

Appendix B

Fact Sheets

Fact Sheet 1—The Extent of People’s Involvement With Alcohol and Drug Services, Child Welfare Services, and the Dependency Court Across Systems

Relatively few empirically sound studies or nationally representative data exist on the number of children in either child welfare services (CWS) or dependency courts who are impacted by their parents’ substance abuse or dependence. The two systems that could systematically monitor this population, CWS and substance abuse treatment, are not required in the Federal data systems to capture the data elements that would identify families receiving services in both systems. Several States have added those data elements to their automated data systems; however, they are not accumulated at the Federal level.

Therefore, estimating the number of families affected by substance use disorders and child abuse and/or neglect is extrapolated based on analyzing data collected in specific studies and applying those findings to national statistics of alcohol and drug services and child abuse and neglect. States and communities assessing their own systems’ responses may want to take a similar approach using prevalence data and their own State or community’s statistics on overall numbers of cases. Therefore, this fact sheet presents the national systems data, the data on the prevalence of the population that crosses over between systems, and explains the sources of the estimates.

Alcohol and Drug Treatment - 2004

- 1.88 million adults were admitted to the public treatment system (U.S. Department of Health and Human Services [DHHS], Office of Applied Studies [OAS], 2006).
- 590,261 (31.5% of 1.84 million) were women (DHHS, OAS, 2006).
- 1.09 million parents (59% of 1.88 million) are estimated to be those of minor children (Hser et al., 2003; Ahmed, 2006).
- 295,000 parents (27.1% of 1.09 million) are estimated to have had one or more children removed by CWS (Hser et al., 2003).
- 108,000 parents (36.6% of 295,000) are estimated to have had their parental rights terminated for at least one child (Hser et al., 2003).

Because there are no national data on the number of children of persons in substance abuse treatment, the percentage of parents of minor children is taken from two sources: the California Treatment Outcome Project (CalTOP) study and Center for Substance Abuse Treatment’s (CSAT’s) Treatment Outcomes and Performance Pilot Studies (TOPPS-II). The CalTOP study, California’s implementation of CSAT’s TOPPS-II, found that 60% of persons in treatment were parents (Hser et al., 2003). The cross-State analysis of the TOPPS-II study included primary data from 16 States and also found that 58.5% of persons admitted to treatment had a child younger than age 18 (Ahmed, 2006). Applying those prevalence data to the annual number of adults admitted to treatment results in the estimate that 1.09 million parents of minor children were admitted to substance abuse treatment in 2004.

The Hser et al. (2003) study also found that 27.1% of parents had one or more children removed from their custody and that 36.6% of those parents with a child who was removed had their parental rights terminated.

Applying the percentage of parents with a child removed (27.1%) to the 1.09 million parents in treatment results in 295,000 parents in substance abuse treatment with a child who has been placed in protective custody. Of those parents, approximately 108,000 (36.6%) had their parental rights terminated.

However, the percentage of parents varied significantly by the type of treatment they received. Among parents with a child removed by child protective services (CPS), 29% in outpatient programs, 53% in residential programs, and 80% in narcotic treatment (primarily methadone maintenance) had their parental rights terminated. Similar analyses of the TOPPS-II data set by Ahmed (2006) found that 22% of parents in the 16-State data set had a child removed by CPS and that only 10% of those had their parental rights terminated. However, 36.6% of parents had parental rights terminated or a child removed. In the cross-State data set, termination of parental rights also varied by type of treatment program. Of parents with a child removed by CPS, 66% of those in outpatient programs, 29% in residential care, 3% in narcotic treatment, and 1% in other programs had their parental rights terminated (Ahmed, 2006).

Child Welfare Services - 2004

- 5.5 million children were reported for abuse or neglect DHHS, Administration on Children, Youth and Families [ACYF], 2006a).
- 3.5 million children received an investigation (62.7% of referrals made to CPS) (DHHS, ACYF, 2006b).
- 1.24 million children received postinvestigation services (DHHS, ACYF, 2006c).
- 872,000 children (47.8% of those receiving an investigation or assessment) were victims of neglect (64.5%); physical abuse (17.5%); sexual abuse (9.7%); emotional or psychological abuse (7%); medical neglect (2.1%); and other (14.5%) (DHHS, ACYF, 2006d).
- 268,000 children entered out-of-home care (DHHS, ACYF, 2006c).
- One-third to two-thirds of families in child welfare services are affected by substance use disorders (DHHS, 1999).
- In a study of children served in their home, an estimated 11% of children had a caretaker who met diagnostic criteria of substance dependence (Gibbons, Barth, & Martin, in press).
- Studies using a case review method have found that a range of 43% (Murphy et al., 1991) to 79% (Besinger, Garland, Litrownik, & Landsverk, 1999) of children had a parent with a substance use disorder).

