Handout 1 – Overall Impact of Substance Abuse on Child Welfare

- Survey of over 900 child welfare professionals found 71.6% cited substance abuse as one of the top three causes for the dramatic increase in reports (Center for Addiction and Substance Abuse, 1998).

- 85% of State Child Protection Agencies report that substance abuse is one of the two top causes for child maltreatment (Child Welfare League of America, 1999).

- Research has identified substance abuse as having significant impact on the child welfare system in several areas:

  - Increased number of maltreatment reports
  - Increased number of out-of-home placements
  - Increased number of re-entries to the foster care system
  - Increased problems of children in foster care
  - Increased difficulty in identifying and training foster parents
  - Increased number of foster care youths using substances
  - Increased length of stay in foster care
  - 2/3 of adults in substance abuse treatment report having experienced physical, sexual or emotional abuse during their childhood (Center for Substance Abuse Treatment, 2000)

Handout 2 – Impact of Substance Abuse on Child Placement

Increased number of out-of-home placements

- Substance abuse is a factor in 75% of all out-of-home placements - prior to WW II placement was mainly due to a parents' death (CASA 1996, CWLA 1998)
- Children from substance-abusing families are more likely to be placed in foster care – 54% vs. 23% (NYS OCFS, 1997)

Increased number of re-entries to the foster care system

- 67% of child welfare professionals indicated chemically affected families were more likely to re-enter the foster care system within a five year period (Child Welfare League of America 1998)

Increased problems of children in temporary placement and foster care

- All children in foster care have special needs and present with risks, but these are often compounded by the pre-placement behaviors of substance-abusing parents
- 80% of foster children are at risk for a wide range of physical and developmental health problems related to prenatal exposure to maternal substance abuse

Increased training needs of child care workers and foster parents

- Some children who were exposed to substances in-utero develop special problems which require extra training for child care workers and foster parents
- Within the child welfare system, the percentage of children under age four who were exposed to drugs in-utero increased from 29% in 1986 to 62% in 1991 (Center for Alcohol and Substance Abuse, 1996)

Increased number of temporary placements and foster care youths using substances

- 9% of teens reported using alcohol while in out-of-home placement and 56% reported using illicit drugs – higher than the general high school population (Center for Alcohol and Substance Abuse, 1996)

Increased length of stays in temporary placement and foster care

- In the CASA survey, 73% of child welfare professionals stated children of substance abusing parents stay longer in care
- Statistics show children of substance abusing parents stay an average of 26.8 months compared to an average of 10 months for other children in care (Center for Alcohol and Substance Abuse, 1999)

Handout 3 – Key Terminology about Substance Use/Abuse

Drug

Any chemical, other than food or water, which brings about significant psychological or physiological changes in the user.

Adapted from Lyman and Potter, Drugs in Society, 1996, Second Edition

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Psychoactive Drug

A drug that produces changes in mood, thinking, feeling, and/or behavior.

Only psychoactive drugs that affect the brain pleasure pathway will lead to substance abuse or dependence, such as alcohol, nicotine, narcotics, stimulants, and depressants.

Drugs like antidepressants, lithium, and antipsychotic drugs do not lead to substance abuse/dependence

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"Safe" Drug

Most drugs have a margin of safety, with some drugs posing significantly less risk than others. However there is no such thing as a "safe" drug.

Substance Abuse

Use of a chemical, legal or illegal, that brings about impairment in physical, mental, emotional or social areas of functioning.

Adapted from American Psychiatric Association, Diagnostic Statistical Manual of Mental Disorders, Fourth Edition-Text Revised.

Areas of Impact from substance abuse

- Physical functioning – alertness, discomfort, intoxicated
- Mental functioning – problem solving, decision making, judgment
- Emotional functioning – coping skills, tolerance for stress, mood
- Social functioning – including peers, family and marital relationships, criminal or juvenile justice involvement

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Handout 4 – Why People Use Drugs

Social interaction – Decrease anxiety in social groups and increases interaction between people

Euphoria – Creates feeling of well being

Religious and Ceremonial Use – Toasts, communion, religious ceremony, etc.

Medical/Psychiatric – To reduce pain, control symptoms, cure disease, cure infection

Stress – Reduce feelings of normal stress, to unwind, to relax

Curiosity – Try something new, use out of simple curiosity

Self-Medication – Self administration to reduce mental health symptoms, such as depression, anxiety, inability to focus, extreme stress

Rebellious – Use as a counter reaction to adult authority and/or social norms

Increases Confidence – Use reduces anxiety and increases self confidence with peers

Metaphor – Use of a drug may parallel and symbolize the excess use/abuse of substances by adult family members or important adults in the immediate community

Abuse – Deliberate use of illegal drugs or use of in excess that leads to impairment

Dependence – Continual and compulsive use, loss of control of use, preoccupation with using the drug, continued use despite serious impairment

