



The Advocate



Substance Abuse and Child Welfare

Contents

Substance Abuse and Child Welfarepage 1

Barriers Between Child Welfare and Substance Abuse....page 4

Recommendations for Cooperationpage 4

Treatment Availability.....page 5

Substance Abuse as a Chronic Illnesspage 6

TCCY Releases KIDS COUNT, State of the Childpage 7

CADpage 8

Calendar of Events

Events relating to helping children are available at: www.tennessee.gov/tccy/webcalen.pdf.

TCCY

For more information on the Tennessee Commission on Children and Youth and its programs, check out the website at: www.tennessee.gov/tccy.

Tennessee Commission on Children and Youth

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Nashville, TN 37243-0800

It's a common theme for movies and television. A family and community are disrupted by the behavior of one of their members. The drama is propelled by a growing realization among the group and finally the individual that the problems are caused by an addiction that needs to be addressed. The story ends with a beginning: The actor or actress lifts the handle of the phone and calls for help.

In real life, the story's end can be at a dead end if help is not available.

Research and evaluation show programs are successful in preventing substance use, curbing substance use and helping people recover from abuse. Unfortunately, many people seeking help encounter a lack of services, long waiting lists or an impossibly high price tag (See page 5).

Tennessee is working to improve its programs for treating substance abusers and expand access to services.

Substance abuse is linked to many social problems. However, addiction has, all too often, been treated as an acute problem, easily fixed with a few inpatient days and over with when the drug is cleansed from the body. Public programs and insurers have been reluctant to pay for the sort of long-term treatment required to manage a chronic illness.

In fact, questions have been raised about allocation of funds to address substance abuse. A report by the National Center on Addiction and Substance Abuse (2001) found 13 percent of state expenditures were used to address substance use. The overwhelming bulk of this spending, from education costs, mental health spending, treatment costs, to prison expenditures, was to clean up the results of addiction. Only 4 percent of state government's spending on substance abuse, and less than one percent of all state expenditures, went for prevention.

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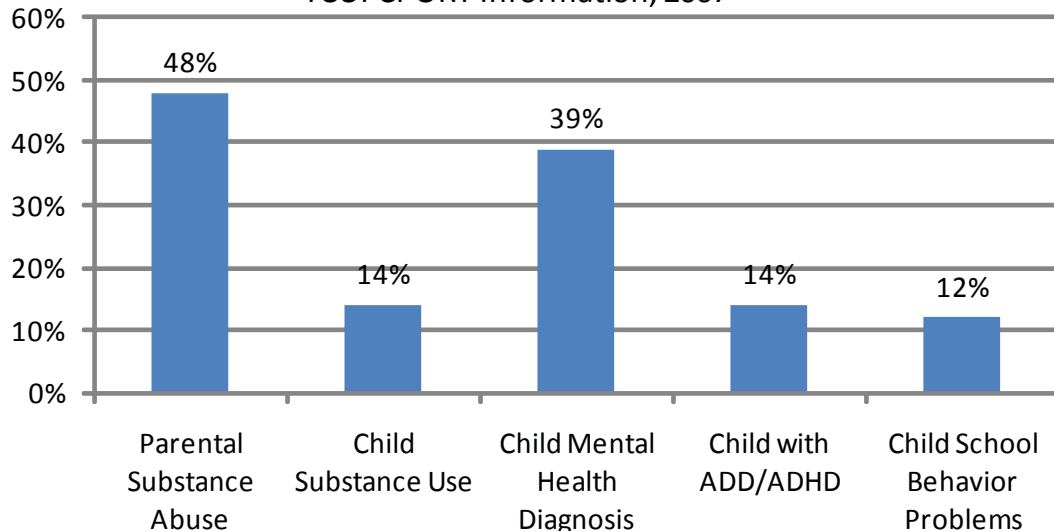
Each citizen's tax burden linked to addiction was \$277 for the effects of substance abuse and \$10 for its prevention.