The data on the number of children who received postinvestigation are derived from the Children's Bureau's report that states that 62.7% of children reported (5.5 million) received an investigation (DHHS, ACYF, 2006). The percentages of children by type of victim do not add up to 100% because children can be found to be victims of multiple types of abuse and/or neglect.

In one nationally representative study conducted with families, the children remained in the home and caregivers were assessed for substance use disorder with a diagnostic tool using criteria to determine substance dependence (Gibbons, Barth, & Martin, in press). They found a rate similar to the approximately 11% rate of parental substance use disorders in the general population (DHHS, 1999).

Studies conducted using case review procedures specifically looking for notations of substance use problems among parents of children placed in protective custody have found rates from 43% (Murphy et al., 1991) to 79% (Besinger et al., 1999).

Based on these percentages, it is estimated that 66,440 children (872,000 child victims less 268,000 children who were placed in custody x 11%) were victims of child abuse and/or neglect and received in-home services and had parents who would have met criteria for substance dependence.

It is estimated that 115,240 to 211,720 child victims in out-of-home care (268,000 child victims served out of home x 43% and x 79%) had parents with a substance use disorder.

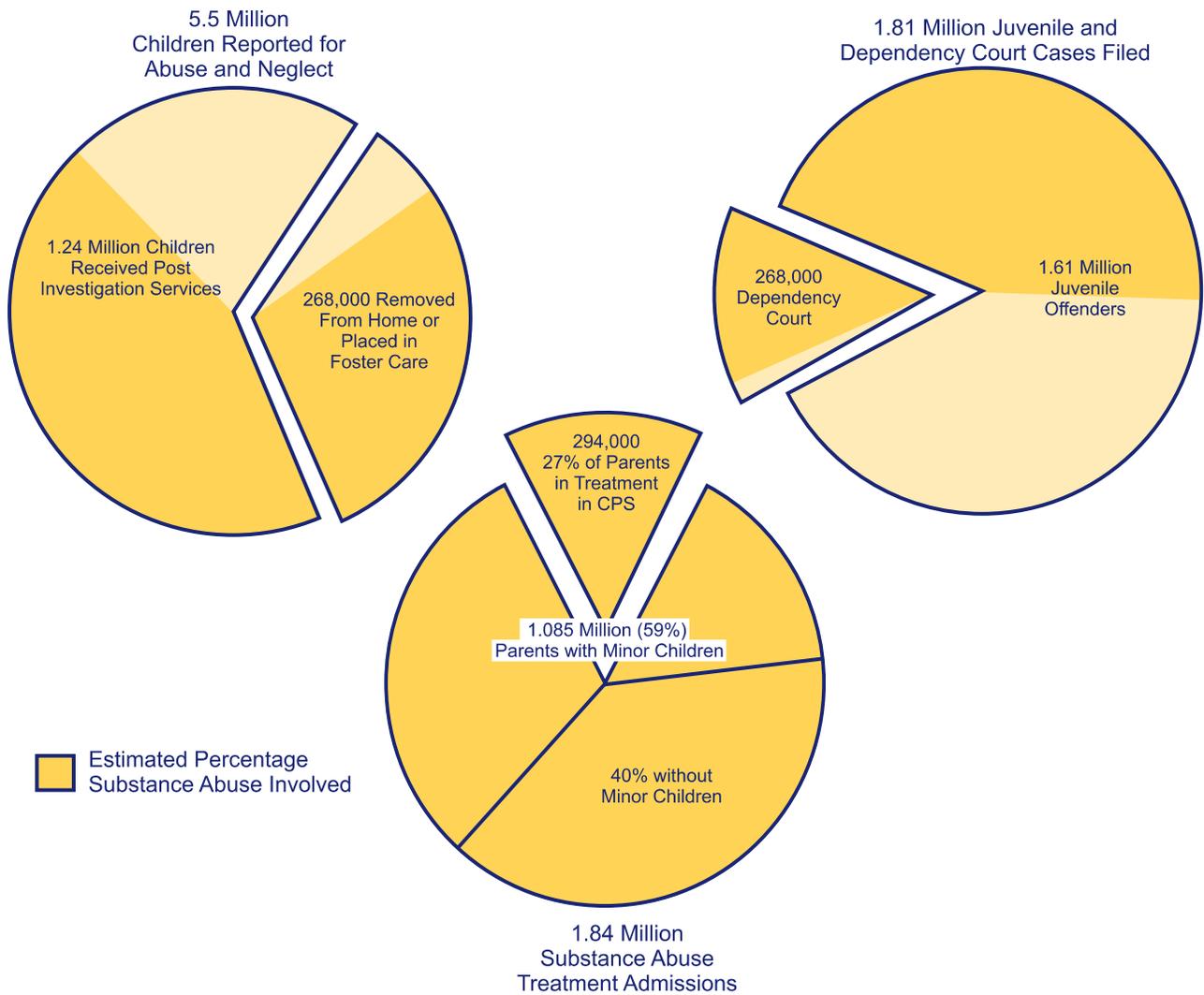
Dependency Court - 2002

- 1.81 million juvenile court cases were filed (Snyder & Sickmund, 2006a).
- 1.62 million delinquency cases were filed in juvenile court (Snyder & Sickmund, 2006b).
- 193,200 cases (about 12% of 1.62 million) were for drug-related offenses (Snyder & Sickmund, 2006).
- The total number of dependency cases filed is not known; however, 268,000 children were court involved because of placement in foster care (DHHS, ACYF, 2006e).
- The number of children who were court involved but not removed from parents' custody (often referred to as "in home" cases), and for whom a petition alleging parental abuse or neglect was filed in court, is not known.

The national number of child abuse and/or neglect court cases in a given year is not known. Cases filed in the juvenile court are recorded for juvenile offenses; the number of total cases filed was derived from the total juvenile offender cases added to the number of children placed in out-of-home care who would have had a court case filed as a dependent of the court. The national number of court cases filed in which the child is not removed from the home (i.e., court-order in-home cases) is not known. Each case represents a new referral to juvenile court for one or more offenses. A youth may be involved in more than one case in a year. However, it is not known how many children are represented in these court cases because the Juvenile Court Statistics series does not provide a count of individual juveniles brought before juvenile courts.

