

## Fact Sheet 3—Research Studies on the Prevalence of Substance Use Disorders in the Child Welfare Population

Despite the recent attention to the prevalence of parental substance use disorders among the families in child welfare services, there are few national data on the number of children in foster care due to parental substance use disorders. Studies that have examined the prevalence of substance abuse among the child welfare population have found widely varying rates. Estimates range from 40% to 80% of families involved with child welfare having substance abuse problems, although no established methods are available to measure this nationally (Young, Gardner, & Dennis, 1998; Semidei, Radel, & Nolan, 2001). The U.S. Department of Health and Human Services (DHHS) in its Report to Congress in 1999 (DHHS, 1999) stated that between one-third and two-thirds of children in the child welfare system were affected by substance use disorders. They attributed the lower number to those cases in which children were not removed from the parents' care and the larger percentage to those cases in which children were placed in protective custody.

The wide variance in estimates found in studies is attributed to many factors including:

- the population studied (e.g., in-home versus out-of-home cases, urban versus nonurban, and foster care versus those being investigated for allegations of abuse or neglect);
- the definition of the substance use disorder (any use versus criteria of substance abuse or dependency);
- the method used to determine substance involvement (e.g., risk assessment measures, prospective assessment tools, or retrospective case reviews);
- whether the substance use is a primary or secondary contributing factor in the child welfare case;
- which program area families are participating in (e.g., family preservation services when children have remained in the home versus adoption services when parental rights have been terminated); and
- the method of analysis being used.

Only one published study has estimated the prevalence of substance use disorders among child welfare-involved families in which the children have not been removed from the parent(s)' custody (often referred to as "in-home" cases). The data come from the National Study on Child and Adolescent Well-Being (NSCAW), which has collected data from a nationally representative sample of children in child welfare services (Gibbons, Barth, & Martin, in press).

The NSCAW research protocol included assessing caregivers' substance dependence using the Composite International Diagnostic Interview Short Form (CIDI-SF) and questions from the child welfare worker interview. The CIDI-SF evaluates criteria of substance abuse or dependence in the year before the data collection. Among caregivers retaining custody of their children, 9.6% had a problem with alcohol or drugs according to the child welfare worker assessment, and only 3.9% were alcohol or drug dependent according to the CIDI-SF. Overall, 11.1% of caregivers whose children live at home with them had a substance abuse problem (Gibbons et al., in press). This rate is lower than what has generally been estimated (Semidei et al., 2001) and is similar to the percentage of children in the general

population (11%) who are living with a parent who is alcoholic or needs treatment for illicit drug abuse (DHHS, 1999). The prevalence rate may be lower because the CIDI-SF measures dependence, not use or abuse, and is limited to the past 12 months. In a group of families receiving Temporary Assistance to Needy Families, Phinney and colleagues (2005) found that “very few respondents satisfy criteria for drug (3.4%) or alcohol (4.1%) dependence in any given year, but that a significant group (20.5%) had a disorder at some point in their lifetime.”

Another analysis of the NSCAW examined the prevalence of substance abuse problems among caregivers of different race/ethnicities who had retained custody of their children (Libby et al., 2006). Rates of substance abuse problems were found to be lowest among Hispanic (6.1%) and American Indian (7.5%) caregivers. African American (11.3%) and Caucasian (13.2%) caregivers had the highest prevalence of substance abuse problems based on child welfare worker reports.

It is important to note that child welfare workers in the NSCAW study did not identify a substance abuse problem among 61% of caregivers who met *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM IV)*, criteria for alcohol or drug dependence (Gibbons et al., in press). Child welfare workers were even more likely to miss potential alcohol or drug problems among caregivers who used but were not dependent on the substance. In addition, child welfare workers were significantly more likely to identify substance abuse problems with open in-home cases compared to closed in-home cases (Gibbons, et al., in press).

Among cases in which children have been removed, a higher percentage of parental substance use disorders is often reported. Over the last decade, several studies reported substance use with various methods and operational definitions of substance abuse; a selection of these studies is summarized chronologically below.

The NSCAW study found that among children who were in out-of-home care, 46.1% of their caregivers had a problem with alcohol or drugs according to the child welfare worker assessment. This finding compares to 10% of the in-home caregivers having an active alcohol or drug problem (DHHS, 2005).

For parental substance abuse to be included in their study, Murphy and colleagues required that substance abuse be noted in reports from a psychiatrist or psychologist or in a court-ordered screening (Murphy et al., 1991). In their sample of 206 cases from Boston, they found that in 43% of the cases, at least one of the parents had a documented problem with either alcohol or drugs. The percentage rose to 50% when they included allegations of substance use in the court report. Alcohol, cocaine, and heroin were the three most frequently mentioned abused substances. Parents with documented substance abuse were significantly more likely than non-substance-abusing parents to have been referred previously to child protective agencies, to be rated by court investigators as presenting a high risk to their children, to reject court-ordered services, and to have their children permanently removed (Murphy et al., 1991).

