

CRB Training Module

Substance Abuse

Learning Objectives

After studying the information in this training module, you should be able to

- Understand the prevalence of substance abuse in the United States
- Identify commonly abused substances and their effects
- Understand the barriers to substance abuse treatment
- Identify the risks faced by children of substance abusing parents
- Understand how substance abuse affects parties involved in child welfare cases

Introduction

Between 6 million to 8.3 million American children (9%–11% of the child population) live with a parent who abuses drugs or alcohol. Studies have shown these children are three times more likely to experience abuse and four times more likely to be neglected than children whose parents are not substance-abusing. In fact, as many as two-thirds of all child abuse and neglect cases involve a parent with a substance abuse problem. In New Mexico in fiscal year 2005, 78% of the children reviewed by CRB who came into custody because of neglect had a substance-abusing parent.

Drug and alcohol abuse in the United States is a widespread issue. In 2004, 19.1 million teenagers and adults used illicit drugs and 16.7 million abused alcohol. Despite the common misconception that drug abuse is a teenage problem, fewer than 3 million teenagers abused drugs in 2004, while over 16 million adults had a substance abuse problem. In New Mexico, approximately 180,000 people abused drugs or alcohol in 2004 and only approximately 10,000 received treatment for their problem. National statistics show New Mexico has the highest rate of drug abuse among all states and ranks in the top five states for alcohol abuse. Additionally, New Mexico has one of the highest percentages of people who need alcohol or substance abuse treatment services but do not receive treatment.

Addiction is a chronic condition characterized by a compulsive craving for a drug. Addiction occurs when substance abuse changes the functioning of the user's brain. Genetics and environmental factors influence one's susceptibility to addiction. A person experiencing addiction usually cannot quit by himself or herself, and relapse (a return to using because of intense cravings) is typical.

Commonly Abused Substances

Alcohol

Although alcohol is not an illegal substance, binge drinking, heavy drinking, and alcoholism cause substantial societal problems, including child abuse and neglect. In 2003–4, 7.6% of

Americans abused alcohol. Studies show that one in four children are exposed to alcohol abuse in their family. Alcohol abuse includes binge drinking (defined as five or more drinks on one occasion), underage drinking, and driving under the influence.

Alcohol dependence, more typically known as alcoholism, is characterized by an intense craving for alcohol and an inability to limit the amount of alcohol consumed. People dependent on alcohol experience withdrawal symptoms when they do not use alcohol. These symptoms can include nausea, anxiety, and shakiness. People dependent on alcohol also experience tolerance, which means they must consume larger amounts of alcohol in order to achieve the same level of intoxication.

“The 1999 *State of Health in New Mexico Report* showed that **alcohol** consumption has been the leading cause of premature death in New Mexico, because of cirrhosis of the liver as well as alcohol-involved motor vehicle crashes, suicide and homicide. New Mexico’s statewide rate of alcohol-involved traffic crash deaths was more than twice the national rate.”

—New Mexico Department of Health

A 2002–2003 national survey estimated that the total number of individuals in New Mexico with an alcohol addiction or alcohol abuse problem over a one-year period was 151,000.

—US No Drugs, <http://www.usnodrugs.com>.

Marijuana

Marijuana is the most commonly used illegal drug, with 14.6 million users in 2004. Marijuana is also referred to as pot, grass, reefer, weed, or herb. It is a green mixture of dried plant material from the Cannabis plant. Most marijuana users smoke it in rolled cigarettes called joints. However, it can also be smoked in water pipes called bongos, smoked in cigars laced with another drug, or eaten. Marijuana users experience a euphoria in which colors and sounds seem more intense and time passes slowly. Users may also experience anxiety, fear, or panic. Heavy marijuana use can damage a person’s memory and ability to shift focus. Toxic doses of marijuana can cause hallucinations and delusions. Marijuana users can experience withdrawal symptoms when they try to stop using. These symptoms include irritability, difficulty sleeping, anxiety, and aggression.

“**Marijuana**, the most prevalent drug in New Mexico, is most often smuggled from Mexico and is available from a multitude of sources in New Mexico. Marijuana seizures ranging from 500 to 8,000 pounds occur at all transportation terminals, U.S. Customs and Border Protection checkpoints, and local courier service locations. New Mexico’s vast national forest and other unpopulated lands make the domestic cultivation of marijuana an enforcement issue as well.”