The figure below, **Children and Parents in Three Systems**, illustrates how each system interacts with the other for part of the population it serves. While the overlap across the three systems is extensive, none of the systems have a specific mandate to differentially address the portion of parents and families with substance use disorders.

Children and Parents in Three Systems



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Fact Sheet 2—Special Issues During Pregnancy

Estimating the number of infants who were exposed to substances in the prenatal period has been conducted in two primary ways: (1) collecting information about substance use from pregnant women or conducting drug tests on them and (2) testing infants at birth. The results vary based on the timing of the verbal screen with the mother, the type of drug test conducted, and the method used to test the infant (e.g., urine or meconium at birth). Each of these methods measures exposure to the substance and does not quantify or assess the number of babies who may be affected by the mothers' substance use.

There are several Federal efforts to monitor substance use among pregnant and recently pregnant women. There are no ongoing national efforts to document the number of substance-exposed infants or those who are identified as substance affected, but several site-specific studies have been conducted. These estimates of prenatal *exposure* to drugs and alcohol include—

- *National Survey on Drug Use and Health (NSDUH)*. The latest Federal data available from the NSDUH report on 2003 to 2004 annual averages of substance use by pregnant women. The NSDUH found that 4.6% of pregnant women aged 15 to 44 used illicit drugs in the past month. Rates varied by length of gestation, however; 8% of first trimester women, 3.8% of second trimester women, and 2.4% of third trimester women reported past month illicit drug use (U.S. Department of Health and Human Services [DHHS], 2005).

Alcohol use was reported by 11.2% of pregnant women, with 22.2% of women in their first trimester reporting alcohol use and with the rates declining to 7% and 4.9% in the second and third trimesters, respectively. Binge drinking, five or more drinks on the same occasion, was reported by 4.5% of pregnant women. Again, rates varied by length of gestation, with 10.6% of first trimester women, 1.9% of second trimester women, and 1.1% of third trimester women reporting binge drinking (DHHS, 2005).

