

Alcohol, Other Drugs, & Child Welfare

Child Welfare League of America



Washington, DC

Foreword

CWLA gratefully acknowledges the Robert Wood Johnson Foundation, which provided financial support for this project. (Grant No. 037953)

The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and their families, and protecting every child from harm.

© 2001 by the Child Welfare League of America, Inc. All rights reserved. Neither this book nor any part may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, micro-filming, and recording, or by any information storage and retrieval system, without permission in writing from the publisher. For information on this or other CWLA publications, contact the CWLA Publications Department at the address below.

CHILD WELFARE LEAGUE OF AMERICA, INC.
HEADQUARTERS
440 First Street, NW, Third Floor, Washington, DC 20001-2085
E-mail: aod@cwla.org

CURRENT PRINTING (last digit)
10 9 8 7 6 5 4 3 2 1

Cover and text design by Jennifer R. Geanakos

Compiled and edited by Heather Banks

Printed in the United States of America

ISBN # 0-87868-839-0

Solving the addiction problem in America is all about investing in children.
—Shay Bilchik, Executive Director, Child Welfare League of America

This booklet provides information and statistics on both the abuse of alcohol and other drugs (AOD) and the relationship of such abuse to child welfare. The statistics are frightening, and when applied to the real lives and individuals they represent, one might become disheartened. The cyclical, intergenerational nature of AOD abuse is one of the root causes of much of the child abuse and neglect that is addressed by the Child Welfare League of America. The epidemic of substance abuse in our society is a real threat to our children. It tears at the social fabric. It devastates families, creates deep hurt, causes injuries and even deaths, and strikes down opportunity without regard to age, race, gender, income, or type of family group.

The victimization of children can be stopped. To reach this goal, we must all work to break the cycle of substance abuse that so often leads to child abuse and neglect, domestic violence, and the break up of families. Working to help parents have healthy relationships with their children in these conditions is difficult—but it can be done.

The League is collaborating with other groups and individuals to protect vulnerable children from abuse and neglect caused by family members' abuse of alcohol and other drugs. We also are promoting prevention and treatment programs and policies to reduce the likelihood of children becoming substance abusers themselves.

Some good news is emerging. Research is focusing on promising and proven practices that can be replicated by others to improve the lives of parents, children, and youth so that the cycles of AOD abuse and the abuse and neglect of children will stop. We urge you to consider both the difficulties our country faces and the promise of better programs that successfully address these problems.

This booklet describes the current challenges and consequences of both substance abuse and child abuse and neglect, as well as programs that work effectively to address these complex problems. We hope you will find it informative and that we can work together in promoting solutions. With knowledge, innovations, investments, hard work, and new partnerships in states and communities, there is reason for optimism. No job is more important than protecting children and strengthening families.

Shay Bilchik
Executive Director
Child Welfare League of America

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

Substance abuse is a factor in the majority of child abuse or neglect cases.

Approximately 8.3 million children live with parents who abuse alcohol and other drugs.

- 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.

Problems with substance abuse exist in an estimated 40% to 80% of the families of children who are confirmed by child protective service (CPS) agencies as victims of abuse and neglect.

- From 1986 to 2000, the number of children who were reported to CPS agencies as suspected victims of abuse or neglect more than doubled, from 1.4 million to more than 2.8 million. This rise was more than eight times greater than the increase in the nation's population of children.
- In 1999, more than 1.07 million children were confirmed to be victims of maltreatment.

Caring for the many children in families affected by substance abuse is a major factor in child welfare spending.

- In 1999, 85% of states named substance abuse as one of the top two problems (the other was poverty) challenging families reported to CPS agencies for maltreatment.
- In 1999, about \$94 billion (\$258 million each day) was spent on direct costs associated with intervening to help and with treating the medical and emotional problems suffered by abused and neglected children, as well as the indirect costs associated with the long-term consequences of abuse and neglect to both the individual and society at large. A large portion of these expenditures is in response to maltreatment caused by substance abuse problems. A comparatively small fraction of this amount was spent to prevent and treat substance abuse in child welfare cases.

Serious injury—or even death—can result from child abuse.

- More than 1,000 children die each year from child abuse or neglect.

“When you’re using, you can’t see the problems you’re causing your children. You know, you’re sick... You know it takes a strong person just to go and get treatment. When you’re using, you’re using to escape reality for some reason or another. If my child had been taken from me, I don’t know that I’d be standing here today. I really don’t. Because she was my incentive to get clean and to stay clean... Thank you.”

