

# **The Impact of Substance Abuse on the Child Welfare System**



# Substance Abuse Treatment Has A Positive

**Parental alcohol and drug use problems affect a majority of the children and families involved with the child welfare system. When appropriate treatment is provided, many of these children can remain safe, and permanent family breakup can be averted.**

In Florida, the number of removals of children under the age of 5 lasting longer than 24 hours in which the removal reason was parental drug or alcohol abuse increased 9% from 2007-2008 to 2010-2011. Child protective investigations reports alleging substance abuse increased 19% from 2009 to 2011.<sup>1</sup>

From 2006 to 2009, there was a 173% increase in newborns treated at Florida hospitals for drug withdrawal syndrome. During the first half of 2010, 635 cases were reported.<sup>2</sup> In 2004, 51% of protective supervised case plans documented caretaker substance abuser treatment needs. Forty five percent were admitted and 68% successfully completed treatment. The Florida Department of Children & Families (DCF) cost for children in out-of-home care is \$28,184 annually per child (FY 11-12GAA). If 1% of adults treated by DCF for a substance use disorder have one child that remains with their family, as a result it saves \$96.5 million.<sup>3</sup>

Over 8.3 million children in the United States under the age of 18 live with a parent who suffered from alcohol and/or illicit abuse or dependency during the past year, representing 12% of children. Research has indicated that children whose parents have substance use disorders are at an increased risk of having a range of developmental, behavioral, and emotional difficulties. Additionally, studies show that prenatal drug exposure on a child may result in premature birth, miscarriage, low birth weight, and a variety of behavioral and cognitive problems.

Investing in drug treatment can offset the costs of child welfare services. Research has shown that services provided to children of substance-abusing parents lead to improved outcomes for parents as well. Drug treatment programs that offer services to children (both childcare and therapeutic services) have been shown to increase parents' retention in care and to improve outcomes for women. When children's therapeutic services are provided in conjunction with family residential substance abuse treatment, women have been found to have longer stays in treatment and higher treatment completion rates.

Retention and completion of treatment have been found to be the strongest predictors of reunification with children for substance-abusing parents. Higher reunification rates for families involved in the child welfare system because of substance abuse are another benefit to providing services to children affected by parental substance abuse, with direct impact on expenditures for out-of-home care.

## Overview of Key Findings

- About 2.1 million children lived with a parent who was dependent on or abused illicit drugs. An estimated 5.4 million children lived with a father who met the criteria for past year substance dependence or abuse, and 3.4 million lived with a mother who met this criteria.<sup>4</sup>
- Alcohol and other drug problems devastate the lives of hundreds of thousands of American children and their families each year. A major factor in child abuse and neglect, substance abuse is associated with the placement of at least half of the children in the custody of child welfare.<sup>5</sup>
- When children's therapeutic services are provided in conjunction with family residential substance abuse treatment, women have been found to have longer stays in treatment and higher treatment completion rates.<sup>6</sup>
- Eighty-five percent of states surveyed report parental substance abuse and poverty are the top two problems in child protective caseloads.<sup>7</sup>
- Programs that offer services to children (both childcare and therapeutic services) have been shown to increase parents' retention in care and to improve outcomes for women.<sup>8</sup>
- Retention and completion of treatment have been found to be the strongest predictors of reunification with children for substance-abusing parents.<sup>9</sup>
- Women who stayed in comprehensive substance abuse treatment longer than three months were more likely to remain alcohol and drug free, compared with those who left within the first three months of treatment (68% vs. 48%).<sup>10</sup>
- Seventy-five percent of those receiving comprehensive substance abuse treatment had physical custody of one or more children six months after treatment discharge.<sup>11</sup>
- A lack of substance abuse treatment programs creates barriers to achieving permanency for foster care children; 33% of states surveyed noted this as a barrier.<sup>12</sup>
- Residential treatment costs for women with children were offset three to four times by savings from reduced costs of crime, foster care, TANF, and adverse birth outcomes.<sup>13</sup>
- In 2005, an estimated 10% to 11% of the 4.1 million live births involved prenatal exposure to alcohol or illegal drugs.<sup>14</sup>
- Children exposed, either prenatally or environmentally, to parental substance abuse are more likely to be affected by child abuse or neglect. Almost 61% of infants and about 41% of older children in out-of-home care had a primary and/or secondary caregiver who reported active alcohol and/or drug abuse.<sup>15</sup>