Projecting these percentages to the approximately 4 million infants born each year results in a wide range of estimated substance-exposed infants, depending on substance and trimester of use (see Table 1) (DHHS, 2005).

**Table 1: Substance Use by Pregnant Women by Length of Gestation,
and Estimated Number of Infants Exposed**
(2003-2004 annual average)

<i>Substance Used (past month)</i>	<i>1st Trimester</i>	<i>2nd Trimester</i>	<i>3rd Trimester</i>
Any Illicit Drug	8.0% women 327,440 infants	3.8% women 155,534 infants	2.4% women 98,232 infants
Alcohol Use	22.2% women 908,646 infants	7.0% women 286,510 infants	4.9% women 200,557 infants
Binge Alcohol Use	10.6% women 433,858 infants	1.9% women 77,767 infants	1.1% women 45,023 infants

From the same NSDUH data set, cigarette use was reported by 18% of pregnant women. In contrast to other substance use, which declines as the pregnancy progresses, cigarette use by trimester went from 22.7% in the first trimester, down to 13.4% in the second trimester, and then increased to 18% in the third trimester (DHHS, 2005). Prior studies based on this annual survey have found similar rates of substance use. For example, Ebrahim and Gfroerer (2003) estimated that in 1998 there were 202,000 pregnancies exposed to illicit drugs, 1,203,000 pregnancies exposed to cigarettes, and 823,000 pregnancies exposed to alcohol.

Rates of substance use among pregnant women also vary by age groups, with both past month illicit drug and alcohol use highest among teenagers. For instance, 16% of pregnant teens aged 15 to 17 reported past month illicit drug use, compared to 7.8% of those aged 18 to 25 and 2.1% of pregnant women aged 26 to 44. The trend was similar for alcohol use, though the differences were not quite as stark: 14.9% of pregnant teens aged 15 to 17 drank alcohol in the past month, compared to 10.6% of young women aged 18 to 25 and 11.3% of those aged 26 to 44. And, there was a similar trend among those reporting binge drinking, with 8.8% of pregnant teens 15 to 17 reporting binge drinking, compared to 5.1% of those 18 to 25 and 3.8% of those ages 26 to 44. And more than one-fourth (26%) of pregnant teens aged 15 to 17 and 28% of young women aged 18 to 25 reported past month cigarette use, compared to 11.7% of pregnant women aged 26 to 44 (DHHS, 2005). Table 2 summarizes these data.

Table 2: Substance Use by Pregnant Women by Age
(2003-2004 annual average)

<i>Substance Used (past month)</i>	<i>Age Group</i>		
	<i>15-17</i>	<i>18-25</i>	<i>26-44</i>
Any Illicit Drug	16.0%	7.8%	2.1%
Alcohol Use	14.9%	10.6%	11.3%
Binge Alcohol Use	8.8%	5.1%	3.8%
Tobacco Use	26.0%	28.0%	11.7%

The NSDUH also provides information beyond substance use to capture the number of individuals who need alcohol or drug treatment for substance *abuse* or *dependence*. Table 3 shows the results of an analysis using the 2003 NSDUH public use file on the percentage of females classified as needing alcohol or drug treatment, by pregnancy status (Substance Abuse and Mental Health Services Administration, 2005).

**Table 3: Percentage of Females Aged 15-44
Classified as Needing Treatment by Pregnancy Status: 2003**
(Source: Online Analysis of NSDUH Public Use File)

Needed Treatment in Prior Year for:	Pregnant	<i>Not Pregnant</i>
Alcohol or Illicit Drug Use	8.6%	10.4%
Illicit Drug Use	4.6%	4.0%
Alcohol Use	5.4%	8.1%

- *Fetal Alcohol Syndrome Surveillance Network (FASSNet) and State-Based FAS Prevention Program.* From 1997 to 2003, the Centers for Disease Control and Prevention (CDC) funded FASSNet, a statewide, population-based surveillance network to determine the prevalence of Fetal Alcohol Syndrome (FAS) within a geographically defined area. The five States participating in FASSNet were Alaska, Arizona, Colorado, New York, and Wisconsin. CDC studies from FASSNet showed FAS prevalence rates ranging from 0.2 to 1.5 cases per 1,000 live births in different areas of the United States (CDC, 2005)

Other prenatal alcohol-related conditions, such as alcohol-related neurodevelopmental disorder (ARND) and alcohol-related birth defects (ARBDs) are believed to occur about three times as often as FAS (CDC, 2005). Though the FASSNet cooperative agreements with five States ended in 2003, its methodology has been adapted for use by the CDC's more recently funded FAS Prevention Program, which includes cooperative agreements with seven States. The seven States currently participating in the FAS Prevention Program are Colorado, Michigan, Minnesota, Missouri, Oregon, South Dakota, and Wisconsin (Miller et al., 2002). The CDC also monitors the prevalence of alcohol use among women of childbearing age through the Behavioral Risk Factor Surveillance System (BRFSS) survey.

