Child Welfare Information Gateway

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Parental Substance Use and the Child Welfare System

Parental substance use continues to be a serious issue in the child welfare system. Maltreated children of parents with substance use disorders often remain in the child welfare system longer and experience poorer outcomes than other children (U.S. Department of Health and Human Services [HHS], 1999). Addressing the multiple needs of these children and families is challenging.

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This bulletin provides a brief overview of some of the issues confronting families affected by parental substance use who enter the child welfare system, and it examines some of the service barriers as well as the innovative approaches child welfare agencies have developed to best meet the needs of these children and families.

Statistics and Costs

It is estimated that 9 percent of children in this country (6 million) live with at least one parent who abuses alcohol or other drugs (Substance Abuse and Mental Health Services Administration [SAMHSA], 2003). Studies indicate that between one-third and two-thirds of child maltreatment cases involve substance use to some degree (HHS, 1999).

It is difficult to determine the numbers of child welfare cases that involve substance-using parents. One article notes that not all child welfare agencies systematically record information on parental substance use disorders, and many substance abuse treatment programs do not routinely ask patients if they have children (Young, Boles, & Otero, 2007). The article goes on to summarize available data from a number of national studies, estimating that 22,440 children receiving in-home services for maltreatment and 128,640 to 211,720 children in out-of-home care had a parent with a substance use disorder in 2004. In that same year, approximately 295,000 parents receiving treatment for substance use had one or more children removed by child protective services.

Expenditures related to substance use are significant, because maltreated children of parents with a substance use disorder may experience more severe problems and remain in the foster care system longer than maltreated children from other families (HHS, 1999). One study estimates that of the more than $24 billion States spend annually to address different aspects of substance use, $5.3 billion (slightly more than 20 percent) goes to child welfare costs related to substance abuse (National Center on Addiction and Substance Abuse at Columbia University, 2001).

Impact of Parental Substance Use on Parenting

Parents with substance use disorders may not be able to function effectively in a parental role. This can be due to:

- Impairments (both physical and mental) caused by alcohol or other drugs
- Domestic violence, which may be a result of substance use
- Expenditure of often limited household resources on purchasing alcohol or other drugs
- Frequent arrests, incarceration, and court dates
- Time spent seeking out, manufacturing, or using alcohol or other drugs
- Estrangement from primary family and related support

Families in which one or both parents have substance use disorders, and particularly families with an addicted parent, often experience a number of other problems that affect parenting, including mental illness, unemployment, high levels of stress, and impaired family functioning, all of which can put children at risk for maltreatment (National Center on Addiction and Substance Abuse at Columbia University, 2005). The basic needs of children, including nutrition, supervision, and nurturing, may go unmet due to parental substance use, resulting in neglect. Depending on the extent of the substance use and other circumstances (e.g., the presence of another caregiver), dysfunctional parenting can also include physical and other kinds of abuse (HHS, 1999).

Impact on Child Outcomes

The impact of parental substance use disorders on a child can begin before the child is born. While the full effects of prenatal drug exposure depend on a number of factors, alcohol or drug use during pregnancy has been associated with infant mortality, premature birth, miscarriage, low birth weight, and a variety of behavioral and cognitive problems in the child (National Institute on Drug Abuse, n.d.; Maternal Substance Abuse and Child Development Project, n.d.). A 2007 study of children in foster care found that prenatal maternal alcohol use predicted child maltreatment, and combined prenatal maternal alcohol and drug use predicted foster care transitions (Smith, Johnson, Pears, Fisher, & DeGarmo).

Fetal alcohol spectrum disorders (FASD) are among the most well-known consequences, affecting an estimated 40,000 infants born each year. Children with FASD may experience mental, physical, behavioral, and learning disabilities (National Organization on Fetal Alcohol Syndrome, 2006). Children with the most severe disorders may suffer from fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, or alcohol-related birth defects.

Research has demonstrated that children of parents with substance use disorders are more likely to experience abuse (physical, sexual, or emotional) or neglect than children in other households (DeBellis et al., 2001; Dube et al., 2001; Hanson et al., 2006). As infants, they may suffer from attachment difficulties that develop because of inconsistent care and nurturing, which may interfere with their emotional development (Tay, 2005). As growing children, they may experience chaotic households that lack structure, positive role models, and adequate opportunities for socialization (Hornberger, 2008).

In addition, children of parents who use or abuse substances have an increased chance of experiencing a variety of other negative outcomes (HHS, 1999):

- Maltreated children of parents with substance use disorders are more likely to have poorer physical, intellectual, social, and emotional outcomes.
- They are at greater risk of developing substance use problems themselves.

- They are more likely to be placed in foster care and to remain there longer than maltreated children of parents without substance use problems.

Methamphetamine

Over the last decade, there has been an increase in the manufacture and use of methamphetamine. From 1995 to 2005, the percentage of substance abuse treatment admissions for primary abuse of methamphetamine/amphetamine more than doubled from 4 percent to 9 percent (National Clearinghouse for Drug and Alcohol Information, n.d.).