The report said states spent more on substance abuse than on either Medicaid, transportation or higher education. State costs for addressing abuse's impact on children in 1998 totaled nearly \$25 billion. These

costs were spread through the criminal justice, elementary and secondary schools, Medicaid, child welfare, juvenile justice, mental health, highway and state personnel systems. The report's calculation found that Tennessee spent less than one penny of each dollar it spent on substance abuse on prevention.

Risk Factors of Children in State Custody

TCCY CPORT Information, 2007



The Tennessee Commission on Children and Youth
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 Nashville

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The Child Welfare League of America (CWLA) estimated \$7 to \$11 in social costs (health costs, violence and crime, lost work and school productivity, and social services) is saved by every dollar spent in alcohol and drug treatment.

The relationship between addiction and child welfare is documented anecdotally and through research. Over the years of TCCY's quality service reviews by the CPORT program, children in state custody were found to have parents with substance abuse issues and to have substance abuse issues themselves.

Substance Abuse and Child Welfare

CWLA pulled together an overview of research on child welfare and substance abuse, citing a number of reports finding substance abuse a major factor in a majority of child abuse cases. Children in child welfare cases with parental substance abuse were younger, likely to experience more severe and chronic abuse and more likely to enter foster care. They were also more likely to stay in care, to return to care and to have siblings in care.

The National Center on Substance Abuse and Child Welfare examined early Child and Family Service Review information submitted by states in 2005. Substance abuse services, especially in rural areas, were listed as not being adequate to meet needs. Parental substance abuse was indicated as a factor bringing children to the attention of child welfare agencies in from 16 to 61 percent of cases. This contrasts with reports from child welfare

Continued on Page 3.

professionals and research finding up to 80 percent of children in foster care were from substance abusing families. Substance abusing families were identified as more likely to be repeat cases.

The report found parenting classes and family counseling were generally available, contrasting with a lack of substance abuse treatment, especially for adolescents. Two other findings from the reviews pointed to problems with a lack of substance abuse training and inadequate risk assessment tools that fail to identify substance abuse problems of the family. The report questioned the failure of states to identify causes for the lack of substance abuse services. It also suggested child welfare families were not given priority when treatment resources were allocated.

An earlier report found 67 percent of parents in child welfare cases requiring substance abuse treatment, while agencies were able to provide treatment for 31 percent of them.

Financial Assistance/Public Welfare and Alcohol and Drug Abuse

The federal welfare reform legislation that created Temporary Assistance to Needy Families (TANF) cut off funds to people convicted of drug felonies. Research at the time showed providing treatment to welfare recipients with substance abuse problems resulted in increases in employment and job retention and lowered welfare payments. However, according to a Finance Project report (1997), “Little research has been conducted on what types of welfare policies are effective for addressing substance abuse issues among recipients.”



Women and Substance Abuse

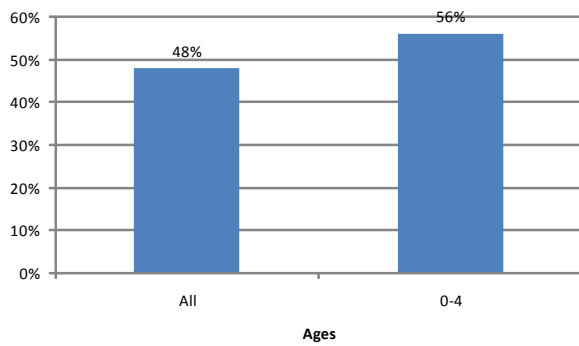
The Advocate is published by the Tennessee Commission on Children and Youth as an information forum on children's issues. The Tennessee Commission on Children and Youth, an independent state agency, serves as an advocacy agency and information resource for planning and coordination of policies, programs, and services on behalf of the state's children and youth. The 26-member Commission, appointed by the governor, works with other agencies and with regional councils on children and youth in each development district to collect information and solve problems in children's services. To receive *The Advocate*, sign up on the website at www.state.tn.us/tccy/listserv.html or contact Fay L. Delk, Publications Editor, Tennessee Commission on Children and Youth, 710 James Robertson Parkway, 9th Floor, Nashville, TN 37243-0800. Phone: (615) 741-2633. Fax: (615) 741-5956. E-mail: fay.delk@state.tn.us.