- *Screening During Pregnancy.* In a study of more than 7,800 pregnant women enrolled in prenatal care clinics in five communities who were screened for substance use with the 4P's Plus[®], approximately one-third (32.7%) had a positive screen. Four of the communities conducted followup assessments on all women with a positive screen and found that 15% of those continued to use substances after learning of the pregnancy (Chasnoff et al., 2005).
- *The Pregnancy Risk Assessment Monitoring System (PRAMS).* PRAMS, currently used in 32 States, collects data based on self-reported maternal behaviors and experiences that occur before, during, and shortly after pregnancy. Through cooperative agreements between the CDC and these 32 State governments, information on the use of alcohol and tobacco before and during pregnancy is compiled; questions on illegal drug use are included in the survey at the discretion of the State (Beck, Johnson, Morrow, Lipscomb et al., 1999).

In some of these States, maternal substance use is reported at levels that corroborate States' other estimates and national survey data. For instance, PRAMS indicates that during their last trimester of pregnancy 3% to 8% of women used alcohol and 5% to 14% used tobacco (Beck, Morrow, Lipscomb, Johnson et al. 2002).

- *Infant Development, Environment, and Lifestyle (IDEAL) Study.* This longitudinal study is used to assess the outcomes associated with prenatal methamphetamine exposure. Participating sites were selected because of their known high rates of methamphetamine problems and include Los Angeles, CA; Des Moines, IA; Tulsa, OK; and Honolulu, HI. The prevalence of drug use has been determined by both mothers' self-report of substance use during pregnancy and testing of infants' meconium at birth. The results of the IDEAL study, which are not representative of the country as a whole, were collected in 2004. These data have been compared to the National Pregnancy and Health Survey (NPHS) that was collected in 1992 to 1993. Nearly half (44%) of the methamphetamine users had used other illicit drugs. Table 5 shows the results (Arria et al., 2006).

Table 5: Infant Development, Environment, and Lifestyles (IDEAL) and the National Pregnancy and Health Survey (NPHS)		
Substance	IDEAL (2004)	NPHS (1992-1993)
Alcohol	22.8%	18.8%
Tobacco	25.4%	20.4%
Marijuana	6.0%	2.9%
Methamphetamine	5.2%	0.1%
Any Illicit Drug	10.7%	5.5%

When the figures in each table are evaluated together, the data can be summarized as follows:

- An estimated 8% to 11% of the 4.1 million live births (in 2004) involved prenatal exposure to illegal drugs.
- Binge alcohol drinking ranges from nearly 11% of women in the first trimester to 1% in the third trimester.
- Prenatal exposure to alcohol includes an estimated 22% of pregnant women during the first trimester and 5% of women in the third trimester.
- Tobacco use by pregnant women exposes approximately one-quarter of babies with mothers younger than age 26.
- When tobacco data are included, the three types of exposure—prenatal use of illicit drugs, alcohol, and tobacco—are the basis for the statement that “more than one million” children are affected by prenatal substance exposure (McGourty & Chasnoff, 2003). This figure differs from the 400,000 to 440,000 estimated infants who test positive, because the smaller figure measures only prenatal use that can be detected at a point in time—birth—whereas the surveys that are the basis for the larger figure cover prenatal substance use during the entire period of pregnancy.

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Fact Sheet 3—Research Studies on the Prevalence of Substance Use Disorders in the Child Welfare Population

Despite the recent attention to the prevalence of parental substance use disorders among the families in child welfare services, there are few national data on the number of children in foster care due to parental substance use disorders. Studies that have examined the prevalence of substance abuse among the child welfare population have found widely varying rates. Estimates range from 40% to 80% of families involved with child welfare having substance abuse problems, although no established methods are available to measure this nationally (Young, Gardner, & Dennis, 1998; Semidei, Radel, & Nolan, 2001). The U.S. Department of Health and Human Services (DHHS) in its Report to Congress in 1999 (DHHS, 1999) stated that between one-third and two-thirds of children in the child welfare system were affected by substance use disorders. They attributed the lower number to those cases in which children were not removed from the parents' care and the larger percentage to those cases in which children were placed in protective custody.