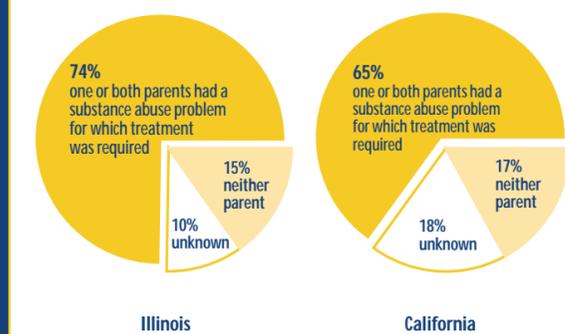
—Treatment Center Client

Abuse of alcohol and other drugs contributes to many children being removed from their families.

Abuse and neglect are contributing factors in the placement of children in the child welfare system. In 1999, an estimated 560,000 children were in foster care.

- More than one-half of the children in foster care have parents with substance abuse problems.
- In 80% of substance abuse-related cases, the child's entry into foster care was the result of severe neglect.
- In many cases, children could have remained safely with their families if timely and comprehensive treatment had been available.
- Children whose families do not get appropriate treatment for AOD abuse are more likely to remain in foster care longer and to reenter once they have returned home. Their siblings are also more likely to end up in foster care.
- In most cases, the parents' substance abuse was a longstanding problem of at least five years' duration.

Substance Abuse Among Parents of Children in Foster Care in Illinois and California, 1997



Abuse of alcohol and other drugs leads to other serious problems for children and families.

Motor vehicle crashes—often alcohol related—are the leading cause of death for children ages 6 to 14.

- In 1999, an average of 7 children were killed and 872 were injured in motor vehicle crashes every day.
- More than 20% of these fatal crashes were alcohol related. Often, the drinking driver was the child's parent.

Substance abuse during pregnancy may lead to preventable health and child welfare problems.

- According to the Administration for Children and Families, U.S. Department of Health and Human Services, approximately 31,000 babies were abandoned in 1998. Of the 30,800 babies abandoned in hospitals, 65% were drug exposed.
- In 2001, according to the Centers for Disease Control and Prevention (CDC), 1 of every 29 women who know they are pregnant reports "risk level" drinking. Maternal alcohol consumption at any time during pregnancy can cause alcohol-related birth defects or neurological deficits.
- The CDC estimates that between 1,300 and 8,000 children are born each year with fetal alcohol syndrome (FAS), a leading preventable cause of birth defects and developmental disabilities.
- According to the National Clearinghouse on Alcohol and Drug Information, approximately 6% of the offspring of alcoholic women have FAS; for offspring born after a sibling with FAS, the risk is as high as 70%.
 - Children diagnosed with FAS have a mean IQ of 68 (range, 20–105) and demonstrate growth retardation, low academic achievement and poor concentration, and problems with basic skills.
 - Secondary effects of FAS among adolescents and adults include mental health problems, disrupted schooling, trouble with the law, dependent living as an adult, and problems with employment.
- More than 10% of all children have been exposed to high levels of alcohol in utero. Though not born with FAS, many of these children in later life will display the spectrum of mental, physical, and intellectual impairments called fetal alcohol effects (FAE), alcohol-related neurodevelopmental disorders (ARND), static encephalopathy (SE), or alcohol-related birth defects (ARBD).

Abuse of AOD was common among those who are incarcerated. Some children of parents who are incarcerated must be placed in out-of-home care.

- About 75% of the nation's 1.9 million persons in jails or prisons were involved with alcohol or other drugs in some way in the time leading up to their current offense.
- Of the estimated 1.5 million children who have an incarcerated parent, approximately 58,000 are in some form of out-of-home care.

Often, abuse of alcohol and other drugs is an intergenerational problem.

Parents' abuse of alcohol and other drugs can become the model for children's behavior.

- Children of alcoholics are four times more likely than other children to develop alcoholism.
- Many children begin using drugs and alcohol at early ages, and use increases with age. According to the *2000 Monitoring the Future Study* published by the National Institute on Drug Abuse:
 - By the 8th grade, 27% of adolescents have used illicit drugs, 59% have used alcohol, and 8% report being drunk in the previous month.
 - By the 12th grade, 80% of adolescents have used illicit drugs, 54% have used alcohol, and 32% report being drunk in the previous 30 days.
- People who begin using drugs or drinking when they are very young are more likely to be heavy users in later life. According to a Robert Wood Johnson Foundation study (2001), 40% of those who started drinking at age 14 or younger developed alcohol dependence, compared with 10% of those who began drinking at age 20 or older.
- Because youth often try alcohol, tobacco, and marijuana before other drugs such as cocaine, heroin, or hallucinogens, these substances are often referred to as "gateway drugs." Use of tobacco by young women and use of alcohol by young men are strong predictors of progression into other drug use. Fortunately, however, many youth who use cigarettes, alcohol, or marijuana never try other drugs.
- Youth who use illicit drugs in high school or earlier are more likely than nonusers to experience difficulties in school, involvement in juvenile justice, teen pregnancy, difficulties in personal relationships, and health and mental health problems. These and other problems related to AOD dependence typically become apparent by age 20, a time when young adults are in school, entering the work force, and/or beginning to get married and have families.

