Appendix E

Substance Use, Abuse, Dependence Continuum, and Principles of Effective Treatment
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Principles of Effective Treatment

Alcohol and drug use occurs along a continuum, and not everyone who uses substances abuses or is dependent on them. Levels of use are generally identified as use, abuse, and dependence.

The table on the next page summarizes the differences between substance use, abuse, and dependence, and it highlights implications for risk to children based on a parent’s use, abuse, or dependence on alcohol or other drugs. The information regarding clinical criteria included on the table is from the American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* (American Psychiatric Association, 1994).

Additional information regarding the types of risks to children based on parental substance abuse disorders can be found in *Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers* available on line at www.ncsacw.samhsa.gov (Beshears, Yeh, & Young, 2004).

The box shown after this chart provides the National Institute on Drug Abuse (NIDA) researched-based basic principles of substance use disorder treatment process (NIDA, 1999). Child welfare and court staff should incorporate these principles into training curricula.
<table>
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<th>Alcohol and Drug Use Continuum</th>
<th>Implications for Child Welfare/Examples of Risk to Children</th>
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| **Use** of alcohol or other drugs to socialize and feel effects. Use may not appear abusive and may not lead to dependence, however the circumstances under which a parent uses can put children at risk of harm. | • Driving with children in the car while under the influence.  
• Use during pregnancy can harm the fetus. |
| **Abuse** of alcohol or drugs includes at least one of these factors in the last 12 months: | • Children may be left in unsafe care—with an inappropriate caretaker or unattended—while parent is partying.  
• Parent may neglect or sporadically address the children's needs for regular meals, clothing, and cleanliness.  
• Even when the parent is in the home, the parent's use may leave children unsupervised.  
• Behavior toward children may be inconsistent, such as a pattern of violence then remorse. |
| • Recurrent substance use resulting in failure to fulfill obligations at work, home or school.  
• Recurrent substance use in situations that are physically hazardous.  
• Recurrent substance-related legal problems.  
• Continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the substance. | |
| **Dependence,** also known as addiction, is a pattern of use that results in three or more of the following symptoms in a 12 month period: | • Despite a clear danger to children, the parent may engage in addiction-related behaviors, such as leaving children unattended while seeking drugs.  
• Funds are used to buy alcohol or other drugs, while other necessities, such as buying food, are neglected.  
• A parent may not be able to think logically or make rational decisions regarding children's needs or care. |
| • Tolerance—needing more of the drug or alcohol to get "high".  
• Withdrawal—physical symptoms when alcohol or other drugs are not used, such as tremors, nausea, sweating, and shakiness.  
• Substance is taken in larger amounts and over a longer period than intended.  
• Persistent desire or unsuccessful efforts to cut down or control substance use.  
• A great deal of time is spent in activities related to obtaining the substance, use of the substance or recovering from its effects.  
• Important social, occupational, or recreational activities are given up or reduced because of substance use.  
• Substance use is continued despite knowledge of persistent or recurrent physical or psychological problems caused or exacerbated by the substance. | |
1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person’s changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

References