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- Many children who are raised by parents who abuse alcohol and other drugs are neither abused nor neglected but children raised in such circumstances are almost three times more likely to be abused and more than four times more likely to be neglected than other children.<sup>16</sup>

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## A Summary of Related Research Findings

Alcohol and other drug addictions devastate the lives of hundreds of thousands of American children and their families each year. Those families involved in the child welfare system often face additional difficulties with addictions and require access to appropriate substance abuse treatment. The following research studies were identified that report that substance abuse treatment has a positive impact on child welfare services and reduce the likelihood of children becoming substance abusers themselves.

### **Integrated Substance Abuse and Child Welfare Services For Women: A Progress Review**

A review of empirical literature reveals improvements in service utilization and outcomes for women when substance abuse and child welfare services are integrated. The increased use of substances by women involved in the child welfare system has resulted in a call for integrated, coordinated, evidence-based practices. Since the late 1990s, specific system- and service-level strategies have been developed to coordinate and integrate the provision of substance abuse and child welfare services such that women are remaining in treatment longer and are more likely to reduce substance use and be reunited with their children. The strategies reviewed provide useful guidelines for developing components of effective, evidence-based programs for substance involved women in the child welfare system.

Marsh, J., Smith, B. & Bruni, M. (2011). Integrated substance abuse and child welfare services for women: A progress review. *Children and Youth Services Review*, 33, 466–472.

### **Who Are the Infants in Out-of-Home Care?**

In this brief, five key domains are examined in which infants in the out-of-home population differ from older children: 1) Incidence of first-time out-of-home placements, 2) Duration in care, 3) Experiences in care, 4) Characteristics, and 5) Vulnerability for delayed development. Infants in care are particularly vulnerable to delays in emotional, social, and cognitive development. Children exposed, either prenatally or environmentally, to parental substance abuse are more likely to be affected by child abuse or neglect. Findings of the analysis include: found that almost 61% of infants and about 41% of older children in out-of-home care had a primary and/or secondary caregiver who reported active alcohol and/or drug abuse.

Wulczyn, F., Ernst, M. & Fisher, P. (2011). Who Are the Infants in Out-of-Home Care? An Epidemiological and Developmental Snapshot. *Issue Brief* – May 2011, Chapin Hall Issue, University of Chicago.

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## **The Association Between Foster Care and Substance Abuse Risk Factors and Treatment Outcomes: An Exploratory Secondary Analysis**

The child welfare and substance abuse systems are integrally linked through the children and families they both serve. There is a dearth of knowledge, however, on how children who have experienced foster care fare when they are treated for substance abuse issues as adults. This article presents an exploratory study using the Alcohol and Drug Services Study (ADSS) data set. Adults in substance abuse treatment who were formerly in foster care were matched with a group who had not experienced substitute care. Their experiences before and after treatment were compared. This study reinforces the existing literature that individuals who have experienced out-of-home care have higher levels of risk for substance abuse. More than half of the foster care sample began using alcohol before they were teenagers. While this data set does not include child welfare variables such as age at placement, type of abuse, or number of placements, a concern exists that a group of children with disrupted family ties are turning to substances at an early age. In addition, the risk factors are pervasive in all domains—socioeconomic, behavioral, mental health, and criminal behaviors. They are more likely to have had mental health problems and are more likely to have committed crimes against property or persons. Both of these sets of behaviors increase the risk for involvement with societal systems, such as criminal justice and behavioral health.

