

Fact Sheet: Substance Abuse

The following information is adapted from the *Field Guide to Child Welfare* (Rycus and Hughes, 1998.)

Description

The abuse of drugs and alcohol by parents has become an increasingly frequent contributor to child maltreatment. The risks to children can be quite high. Children of alcoholic mothers may be born with fetal alcohol syndrome, which is characterized by growth deficiency, learning disabilities, behavior problems and various degrees of mental retardation. Infants whose mothers used crack cocaine during pregnancy are likely to have neurological, behavioral and other developmental problems.

Children with substance-abusing parents are also at higher risk of physical abuse, neglect and sexual abuse. As an example, it has been estimated that up to 75 percent of all incest incidents involve the use of alcohol on the part of the perpetrator (Thompson, 1990). Problems with substance abuse exist in an estimated 40 to 80 percent of the families of children confirmed by Child Protective Services (CPS) as victims of abuse and neglect (CWLA, 2001).

Drug abuse can be defined as the use of a drug for other than medicinal purposes, which results in the impaired physical, mental, emotional or social well-being of the user, or others who are dependent upon the user. Commonly abused drugs are alcohol, prescription drugs, sedatives, stimulants, marijuana, narcotics, inhalants, hallucinogens, phencyclidine, cocaine, methamphetamine and crack. These drugs affect the user's feelings, perceptions and behavior by altering the body chemistry. Users often experience these physiological changes as mildly-to-intensely pleasurable—altering mood, reducing anxiety and depression, and creating feelings of euphoria sometimes referred to as a "high".

With some drugs, continued use sufficiently changes the body chemistry to increase tolerance. The user then requires increasing amounts of the drug to produce the same effect. The user may also become physically and/or emotionally dependent on the drug to function. This dependence, also referred to as addiction, makes it extremely difficult to control or stop use of the drug. Withdrawal can cause a wide range of unpleasant, painful and potentially dangerous physical and psychological symptoms.

Clearly, not all persons who use drugs or alcohol are drug dependent. The scope, frequency and circumstances of parents' drug or alcohol use will determine the ultimate risk to their children. Drug use can be limited in scope and frequency, more or less controlled, and it may not significantly affect the user's functioning or parenting ability. However, for many people, recreational use of drugs and alcohol can be a "slippery slope," quickly becoming more chronic and serious, leading to abuse or addiction. This is particularly true of crack cocaine, a highly addictive substance. Zuckerman (1994) states that while becoming addicted to alcohol, heroin or intranasal cocaine may take years, with crack cocaine this progression from recreational use to addiction can occur within weeks or months of first use.

Effects on Parenting

Parental substance abuse is associated with a more than twofold increase in the risk of exposure to child physical and sexual abuse (Walsh, 2003). The Child Welfare League of America reports that children raised by parents who abuse alcohol and other drugs are almost three times more likely to be abused and more than four times more likely to be neglected than other children (CWLA, 2001).

Once addicted, the user has a "chronic, progressive disease in which there is a loss of control over the use of, and a compulsive preoccupation with, a substance, despite the consequences" (Zuckerman 1994). The addict's primary goal is to maintain use of the drug. Pervasive disruption in all aspects of the addict's life—physical, psychological, economic, familial, interpersonal and social—is a common result. The effects of substance abuse on parenting can be pervasive. Since addicts consider their own needs first, their children's needs for basic physical care, nurturance and supervision are often not met, placing them at high risk of harm. According to Zuckerman [1994] the "primary relationship" of mothers addicted to crack "is with their drug of choice, not with their child."

Howard (1994) reports that mothers who are dependent on crack were found to be significantly less sensitive, responsive or accessible to their children, and without exception, their children exhibited insecure attachments. Secure attachments were seen only in children whose mothers had been sober for at least six months prior to the testing procedure.