Although research and treatment based on gender differences in substance use is fairly recent, clear differences have been identified. A larger percentage of males are identified as having substance abuse problems, but research finds females to be more vulnerable to physical effects of alcohol use and to be more at risk of psychological problems. Substance abuse in women is linked to trauma and past abuse. The impact of substance use in pregnancy is well documented. A desire to keep and care for their children motivates mothers to seek treatment, but child care and other responsibilities and lack of income make it more difficult for them to get treatment.

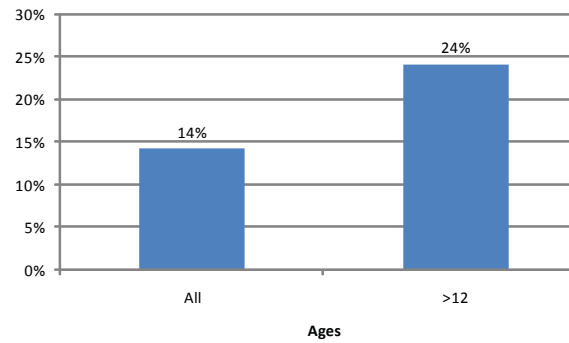
Mothers continue to be the primary caregivers for children, and the negative effects of substance use by pregnant women on their children are well-known. Making substance abuse treatment available to pregnant women is the best strategy to address this problem. A study of a law criminalizing substance use during pregnancy as child abuse found that African-American women were 10 times more likely to be reported to authorities. The law's impact was disproportionately on low-income women. Fifteen highly respected medical and social service professional associations have opposed such legislation, finding it counterproductive, deterring women from seeking prenatal care, drug treatment and social services needed to improve the health of child and mother. ❏

Children in State Custody and Substance Abuse

Children with Parental Substance Abuse



Children with Substance Abuse



Percentage of total sample and of selected age group. Source: TCCY CPORT Data

Barriers Between Child Welfare and Substance Abuse Systems

- Differences in definition and focus on the primary client in each field;
- Conflicts in values and philosophies about roles and treatment in the two systems;
- Differences in decision-making timing between the two systems arising from mandates, treatment approaches, the recovery process, developmental needs of children and treatment approaches;
- Differences in staff training, education, expectations for practice methods and lack of cross training;
- The control of other important forces such as the courts and managed care companies over resources and clinical matters;
- Funding barriers created by the complexity of categorical systems and the gaps in comprehensive funding in systems.

Source: National Resource Center for Foster Care and Permanency Planning 

Recommendations for Cooperation Between Child Welfare and Substance Abuse Professionals

- Cooperation between the child welfare and substance abuse communities to direct more resources to helping chemically involved families;
- Routine standardized questions about substance abuse as a part of intake and investigations;
- Comprehensive health and mental health assessments within the first three days of custody;
- Standardized education on the dangers of alcohol and drug abuse during pregnancy for all teens and pregnant teens and women;
- Written policies that direct caregivers to report child's substance use to case managers so a treatment plan can be developed and implemented;
- Prevention programming for children in custody to compensate for their failure to stay in one school long enough to profit from school programming;
- Intra- and interagency cooperation among child welfare, substance abuse, community, courts health services systems;
- Training, included in orientation, for all direct service and other relevant staff to recognize and respond to substance use problems in families and children served;
- Training for all staff and caregivers to understand substance abuse issues, their impact and strategies for effectively dealing with them;
- Specific questions about alcohol and other drug use as a part of screening and assessment of potential kinship care providers and foster parents.

National Resource Center for Foster Care and Permanency Planning 

Treatment Availability

The Alcohol Cost Calculator for Kids created at George Washington University estimated 65,013 young Tennesseans have a serious alcohol problem and 84.5 percent (54,802) of them need treatment but do not receive it.