Blome, W. W., Shields, J., & Verdick, M. J. (2009). The association between foster care and substance abuse risk factors and treatment outcomes: An exploratory secondary analysis. *Journal of Child & Adolescent Substance Abuse*, 18(3), 257-273.

## **The Impact On Parental Substance Abuse On the Stability of Family Reunifications From Foster Care**

Alcohol and other drug (AOD) abuse by caretakers is frequently cited as a reason for the entry of children into foster care, however, little research has been done to examine the impact of alcohol and other drugs on the stability of family reunification. This study examined the likelihood of reentry into foster care following reunification for children whose primary caretakers were put into groups based on the type of substance abuse cited as a primary reason for the initial removal: those with alcohol only involvement, those with drug use only involvement, those with both alcohol and drug involvement and those with no alcohol or drug involvement. Analysis of the event history showed that children whose reasons for initial placement in foster included caretakers with both alcohol and drug involvement were much more likely to reenter care following reunification than any of the other three groups. Drug or alcohol involvement as the initial reason for removal was also associated with higher risk of reentry.

Brock, J., McDonald, T. (2009). The Impact on parental substance abuse on the stability of family reunifications from foster care. *Children and Family Youth Services Review*, (31), 193-198.

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## **Increasing Family Reunification for Substance-Abusing Mothers and Their Children: Comparing Two Drug Court Interventions**

This study provides a quasi-experimental test of 80 consecutive enrollments in the Miami-Dade (Florida) Dependency Drug Court in order to examine the impact of a family-based and gender specific intervention, Engaging Moms Program (EMP), on drug court graduation and family reunification. EMP was compared with case management services (CMS). The results indicated that 72% of mothers in the EMP graduated from drug court and 70% were reunified with their children. In contrast, 38% of mothers receiving CMS graduated from drug court and 40% were reunited with their children. EMP appears to be a promising family drug court intervention. The results demonstrate that EMP has promise in fostering reunification for substance involved mothers enrolled in dependency drug court. Seventy-two percent of the mothers graduated from drug court and 70% were reunified with their children.

Dakof, C. (2009). Increasing Family Reunification for Substance-Abusing Mothers and Their Children: Comparing Two Drug Court Interventions. *Juvenile and Family Court Journal*, 20, (4).

## **Do Drug Treatment Services Predict Reunification Outcomes of Mothers and Their Children in Child Welfare?**

The effect of mothers' participation in substance abuse treatment on reunification with their children who are in out-of-home care is an important policy issue. This article examines the predictors of child reunification among mothers who participated in a statewide treatment outcome study. Data were integrated from multiple sources to determine the contributions of characteristics of mothers (n = 1,115), their children (n = 2,299), and treatment programs (n = 43) on reunification outcomes. Mothers with more employment and psychiatric problems were less likely to be reunified with their children; completion of 90 or more days in treatment approximately doubled their likelihood of reunification. Mothers who were treated in programs providing a "high" level of family-related or education/employment services were approximately twice as likely to reunify with their children as those who were treated in programs with "low" levels of these services.

Grella, C. Needell, B., Shi Y., & Hser, Y. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment*, 36, 278-293.

## **Children Living With Substance - Dependence or Substance-abusing Parents: 2002-2007**

Substance use disorders can have a profound influence on the lives of individuals and their families, particularly their children. The data in this report indicate that more than 1 in 10 children in the United States under the age of 18 were living in homes with a substance-dependent or substance-abusing parent. These data highlight the potential breadth of needs

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for the whole family – from substance abuse treatment for the affected adults to prevention and supportive services for the children.

National Survey on Drug Use and Health Report (2009). *Children Living with Substance-Dependence or Substance-Abusing Parents: 2002-2007*. April 16, 2009.

## **Substance-Exposed Infants: State Responses to the Problem**

This study assessed State policy from the broadest perspective: prevention, intervention, identification, and treatment of prenatal substance exposure, including immediate and ongoing services for the infant, the mother, and the family.