It is important to stress that in spite of the potentially serious outcomes of parental drug use for children, most drug addicts do not intend to harm their children, nor are they deliberately indifferent to their needs. They frequently exhibit extreme shame and guilt about the problems their drug use causes their children (Schottenfeld, Viscarello, Grossman, Klerman, Nagler, & Adnopoz 1994); and they often devise complicated strategies to protect their children from the effects of their drug use (Kearney, Murphy & Rosenbaum 1994).

The deleterious effects of drug use on parenting are pervasive. Heavy use of drugs and alcohol typically interferes with thought processes, judgment, organization and self-control. Substance abusing parents are often disorganized in their thinking and actions, they lack follow-through in all their activities, and their parenting responses are unpredictable and inconsistent (Howard 1994). In addition, blackouts, binges and drug or alcohol-induced stupors, which are common

with heavy substance abuse, can create very dangerous situations in which children are left totally unsupervised, placing them at high risk of harm. In fact, Zuckerman [1994] contends that, "If the mother is addicted, the child's safety can be assured only if an adult who does not use drugs is in the household and is willing to take care of the child, or if the mother is actively involved in treatment that regularly monitors the child."

Methamphetamine use sometimes results in delusions, which can put the children and caseworker at risk of harm. Furthermore, meth labs are dangerous for children. The volatile chemicals used to produce meth can combust, causing the home to burst into flames. There are often booby traps and guard dogs protecting the property, which can pose a safety risk for children.

Difficulties with Identifying Substance Abuse

In spite of high correlations between substance abuse and child maltreatment, substance abuse in maltreating families is not always identified. Many caseworkers are not aware of the signs and symptoms of substance abuse or addiction, and they may be uncomfortable asking the pointed questions necessary to determine the scope of drug or alcohol involvement. Denial is also a typical symptom of addiction. Substance abusers often deny that they use drugs or alcohol, or they may contend that their drug use causes no problems for themselves or their children.

In addition, research by Kearney, et al. (1994) suggested that mothers on crack devised many strategies to hide their drug involvement, to shield their children from drugs and the drug life, and to make up for crack's negative effects on mothering. These strategies included keeping children physically apart from cocaine by never using the drug in front of the children; hiring babysitters or leaving children with relatives prior to using the drug; or waiting until the children were asleep or safely situated. Mothers also made certain their appearance did not reveal their drug-using status when they visited schools or other child-related settings, and they lied to agency officials or family members about their drug use. Most women described how they separated family money from drug money to ensure that their children's needs were met. As their crack use became more frequent, they reported paying all their bills as soon as their paychecks or welfare checks arrived, because any unspent money was vulnerable. As a result, many of the mothers were able to hide their drug use from family, friends and the community.

However, these compensatory strategies eventually broke down for almost 70 percent of the mothers in the study. Many were unable to reduce or stop drug use, and they eventually exhausted their emotional and financial resources. Many of the mothers then voluntarily entrusted the care of their children to family members, or their children were removed by protective service agencies. The mothers appeared to be more readily accepting of placement of their children if they themselves made the placement arrangements, than if the child protection agency removed their children without their consent. Drug use often escalated after placement of the children, reportedly as they now had no mothering responsibilities, and as an attempt to deal with the pain and sadness of losing their children.

Indicators of Substance Abuse

Because there are a wide variety of substances used, and an equally wide variety of indicators and symptoms, it is usually impossible for caseworkers to accurately identify which drug is being used or to what degree. Users may also concurrently use more than one substance. Anyone suspected of drug abuse or addiction should be evaluated by a professional in the field of substance abuse.

The most common general indicators of substance abuse are: altered mood states (euphoria, anxiety, irritability, excitability, sluggishness or depression); changes in appetite and sleep patterns; temperamental or erratic behavior; poor memory and judgment; confusion and inability to concentrate; moodiness and restlessness; lack of concern about personal appearance; lack of attention to the environment; and clumsiness and coordination problems.