The director of the Center for Alcohol and Drug Abuse Treatment reported nationally 5.2 million adults needed treatment for illicit drug use and did not receive it. Only 18 percent needing treatment received it. Nearly three-fourths felt they did not need treatment, but 9 percent, a third of the group wanting service, did not receive it. Of the 17.9 million adults who needed alcohol use treatment, 8 percent received it, but 3 percent wanted it and did not receive it.

The SAMHSA National Survey on Drug Use and Health found the most common reasons for being unable to obtain treatment for alcohol use given for those seeking it were:

1. Lack of health care coverage and high cost (nearly one-third);
2. Lack of transportation or other similar barriers.

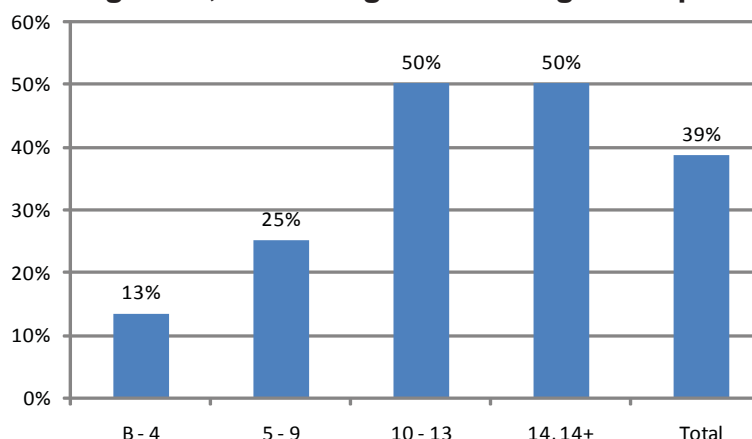
Those who needed treatment for illicit drug use and made an unsuccessful effort to receive it gave these reasons why they were unable to get treatment (listed in order of frequency):

1. Did not know where to go for treatment;
2. Did not find a program providing the kind of treatment they needed;
3. Did not have transportation or experience other barrier making it inconvenient;
4. Were not able to get an opening in a treatment program (were placed on a waiting list, etc.);
5. Were worried about negative effects to reputation from seeking help;
6. Were not covered for treatment under health care plan.

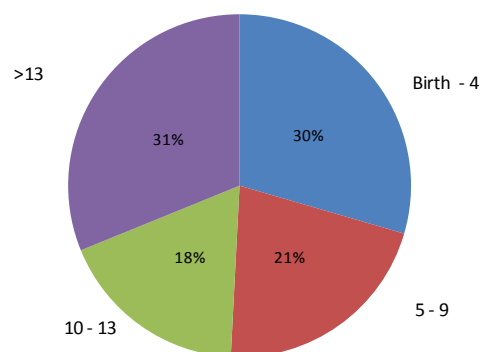
Programs in Tennessee to improve treatment availability will be included in the next edition of *The Advocate*. 

Costs of Alcohol and Drug Treatment	
Averages	
Outpatient, Course	\$1,433
Residential Alcohol and Drug Treatment	\$3,840
Outpatient, Visit	\$27
Non-Hospital Residential Treatment, Per Day	\$76
Source: Substance Abuse and Mental Health Services Administration, 2004	
Average Cost Per Prisoner Per Year in State Prisons, 2001	\$22,650
Alcohol and Drug Use at Time of Offense, State Prison Inmates, 1997	52%
Source: Bureau of Justice Statistics, 2004, 1999	

Children in State Custody with a Mental Health Diagnosis; Percentage of Each Age Group



Children in State Custody with Parental Substance Abuse Grouped by Age



Source: TCCY CPORT Data

Substance Abuse as a Chronic Illness

Experts have begun to focus on substance abuse as a chronic illness, questioning whether it is appropriate to expect a life-long, day-to-day problem to be cured by a 30-day or shorter treatment. As important as drug detoxification is, ridding the body of a drug or alcohol does not get rid of the problem. However, a perception of low rates of patient compliance and of high treatment failure rates have deterred physicians from screening for substance abuse problems and referring patients for help. This problem, which results in delays in initiating treatment, is worsened by the lack of training on substance abuse and treatment in medical schools, according to an article in the Journal of the American Medical Association (JAMA).