Each year, an estimated 400,000–440,000 infants (10–11% of all births) are affected by prenatal alcohol or illicit drug exposure. Prenatal exposure to alcohol, tobacco, and illicit drugs has the potential to cause a wide spectrum of physical, emotional, and developmental problems for these infants. The harm caused to the child can be significant and long-lasting, especially if the exposure is not detected and the effects are not treated as soon as possible.

The report suggests services, such as screening, prevention, and treatment, for five intervention points and action steps to strengthen interagency linkages. For example, services for the infant or child and the parents are woven together in a comprehensive approach. More typically, the primary emphasis is on the child or the parents, rather than on both simultaneously. However, there are strong models of family-centered services in some States. SEIs are at higher risk of coming into contact with the child welfare system at some point, and findings regarding children in foster care indicate that most children do not actually receive the assessments and services they need.

Young, N. K., Gardner, S., Otero, C., Dennis, K., Chang, R., Earle, K., & Amatetti, S. (2009). *Substance-Exposed Infants: State Responses to the Problem*. HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.

## **The Economic Costs of Substance Abuse Treatment: Updated Estimates and Cost Bands for Program Assessment and Reimbursement**

Although substance abuse is one of the primary reasons that parents become involved with the child welfare system, there is surprisingly little empirical research that examines the relationship of substance abuse treatment to child welfare outcomes. In this statewide longitudinal study of 1,911 women who had children placed in substitute care, we examined the influence of three key factors in the treatment process on child welfare outcomes. Results indicated that when these women entered treatment more quickly, spent more time in treatment, or completed at least one treatment episode, their children spent fewer days in foster care and were more likely to be reunified with their parents. These findings were significant even controlling for families' levels of risk including treatment and child welfare history, substance abuse frequency and chronicity, and demographic risks. Implications of these findings for improvements in the way that treatment services are provided to women in the child welfare system are discussed.

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French, M. T., Popovici, I., & Tapsell, L. (2008). The economic costs of substance abuse treatment: Updated estimates and cost bands for program assessment and reimbursement. *Journal of Substance Abuse Treatment*, 35(4), 462-469.

## **Cost-benefit Analysis of Community Responses to Child Maltreatment: A Comparison of Communities With and Without Child Advocacy Centers**

In the three decades since passage of the Child Abuse Prevention and Treatment Act (1974), a large body of literature has demonstrated that child maltreatment and abuse have long term negative impacts on victims' physical and mental health and may be associated with juvenile delinquency and adult criminality. As a result, the estimated costs of child maltreatment to society are enormous. This paper provides review of studies that have applied economic analysis to costs or benefits, or costs and benefits to programs that seek to prevent or intervene in child maltreatment. The paper also reports on a cost-benefit analysis undertaken in two counties that use different models of child abuse investigation: a Child Advocacy Center (CAC) model using a multidisciplinary team approach and a traditional child protection and law enforcement services model that typically uses a joint investigations approach. The cost-benefit study indicates that while CAC style investigations have somewhat higher operational costs, they also result in higher perceived public benefits. The CAC community studied here achieve a \$3.33 to \$1 benefit-cost ratio.

Formby, J., Shadoin, A., Shao, L. Magnuson, S. & Overman, L. (2006). Cost-benefit analysis of community responses to child maltreatment: a comparison of communities with and without Child Advocacy Centers. *Research Report No. 06-3*. Huntsville, AL: National Children's Advocacy Center.

## **Integrating Substance Abuse Treatment and Child Welfare Services: Findings from the Illinois Alcohol and Other Drug Abuse Waiver Demonstration**

Alcohol and other drug abuse is a major problem for children and families involved with public child welfare. Substance abuse compromises appropriate parenting practices and increases the risk of child maltreatment. A substantial proportion of substantiated child abuse and neglect reports involve parental substance abuse. Once in the system, children of substance-abusing families experience significantly longer stays in foster care and significantly lower rates of reunification. To address these problems, child welfare systems are developing service integration models that incorporate both substance abuse and child welfare services. This study provides an initial examination of the effectiveness of one service integration model that emphasizes the provision of intensive case management to link substance abuse and child welfare services. The authors used an experimental design and focused particular attention on two outcomes: access to substance abuse services and family reunification. The findings indicate that the families assigned to the experimental group used substance abuse services at a significantly higher rate and were more likely to achieve family reunification than were families in the control group.

