

UNDERSTANDING SUBSTANCE USE DISORDERS: WHAT CHILD WELFARE STAFF NEED TO KNOW



National Center on
Substance Abuse
and Child Welfare



In the United States, over 21 million U.S. children 18 and under live with a parent who has misused a substance in the past year; of those, 2 million live with a parent with a substance use disorder (SUD).¹ While these children will not all experience abuse or neglect, research shows these children are at increased risk of several poor outcomes, such as: 1) emotional, cognitive, behavioral, and social problems;² 2) maltreatment;³ 3) increased foster care placement;⁴ and 4) higher rates of neonatal abstinence syndrome.⁵ For many families, parental substance use and co-occurring mental health disorders are common reasons families come into contact with child welfare.⁶

WHEN WORKING WITH FAMILIES AFFECTED BY SUDS, CONSIDER THE FOLLOWING FACTORS RELATED TO PARENTAL SUBSTANCE USE:



SUDs are complex, progressive, and treatable diseases of the brain that profoundly affect how people act, think, and feel: SUDs affect an individual's social and emotional well-being and family life, resulting in psychological and often physiological dependence. People with a SUD may also have a co-occurring mental health disorder.



Common misperceptions and myths: Many people incorrectly believe that a parent with a SUD can stop using alcohol and illicit drugs with willpower alone, or they would be able to stop using if they just loved their children. These misperceptions and myths create [stigma](#) that can have negative impacts on a person's recovery.



Relapse rates for SUDs are like other chronic medical conditions such as diabetes or hypertension: Since SUDs are a chronic brain disease, a return to use, or relapse, especially in early recovery, is possible. Therefore, SUDs should be treated like any other chronic illness. A recurrence of symptoms, or return to use, is an opportunity to examine a parent's current treatment and recovery support needs and adjust them if necessary.



Professionals can successfully manage and treat SUDs and other co-occurring mental health disorders: Successful treatment is individualized and generally includes psychosocial therapies, recovery supports, and when clinically indicated, medications. Recovery specialists and peers with lived experience can assist parents with accessing and engaging in services and overcoming barriers to recovery. For more information on co-occurring mental health disorders, visit the Child Welfare Information Gateway's page on [co-occurring mental health and substance use disorders](#) and the Substance Abuse and Mental Health Services Administration's (SAMHSA) page on [co-occurring disorders and other health conditions](#).



SUDs can affect each member of the family, relationships, and parenting: SUDs can contribute to a chaotic and unpredictable home life, inconsistent parenting, and lack of appropriate care for children. Treatment and recovery support must not focus solely on the parent's substance use or mental health concern; it takes a [family-centered approach](#) that accounts for the needs of each affected family member (e.g., [Al-Anon Family Groups](#), [Alateen](#), [NAMI Family Support Group](#) and other [family support](#) services).



Recognize co-occurrence of trauma: Trauma is a common experience associated with SUDs. Substance use might be an individual's way to cope. An effective practice integrates a trauma-informed approach that not only recognizes the signs and symptoms, but also avoids causing further harm and re-traumatization.



Disparities affect outcomes. Although there is little variance in the prevalence of SUDs by race and ethnicity,⁷ disparities do exist in treatment services and outcomes.⁸ Data for families affected by parental substance use indicates that Black, Indigenous, and persons of color are disproportionately represented in the child welfare system and face disparate access to substance use disorder and mental health treatment.^{9,10,11,12,13} Disparities also exist at each of the decision points across the child welfare continuum; they contribute to racial and ethnic minority children experiencing lengthier placement in out-of-home care, they are less likely to reunify and they are overrepresented in group and residential placements.¹⁴ Equitable access to evidence-based treatment is an integral part of the services for families affected by SUDs and child welfare.

LEARN MORE

The National Center on Substance Abuse and Child Welfare (NCSACW) developed this tool as part of a series of tip sheets for child welfare workers who serve families affected by SUDs. For more information and practice tips on working with families affected by SUDs and child welfare, read:

[*Understanding Screening and Assessment of Substance Use Disorders – Child Welfare Practice Tips*](#)

[*Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips*](#)

[*Identifying Safety and Protective Capacities for Families with Parental Substance Use Disorders and Child Welfare Involvement*](#)

[*Child Welfare and Planning for Safety: A Collaborative Approach for Families with Parental Substance Use Disorders and Child Welfare Involvement*](#)

For more information about different substances and additional resources and links to drug fact sheets, visit SAMHSA's page [*Know the Risks of Using Drugs*](#).

[*Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*](#) is a self-paced and free tutorial that provides specific information about SUDs, engagement strategies, and the treatment and recovery process for families affected by SUDs. Continuing education units are available upon completion.

NCSACW's page on [*Resources to Advance Equity*](#) provides additional resources; along with state and local examples, related online trainings, videos, and webinars.

The Child Welfare Information Gateway's page on [*Disproportionality*](#) provides resources on issues such as overrepresentation in the child welfare system, underrepresentation in support services, inequitable investigations for suspected cases of maltreatment, and disparities in decision-making. It also provides resources on pursuing racial and LGBTQ (lesbian, gay, bisexual, transgender, and questioning) equity in child welfare.

The [*Substance Abuse and Mental Health Services Administration*](#) and the [*National Institute on Drug Abuse*](#) websites offer comprehensive information about treatment for SUDs, mental health, [*equitable services*](#), and [*treatment location services*](#).

ENDNOTES

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- ⁹Substance Abuse and Mental Health Services Administration. (2020). *The Opioid Crisis and the Black/African American Population: An Urgent Issue*. Publication No. PEP20-05-02-001. U.S. Department of Health and Human Services, Office of Behavioral Health Equity. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-001_508%20Final.pdf
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This resource is supported by contract number 75S20422C00001 from the Children’s Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this resource are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).



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