

Key Issues in Child Welfare: Substance Use (abridged eLearning Storyboard)



Substance use disorders impact the way people live, how they function, how they interact with others, and how they parent their children. Substance use disorders can influence parental discipline choices and child-rearing choices, which may have a negative impact on children. According to the 2009 Child Abuse and Neglect User Manual Series: Protecting Children in Families Affected by Substance Use Disorders, “The time and money parents spend on seeking out or on using drugs or alcohol may limit the resources available in the household to meet the children’s basic needs. In addition, families affected by [Substance Use Disorders] often experience a number of other problems - including mental illness, domestic violence, poverty, and high levels of stress - which are also associated with child maltreatment.”

Defining Substance Use Disorders

There are many different terms to describe similar concepts related to substance. Substance use disorders captures the spectrum of use, abuse, and dependence (otherwise known as addiction).

The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. **Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.** According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

The term substance use disorder has been adopted by the public health and alcohol and drug treatment fields as less stigmatizing and more reflective of the disease’s characterization as a disorder with biological, psychological, and social origins.

Psychoactive Drugs

Psychoactive Drugs:
Any substance that directly alters the normal function of the central nervous system.

Examples of Street Names

Methadose	Metho
Dollies	Jungle Juice
Dolls	Fizzies
Done	Marla
Meth	Pastora
Phy	Salvia
Junk	Wafer

Common Core 3.0 Foundation Block: Key Issues in Child Welfare

The types of drugs that are of most concern to child welfare are psychoactive drugs. A psychoactive drug is any substance that directly alters the normal functioning of the central nervous system. There are many classifications of psychoactive drugs based on their purpose and use.

Psychoactive drugs have chemical names, trade names, and street names.

Chemical names are used to describe the molecular structure of a drug. Trade names are given by the pharmaceutical manufacturers. Street names change frequently. Drugs that are used and abused may have more than 20 informal names.

Classification of Drugs

Drag the peg to explore our Classifications of drugs.

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Another way to classify psychoactive drugs is by their overall effects: stimulation, depression, and psychedelic reactions. There are other drugs that don't fall neatly into one of these categories, but for the purpose of this training, we will use three key classifications: Uppers, Downers, and All Arounders. By using these categories, we hope to give you a general understanding of the types of drugs you may encounter in your work with individuals impacted by substance use disorders and their physical, mental, and emotional effects.

We'll begin by taking a look at the Uppers category, which are central nervous system stimulants. Some of the drugs in this category include:

- Cocaine
- Amphetamines
- Amphetamine congeners
- Plant stimulants and look-alike stimulants
- Caffeine
- Nicotine
- and, psychostimulants

According to the 8th edition of the Uppers, Downers, All Arounders book:

“The usual effect of a small-to-moderate dose of uppers is excess [central nervous system] stimulations that results in energized muscles, increased alertness, insomnia, increased heart rate and blood pressure, and decreased appetite. Frequent use of the stronger stimulants (cocaine, methamphetamine, and bath salts) over a period of a few days will deplete the body's energy chemicals and exhaust the user. If large amounts are used chronically, or if the user is extra sensitive, heart, blood vessel, and seizure problems can occur.”

When thinking about the mental and emotional effects, “A small dose of one of the stronger stimulants can make someone feel more confident, excited, outgoing, and eager to perform. It can also cause a certain rush or high, depending on the specific drug and the physiology of the user. Larger doses can cause jitters, anxiety, anger, rapid speech, and aggressiveness. Prolonged use of the stronger stimulants can cause extreme anxiety, paranoia, anhedonia (inability to experience pleasure), mental confusion, and an induced psychosis.”

“Small doses of downers depress the central nervous system, which slows heart rate and respiration, relaxes muscles, decreases coordination, induces sleep, dulls the senses, and diminishes pain...Opiates and opioids can cause nausea, constrict pupils, and induce constipation. Excessive drinking and sedative-hypnotic, or opiate/opioid use can disrupt physical coordination, slur speech, cause digestive problems, induce sexual dysfunction, and create tissue dependence. Downers in large doses or in combination with other depressants can cause dangerous respiratory depression, overdose, and coma.”

