives

Efforts by relevant international and domestic agencies to skip or circumvent established scientific protocols for certifying as medicines products containing historically controlled substances or their derivatives should not be allowed. All products to be certified as medicines must undergo similar and appropriate tests and trials to ensure efficacy and guard against adverse impacts on humans.

<https://www.ovom.org/causes/the-eindhoven-declaration>

In 2007 the story of a seven year old girl who died in tragic circumstances shocked an entire nation. Her parents, both long-term heroin users, had completely neglected her, leaving her malnourished. They kept her from school and medical care. When she died in squalor, she weighed 9 kilograms - the weight of a one year old child.

In 2013 a 3 month old baby died in a car in burning heat. His Dad had gone in to his workplace to enjoy some down-time, using some marijuana with a co-worker, forgetting the child.

These can happen anywhere in the world. Recreational and casual drug use enables a culture that harms the child in so many different ways. Drug users have choices, children most often don't.