The wide variance in estimates found in studies is attributed to many factors including:

- the population studied (e.g., in-home versus out-of-home cases, urban versus nonurban, and foster care versus those being investigated for allegations of abuse or neglect);
- the definition of the substance use disorder (any use versus criteria of substance abuse or dependency);
- the method used to determine substance involvement (e.g., risk assessment measures, prospective assessment tools, or retrospective case reviews);
- whether the substance use is a primary or secondary contributing factor in the child welfare case;
- which program area families are participating in (e.g., family preservation services when children have remained in the home versus adoption services when parental rights have been terminated); and
- the method of analysis being used.

Only one published study has estimated the prevalence of substance use disorders among child welfare-involved families in which the children have not been removed from the parent(s)' custody (often referred to as "in-home" cases). The data come from the National Study on Child and Adolescent Well-Being (NSCAW), which has collected data from a nationally representative sample of children in child welfare services (Gibbons, Barth, & Martin, in press).

The NSCAW research protocol included assessing caregivers' substance dependence using the Composite International Diagnostic Interview Short Form (CIDI-SF) and questions from the child welfare worker interview. The CIDI-SF evaluates criteria of substance abuse or dependence in the year before the data collection. Among caregivers retaining custody of their children, 9.6% had a problem with alcohol or drugs according to the child welfare worker assessment, and only 3.9% were alcohol or drug dependent according to the CIDI-SF. Overall, 11.1% of caregivers whose children live at home with them had a substance abuse problem (Gibbons et al., in press). This rate is lower than what has generally been estimated (Semidei et al., 2001) and is similar to the percentage of children in the general population (11%) who are living with a parent who is alcoholic or needs treatment for illicit drug abuse (DHHS, 1999). The prevalence rate may be lower because the CIDI-SF measures dependence, not use or abuse, and is limited to the past 12 months. In a group of families receiving Temporary Assistance to Needy Families, Phinney and colleagues (2005) found that "very few respondents satisfy criteria for

drug (3.4%) or alcohol (4.1%) dependence in any given year, but that a significant group (20.5%) had a disorder at some point in their lifetime.”

Another analysis of the NSCAW examined the prevalence of substance abuse problems among caregivers of different race/ethnicities who had retained custody of their children (Libby et al., 2006). Rates of substance abuse problems were found to be lowest among Hispanic (6.1%) and American Indian (7.5%) caregivers. African American (11.3%) and Caucasian (13.2%) caregivers had the highest prevalence of substance abuse problems based on child welfare worker reports.

It is important to note that child welfare workers in the NSCAW study did not identify a substance abuse problem among 61% of caregivers who met *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM IV)*, criteria for alcohol or drug dependence (Gibbons et al., in press). Child welfare workers were even more likely to miss potential alcohol or drug problems among caregivers who used but were not dependent on the substance. In addition, child welfare workers were significantly more likely to identify substance abuse problems with open in-home cases compared to closed in-home cases (Gibbons, et al., in press).

Among cases in which children have been removed, a higher percentage of parental substance use disorders is often reported. Over the last decade, several studies reported substance use with various methods and operational definitions of substance abuse; a selection of these studies is summarized chronologically below.

The NSCAW study found that among children who were in out-of-home care, 46.1% of their caregivers had a problem with alcohol or drugs according to the child welfare worker assessment. This finding compares to 10% of the in-home caregivers having an active alcohol or drug problem (DHHS, 2005).

For parental substance abuse to be included in their study, Murphy and colleagues required that substance abuse be noted in reports from a psychiatrist or psychologist or in a court-ordered screening (Murphy et al., 1991). In their sample of 206 cases from Boston, they found that in 43% of the cases, at least one of the parents had a documented problem with either alcohol or drugs. The percentage rose to 50% when they included allegations of substance use in the court report. Alcohol, cocaine, and heroin were the three most frequently mentioned abused substances. Parents with documented substance abuse were significantly more likely than non-substance-abusing parents to have been referred previously to child protective agencies, to be rated by court investigators as presenting a high risk to their children, to reject court-ordered services, and to have their children permanently removed (Murphy et al., 1991).