“Initially, small doses (particularly of alcohol) act like stimulants because they lower inhibitions, which can lead to freer and sometimes irresponsible behavior. As more of the drug is taken, the overall depressant effects dominate, relaxing and dulling the mind, diminishing anxiety, and controlling some neuroses. Certain downers can also induce euphoria or a sense of well-being. Long-term use of any depressant can cause psychological/physical dependence and addiction.”

“The physical effects from this class of substances are not as dominant as the mental effects with the exception of PCP and ketamine, which act as anesthetics. Most hallucinogenic plants cause nausea (at higher doses) and dizziness. Marijuana increases appetite and causes bloodshot eyes. LSD raises the blood pressure and causes sweating. Ecstasy and LSD act like stimulants.

“Psychodelics distort sensory messages to and from the brain stem - the mind's sensory switchboard - so external stimuli, particularly visual, tactile, and auditory ones, are intensified or altered (illusions). This process resembles synesthesia, where the brain causes sounds to become visual and sight to be perceived as sounds. The brain can also trigger imaginary sensory messages (hallucinations) along with distorted thinking (delusions).”

Two other groups of drugs that can stimulate, depress, or confuse their user are inhalants and psychiatric medications.

For inhalants, the “Use results in [central nervous system] depression, causing dizziness, slurred speech, unsteady gait, and drowsiness. Some inhalants lower blood pressure, causing the user to faint or lose balance. Because they are depressants, they can cause stupor, coma, and asphyxiation.”

“Small amounts can produce impulsive behavior, excitement, mental confusion, and irritability. Some inhalants cause a rush through a variety of mechanisms. Larger amounts can cause delirium and hallucinations.”

When it comes to psychiatric medications, they are often used to rebalance irregular brain chemistry. “Psychiatric medications produce a wide variety of physical side effects, particularly involving the heart, blood, and musculoskeletal system. Side effects and other adverse or toxic reactions from antipsychotic drugs are especially severe.”

It’s important to note that even when medications are legally prescribed under a doctor’s care, they can still impact a person’s ability to function and safely care for their child. A safety intervention may be necessary if a medication is effecting a parent’s ability to care for and supervise their child.

Prevalence among children, youth and adults



Now that you know a little more about the basic drug types and their effects, let’s review some basic information about the prevalence of substance use disorders in the US.

Data from the [National Survey on Drug Use and Health \(NSDUH\) - 2014 \(PDF | 3.4 MB\)](#) show that in **2014**,

- slightly more than half (52.7%) of Americans ages 12 and up reported being current drinkers of alcohol. Most people drink alcohol in moderation. However, of those 176.6 million alcohol users, an estimated 17 million have an AUD.
- there were 2.6 million people in that age range who had used marijuana for the first time within the past 12 months. People between the ages of 12 and 49 report first using the drug at an average age of 18.5.

- An estimated 913,000 people ages 12 and older had a stimulant use disorder because of cocaine use, and an estimated 476,000 people had a stimulant use disorder as a result of using other stimulants besides methamphetamines. In 2014, almost 569,000 people in the United States ages 12 and up reported using methamphetamines in the past month.
- An estimated 1.9 million people had an opioid use disorder related to prescription pain relievers and an estimated 586,000 had an opioid use disorder related to heroin use.
- Because many individuals attempt to deal with emotional dysregulation through substance use, around 4% or 9.2 million adults have both behavioral health concerns and substance use disorders.

The Continuum of Alcohol and Drug Use



Just because a person uses drugs (legal or illegal), there doesn't necessarily mean that the drug use is having an impact on their children. As child welfare social workers, we become concerned when the parent's behavior is causing harm to their child or is placing them in danger of becoming harmed.

The likelihood of an individual experiencing problems from substance use typically increases as the rate of use increases.

The continuum for the use of substances includes substance use, substance abuse, and substance dependence or addiction.

"Substance use is the consumption of low or infrequent doses of alcohol or drugs, such that damaging consequences are rare or minor. On reference to alcohol, this means drinking in a way that does not impair functioning or lead to negative consequences, such as violence. In reference to prescription drugs, use involves taking medication as prescribed by a physician. Regarding over-the-counter medications, use is defined as taking the substance as recommended for alleviating symptoms."