Caseworkers should become familiar with the dynamics of commonly-abused substances in order to recognize when substance abuse is a contributor to maltreatment. Additional information is provided in the *Field Guide to Child Welfare*, including descriptions and indicators of alcohol abuse, inhalants, cocaine and crack, stimulants, depressants, narcotics and hallucinogens.

Prognosis for Treatment

Currently, the prognosis for the treatment of substance abuse is quite equivocal. Different treatment programs report widely differing degrees of success with addiction to different drugs. Further, the need for drug abuse treatment far exceeds the availability of treatment resources. For example, in 1990, it was estimated that of the 105,000 pregnant women who needed drug treatment annually, only 30,000 received it (Nunes-Dinis & Barth 1993).

The prognosis for treatment of crack cocaine addiction is, at present, limited. Howard (1994) reports that most of the mothers in their study continued to use drugs, despite efforts by program staff to help their clients identify, enter and stick with drug treatment. Only 15 percent of the mothers in the study remained abstinent for one year. Besharov (1994) concurs, suggesting that with crack cocaine addiction, "relapse is the rule, not the exception," and treatment success is defined as successfully increasing periods of remission and controlling the damage done during relapses, rather than achieving permanent abstinence.

Wald (1994), however, cites a growing body of evidence to support the claim that the lack of success in treating crack cocaine addiction is at least partially related to the inadequacy of available treatment programs.

Substance abuse is difficult to treat because of the complexity of conditions and factors related to drug use. Several studies have noted the high percentage of drug-abusing mothers whose personal histories included physical and/or sexual abuse, neglect, drug use, violence, multiple separations, discontinuous relationships and other physical and emotional hardships (Howard 1994; Kearney et al. 1994; Chavkin, Paone, Friedmann, & Wilets 1993, Grella, et. al., 2005). It is posited that the euphoric mood and feelings of well-being that are typical effects of many drugs may be used as an antidote to anxiety, depression, hopelessness and shame. However, the

etiology of drug addiction is not that simple, and the effects of individual personality, physiological make-up, environmental factors and social factors must be considered concurrently with the user's history.

The prognosis for individual drug users varies considerably, depending upon several factors: the type of drug used; the scope and frequency of drug use; the longevity of the user's habit; the degree of tolerance or dependence; the individual's personal and interpersonal strengths and resources; and the supportiveness of the user's family and social environment. The following "strength" conditions would, in general, increase the likelihood of successful treatment. The "risk" conditions, in general, are likely to make treatment more difficult.

Strengths That Can Mitigate the Effects of Substance Abuse

- Parents acknowledge their substance abuse and fully understand the negative impact it has on their children.
- Parents are willing to engage in some form of substance abuse treatment and attempt to remain involved in a treatment program. This may include self-help and peer-help organizations such as Alcoholics Anonymous and Narcotics Anonymous.
- Parents make alternative caregiving arrangements for their children when they recognize themselves to be incapable of providing proper care.
- Parents are willing and able to separate themselves from friends, family-members, spouses or others who continue to use drugs and support their continued use by the parents.
- Parents have a strong support network of family and friends who do not use drugs and who support their attempts to discontinue drug use.
- Parents have a history of adequate social, occupational and personal functioning prior to the onset of drug use.
- Parents are able to recognize when a relapse is likely and make plans for their children, call in friends or family members to provide care for the children or seek help.
- Parents exhibit shame and distress about the effects of drug use on their parenting.
- Parents have a history of successful parenting prior to the onset of drug use and have a strong identity as a parent.

Conditions That Increase Risk of Maltreatment

- Parents whose drug abuse seriously impairs their judgment, reliability and ability to meet their children's needs
- Parents whose involvement in a drug culture lifestyle place their children at continuous and serious risk of harm

- Drug-abusing parents who deny the existence of the problem and refuse to consider treatment, or who verbalize a desire for help but never follow through
- Parents with no history of adequate social, occupational and personal functioning prior to the onset of drug use
- Parents whose primary social contacts and support networks are also habitual drug users; parents with no social support network of non-using family or friends
- Parents with little or no history of successful parenting prior to onset of drug use and limited identity as a parent.