A study by the U.S. General Accounting Office (GAO) in 1994 found that in random samples of case files in California, New York, and Pennsylvania, 78% of foster children’s cases that were reviewed had at least one parent who was abusing drugs or alcohol (GAO, 1997). At the request of the Senate Finance Committee, another study by the GAO reviewed case records in Los Angeles and Chicago in 1998. The GAO report estimated that about two-thirds of all foster children in both California and Illinois had at least one parent who abused drugs or alcohol, and most had been doing so for at least 5 years. Most of these parents abused one or more drugs, such as cocaine, methamphetamines, and heroin (GAO, 1998).

Besinger and colleagues (1999) operationally defined substance abuse to include any known history of substance abuse and therefore found relatively higher rates of substance-abusing parents in their study. They studied case records of 639 urban children placed in out-of-home care due to maltreatment and reported that 79% of children in foster care had a parent with “parental substance abuse.”

McNichol and Tash (2001) reported that the percentage of children in specialized foster care with a primary reason of parental substance abuse was 14%. Another 76% of children were “affected in some way by parental substance abuse.”

Sun and colleagues (2001) explored the impact of caregiver alcohol and other drug use (AOD) on child protective services (CPS) case substantiation among 2,756 families from the Department of Family and Youth Services in a Nevada county. They found that 11% of investigated cases and 16% of substantiated cases had an indication of caregiver AOD use. In addition, the authors found that CPS cases with indications of AOD use were more likely to be substantiated than cases without AOD use. The authors attributed the low prevalence rate to the fact that social workers in Nevada are not required to document AOD use in their case records.

A similarly low rate of 11.2% for caregiver substance abuse was found among 447 children in kinship care in a large urban southeastern county while under CPS supervision (Rittner & Dozier, 2000). Women who delivered newborns who were substance exposed represented 32.9% of total complaints. Caregivers were considered substance abusers if records referred to arrests for possession of substances, if paraphernalia were found at the residence, or if evaluations provided by substance abuse programs indicated substance abuse histories. The requirement of possession or paraphernalia may explain the low prevalence rates found in this study. It is unclear why the prevalence rate would be so low when the substance abuse treatment evaluations were also used. It is possible that some caregivers in this study may not have completed an AOD assessment or that CPS failed to inform the treatment provider that the caregiver was being referred because of suspected substance abuse. Thus, if the caregiver denied having a substance abuse problem, the AOD treatment provider would have no information to justify further assessment.

Finally, in a recent study using a random sample of 443 children with substantiated child abuse or neglect cases in an urban setting, Jones found that 68% of the children had mothers who abused alcohol or drugs and that 37% of the children had mothers who abused both alcohol and drugs (Jones, 2005).

It is important to note that the prevalence of the substance use disorder does not yet tell us the nature and extent of the substance use disorders and, more important, how the parents’ substance use might be affecting the risk or safety factors associated with the child abuse or neglect. The prevalence of substance use disorders alone does not provide sufficient information on which to base decisions about the custody status of children or how parents’ substance use disorder must be addressed in the case plan so that reunification might occur. To emphasize this point, the data on the cocaine/crack and methamphetamine epidemics and their relationship to child welfare caseloads will be examined.

The number of methamphetamine users has increased over the past several years and has spread from the West throughout the Midwest and into the Eastern States. In 2003, according to the National Survey on Drug Use and Health, 607,000 persons reported methamphetamine use in the prior 30 days (DHHS, OAS, 2004). In the same survey, 2.281 million persons reported cocaine use in the prior 30 days, indicating that the number of methamphetamine users was considerably smaller than the number of cocaine users (DHHS, OAS, 2004). Despite the relatively rapid increase in methamphetamine use across the Nation, the population of children in out-of-home care in the country has been on a steady decline since 1999, with 523,000 children in care in 2003.

Summary

- In a study of the prevalence of substance abuse and dependence in a representative sample of in-home cases, a lower level of prevalence was found than has previously been reported;
- Caseworkers misidentified caregivers with a substance use disorder most of the time; and
- Case reviews and various methodologies among cases in which children have been removed generally report two-thirds to three-quarters of cases are affected by parental substance use.

Although finding substance use disorders alone does not constitute substantiated child abuse or neglect, knowledge about these disorders is essential to assess contributions they may make to risks for children, and such findings always represent an opportunity for treatment.

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