

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



National Center on
Substance Abuse
and Child Welfare



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

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



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



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



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



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



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



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

LEARN MORE

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

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

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

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

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

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

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

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

ENDNOTES

¹Ghertner, R. (2022). *National and State Estimates of Children with Parents Using Substances, 2015-2019* Washington, DC: US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

²Peleg-Oren, N., & Teichman, M. (2006). Young children of parents with substance use disorders (SUD): A review of the literature and implications for social work practice. *Journal of Social Work Practice in the Addictions*, 6(1-2), 49–61.

³Kepple N. J. (2018). Does parental substance use always engender risk for children? Comparing incidence rate ratios of abusive and neglectful behaviors across substance use behavior patterns. *Child Abuse & Neglect*, 76, 44–55.

⁴Ghertner, R., Waters, A., Radel, L., & Crouse, G. (2018). The role of substance use in child welfare caseloads. *Children and Youth Services Review*, 90, 83–93.

⁵Hirai, A. H., Ko, J. Y., Owens, P. L., Stocks, C., & Patrick, S. W. (2021). Neonatal abstinence syndrome and maternal opioid-related diagnoses in the US, 2010-2017. *JAMA*, 325(2), 146–155.

⁶Child Welfare Information Gateway. (2021). *Parental substance use: A primer for child welfare professionals*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.



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