Parental use of methamphetamine has many of the same effects on children as other kinds of drug use. Prenatal exposure can produce birth defects and low birth weight and may lead to developmental disorders (Brown University, 2006). Parents who use methamphetamine may suffer physical and psychological effects that lead to abuse and neglect of their children (National Institute on Drug Abuse, 2006). In addition, some methamphetamine users also are producers of the drug, which can be manufactured using common household products. These home "labs" put children in additional danger from exposure to the drugs and the conditions under which they are manufactured and distributed (Swetlow, 2003).

Surveys conducted by the National Association of Counties indicate that methamphetamine has increased the burden of child welfare agencies in many areas of the country (National Association of Counties, 2005). In addition to increasing caseloads in some areas, the unique dangers of methamphetamine labs have prompted many jurisdictions to develop specific protocols for meeting the needs of children who may have been exposed to the drug (Swetlow, 2003).

Other Substances

While methamphetamine continues to garner much attention, other drugs actually account for the bulk of substance use disorders. According to SAMHSA (2007):

- Marijuana was the most commonly used illicit drug in 2006, accounting for 72.8 percent of illicit drug use.
- In 2006, there were 2.4 million cocaine users, a figure that remained the same from 2005 but was an increase from 2002 (at 2.0 million).
- The number of heroin users increased from 136,000 in 2005 to 338,000 in 2006, and the corresponding prevalence rate increased from 0.06 to 0.14 percent.
- The most widely used substance continues to be alcohol. In 2006, heavy drinking was reported by 6.9 percent of the population (17 million people), while binge drinking was reported by 23 percent (57 million people).

Service Delivery Issues

Child welfare agencies face a number of difficulties in serving children and families affected by parental substance use disorders:

- Inadequate funds for services and/or dependence on client insurance coverage
- Insufficient service availability or scope of services to meet existing needs
- Lack of training for child welfare workers on substance use issues
- Lack of coordination between the child welfare system and other services and systems, including hospitals that may screen for drug exposure, the criminal justice system, and the courts
- Conflicts in the time required for sufficient progress in substance abuse recovery to develop adequate parenting potential, legislative requirements regarding child permanency, and the developmental needs of children (Young & Gardner, 2003)

Agencies are faced with timeframes imposed by the Adoption and Safe Families Act of 1997 (ASFA) that may not coincide with substance abuse treatment. Although ASFA requires that an agency file a petition for termination of parental rights if a child has been in foster care for 15 of the past 22 months, unless it is not in the best interest of the child, many States cannot adhere to this timeframe due to problems with accessing substance abuse services in a timely manner. This results in delayed permanency decisions for children in the foster care system (U.S. General Accounting Office [GAO], 2003). For example, despite a Federal mandate that pregnant and parenting women receive priority for accessing substance abuse treatment services, States report it is often difficult for these parents to access an open treatment slot quickly (GAO, 2003). Once a slot is available, treatment itself may take many months, and achieving sufficient stability to care for their children may take parents even longer. In addition, relapse is often part of the recovery process for parents undergoing treatment, especially in the early phases, so it is especially important that parents access treatment quickly (HHS, 1999). Custodial parents who require residential treatment may face an additional barrier since many of these programs do not allow children to live in the facility.

Promising Practices

There is a growing movement toward collaboration among the child welfare, substance abuse, courts, and other systems that provide services for children and families affected by substance use by their parents. Communication, understanding, and active collaboration among service systems are vital to ensuring that child welfare-involved parents in need of substance abuse treatment are accurately identified and receive appropriate treatment in a timely manner (Child Welfare League of America, 2001; HHS, 1999).

Some examples of effective approaches include:

Prevention and Treatment

- Focusing on early identification of at-risk families in substance abuse treatment programs so that prevention services can be provided to ensure children's safety and well-being in the home
- Providing coaching or mentoring to parents for their treatment, recovery, and parenting (Ryan, 2006)
- Offering shared family care in which a family experiencing parental substance use and resulting child maltreatment is placed with a host family for support and mentoring (National Abandoned Infants Assistance Resource Center, n.d.)
- Giving mothers involved in the child welfare system priority access to substance abuse treatment slots
- Providing inpatient treatment for mothers in facilities where they can have their children with them
- Motivating parents to enter and complete treatment by offering such incentives as support groups or housing (Voices for America's Children, November 2004).