A study by the U.S. General Accounting Office (GAO) in 1994 found that in random samples of case files in California, New York, and Pennsylvania, 78% of foster children’s cases that were reviewed had at least one parent who was abusing drugs or alcohol (GAO, 1997). At the request of the Senate Finance Committee, another study by the GAO reviewed case records in Los Angeles and Chicago in 1998. The GAO report estimated that about two-thirds of all foster children in both California and Illinois had at least one parent who abused drugs or alcohol, and most had been doing so for at least 5 years. Most of these parents abused one or more drugs, such as cocaine, methamphetamines, and heroin (GAO, 1998).

Besinger and colleagues (1999) operationally defined substance abuse to include any known history of substance abuse and therefore found relatively higher rates of substance-abusing parents in their study.

They studied case records of 639 urban children placed in out-of-home care due to maltreatment and reported that 79% of children in foster care had a parent with “parental substance abuse.”

McNichol and Tash (2001) reported that the percentage of children in specialized foster care with a primary reason of parental substance abuse was 14%. Another 76% of children were “affected in some way by parental substance abuse.”

Sun and colleagues (2001) explored the impact of caregiver alcohol and other drug use (AOD) on child protective services (CPS) case substantiation among 2,756 families from the Department of Family and Youth Services in a Nevada county. They found that 11% of investigated cases and 16% of substantiated cases had an indication of caregiver AOD use. In addition, the authors found that CPS cases with indications of AOD use were more likely to be substantiated than cases without AOD use. The authors attributed the low prevalence rate to the fact that social workers in Nevada are not required to document AOD use in their case records.

A similarly low rate of 11.2% for caregiver substance abuse was found among 447 children in kinship care in a large urban southeastern county while under CPS supervision (Rittner & Dozier, 2000). Women who delivered newborns who were substance exposed represented 32.9% of total complaints. Caregivers were considered substance abusers if records referred to arrests for possession of substances, if paraphernalia were found at the residence, or if evaluations provided by substance abuse programs indicated substance abuse histories. The requirement of possession or paraphernalia may explain the low prevalence rates found in this study. It is unclear why the prevalence rate would be so low when the substance abuse treatment evaluations were also used. It is possible that some caregivers in this study may not have completed an AOD assessment or that CPS failed to inform the treatment provider that the caregiver was being referred because of suspected substance abuse. Thus, if the caregiver denied having a substance abuse problem, the AOD treatment provider would have no information to justify further assessment.

Finally, in a recent study using a random sample of 443 children with substantiated child abuse or neglect cases in an urban setting, Jones found that 68% of the children had mothers who abused alcohol or drugs and that 37% of the children had mothers who abused both alcohol and drugs (Jones, 2005).

It is important to note that the prevalence of the substance use disorder does not yet tell us the nature and extent of the substance use disorders and, more important, how the parents’ substance use might be affecting the risk or safety factors associated with the child abuse or neglect. The prevalence of substance use disorders alone does not provide sufficient information on which to base decisions about the custody status of children or how parents’ substance use disorder must be addressed in the case plan so that reunification might occur. To emphasize this point, the data on the cocaine/crack and methamphetamine epidemics and their relationship to child welfare caseloads will be examined.

The number of methamphetamine users has increased over the past several years and has spread from the West throughout the Midwest and into the Eastern States. In 2003, according to the National Survey on Drug Use and Health, 607,000 persons reported methamphetamine use in the prior 30 days (DHHS, OAS, 2004). In the same survey, 2.281 million persons reported cocaine use in the prior 30 days, indicating that the number of methamphetamine users was considerably smaller than the number of cocaine users (DHHS, OAS, 2004). Despite the relatively rapid increase in methamphetamine use across the Nation, the population of children in out-of-home care in the country has been on a steady decline since 1999, with 523,000 children in care in 2003.

## Summary

- In a study of the prevalence of substance abuse and dependence in a representative sample of in-home cases, a lower level of prevalence was found than has previously been reported;
- Caseworkers misidentified caregivers with a substance use disorder most of the time; and
- Case reviews and various methodologies among cases in which children have been removed generally report two-thirds to three-quarters of cases are affected by parental substance use.

Although finding substance use disorders alone does not constitute substantiated child abuse or neglect, knowledge about these disorders is essential to assess contributions they may make to risks for children, and such findings always represent an opportunity for treatment.