Handout 5 - The Continuum of Substance Use

Continuum of Substance Use for Adults

Experimentation	• Individual comes into contact with drug and tries it out of curiosity • Some will enjoy effect and repeat use, others will not
Recreation	• Uses periodically or infrequently • Use sometimes is part of individual or social activities
Habituation	• The drug becomes incorporated into the user's lifestyle • Use of drug is now part of regular activities or events
Abuse	• Habituation develops and person continues to use the drug in spite of the negative consequences – impaired functioning • May or may not experience tolerance/withdrawal
Dependence	• Frequency of use increases • Use continues despite impaired functioning and serious negative consequences • Individual exhibits loss of control over drug use and drug is now the focal point of the user's life

Handout 5 – continued

Continuum of Substance Use for Adolescents

Non Use	No use, little or no desire to use
Experimentation	Use is viewed as fun, exciting, new experience, infrequent use
Early Use	Use with peers**,** use to build confidence, improves peer acceptance, use helps reduce anxiety in social interactions and academic studies
Regular Use	Use may be a way to rebel and separate from family, achieve status with peers, use is habitual, begins to decrease association with non–using or well-functioning peers, tolerance is evident
Chronic Use	Use is now central to most or all activities, associates only with peers who use, increased isolation, tolerance continues to increase
Late Stage Use	Complete preoccupation with use, strong craving to use, use to feel normal, full dependence to the drug is established,

Handout 6 - Bio-psychosocial Model of Substance Dependency

Bio-Psychosocial Model

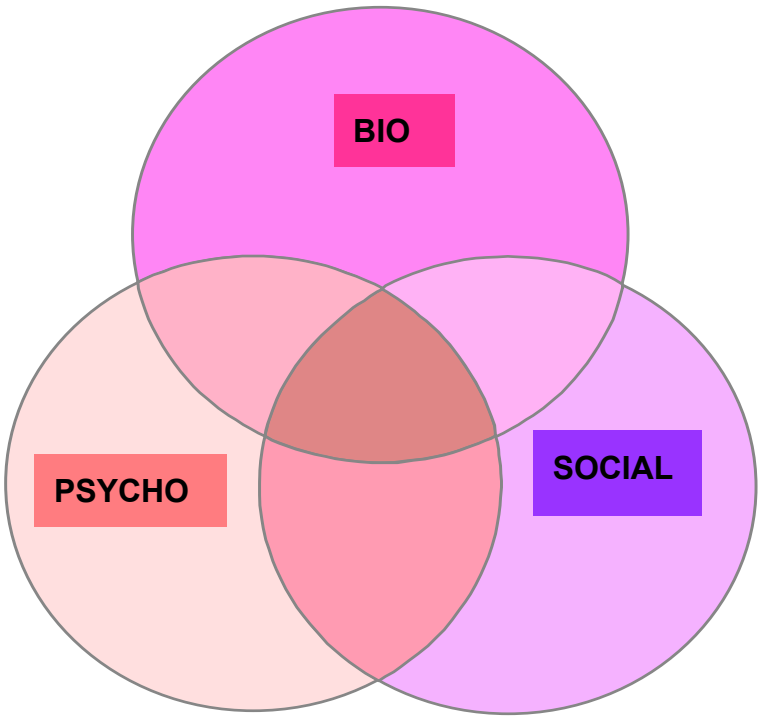
This is the most holistic, multi-factor lens.

It incorporates aspects of the other models, creating a single, more comprehensive approach to understanding how to explain and treat chemical dependency.

This model is flexible and allows for individuality, while recognizing the interplay of numerous elements in people's lives.

Adult substance abuse assumes multiple areas that influence and reinforce substance use.

Adolescents by the fact that they are in a rapid period of development are also impacted by many dramatic changes during their growth–physical, emotional, psychological, familial, and social. The factors that influence their use of substances use/abuse are complex and inter-related.



Handout 7 - Adolescent Developmental Tasks

- Develop clear sense of identity and sense of self that is separate and distinct from parents, siblings and others
- Develop feeling of purpose in life and sense of competence in key areas
- Develop ability to tolerate ambiguity and ambivalence
- Develop key coping skills for managing stress, frustration, emotions, work, and academic demands
- Learn effective skills to perform activities of daily living, including earning money, managing money, cooking, sanitation, etc.
- Develop basic skills of cooperation, negotiation, confrontation, disagreement, and respect
- Develop ability to tolerate strong emotions, then contain or control reactions towards other people and/or events
- Develop ability to think critically, logically, problem solve and to plan ahead
- Manage emerging feelings of sexual attraction and develop the capacity for emotional intimacy and relatedness with others
- Learn how to adapt to people, ideas, and circumstances
- Internalize sense of responsibility and behave in responsible manner related to job, employees, family, and community
- Develop a framework of ethics and morals - what's "right and wrong," and "good and bad" in any situation
- Learn how to form strong emotional attachments with others