Because AOD abuse has root causes in troubled families and unfavorable conditions, and because abuse or neglect contributes to the mental and emotional turmoil that can lead to delinquent behavior, the child welfare and juvenile justice systems end up working with many of the same children.

- A 1996 CWLA study in one California county found that the arrest rate for 9- to 12-year-old children who were known to child welfare was 67 times that of other children ages 9 to 12.
- In 1997, courts with juvenile justice jurisdiction processed 182,400 drug cases.
- Youth are arrested for substance abuse and alcohol use in considerable numbers. According to the Office of Juvenile Justice and Delinquency Prevention *Statistical Briefing Book* (2000), the arrest rate in 1999 for drug abuse violations was approximately 650 per 100,000 population, ages 10 to 17.
- The arrest rate for liquor law violations in 1999 was 525 per 100,000 population, ages 10 to 17.

Untreated problems of child abuse and neglect and substance abuse are expensive.

The total cost of child abuse and neglect is estimated to be \$94 billion (\$24.3 billion in direct costs; \$69.7 billion in indirect costs). The annual cost to the nation of untreated abuse of alcohol and other drugs is \$276 billion.

- According to *Shoveling Up*, a 2001 study by the National Center for Addiction and Substance Abuse (NCASA), the 50 states alone spend:
 - \$5.3 billion for children who are victims of child abuse and neglect.
 - Nearly \$3 billion for substance-involved youth in state juvenile justice systems.
 - \$81.3 billion (13.1%) of their entire operating funds on “shoveling up” the wreckage of substance abuse and addiction. This amount is equal to state expenditures on higher education (also 13.1% of total state budgets) and more than state expenditures on Medicaid (9.7%) or transportation (8.3%).
 - Only \$3 billion on prevention, treatment, and research of substance abuse of all types—with only a small amount designated for child welfare cases.

When all the AOD-related children’s programs are totaled, states spend 113 times more on programs that “shovel up” than on those that prevent or treat.

- Systems for treating substance abuse and child abuse or neglect currently underemphasize prevention and treatment and overemphasize “shoveling up the wreckage.” Of every dollar of AOD-related state spending, 96 cents are spent on shoveling up (courts, prisons, hospitals, child welfare, and special education), but less than 4 cents are spent on prevention, treatment, and research combined.

The most important way to improve the present system for dealing with child abuse and neglect when substance abuse is present would be to move away from nearly total reliance on models that emphasize adversarial confrontation and toward policies that emphasize prevention, early intervention, and treatment.

The human costs are incalculable: broken families; children who are malnourished; babies who are neglected, beaten, and sometimes killed by alcohol- and crack-addicted parents; 8-year-olds sent out to steal or buy drugs for addicted parents; sick children wallowing in unsanitary conditions; child victims of sodomy, rape, and incest; children in such agony and despair that they themselves resort to drugs and alcohol for relief.

—Joseph A. Califano, Jr., *No Safe Haven: Children of Substance-Abusing Parents*. New York: NCASA, 1999.

Effective prevention programs begin with youth.

Despite the size of the problem, programs for youth can succeed in preventing both substance abuse and delinquency among youth.

- In a 1999 survey, 855 police chiefs were asked to rank the long-term effectiveness of crime-fighting approaches. “Providing more after school and educational child care programs” was picked as the most effective approach more than four times as often as either “trying more juveniles as adults” or “hiring additional police officers.”
- A study of the Big Brothers/Big Sisters mentoring program showed that youth assigned to a trained mentor were 46% less likely to start using drugs, 27% less likely to start drinking alcohol, and 33% less likely to hit someone.
- The Quantum Opportunities Program provides individualized case management, educational, service, and development activities to at-risk high school age youth. Participants are significantly more likely to graduate from high school and then attend college, but less than one half as likely as nonparticipants to be arrested.

A child who gets through age 21 without smoking, abusing alcohol, or using illegal drugs is virtually certain never to do so.

—Joseph Califano in *Shoveling Up: The Impact of Substance Abuse on State Budgets*. New York: NCASA, 1999.

To break the link between child abuse and substance abuse, parents need help from supportive systems and resources.

Many parents involved with the child welfare system have alcohol and drug abuse problems that require treatment.

- In 1997, a CWLA study of state child welfare agencies estimated that 67% of parents in the child welfare system required substance abuse treatment services, but child welfare agencies were able to provide treatment for less than one-third of these families. Furthermore, in most states, the wait for treatment services was up to 12 months.
- The lack of adequate substance abuse treatment services for parents is a major obstacle to family reunification in child welfare cases.