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Ryan, J.P., Marsh, J.C., Testa, M.F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois Alcohol and Other Drug Abuse Waiver Demonstration. *Social Work Research*, 30(2), 95-107.

## Parents In Substance Abuse Treatment: Implications for Child Welfare Practice

Substance abuse treatment in parents of young children is an important element of child welfare services. Increasingly, child welfare agencies, confronted with increasing numbers of substance abusing client, seek to integrate substance abuse treatment into child welfare services. These efforts are limited by a lack of targeted information about effective substance abuse treatment for parents. This study compares the predictive factors of post-treatment drug use in organizational, service and individual characteristics between 1237 parents and 1905 non-parents, mothers and fathers. The results show that treatment duration and the frequency of counseling available in treatment facilities are the most predictive factors for parents when other factors are controlled. Further, treatment duration, onsite service availability, and frequency of counseling available are significant factors in predicting post-treatment drug use for fathers, but not for mothers. The authors concluded that outcomes are better for parents who receive services in treatment organizations that provide counseling on a frequent schedule (once a week or more). Further, treatment duration and receipt of comprehensive services were specifically predictive for fathers but not for mothers. These findings have implications for improving substance abuse treatment services for parents in child welfare settings. For example, programs seeking to integrate substance abuse and child welfare services will be most effective when they can connect with substance abuse treatment programs that are able to (a) retain parents in treatment, and (b) tailor services to address health and social problems that typically co-occurring with substance abuse.

Marsh, J.C., & Cao, D. (2005). Parents in substance abuse treatment: Implications for child welfare practice. *Children and Youth Services Review*, 27(12), 1259-1278.

## Addressing the Treatment Needs of Children Affected By Maternal Addiction: Challenges and Solutions

This paper examines treatment needs of the children of women served in the Center for Substance Abuse Treatment's Residential Women and Children and Pregnant and Postpartum Women (RWC/PPW) program. It integrates statistical information from CSAT's cross-site evaluation of the program and clinical insights obtained from one RWC treatment site, the Arkansas CARES project. The cross-site data provide broad-based information about the extent to which clients' children experience various risk factors, while the project data provide concrete information about major administrative and clinical challenges to the provision of needed child services in a parent-focused residential treatment setting. Data from both perspectives suggest that many children admitted into residential treatment with their mothers need an array of long-term supportive services, requiring a new focus and a commitment of resources from substance abuse treatment providers.

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Conners, N., Bokony, P., Whiteside-Mansell, L., Bradley, R., & Liu, J. (2004). Addressing the treatment needs of children affected by maternal addiction: challenges and solutions. *Evaluation and Program Planning*, 27, 241–247.

## **A Review of Alcohol and Other Drug Issues In the States' Child and Family Services Reviews and Program Improvement Plans**

The Child and Family Service Review (CFSR) reports for 50 states, the District of Columbia, and Puerto Rico were reviewed. According to the review, “parental substance abuse was reported as a factor [primary or otherwise] in cases in 32 states. It was identified as a factor that brought a child to the attention of the child welfare agency in 16 to 61 percent of cases”. The reviewers report that the “relatively low percentage of cases with specific mention of substance abuse as a factor in the case needs further investigation, as it contrasts with general practice knowledge that the majority of [child welfare] cases are affected by familial substance abuse”.

Young, N., Gardner, S., Whiltaker, B., Yeh, S. & Otero, C. (2005). A review of alcohol and other drug issues in the states' child and family services reviews and program improvement plans. *National Center on Substance Abuse and Child Welfare*, April 2005.