—U.S. Drug Enforcement Agency, 2006 *New Mexico Factsheet*

Prescription Drugs

In 2002, 4.7 million Americans used prescription drugs for a non-medical purpose. The most commonly abused prescription drugs are pain relievers (opioids), anxiety or sleep disorder medications, and stimulants used to treat Attention-Deficit Hyperactivity Disorder. Opioids are medically used to treat pain, but produce intense feelings of euphoria when snorted or injected. Anxiety or sleep disorder medications, such as Valium, Xanax, and Klonopin, produce a calming feeling. Stimulant medications, such as Adderall, Ritalin, and Concerta, cause increased energy and alertness. All of these drugs can produce intense and even dangerous withdrawal symptoms when abuse is stopped.

“Illegal or improper prescription practices are the primary source for illegally obtained **prescription drugs**, especially opioids. New Mexico’s severe shortage of qualified medical personnel has forced state authorities to grant prescriptive authority to practitioners not licensed in other states, so that New Mexico has recently become one of the few states to grant prescribing authority to psychologists who may lack medical training. Prescription drug smuggling from Mexico, where these drugs can be sold over the counter, contributes to the distribution of illegal medications.”

—U.S. Drug Enforcement Agency, 2006 *New Mexico Factsheet*

Cocaine

In 2002, there were approximately 2 million cocaine users in the United States. Cocaine comes in two forms: a white powdery substance known as coke, snow, or blow, or a “freebase” form of cocaine called crack. Crack cocaine is smoked, while the powdered form of cocaine is snorted or injected. Crack cocaine is popular because it produces a rapid high and is inexpensive to buy.

Cocaine users experience euphoria, increased energy, and decreased need for food or sleep. Cocaine is extremely addictive. Users develop tolerance to the drug, meaning they need to ingest more cocaine to produce the same euphoric effect. Higher doses of cocaine can result in erratic and violent behavior. Recovery is difficult because users experience intense cravings even after long periods of abstinence.

“Local law enforcement authorities consistently rank **cocaine** and crack cocaine distribution and use as one of the most prominent drug problems in New Mexico. Crack cocaine is widely available throughout the state. In smaller cities such as Hobbs and Silver City, crack cocaine use and distribution is at a level that is considered dangerous to the quality of life. Ethnic gangs are the primary distributors of crack cocaine in urban areas, posing a threat to schoolchildren. Street-level distributors are found in all social and economic layers of the community.”

—U.S. Drug Enforcement Agency, 2006 *New Mexico Factsheet*

Methamphetamine

In a 2000 national survey, 8.8 million people reported having used methamphetamine in their lifetime. Use of the drug is tracked nationally by meth-related emergency room admissions, which totaled 13,500 in the year 2000. Methamphetamine has become so prevalent because it is made from inexpensive, easily available ingredients. People “cook” the drug in clandestine home laboratories, where there is a high risk of explosions and toxic exposure to residents.

Methamphetamine is a white powdery substance that comes in smokable and nonsmokable forms. In its smoked form, it is known as ice, crystal, crank, or glass. In its injected or inhaled form, it is known as speed, meth, or chalk. Users experience a euphoric rush followed by a prolonged sense of well-being, increased activity, and decreased appetite, lasting 6–8 hours. Some users can become highly agitated and violent. Users often binge on the drug for days, trying to maintain a high, and then “crash” or withdraw from the drug. Methamphetamine is highly addictive, resulting in chronic use. Chronic use of the drug can cause violent behavior, paranoia, hallucinations, delusions, and homicidal and/or suicidal thoughts. Withdrawal from methamphetamine causes an intense craving for the drug, as well as aggression, paranoia, fatigue, anxiety, and depression. Both the toxicity of the chemicals used to make meth and the volatile behaviors caused by the drug can create an extremely hazardous environment and extremely high risk for abuse and neglect of children.

“While **methamphetamine** abuse has increased throughout the state, it has made its greatest impact on our smaller communities. Between 2001 and 2003, a survey of New Mexican high school students (grades 9-12) reported a 17% increase among youth living in large urban areas who report trying methamphetamine within the past year. In the same survey, students from our “micropolitan” (small urban) communities revealed a 155% increase, while youth from rural areas reported a startling 169% increase from 2001 - 2003. Overall, 8.2% of New Mexico students reported methamphetamine use within the past year in 2003.”