According to a survey of state agencies conducted by CWLA in 1997, about one-third of the states reported that CPS staff receive no training in their first year in recognizing and dealing with AOD problems.

- The CWLA survey of state agencies found that many states cannot adequately address substance abuse in child welfare cases:
 - Few agencies had information management systems that track substance abuse data.
 - More than one-third of the states' child protection risk-assessment protocols did not address parental AOD abuse.
 - Only three states could provide the number of children and adolescents in out-of-home care who themselves had a substance abuse problem.
 - Fewer than 10 states assessed AOD use by children entering out-of-home care, even if they were pregnant.
 - Respondents from 26 states believed that AOD-involved families were "much more likely" or "more likely" to re-enter the child welfare system over a five-year period compared to families for whom AOD was not an issue.
 - Twenty-seven states did not know whether families needing AOD services could be served in a timely manner; 13 states reported that 50% or more of families needing AOD services could not be treated in a timely manner; and only one state reported that all families needing AOD services through the child welfare agency could be served within one month.
 - Less than one-half of the states were able to provide the dollar figure their child welfare agencies allocated for AOD services. Ten states responded that no money was earmarked for AOD services.

A 1999 poll found that more than 81% of Americans agreed with the following statements:

- Tax dollars should be spent on lowering drug use.
- Drug treatment should be made available on request.
- Treatment and rehabilitation programs usually work.

The good news? Substance abuse treatment works in many cases.

Addiction and its related problems can be treated successfully, but no single treatment works for all substances or for all substance abusers.

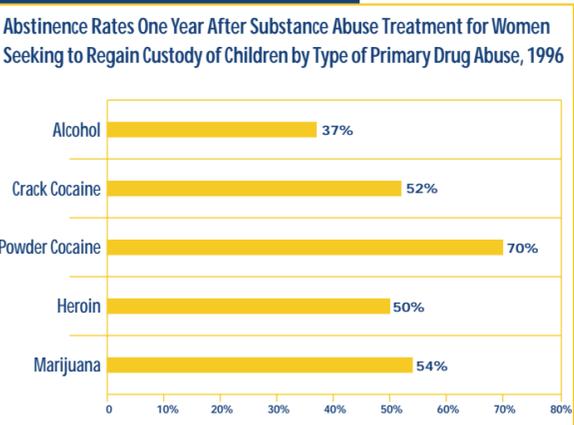
- Because dependency on AOD creates difficulties in one's physical, psychological, social, and economic functioning, treatment must be designed to address all of these areas.
- Studies by the Substance Abuse and Mental Health Services Administration show that nearly one-third of persons in recovery achieve abstinence from their first attempt at recovery and one-third have brief periods of relapse but eventually achieve long-term abstinence. These statistics are consistent with the lifelong recovery rates of any chronic lifestyle-related illness, such as diabetes, asthma, and hypertension.

Programs providing a continuum of substance abuse treatment can do much to improve the life outcomes for distressed and vulnerable families.

- Treatment for women and their children is particularly cost-effective.
- These programs not only improve outcomes for children and families but also reduce costs to society.
 - A prenatal treatment program reported savings of \$18,000 to \$26,500 per treated mother–infant pair compared with the average cost of treating one drug-exposed infant.
 - The average annual cost for a treatment program is \$16,000 for a residential program and \$1,500 for an outpatient program.
 - It costs \$43,200 each year to incarcerate an untreated drug abuser, a figure that does not reflect hidden costs such as foster care and neonatal expenses.

Positive outcomes are closely related to clients' length of stay and treatment outcome.

- SAMHSA's National Treatment Improvement Evaluation Study and other research have demonstrated that effective, comprehensive services—including life skills, education, job readiness, and parenting—provided over 6–18 months are both specific to the treatment needs of substance-abusing women and developmentally appropriate for their infants and children. As a result, the women



- Improve parenting skills (including knowledge of growth and development, nutrition, safety, and positive discipline),
- Use fewer or no drugs,
- Have no involvement with the criminal justice system,
- Are employed,
- Have their children living with them or are reunited with their children,
- Receive counseling separately and with their children, and
- Participate in ongoing peer support groups.

Collaborative model programs are showing signs of success.

Data are lacking regarding how many substance abuse treatment clients are concurrently enrolled in Temporary Assistance for Needy Families (TANF) and are part of CPS caseloads as well as receiving treatment for AOD, mental health, or other problems. Numerous studies, however, have documented that these multiproblem families are the highest risk clients in each of these systems. Many of the most promising treatment programs address some or all of these issues simultaneously.