Services

Highly-specialized treatment must be provided to address the problems related to substance abuse. When substance abuse is a primary contributing factor to child maltreatment, little change in the home situation can be expected until the substance abuse problem has been dealt with and resolved. Additional information about self-help programs, pharmacological interventions and multi-faceted approaches can be found in the *Field Guide to Child Welfare*.

Online Resources

Access substance abuse resources for professionals:

Child Welfare Information Gateway

www.childwelfare.gov

References

Alcohol, Other Drugs, and Child Welfare. Washington D. C.: Child Welfare League of America, Inc. (2001)

Banks, H., & Boehm, S. (2001). *Substance Abuse and Child Abuse*. Children's Voice Article, September, 2001. Washington D. C.: Child Welfare League of America

Barnard, M. & McKeganey, N. (2003). The impact of parental problem drug use on children: what is the problem and what can be done to help? Society for the Study of Addiction. *Addiction*, 99, 552-559

Besharov, D.J. (1994). *When drug addicts have children*. Washington, D.C.: Child Welfare League of America

Cash, S. J., & Wilke, D. J. (2003). An Ecological Model of Maternal Substance Abuse and Child Neglect: Issues, Analyses, and Recommendations. *American Journal of Orthopsychiatry* (2003), Vol. 73, No. 4, 392-404

Chavkin, W., Paone, D., Friedmann, P., & Wilets, I. (1993). Reframing the debate: Toward effective treatment for inner city drug-abusing mothers. *Bulletin of the New York Academy of Medicine*, 40(1), Summer

Child Maltreatment. Child Trends DataBank. Available online at: www.childtrends.org

- Grella, C. E. (2006). Mothers in substance abuse treatment: Differences in characteristics based on involvement with child welfare services. *Child Abuse & Neglect*, 30, 55-73
- Howard, J. (1994). Barriers to successful intervention. In D.J. Besharov (Ed.), *When drug addicts have children*. Washington, D. C.: Child Welfare League of America
- Kearney, M.H., Murphy, S. & Rosenbaum, M. (1994). Mothering on crack cocaine: A grounded theory analysis. *Soc. Sci. Med.* 38(2), 351-361
- Nunes-Dinis, M. & Barth, R.P. (1995). Cocaine treatment and outcome. *Social Work*, 38(5), September
- Rycus, J.S. Ph.D., Hughes, R.C. Ph.D. (1998). *The Field Guide to Child Welfare*. Washington D.C.: Child Welfare League of America Press
- Schottenfeld, R.S., Viscarello, R.R., Grossman, J., Klerman, L.V., Nagler, S.F., & Adnopoz, J.A. (1994). A comprehensive public health approach. In D.J. Besharov (Ed.), *When drug addicts have children*. Washington, D.C.: Child Welfare League of America
- Substance Abuse and Child Maltreatment. *Bulletin for Professionals*. Washington D. C.: Child Welfare Information Gateway. December (2003) Available online at: www.childwelfare.gov/pubPDFs/subabuse_childmal.pdf
- Thompson, L., (1990). Working with alcoholic families in a child welfare agency: The problem of underdiagnosis. *Child Welfare*, LXIX(5) September-October
- Wald, M.S. (1994). Termination of parental rights. In D.J. Besharov (Ed.), *When drug addicts have children*. Washington, D.C.: Child Welfare League of America
- Walsh C., MacMillan, H. L., & Jamieson, E. (2003). The relationship between parental substance abuse and child maltreatment: findings from the Ontario Health Supplement. *Child Abuse and Neglect*, 27 (2003), 1409-1425
- Zuckerman, B. (1994). Effects on parents and children. In D.J. Besharov (Ed.), *When drug addicts have children*. Washington, D.C.: Child Welfare League of America