## **Effectiveness and Sustainability of Residential Substance Abuse Treatment Programs for Pregnant and Parenting Women**

The post-treatment findings concerning clients' ability to regain and maintain parenting responsibilities for their children are especially important and encouraging. Concern for the well-being of such women's infants and other children was a major impetus for the RWC/PPW program. Programming focused on helping clients develop and demonstrate the parenting and homemaking skills needed to provide responsible stewardship for their children was a major focus of all RWC/PPW projects. The outcome findings suggest that projects were consistently effective in this area, particularly for their longer-staying clients. Especially impressive was the finding that, for clients who successfully maintained AOD abstinence after discharge, over 80% had maintained or regained parenting custody of at least one child 6 months after leaving treatment.

Porowski, A., Burgdorfa, K., & Herrell, J. (2004). Effectiveness and sustainability of residential substance abuse treatment programs for pregnant and parenting women. *Evaluation and Program Planning*, 27, 191–198.

## **Benefits of Residential Substance Abuse Treatment for Pregnant and Parenting Women**

Numerous studies have found that alcohol and drug treatment programs are effective in short- and long-term recovery. Nearly one-third of those in treatment achieve permanent abstinence from their first attempt at recovery. An additional one-third have periods of

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relapse but eventually achieve long-term abstinence. One-third have chronic relapses that result in premature death from substance abuse and related consequences. Substance abuse affects both parenting and the development of children. An estimated 11% of all children live in families where one or more parents abuse alcohol or other drugs; up to 80% of children in the child welfare system are affected by substance abuse.

Harrell, J. (2003). Benefits of residential substance abuse treatment for pregnant and parenting women. Paper presented at CWLA Capitol Hill policy briefing, “*Not Without My Child: Expanding Substance Abuse Treatment for Families*,” May 21, 2003. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

## **Current Trends In Child Abuse Prevention and Fatalities: The 2001 State Advocacy Review**

The National Center on Child Abuse Prevention Research, has been collecting detailed information from all 50 states and the District of Columbia on the number and characteristics of child abuse reports, the number of child abuse fatalities, and changes in the funding and scope of child welfare services since 1986. This report, *Current Trends in Child Abuse Prevention and Fatalities: The 2000 Fifty State Survey* summarizes the findings from the most recent survey. Eighty-five percent of states surveyed report parental substance abuse and poverty are the top two problems in child protective caseloads.

Peddle, N., Wang, C., Diaz, J. & Reid, R. (2003). *Current trends in child abuse prevention and fatalities: The 2001 state advocacy review*. Prevent Child Abuse America, Chicago.

## **How Parental Drug Use and Drug Treatment Compliance Relate to Family Reunification**

This study assesses the relationships among parental drug use, drug treatment compliance, and reunification from substitute care. Parental drug use and treatment compliance have been presented as justification for a new emphasis in child welfare policy and practice, especially due to the shorter permanency timelines. Using in-person survey data and state administrative data, the study finds that drug treatment compliance is associated with faster reunification, even when accounting for ongoing drug use and three parenting measures. The findings are consistent with a conceptual framework suggesting that certain client actions, such as drug treatment compliance, may serve as markers that substantially affect client outcomes. This study contributes to the growing body of empirical literature on the correlates of reunification, including parents’ treatment compliance.

Smith, B.D. (2003). How parental drug use and drug treatment compliance relate to family reunification. *Child Welfare*, 82(3), 335-365.

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## **Foster Care: Recent Legislation Helps States Focus on Finding Permanent Homes for Children, But Long-standing Barriers Remain**

National child welfare data sets and statistical reports were analyzed. To supplement these statistics, all 50 states were surveyed and the District of Columbia regarding foster care outcomes, the use of Adoption & Safe Families Act's fast track and 15 of 22 provisions, expenditures of Adoption & Safe Families Act adoption related funds, and efforts to address barriers to finding permanent homes for children. Responses from 46 states were received. A lack of substance abuse treatment programs creates barriers to achieving permanency for foster care children; 33% of states surveyed noted this as a barrier.