- In one successful collaborative program in California, the Sacramento County Department of Health and Human Services estimated that 2,000 drug-exposed infants were born annually and that requests for AOD services accounted for nearly 30% of all family preservation service requests. The initiative trained more than 2,000 employees, including social workers, nurses, and AOD counselors. AOD assessment and intervention became part of the responsibility of every worker. The goal was to provide direct AOD treatment on demand. A total of 165 parents who were assessed for AOD problems, and who had a total of 530 children, were randomly selected for followup. *After only three months, the percentage of children living with parent(s) who graduated from the AOD program increased by 48%.*
- PROTOTYPES Women's Center in Pomona, California, adjusts program intensity and structure on the basis of the client's progress and improved ability to exercise personal responsibility. Developed by Dr. Vivian Brown, PROTOTYPES Centers for Innovation in Health, Mental Health, and Social Services programs provide independent levels of care and respond to the differing needs of 80 women and up to 50 of their children at any given time. An evaluation of 124 women, six months after they left the residential program, compared outcomes of those with short stays (less than 180 days) or long stays (180 days or longer). *The study found that longer stays in treatment resulted in important benefits in four areas: AOD abstinence, employment, no new arrests, and homelessness.*
- Gateway Community Services, Jacksonville, Florida, also had improved outcomes with longer term treatment. Of the women admitted to Gateway programs, 28% were referred by the Department of Children and Families. The predominant drug they used was cocaine. Almost 430 children were served in a three-year period. Of the 945 children who did not reside with their mother when she was admitted to the residential program, 364 were reunified. When these children were retested after one year in the program, the developmental lag that can exist between drug-exposed children and their peers had virtually disappeared. As in many programs, 46% of women admitted to residential treatment completed treatment, and 49% admitted to intensive outpatient treatment completed treatment. A random sample of 60 women, half from each type of treatment, was followed for four years. *One year after discharge, 72% were clean from AOD, 64% had attained education or vocational skills needed for employment, 52% were employed, and 92% reported no further involvement with police, courts, or probation.*
- A study by the National Development and Research Institutes and the New York City Administration for Children's Services documented treatment outcomes of 173 mothers for an average of 30 months after their admission to treatment in a network of programs serving women and their children. Priority was given to women who had given birth to a drug-exposed infant; women with children under the age of 6 were also eligible. Families received home-based casework, social services, and substance abuse treatment. The program used public contracts with community-based, culturally sensitive family service agencies

and outpatient substance abuse treatment. The goals were to prevent foster care placement and to provide adequately for the family's needs. Of the 173 treatment admissions, 49% exited before completion, 13% transferred to other programs, 28% had completed treatment at the followup point, and 9% were still in treatment. *Parents who completed or were still in treatment, compared with those who left treatment or were transferred, were less likely to have children in foster care than those who left treatment or were transferred (16% versus 30%), less likely to have children living elsewhere at followup (20% versus 48%), and much less likely to have children placed in foster care between admission and followup (6% versus 23%).*

States are now developing new collaborative model programs.

- Delaware was the first state to address combined substance abuse and child welfare problems through a demonstration project funded through Title IV-E waivers. These waivers permit use of foster care funds so that substance abuse agency staff can be located in child welfare agencies to assess and refer for appropriate treatment parents who are maltreating their children. The goal is to prevent or delay the entry of children into out-of-home care because of parental substance abuse or to reduce the time in care in 50% of the families receiving multidisciplinary services.
- In Massachusetts, incorporating parenting and child welfare concerns into substance abuse prevention and treatment over a 10-year period has led to closer collaborations between the Bureau of Substance Abuse Services and the Department of Social Services (DSS), the state child welfare agency. Not unlike change in individual clients, such system change often begins with relationship building, especially if state-level policymakers are also involved. In Massachusetts, these joint efforts include setting aside residential beds specifically for child welfare clients, linkages between local offices and programs in each agency, cross-training, state-level interagency task forces, and a substance abuse strategic plan within DSS.

The success of these efforts will affect millions of families and children, and the potential savings in resources will more than repay the investment needed. For each dollar spent for substance abuse treatment services, \$7 to \$11 are saved in social costs such as reductions in health costs, violence and crime, lost work and school productivity, and social services.

Tensions between the two systems arise from the seemingly different nature of their objectives.

To meet the challenges posed to child welfare by AOD, more effective partnerships are needed with the substance abuse treatment system.