"Substance abuse is a pattern of substance use that leads to significant impairment or distress, reflected by one of the following:

- Failure to fulfill major role obligations at work, school, or home (for example, substance-related absences from work, suspension from school, neglect of a child's needs for regular meals)
- Continued use in spite of physical hazards

- Trouble with the law
- Interpersonal or social problems”

“Substance dependence or addiction is the progressive need for alcohol or drugs that results from the use of that substance. This need creates both psychological and physical changes that make it difficult for the users to control when they will use the substance or how much they will use. Psychological dependence occurs when a user needs the substance to feel normal or to engage in typical daily activities. Physical dependence occurs when the body adapts to the substance and needs increasing amounts to ward off the effects of withdrawal and to maintain physiological functioning.”

Dependence can result in:

- The continued use of a substance despite negative consequences
- An increase in tolerance to the substance
- Withdrawal symptoms
- Behavior changes

Assessment



When you are assessing where a person is at on the Substance Use Disorder Continuum, one of the factors to consider is the impact that the substance use by the parent is having on the child. SDM safety threats provide clear definitions about how substance abuse is impacting a child. Later on in the Key Issues eLearning, you will have an opportunity to review the safety threat definitions and see which safety threats apply to substance use disorders.

Impact of substance use on children

The screenshot shows a presentation slide with a green header. The title is 'Impact of Substance Use on Children'. On the left, there is a black and white photo of a man holding a child, with a text overlay: 'We get scared when dad takes drugs. I don't think he loves us any more..'. To the right of the photo is a list of three bullet points, each with a red circle icon. The first bullet point is 'More than 8 million children live with parents who have a substance use disorder.' The second is 'Substance use disorders exist in 40 to 80 percent of families in which the children are victims of abuse and children are 3 times as likely to be abused and more than 4 times more likely to be neglected.' The third is 'Children whose parents use substances do...'. Below the list is a URL: <http://www.samhsa.gov/2k11/parental-substance-use>. At the bottom of the slide, it says 'Common Core 3.0 Foundation Block: Key Issues in Child Welfare'. There is a 'Scroll Down' button with a downward arrow on the right side of the slide.

Parents' substance use disorders can lead to intergenerational abuse of alcohol and other drugs, as well as leading to a cycle of addiction. Studies have found that more than 8 million children nationwide live with parents who are substance abusers. Substance use disorders exist in 40 to 80% of families in which the children are victims of abuse. Substance use is NOT child abuse - you must establish a link between substance use/abuse and harm or danger to the child. Children whose parents use substances are 3 times as likely to be abused and more than 4 times more likely to be neglected. Additionally, parents who do not receive treatment and make behavioral changes to address their needs, are less likely to have their children returned home. Substance abuse among youth leads to a domino effect with problems in school, involvement in juvenile justice, teen pregnancy, and mental and emotional turmoil.

We also know that exposure to parental Substance Use Disorder has negative consequences for children, especially related to child development. Some of the consequences include:

- Disruption of the bonding process
- Emotional, academic, and developmental problems
- Lack of supervision
- Parentification
- Social stigma
- Adolescent substance use and delinquency

Parental substance use disorders can cause home environments to become chaotic and unpredictable, leading to child maltreatment. The children's physical and emotional needs often take a back seat to their parents' activities related to obtaining, using, or recovering from the use of drugs and alcohol.

More information about child development and impacts of substance use disorders will be covered in more detail during the Child and Youth Development eLearning.

Fetal Alcohol Spectrum Disorder

The infographic features a green header with the title 'Fetal Alcohol Spectrum Disorder'. On the left, a photograph of a baby is labeled 'Baby with Fetal Alcohol Syndrome' and 'FAS Facial Characteristics', with arrows pointing to 'small eye openings', 'smooth philtrum', and 'thin upper lip'. To the right, a list of difficulties is presented with green circular icons: 'People with FASD often have difficulty in the following areas:', 'Learning and remembering', 'Understanding and following directions', 'Shifting attention', 'Controlling emotions and impulsivity', and 'Communicating and socializing'. A 'Scroll Down' button with a downward arrow is on the right side. At the bottom, it reads 'Common Core 3.0 Foundation Block: Key Issues in Child Welfare'.