—New Mexico Methamphetamine Working Group 2005 Statewide Strategy Recommendations

Heroin

In 2003, over 300,000 Americans reported using heroin in the previous year. Heroin is a drug derived from morphine, which is extracted from poppy seeds. Heroin comes in a white or brown powder or a black tar-like substance. The drug can be injected, snorted, or smoked. Injecting heroin is the most common method of use, with users typically injecting up to four times per day. Users feel a rush of pleasure, followed by drowsiness.

Heroin is powerfully addictive because of how rapidly it enters the brain. Heroin causes physical dependence, meaning users begin experiencing intense withdrawal symptoms just hours after last taking the drug. Users also experience increased tolerance requiring higher and higher doses of

the drug. Once a user is addicted, their primary purpose in life becomes obtaining and using heroin, so that parenting is no longer a priority

“In Albuquerque, Mexican black tar **heroin** is the most readily available form and widely abused. Heroin availability in northern New Mexico has increased steadily over the past five years as evidenced by the increase in kilogram seizures and a steady decrease in price, and the Española Valley is consistently rated by the U.S. Department of Health and other statistical reporting agencies as having the highest per capita heroin overdose death rate in the United States.”
—U.S. Drug Enforcement Agency, 2006 *New Mexico Factsheet*

Treatment

Substance abuse treatment services are provided by rehabilitation facilities on an inpatient or outpatient basis, by inpatient hospitals, or by outpatient mental health centers. Treatment can include detoxification, medication treatment, and intensive behavioral therapies. Behavioral therapies include support groups, group psychotherapy, and individual psychotherapy.

Treatment services vary by the type of substance being abused and the individual needs of the substance abusing patient. Alcohol abuse and dependence can be treated with medically supervised detoxification, followed by certain behavioral therapies and twelve-step programs like Alcoholics Anonymous. Treatment for prescription drug abuse includes medication therapy and/or behavioral therapy. Marijuana, cocaine, and methamphetamine abuse are all treated with behavioral therapies in an outpatient or inpatient setting. Optimum treatment for methamphetamine users is intensive outpatient treatment, which involves behavioral therapy three to five times per week for at least three months. Treatment of heroin abuse is unique in that it requires long term use of methadone, an effective and medically approved prescription drug taken daily that blocks the effects of heroin, relieves cravings, and stops withdrawal symptoms.

Despite the available treatment services, most substance abusers do not receive adequate treatment. Barriers to treatment services, such as cost, insurance issues, and waiting lists, further complicate the substance abuse problem. People living in rural areas often do not have access to substance abuse treatment in their vicinity. Over 35% of those who need substance abuse treatment report they are unable to access treatment services. Mental health issues commonly co-occur with substance abuse and can deter treatment. Over 21% of adults with a mental health issue also abuse drugs or alcohol. However, the powerful effects of addiction act as the primary barrier to recovery. Experts estimate that the time between when a person recognizes a need for substance abuse treatment and when they actually enter a treatment program can be a decade or longer.

Once a person enters drug treatment, 40 to 60 percent of people successfully recover from their addiction. Studies have shown treatment for methamphetamine, which includes inpatient or outpatient behavioral therapies, is effective for 50 to 60 percent of participants. Length of

treatment is an important indicator of success. Research indicates treatment is more effective if it lasts longer than ninety days. Further complicating treatment success is the tendency for over 25 percent of patients to discharge from treatment against medical advice.

Substance abuse treatment thus typically requires a minimum of ninety days and the risks of early discharge and/or relapse are high. These factors make it difficult for child welfare professions to quickly and accurately assess when and if a parent will be prepared to reunify with their child(ren). Child welfare professionals face a difficult task in reconciling a parent's treatment needs with the federally mandated timelines regarding how long a child can stay in foster care before their parents' rights are terminated.