U.S. General Accounting Office. (2003). *Foster care: Recent legislation helps states focus on finding permanent homes for children, but long-standing barriers remain* (GAO-02-585). Washington, DC.

## **Alcohol, Other Drugs & Child Welfare**

The booklet provides information and statistics on both the abuse of alcohol and other drugs and the relationship of such abuse to child welfare. Alcohol and other drug problems devastate the lives of hundreds of thousands of American children and their families each year. A major factor in child abuse and neglect, substance abuse is associated with the placement of at least half of the children in the custody of child welfare. Problems with substance abuse exist in an estimated 40% to 80% of the families of children who are confirmed by child protective service agencies as victims of abuse and neglect.

Child Welfare League of America. (2001). *Alcohol, other drugs & child welfare*. Washington, DC.

## **Specialized Substance Abuse Treatment For women and Their Children: An Analysis of Program Design**

In the present study, 36 specialized substance abuse treatment programs for women and their children were identified and chosen for review. These programs provide a wide range of services including substance abuse, mental health and medical treatment, life skills training (i.e. vocational and parenting training), and social services (i.e. child care and transportation). A cluster analysis was conducted, and three distinct patterns of program design were identified. Results suggest that programs vary considerably regarding the extent to which comprehensive services are provided and to whom they are offered. Many programs that appear to be comprehensive fail to provide the full range of services to all those who need them. In particular, many programs for pregnant women seem to focus almost exclusively on pregnancy-related issues. As such, specialized substance abuse treatment for women may be at risk for becoming too specialized. Recommendations are made for future substance-related program planning for women and their children.

Uziel-Miller, N. & Lyons, J. (2001). Specialized substance abuse treatment for women and their children: An analysis of program design. *Journal of Substance Abuse Treatment*, 19, 355-367.

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## **Benefits of Residential Substance Abuse Treatment for Pregnant and Parenting Women: Highlights From a Study of 50 Center For Substance Abuse Treatment Demonstration Programs**

The study evaluated Chrysalis House and 49 other CSAT-funded residential treatment programs designed specifically for substance-abusing women who were pregnant or the mothers of infants or young children.

There was an 84-percent reduction in the risk of low birth weight among infants born to women in the programs compared to babies born to alcohol or drug abusers who hadn't received treatment. Similarly, there was a 70-percent risk reduction for premature delivery and a 67-percent risk reduction for infant mortality.

These rates are not only lower than those of untreated substance abusers, they are also lower than the rates reported for all American women. Premature delivery rates were 7 percent for the former substance abusers compared to 11 percent for all American women; low birth weight rates were 6 percent compared to 8 percent; and infant mortality rates were 0.4 percent compared to 0.7 percent nationwide.

The women's relationships with their older children also improved. The percentage of participants with physical custody of their children increased from 54 percent shortly before entering treatment to 75 percent 6 months after discharge. The number of participants with one or more children living in foster care dropped from 28 percent to 19 percent.

At the root of those family-related outcomes were significant reductions in alcohol and drug use. More than 60 percent of participants reported being completely alcohol- and drug-free during the 6 months following discharge. An additional 13 percent suffered relapses at some point after being discharged but claimed to be completely alcohol- and drug-free in the past month.

Paralleling that reduction in alcohol and drug use was a reduction in criminal activity. Only 7 percent of the participants were arrested for alcohol- or drug-related offenses, such as selling drugs, driving while intoxicated, or being publicly intoxicated, during the 6 months following discharge, compared to 28 percent in the year before entering treatment. The percentage of participants arrested for other crimes, such as shoplifting, burglary, prostitution, or assault, dropped from 32 percent to 11 percent.

The longer the women stayed in treatment, the more they improved. For example, 68 percent of the women who stayed in treatment longer than 3 months remained alcohol- and drug-free, compared to 48 percent of those who left within the first 3 months of treatment. Only 9 percent of women who stayed in treatment past the 3-month point were arrested, compared to 20 percent of those who left before then.