- The child welfare system focuses primarily on the child, yet effective child welfare practice works with the entire family.
 - Child welfare is often impatient with substance abuse treatment for two reasons: (1) the timetable of human development is impatient, and no one has two chances to get childhood right; and (2) child welfare laws emphasize child safety. For example, the federal Adoption and Safe Families Act (ASFA) routinely gives child welfare authorities 15 months to ensure the child's safety within the family and then consider steps to move the child permanently to another family.
 - Child welfare workers, foster parents, and children's workers may lack the knowledge, skills, training, supervision, and support to meet the needs of chemically dependent clients.
- The substance abuse treatment system focuses primarily on rehabilitating substance abusers, yet effective interventions work with the entire family.
 - Substance abuse treatment tends to be more patient, in keeping with the chronic, relapsing nature of the disease of addiction which, like diabetes, asthma, or hypertension, may require lifelong management. Many substance abuse treatment programs do not recognize parenting factors and may see parenting as detracting from treatment.
 - Although good substance abuse treatment practice recognizes the need both to get the parent off drugs and to improve the person's ability to parent, the nature of the treatment emphasizes the client's autonomy and works to help the person manage addiction, even if it takes a long time.

To achieve their common objectives, child welfare and substance abuse treatment systems must begin from a common ground.

Collaboration and work with others is needed to achieve positive outcomes for affected families.

Integrated national policy and funding could better protect children and help substance-abusing parents.

Easing this conflict can be achieved through joint strategies and methods.

- Professionals and caregivers in a community should develop a common base of knowledge about child welfare concerns and AOD problems.
 - Professionals should be provided with training in each others' fields to improve collaboration.
 - Protocols should be established to ensure that information can be shared, even though different confidentiality laws govern the two systems.
 - Information and resources should be shared regarding the interactions of AOD problems, child welfare concerns, and related family violence, health problems, mental illness, and employment.
 - Both systems should strive to keep the whole family in the picture.
-
- School systems, primary health care agencies, law enforcement officials, and housing agencies are among the many community agencies that can help to:
 - Meet the needs of families with AOD problems. These agencies may also participate in the identification, assessment, prevention, and/or treatment of problems among children and families affected by substance abuse.
 - Interconnect the informal systems of care that exist in every community so that comprehensive, wraparound, in-home, and close-to-home services can be provided for each family.
 - Coordinate delivery of these services to decrease the stresses on these families.
 - Sustain the treatment, resources, and other supports long enough to be effective.
 - Bring systems together through judges' using their power in family drug courts and juvenile drug courts.
 - Develop bridges between all these systems and the 12-Step community—probably the most successful, organized, informal support system.
 - Establish evaluation for accurate review of program performance. Joint accountability of the service partners is central to evaluating programs, AOD and other treatment services, and the outcomes for children and families.
 - Help families accept what both systems have to offer and become empowered advocates for themselves and others.
-
- The convergence of child abuse and neglect with abuse of AOD is a challenge for all who work with and care about children and families. Knowledge of effective prevention and treatment has advanced greatly in recent decades, and new collaborative programs can be helpful to families and individuals affected by these problems.

continued ...

...continued

Adequate funding will encourage new partnerships—between child welfare and AOD agencies, other service providers, courts, community leaders, and family members.

- New partnerships will play a vital role in the development and expansion of comprehensive individualized alcohol and drug abuse prevention and treatment services that include:
 - Preventive and early intervention services both for children and for parents who are at risk for alcohol and drug abuse problems;
 - Comprehensive home-based, outpatient, and residential treatment options;
 - Aftercare support (both formal and informal) for families in recovery to promote child safety and family stability; and
 - Services and supports that promote parent-child interaction and that focus on children and other family members.
- Increased funding might also be used to:
 - Improve screening and assessment tools;
 - Implement effective strategies to engage and retain parents in treatment;
 - Provide joint training of child welfare and AOD staff, judges and court staff; and
 - Improve data systems to monitor the families' progress and to evaluate service and treatment outcomes to determine effective approaches to treatment.

Systems can improve in responding to this vulnerable population... [when] systems are afraid to pool their resources, the welfare of the child gets lost in the struggle between systems. CWLA's effort is a giant step in the right direction. If we are truly going to serve children, we have to find ways to coordinate services across systems. Every system touches a child. There are no pure one-system children.

—Kathy G. Colbenson, CEO, CHRIS Homes, Atlanta, Georgia; and Cochair, CWLA National Advisory Committee on Juvenile Justice

With so much at stake, what can be done?

The statistics on the effects of AOD abuse on the well-being of children and families are grim—almost overwhelming.

- We have seen how abuse of alcohol and other drugs affects:
 - Children, even before they are born, and throughout their lives;
 - Abuse and neglect of children, often leading to out-of-home care;
 - Injuries and even deaths caused by impaired drivers, parents, and caregivers;
 - Many families and individuals—particularly children—and multiple generations within families;
 - Health and safety of both adults and children;
 - Crime, incarceration, and juvenile justice issues;
 - Opportunities for education, employment, and contributions to communities; and
 - National and state budgets.

Nevertheless, there is increasing hope for improved treatment and solutions to these complex problems that affect so many parents, children—indeed, all of society.