“The **Harm Reduction approach** used by many treatment programs is based on compassionate pragmatism instead of moralistic idealism. It recognizes that a minority of people have always abused alcohol and always will. It doesn't condone this behavior, but seeks to reduce its incidence and the harm it causes....Harm reduction views people as responsible for their own choices. They are helped ‘where they are’ and moved from there in small manageable steps to increasing levels of improved self-care, health, safety, and well-being. And it works.”

—Dr. G. Alan Marlatt, Director of the Addictive Behavior Research Center at the University of Washington, a member of the National Advisory Council on Drug Abuse for the National Institute on Drug Abuse, and recipient of the Jellinek Memorial Award for outstanding contributions to knowledge in the field of alcohol studies.

Risks to Children

Children of substance abusing caregivers are at high risk for abuse or neglect. Substance abuse can cause a parent to become irritable, violent, and unpredictable. Some substance abusing parents fall into a deep sleep for days and cannot be awakened, leaving their children to fend for themselves. Substance abuse also often preoccupies a parent, leading them to neglect their child's nutritional, medical, and dental needs. These children can suffer from malnutrition, lack proper immunizations, and have chronic dental problems. Substance abusing parents often leave children unsupervised and have numerous adults in and out of the home, leaving children at risk for sexual abuse. Additionally, some substances lead to heightened sexuality and decreased sexual inhibitions, which may lead to parents' promiscuity and expose children to sexual behavior.

Hazardous living environments are particularly common for children of methamphetamine abusing parents. These children may live in substandard housing lacking utilities. Children of parents who “cook” methamphetamine in their homes are at particular risk from exposure to hazardous chemicals, inhalation of fumes, and injury from chemical explosions.

Children of substance abusing parents are at risk for repeating the cycle of addiction. Studies show addiction tends to run in families, and children of alcoholics are four times more likely than other children to develop alcohol or substance abuse problems. Exposure to parental

substance abuse increases a child's risk for emotional problems such as depression and anxiety. Additionally, a child whose parent is unable to meet their basic needs may develop an attachment disorder, leaving the child unable to trust or form meaningful relationships with others.

Pregnant women who abuse substances place their child at risk in utero. Infants prenatally exposed to drugs are at risk for low birth weight, prematurity, failure to thrive, and infectious diseases. Children prenatally exposed to drugs are also at risk for development problems, including feeding difficulties, delayed language skills, and hyperactivity.

Implications for CRB Members

CRB members should advocate for foster children's physical and emotional needs, keeping in mind the possibility of unidentified developmental or psychological issues stemming from exposure to parental substance abuse. Foster children from substance abusing families may need assessments for developmental services, such as speech and language, physical therapy, or early intervention programs. These children may also need therapy services, including individual therapy, family therapy, or group therapy to address their emotional needs. Infants exposed to drugs in utero may need medical and developmental assessments at regular intervals to identify any problems resulting from the drug exposure. CRB members should also act as advocates in assuring foster children and youth receive the needed early identification and prevention services for their own substance abuse problems.

CRB members must be aware of the dangerous effects of substance abuse and the need to protect children from exposure to such dangers. However, CRB members should also be cognizant of the tremendous challenges parents face in recovery from substance abuse, including the powerful effects of addiction, difficulties in accessing substance abuse treatment services, and the extended length of time it often takes for parents to successfully recover from substance abuse problems. Recovery from methamphetamine addiction creates a serious dilemma for CRB reviewers because many meth users eventually return to the drug. Unlike other drugs, there can be an early and late phase of withdrawal, with a plateau in between where addicts seem to do fine and where return of children to parents may seem feasible. Relapse is common in recovery from all substance abuse, so CRB members should recommend that a contingency plan be established in case of parental relapse.

Barriers to successful substance abuse treatment can result in children's remaining in foster care for longer periods of time and failure to obtain permanency. In the end, these children may be less likely to be reunified with their parent(s) even if the parents are ultimately successful in recovering from their addiction because of federal time limits on a child's stay in foster care.

CRB members need also to consider carefully the controversial issue of "harm reduction" versus "total abstinence" approaches to treatment in deciding whether children ought to be returned home. Many parents occasionally drink alcohol or smoke marijuana, for example, without subjecting their children to abuse or neglect. Some substance abusing parents may be able to successfully parent their children if they receive adequate treatment and education even if they do not achieve total abstinence. CRB members thus need to weigh this possibility in each individual case.

Sources:

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