While we have looked at general impact of substance use disorder on children, there are some unique consideration related to fetal alcohol exposure.

Drinking during pregnancy can cause brain damage, leading to a range of developmental, cognitive, and behavioral problems, which can appear at any time during childhood. Fetal Alcohol Spectrum Disorders (FASD) is the umbrella term for the different diagnoses, which include Fetal Alcohol Syndrome, partial Fetal Alcohol Syndrome, Alcohol-related neurodevelopmental disorder, and Alcohol-related birth defects.

People with FASD often have difficulty in the following areas:

- Learning and remembering
- Understanding and following directions
- Shifting attention
- Controlling emotions and impulsivity
- Communicating and socializing
- Performing daily life skills, including feeding, bathing, counting money, telling time, and minding personal safety

There has been some research on the effects of alcohol on the fetus, but less accurate information about the use of illicit drugs by pregnant women. One of the reasons for this is that women who abuse substances often have other risk factors such as a lack of prenatal care, poor nutrition, stress, violence, and poor social support. These things can all lead to problematic pregnancies or deliveries. Some women who abuse drugs or alcohol avoid seeking treatment because of the stigma and prejudice they may experience when they disclose a substance use disorder.

Substance Use Screening



The infographic features a green header with the title "Substance Use Screening" and a circular icon. Below the header, there are four text boxes overlaid on a background image of a healthcare professional and a family. The text boxes contain the following information:

- Screening helps prevent substance use disorders and also makes early intervention possible.
- For those whom substance use disorders may be impacting their ability to parent safely, early **identification** is essential.
- For others, these assessments are important first steps toward **treatment** of and recovery.
- Additionally, you can always utilize the SDM Assessment Tools.

At the bottom, it states: "Check with your county to see if they have a specific screening tool, substance use specialist or other community resources." and "Common Core 3.0 Foundation Block: Key Issues in Child Welfare".

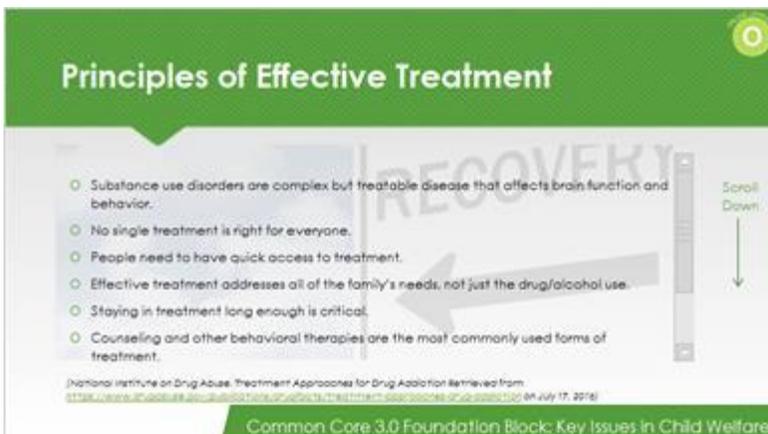
Screening helps prevent substance use disorders and also makes early intervention possible.

For those whom substance use disorders may be impacting their ability to parent safely, early **identification** is essential.

For others, these assessments are important first steps toward **treatment** of and recovery.

As a child welfare worker, you likely will not be screening for substance use disorder. However, you will be referring the parents or caregivers you work with to a service provider who will do the preliminary screening, assessment, and recommendations for treatment.

Principals of Effective Treatment



The infographic features a green header with the title "Principles of Effective Treatment" and a circular icon. Below the header, there is a list of five bullet points, a large "RECOVERY" graphic with a downward arrow, and a "Scroll Down" button. The text boxes contain the following information:

- Substance use disorders are complex but treatable disease that affects brain function and behavior.
- No single treatment is right for everyone.
- People need to have quick access to treatment.
- Effective treatment addresses all of the family's needs, not just the drug/alcohol use.
- Staying in treatment long enough is critical.
- Counseling and other behavioral therapies are the most commonly used forms of treatment.

At the bottom, it states: "National Institute on Drug Abuse. Treatment Approaches for Drug Addiction Retrieved from <https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction> on July 17, 2016" and "Common Core 3.0 Foundation Block: Key Issues in Child Welfare".