Systems Changes

- Stationing addiction counselors in child welfare offices or forming ongoing teams of child welfare and substance abuse workers
- Developing or modifying dependency drug courts to ensure treatment access and therapeutic monitoring of compliance with court orders
- Developing cross-system partnerships to ensure coordinated services (e.g., formal linkages between child welfare and other community agencies to address each family's needs)
- Providing wraparound services that streamline the recovery and reunification processes
- Conducting cross-system training
- Recruiting and training a diverse workforce and including training in cultural competence (National Center on Substance Abuse and Child Welfare, 2005)
- Exploring various funding streams to support these efforts (e.g., using State or local funds to maximize child welfare funding for substance abuse-related services or using Temporary Assistance to Needy Families [TANF] funds to support substance abuse treatment for families also involved with the child welfare system) (Young and Gardner, 2002)

The Children's Bureau has funded a number of discretionary grants to promote demonstration projects with a goal of improved outcomes for children growing up in families in which one or more parents has a substance use problem. These grants have included:

- Family Support Services for Grandparents and Other Relatives Providing Care for Children and Substance Abusing and HIV-Positive Women (awarded in 2001 with six grantees)
- Family Support Services for Grandparents and Other Relatives Providing Caregiving for Children of Substance Abusing and/or HIV-Positive Women (awarded in 2004 with four grantees)

- Model Development or Replication to Implement the CAPTA Requirement to Identify and Serve Substance Exposed Newborns (awarded in 2005, with four grantees)
- Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse (awarded in 2007, with 53 grantees under four program options)

(For more information on these awards, visit the Children's Bureau Discretionary Grants Library online at http://basis.caliber.com/cbgrants/ws/library/docs/cb_grants/GrantHome.)

Replication or adaptation of any of the above approaches requires a careful assessment of State or local capacity, including needs and strengths of families served, as well as a careful assessment of the evaluation findings to ensure funds are targeted toward effective programs. Agencies also should focus on the specific needs of the families they serve when selecting among these (and other) approaches.

Resources for Further Information

Child Welfare Information Gateway

www.childwelfare.gov/systemwide/service_array/substance/

The Substance Abuse web section of the Information Gateway website links to information on prevention and treatment services for families affected by parental substance use and involved with the child welfare system.

Children's Bureau

www.acf.hhs.gov/programs/cb

The Children's Bureau funds a variety of programs and initiatives that promote the safety, permanency, and well-being of children and their families, including initiatives designed to address parental substance use.

Children and Family Futures

www.cffutures.com

Children and Family Futures' mission is to improve the lives of children and families, particularly those affected by substance use disorders. CFF advises Federal, State, and local government and community-based agencies, conducts research on the best ways to prevent and address the problem, and provides comprehensive and innovative solutions to policy makers and practitioners.

MethResources.Gov

www.methresources.gov

This agency is part of the White House Office of National Drug Control Policy, U.S. Department of Justice, & the U.S. Department of Health and Human Services. The website offers factsheets, FAQs, and information and resources on prevention, intervention, and treatment for methamphetamine use.

National Abandoned Infants Assistance Resource Center

http://aia.berkeley.edu

The National Abandoned Infants Assistance Resource Center's mission is to enhance

the quality of social and health services delivered to children who are abandoned or at-risk of abandonment due to the presence of drugs and/or HIV in the family. The Resource Center, which is funded by the Children's Bureau, provides training, information, support, and resources to service providers who assist these children and their families.

National Center on Substance Abuse and Child Welfare

www.ncsacw.samhsa.gov

NCSACW was formed to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems by assisting local, State, and Tribal agencies. NCSACW is jointly funded by the Children's Bureau and SAMHSA.

National Clearinghouse for Alcohol & Drug Information

http://ncadi.samhsa.gov

Sponsored by SAMHSA, NCADI is a one-stop resource for information about substance abuse prevention and addiction treatment; resources include the Prevention Materials database, with more than 8,000 prevention-related materials, and the Treatment Resources database, available to the public in electronic form.

National Institute on Alcohol Abuse and Alcoholism

www.niaaa.nih.gov

Part of the National Institutes of Health, the NIAAA is the primary U.S. agency for conducting and supporting research on the causes, consequences, prevention, and treatment of alcohol abuse, alcoholism, and alcohol problems and disseminates research findings to general, professional, and academic audiences.

National Institute on Drug Abuse

www.nida.nih.gov

The National Institute on Drug Abuse supports over 85 percent of the world's research on the health aspects of drug abuse and addiction. NIDA works to ensure that the foundation for the nation's drug abuse reduction efforts are based on science.

National Organization on Fetal Alcohol Syndrome

www.nofas.org

NOFAS works to raise public awareness of Fetal Alcohol Syndrome (FAS) and to develop and implement innovative ideas in prevention, intervention, education, and advocacy in communities throughout the nation.

National Registry of Evidence-Based Programs and Practices

www.nrepp.samhsa.gov

SAMHSA sponsors this searchable database of interventions for the prevention and treatment of substance abuse and mental health disorders.

The Rocky Mountain Quality Improvement Center

www.americanhumane.org/site/PageServer?pagename=pc_best_practice_rmqic_homepage

The Rocky Mountain Quality Improvement Center (RMQIC) has completed its Children's Bureau-funded project, but

the website continues to offer resources and information on providing safety, permanency, and well-being for children of families with substance abuse problems.

Self-Help Groups

http://ncadistore.samhsa.gov/catalog/referrals.aspx?topic=83&h=resources

SAMHSA provides this list of national self-help groups with contact information so that local meetings and resources can be identified. Groups include Alcoholics Anonymous, Al-Anon, National Association for Children of Alcoholics, Women for Sobriety, and more.

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

SAMHSA is the Federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.

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