

Constructions of parental alcohol ‘misuse’ and ‘vulnerable’ children in Australian health and social policy: A critical discourse analysis

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Introduction:

Australian policy frameworks articulate priorities and goals aimed at addressing policy ‘problems’. Over a decade of research in Australia and internationally has identified, as a problem, various ways in which children may be affected by their parents’ drinking. This raises the question of how this problem is addressed in Australian health and social policy.

Methods:

A critical discourse analysis was conducted on ten Australian national health and social policy frameworks to examine how children and parents are represented and considered in the context of parental alcohol consumption.

Key Findings:

Parental alcohol consumption is primarily framed as problematic in the policy frameworks. This is achieved through the interchangeable use of various descriptors of consumption (e.g., ‘use’, ‘misuse’, or ‘dependence’) without specifying patterns of consumption. Underlying these constructions are normative judgements reflecting broader societal norms on acceptable alcohol consumption. Parental alcohol consumption is framed as a ‘risk factor’ for child maltreatment and ‘childhood adversities’, implying that consumption is an intrinsic harm to children. ‘Parents’ are referred to in a gender-neutral way, which erases men’s disproportionate role in drinking and related consequences. Additionally, personal responsibility is emphasised while social and structural determinants of health are ignored.

Discussions and Conclusions:

The policy frameworks produce and reproduce normative and moral assumptions about parents who drink and their children. The frameworks focus on perceived individual failures of parents who drink, reinforcing a deficit-based framing which overlooks broader social and structural inequalities.

Implications for Practice or Policy:

The constructions of parents who drink and their children in Australian national policy frameworks have implications for the framing and justification of policy responses. The absence of consideration of elements such as gender and the social determinants of health represents a policy silence. This silence narrows the scope of potential policy responses and limits government responsibility and accountability.

Disclosure of Interest Statement: The authors have no conflicts of interest to declare. This project is supported by ARC Linkage project (190100698) and NHMRC investigator grant

(2016706). CH is supported by an Australian Government Research Training Program (RTP) Scholarship.