Handout 8 - Adolescent Substance Use/Abuse vs. Adult Substance Use /Abuse

- Looks different from adult use/abuse including shorter history of use, fewer consequences from use
- Teens often use wide range and multiple substances
- Teens tend to add drugs to their use pattern, rather than substitute and/or subtract drugs from their use pattern
- Adolescent substance use is often improperly viewed and accepted as part of normal adolescent development
- Adolescents who use substances have a higher incidence of co-existing learning and/or mental health disorders
- The period of adolescence is associated with experimentation, risk-taking, impulsivity; when combined with availability of substances this increases the risk of use
- Adolescent substance use Increases other high risk behaviors which are associated with substance use
- Adolescent reasons for use often differ from adults, examples include the need to fit in with peers, manage academic stress, depression, etc.
- Level or severity of adolescent use often harder to assess
- Dependence can occur much more rapidly with adolescents
- Substance use by adolescents impairs their emotional functioning much faster than adults and impairs their developing key social & coping skills

Handout 9 – Signs and Symptoms of Substance Use/Abuse

Biological

Psychological

Social

Developmental

Handout 10 – Basics for How to Address Adolescent Substance Use/Abuse

- Need to understand and consider the developmental issues of each adolescent along with the bio-psychosocial impact of substance abuse
- Need to be aware of and “check” personal biases and assumptions
- Ensure safety and security first
- Follow agency policy and procedure
- Talk with kid when they appear “clear-minded” and ready to talk
- Cite facts and observation that suggest use
- Use neutral style, avoid heavy-handedness
- Ask about the benefits they feel they get from using
- Ask about non-drug ways to get the benefits they seek
- Reinforce need for responsible behavior
- Use appropriate consequences for use - view AOD use as irresponsible behavior.
- Refer to caseworker or appropriate staff

Overview

Introduction to Substance Abuse

- Relationship Between Substance Abuse and Child Welfare
- Review of Key Terminology
- Why People Use
- Continuum of Use/Abuse in Adolescents and Adults
- Adolescent Development
- Signs and Symptoms of Use
- Some Strategies for Talking with Youth

Impact of Substance Abuse on Child Welfare

- Increased number of maltreatment reports
- Increased number of out out-of-home placements
- Increased number of re-entries to the foster care system
- Increased difficulty in identifying and training foster parents
- Increased number of foster care youth using substances
- Increased length of stay in placement

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“Safe” Drug:
Most drugs have a margin of safety, with some drugs significantly posing less risk than others.

Substance Abuse:

The use of a chemical, legal or illegal, which causes significant impairment in:

physical functioning
mental functioning
emotional functioning
social functioning

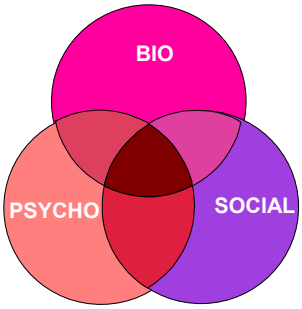
Why People Use Drugs

- Social interaction
- Euphoria
- Religious and Ceremonial Use
- Medical & Psychiatric
- Stress
- Self-Medication
- Abuse
- Dependence
- Rebelliousness
- Increase Confidence
- Curiosity
- Coping Skill

Continuum of Substance Use: Adults vs. Adolescents

Adult	Adolescent
Non Use	Non Use
Experimentation	Experimentation/Fun
Recreation	Early Use
Habituation	Regular Use
Abuse	Chronic Use/Loss of Control
Dependence	Late Stage Use/Full Dependency

Bio-psychosocial Model



Adolescent Development & Developmental Tasks

- Physical
- Emotional
- Social
- Intellectual
- Moral

Adolescent development
impacts
the likelihood of
substance use

Substance use
impacts
adolescent development

Adolescent Substance Use/Abuse

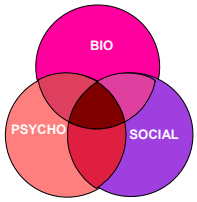
- Looks different from adult use/abuse
- Teens often use multiple substances
- AOD use often viewed as normal development
- High incidence of co-existing learning and/or mental health disorders
- Experimentation, risk-taking, impulsivity plus availability of substances increases risk of use

Adolescent Use/Abuse - continued

- Increase in high risk behaviors are associated with substance use
- Reasons for use often differs from adults
- Level or severity of use harder to assess
- Dependence can occur much more rapidly
- Impairs emotional functioning faster and impairs developing key social & coping skills

Signs and Symptoms of Use

Bio-psychosocial Model



Developmental Model

Adolescent development impacts the likelihood of substance use

Substance use impacts adolescent development

Intervention with Adults vs. Adolescents

Some Suggested Strategies

- Ensure safety and security first
- Follow agency policy and procedure
- Talk with kid when he/she appears “clear-minded” and ready to talk
- Cite facts and observation that suggest use
- Use neutral style, avoid heavy-handedness

Suggested Strategies - continued

- Ask about the benefits they get from using
- Ask about non-drug ways to get benefits
- Reinforce need for responsible behavior
- Use appropriate consequences for use - view AOD use as irresponsible behavior.
- Refer to caseworker or appropriate staff