There are many interventions that can be utilized, formal and informal to address substance use disorders.

Click on the article and read before moving on with the training:

<https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

According to a publication on Effective Treatment of Substance Use Disorders by the National Institute on Drug Abuse (Treatment Approaches for Drug Addiction, July 2016), the following key principles should form the basis of any effective treatment services:

- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is right for everyone.
- People need to have quick access to treatment.
- Effective treatment addresses all of the family's needs, not just the drug/alcohol use.
- Staying in treatment long enough is critical.
- Counseling and other behavioral therapies are the most commonly used forms of treatment.
- Formal and Informal interventions are
- Treatment plans must be reviewed often and modified to fit the patient's changing needs.

While these are considerations for referring a person to a treatment program, recognize that your county may have contracts with service providers within your region, limiting the options for covered treatment. With this said, you should still do your best to work with the parents and any service providers to ensure that the team is utilizing trauma-informed best practices when providing substance abuse treatment.

Intervention Options



Some basic substance use disorder treatment options include:

- Detoxification
- Behavioral counseling
- Medication
- Evaluation and treatment for co-occurring behavioral health issues such as depression and anxiety

- Long-term follow-up to prevent relapse

When referring a person for formal treatment, such as outpatient or in-patient programs, be sure to consider the person's culture and any relevant substance use disorder programs that can meet the family's culture needs. For example, if you are working with a Native American parent with a substance use disorder, you should connect with the tribe and the local Indian Health program to explore which services are available.

It is important to remember that formal services are not the only option for supporting someone to become sober. The goal is to have the person change their behavior so that they are able to safely care for their children. The services by themselves do not provide safety. With this in mind, it is important to work with the parent to identify what type of intervention is best for them so that they can demonstrate acts of protection for their child over time.

Cultural Considerations



Cultural Considerations

- What attitudes, values and behaviors are normative in this family related to alcohol and/or substance use?
- What attitudes, values and behaviors are normative in this family's culture related to being intoxicated or under the influence?
- What attitudes, values and behaviors do you have about parents who use alcohol, drugs and/or other substances?

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In considering an approach to assuring that culturally-specific supports are included in **substance use treatment** approach, Russell F. Lim, M.D. UC Davis School of Medicine (2008) suggested that assessment and treatment planning include evaluation and exploration of:

- Cultural identity of the individual;
- Cultural explanation of the substance-related condition, including its meaning and perceived severity and any associated cultural and healing rituals;
- Cultural factors related to the psychosocial environment and level of functioning that may include both stressors and strengths, environmental supports as well as religious and kin networks and activities;
- Cultural elements of the relationship between helping professionals and the person being served;
- Overall assessment of factors within the person's cultural frame that may be a support or barrier to successful treatment.

In a more general context, areas that may serve as culturally-specific supports or may become barriers include:

- Emphasis on family

- Consideration of religion or faith
- Use of traditional folk healers
- Gender roles
- Styles of communication
- Language
- Factors that impact the therapeutic alliance related to confidence, respect and trust
- Perceptions and actions of the criminal justice system
- Immigration status
- Poverty and geographic location to services
- Acculturation stress
- Cultural connectedness or alienation
- Effects of historic trauma

What will your role be?

You are not expected to be an expert in addiction science, violence prevention or psychology, but you need to be able to identify the signs of substance use disorders in parents and the foster youth with whom you work. It will be important to identify the signs of neglect as a result of these issues if they happen in isolation from each other or if they co-exist, and understand that these can be an underlying symptom of trauma.

You'll need to determine if the child is safe to remain in the home, when it's safe to return a child, link families to trauma informed, culturally relevant services to address the key issues. And finally, your role includes educating families, collaterals, service providers, and colleagues about common misperceptions associated with substance use disorders, intimate partner violence and/or behavioral health. All interactions with the family and interventions should be trauma informed.

Determining child safety

It's very important to determine if a child is safe in their home. As a child welfare worker, you will need to determine if any safety threats are present. Using the SDM Safety tool ensures you are reviewing the safety threats comprehensively. And if you see a threat, you address it in a safety plan. You may need to consider potential removal of the child and will need to consult with your supervisor during all safety assessments.