More important, staying in treatment for a reasonable amount of time helped almost everyone who participated in the programs.

Center for Substance Abuse Treatment. (2001). Benefits of residential substance abuse treatment for pregnant and parenting women: *Highlights from a study of 50 Center for Substance Abuse Treatment demonstration programs*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## **Alcohol Abuse As Risk Factor For and Consequence of Child Abuse**

The relationship between child abuse and the use or abuse of alcohol has two aspects. First, some findings have indicated that parental alcohol abuse may be associated with the physical or sexual abuse of children. Research findings in this area remain inconsistent, however. Second, the experience of being abused as a child may increase a person's risk for alcohol-related problems as an adult. This relationship has best been demonstrated in women who had been victims of childhood abuse. Several factors most likely contribute to or influence this relationship, including coping skills; antisocial behavior; and psychological problems, such as posttraumatic stress disorder. This article review studies assessing alcohol-related and non-alcohol-related factors that might contribute to parental child abuse and presents research findings concerning the relationship between childhood victimization and subsequent adult alcohol abuse. Within this discussion, the article explores how future research may identify further characteristics that could increase a person's risk for developing alcohol abuse as a consequence of childhood victimization.

Widom, C.S., & Hiller-Sturmhofel, S. (2001). Alcohol abuse as risk factor for and consequence of child abuse. *Alcohol Research and Health*, 25(1), 52-57.

## **Alcohol and Other Drug Survey of State Child Welfare Agencies**

In early 1997, the Child Welfare League of America (CWLA), conducted a survey of the state public child welfare agencies to obtain a baseline measure of the types of policies, programs, and data collection efforts currently in place to support chemically involved children and families, with a special emphasis on children and youth in out-of-home care. The abuse of alcohol and other drugs has had and continues to have a profound impact on the lives of millions of children and their families. Rising demand for treatment, combined with limited financial resources have created a child welfare system under great stress. To meet the challenges posed by AOD problems, the child welfare system should begin a dialogue with professionals and caregivers from many different disciplines, which will lead to innovations in policies, programs and practices at the local level. Collaborative, coordinated, culturally competent, community-based services are more likely to emerge when the professionals and caregivers in a community possess a common base of knowledge about child welfare concerns and AOD problems.

Child Welfare League of America. (1997). *Alcohol and other drug survey of state child welfare agencies*. [www.cwla.org/programs/bhd/1997stateaodsurvey.htm](http://www.cwla.org/programs/bhd/1997stateaodsurvey.htm). Washington, DC.

# Resources for Key Findings

- <sup>1</sup>Florida Department of Children & Families Data. (2011).
- <sup>2</sup>Miami Herald. (February 4, 2011). Florida hospitals see rise in drug-addicted newborns.
- <sup>3</sup>Wilkins, D. (2011). Ensuring Quality Healthcare for Floridians. Florida Department of Children & Families.
- <sup>4</sup>National Survey on Drug Use and Health Report (2009). Children Living with Substance-Dependence or Substance-Abusing Parents: 2002-2007. April 16, 2009.
- <sup>5</sup>Child Welfare League of America. (1997). Alcohol and other drug survey of state child welfare agencies. [www.cwla.org/programs/bhd/1997stateaodsurvey.htm](http://www.cwla.org/programs/bhd/1997stateaodsurvey.htm). Washington, DC.
- <sup>6</sup>Porowski, A., Burgdorfa, K., & Herrell, J. (2004). Effectiveness and sustainability of residential substance abuse treatment programs for pregnant and parenting women. *Evaluation and Program Planning*, 27, 191–198.
- <sup>7</sup>Peddle, N., Wang, C., Diaz, J. & Reid, R. (2003). Current trends in child abuse prevention and fatalities: The 2001 state advocacy review. Prevent Child Abuse America, Chicago.
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