- We can help children and families by working together to advocate for:
 - Prevention and treatment,
 - Documentation of successful practices,
 - Expansion of model programs,
 - Cooperation among agencies, and
 - Funding for collaborative programs that address multiple needs of individuals, agencies, and communities on the local, state, and national levels.

Every person concerned with the welfare of children, families, and the community can respond to these challenges by working toward and supporting programs—whether locally, regionally, or nationally—that effectively and successfully address the individual and societal needs presented by CWLA in this booklet.

Organizations and Websites

Note: In addition to the Child Welfare League of America (www.cwla.org), a number of other national organizations provide information on AOD and child welfare. For information relating to a specific state, county, or locality, contact your state child welfare office or substance abuse treatment office.

American Academy of Child and Adolescent Psychiatry

3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
202/966-7300
www.aacap.org

American Academy of Pediatrics (AAP)

141 Northwest Point Boulevard,
Elk Grove Village, IL 60007-1098
847/434-4000
www.aap.org

American Prosecutors Research Institute (APRI) (National District Attorneys Association Affiliate)

99 Canal Center Plaza
Suite 510
Alexandria, VA 22314
703/549-4253
www.ndaa-apri.org

American Psychological Association (APA)

750 First Street, NE
Washington, DC 20002-4242
202/336-5500
www.apa.org

American Public Human Services Association (APHS) — National Association of Public Child Welfare Administrators (NAPCWA)

810 First Street, NE, Suite 500
Washington, DC 20002
202/682-0100
www.aphsa.org

Children and Family Futures, Inc.

4940 Irvine Boulevard, Suite 202
Irvine, CA 92620-4267
714/505-3525
www.cffutures.com

Children's Defense Fund (CDF)

25 E Street, NW
Washington, DC 20001
202/628-8787
www.childrensdefense.org

Fight Crime, Invest in Kids

2000 P Street, NW, Suite 240
Washington, DC 20036
202/776-0027
www.fightcrime.org

Legal Action Center (LAC)

236 Massachusetts Avenue, NE
Suite 505
Washington, DC 20002
202/544-5478
www.lac.org

National Association for Children of Alcoholics (NACOA)

11426 Rockville Pike, Suite 100
Rockville, MD 20852
800/55-4COAS
(800/554-2627)
www.nacoa.org

National Association of State Alcohol/Drug Abuse Directors (NASADAD)

808 17th Street, NW
Suite 410
Washington, DC 20006
202/293-0090
www.nasadad.org

National Center on Addiction and Substance Abuse at Columbia University (CASA)

633 Third Avenue
19th Floor
New York, NY 10017-6706
212/841-5200
www.casacolumbia.org

National Clearinghouse on Alcohol and Drug Information (NCADI)

PO Box 2345
Rockville, MD 20847-2345
800/729-6686 (English)
877/767-8432 (Spanish)
www.health.org/aboutncadi

National Clearinghouse on Child Abuse and Neglect Information

Box 1182
Washington, DC 20013-1182
703/385-7565
www.calib.com/nccanch

National District Attorneys Association (NDAA) — American Prosecutors Research Institute (APRI)

99 Canal Center Plaza, Suite 510
Alexandria, VA 22314
703/549-4253
www.ndaa.org
(See also Juvenile Prosecutors Program Compendium [JPPC] and JUMPSTART.)

National Institutes of Health (NIH) — National Institute on Alcohol Abuse and Alcoholism (NIAAA)

6000 Executive Boulevard
Wilco Building
Bethesda, MD 20892-7003
301/443-0595
www.niaaa.nih.gov

NIH — National Institute on Drug Abuse (NIDA)

6001 Executive Boulevard
Room 5213
Bethesda, MD 20892-9651
301/443-1124
www.nida.nih.gov

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Juvenile Justice Clearinghouse
Box 6000
Rockville, MD 20857
800/638-8736
www.ojjdp.ncjrs.org

Office of National Drug Control Policy (ONDCP)

Drug Policy Information
Clearinghouse, Box 6000
Rockville, MD 20849-6000
800/666-3332
www.whitehousedrugpolicy.gov

Prevent Child Abuse America

200 South Michigan Avenue
17th Floor
Chicago, IL 60604-2404
312/663-3250
www.preventchildabuse.org

Robert Wood Johnson Foundation (RWJF)

PO Box 2316
College Road East and Route 1
Princeton, NJ 08543-2316
609/452-8701
www.rwjf.org

Substance Abuse and Mental Health Administration (SAMHSA)

5600 Fishers Lane
Rockville, MD 20857
301/443-6239
www.samhsa.gov
(See also Center for Mental Health Services [CMHS], Center for Substance Abuse Prevention [CSAP], Center for Substance Abuse Treatment [CSAT].)

U.S. Department of Health and Human Services (HHS) — Administration for Children and Families (ACF)

370 L'Enfant Promenade, SW
Washington, DC 20047
www.acf.dhhs.gov

U.S. Department of Justice (DOJ)

Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531
202/307-5933
www.ojp.usdoj.gov

U.S. Department of Transportation — National Highway Traffic Safety Administration (NHTSA)

National Center for Statistics and Analysis
400 Seventh Street, SW
Washington, DC 20590
888/DASH-2-DOT
(888/327-4236)
www.nhtsa.dot.gov

Information Sources

Websites

Center for the Advancement of Health (www.cfah.org) Alcohol-related child passenger deaths (May 2, 2000)

Centers for Disease Prevention and Control (www.cdc.gov) Alcohol-related traffic fatalities involving children

Child Welfare League of America (www.cwla.org) Programs; Chemical dependency fact sheet; Child welfare and chemical dependency fact sheet; Incarcerated parents: An overview of statistics

Children's Defense Fund (www.childrensdefense.org; cdfactioncouncil.org) Issue basics: Substance abuse and child protection; Child abuse and neglect fact sheet; Prevention works

Children's Rights, Inc. (www.childrensrights.org) Facts on child welfare; Working without a net

Gallup Organization (www.gallup.com) Poll analyses: (November 3, 1999) Americans report drinking causes family problems; (December 4, 2000) Americans admit drinking too much

National Association for Children of Alcoholics (www.nacoa.org) Children of alcoholics: important facts; News

National CASA Association (www.casenet.org) Prevention pays: The cost of not preventing child abuse; Statistics on child abuse and neglect

National Center on Addiction and Substance Abuse at Columbia University (www.casacolumbia.org) No safe haven, and Shoveling up (see publications below for full documentation); Resources and Links

National Clearinghouse on Alcohol and Drug Information (www.health.org) NCADI reporter; Alcohol and drug facts; What's new; Research and research briefs; If someone close has a problem with alcohol or other drugs; Infofax: High school and youth trends

National Highway Transportation Safety Administration (www.nhtsa.com) 1999 General facts (Youth); Traffic safety facts 1999: Children

National Institute on Alcohol Abuse and Alcoholism (www.niaaa.nih.gov) Drinking and your pregnancy; Leadership to keep children alcohol-free

Office of Juvenile Justice and Delinquency Prevention (www.ojjdp.ncjrs.org) OJJDP statistical briefing book online; News (Anti-drug efforts; September 27, 2000); Fact sheets

Office of National Drug Control Policy (www.whitehousedrugpolicy.gov) Youth drug use: A problem with profound implications; America's drug use profile; Monitoring the future study; Drug facts

Prevent Child Abuse America (www.preventchildabuse.org) Total estimated cost of child abuse and neglect in the U.S.

Substance Abuse and Mental Health Administration (www.samhsa.gov) Services Research Outreach Study (SROS); Treatment Outcome Prospective Study (TOPS); National Treatment Improvement Evaluation Study (NTIES); Drug Abuse Treatment Outcome Study (DATOS); National Household Survey on Drug Abuse (NHSDA); National Drug and Alcoholism Treatment Unit Survey (NDATUS); CSAT/CMHS spending estimates (tables and graphs)

U.S. Department of Health and Human Services (www.acf.dhhs.gov) ACF press room (Abandoned babies)

U.S. Department of Justice, Bureau of Justice Statistics (www.ojp.usdoj.gov/bjs) Incarcerated parents and their children; Sourcebook of criminal justice statistics online

Publications

Abt Associates for Office of National Drug Control Policy. (2000). *What America's users spend on illegal drugs 1988–1998*. Washington, DC: Office of National Drug Control Policy.

Child Welfare League of America. (1998). *Alcohol and other drug survey of state child welfare agencies*. Washington, DC: Author.

Child Welfare League of America. (2001). *Children 2001: Creating Connected Communities: Policy, Action, Commitment*. Fact Sheet. Washington, DC: Author.

National Center on Addiction and Substance Abuse at Columbia University. (1999). *No safe haven: Children of substance-abusing parents*. New York: Author.

National Center on Addiction and Substance Abuse at Columbia University. (2001). *Shoveling up: The impact of substance abuse on state budgets*. New York: Author.

Pizzigati, K., Wingfield, K., & Battistelli, E. (2000). Drugs are destroying families. *Children's Voice* 9(2): 30–32.

Schneider Institute for Health Policy, Brandeis University. (2001). *Substance abuse: The nation's number one health problem*. Princeton, NJ: Robert Wood Johnson Foundation.

U.S. Department of Health and Human Services. (1999). *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection*. Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2001). *Child maltreatment 1999*. Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2001). *We recover together: Family, friends, and community*. National Recovery Month toolkit resource materials. Rockville, MD: Author.

Young, N. K., Gardner, S. L., and Dennis, K. (1998). *Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention/CWLA Press.