Comparisons of patient compliance and treatment efficacy between addiction treatment and treatment for chronic illnesses such as diabetes, high blood pressure and asthma reveal similarities between the chronic physical illness and substance abuse. Fewer than 60 percent of adults with type 1 diabetes comply fully with their medication schedules, and levels may be even lower in patients with high blood pressure or asthma. High percentages (30 percent to 70 percent) of these patients have an outbreak of symptoms requiring additional treatment each year.

Researchers have pointed out that drug dependency and chronic physical illnesses involve genetic inheritability, personal choice and environmental factors. Studies of twins raised separately have shown chronic physical diseases and drug dependence with similar rates of genetic predisposition. Environmental factors do contribute to how genetic predispositions are manifested in the individual. Risk behaviors – diet, activity, treatment adherence, etc. – were involved with both physical illnesses and substance use.

Researchers writing in the JAMA in 2000 called for drug dependences to be insured, treated and evaluated as chronic illnesses. Many states, including Tennessee, have passed “mental health parity” laws calling for insurance coverage for mental illnesses on a par with that for physical illnesses. However, by December 2007 Tennessee was among the 25 of 46 states still excluding substance abuse coverage. Federal parity legislation, including substance abuse coverage, passed the U.S. House of Representatives (268, yea; 148, nay) in March 2008 but had not been considered by the Senate by June 10, 2008. ❏

Basic Family Budget for Tennessee 2005

Income Required for a Family of 2 Working Parents and 2 Children to Survive for a Month (In Dollars)

AREA NAME	Housing	Food	Child Care	Transportation	Health Care	Other Necessities	Taxes	Total Budget	Minimum Wage
Chattanooga (TN portion)	569	587	782	324	325	312	60	2,959	2,028
Clarksville-Hopkinsville (TN portion)	557	587	782	375	325	309	63	2,998	2,028
Jackson	576	587	782	375	325	314	66	3,025	2,028
Johnson City-Kingsport-Bristol (TN portion)	476	587	782	324	325	287	13	2,794	2,028
Knoxville	553	587	782	387	325	308	63	3,005	2,028
Memphis (TN portion)	622	587	782	358	325	326	77	3,077	2,028
Nashville	693	587	782	358	325	335	89	3,130	2,028
Rural	458	587	610	420	325	282	-26	2,656	2,028

Source: Opportunity for All Children in Tennessee: KIDS COUNT, the State of the Child in Tennessee

TCCY Releases *Opportunity for All Children in Tennessee: KIDS COUNT, the State of the Child*

The Tennessee Commission on Children and Youth released its annual KIDS COUNT report on child well-being. It focuses on increasing overall prosperity and quality of life by ensuring all communities are plugged into what experts call the Prosperity Grid, the supporting infrastructures that make prosperity possible.

The report, *Opportunity for All Children in Tennessee*, includes statistical information about all 95 of the state's counties and identifies the public structures and programs essential for Tennessee's children to be born healthy and have opportunities for success in school and in life.

"The foundation for a bright future for Tennessee depends on the opportunities we provide today to enable our children, families, workers, citizens to reach their full potential," Linda O'Neal, TCCY's executive director, said.

"Tennessee needs strong communities that nurture families and children to support their development as productive citizens. Unfortunately, not all families and children have the supports and linkages necessary to prepare for optimum educational, economic and employment success."

The book identifies infrastructure Tennessee needs to assure families and children have the opportunity to succeed wherever they live. Among the supportive structures recommended are economic development policies to attract and retain well-paying jobs with benefits, the most basic support for strong families; quality child care and Pre-Kindergarten to help improve educational success; strong educational opportunities from kindergarten through higher education; access to affordable housing; and strategies to help families build assets, including promoting the Earned Income Tax Credit (EITC) and avoiding predatory lenders.

The report also brings together information on 39 indicators of health, education, child welfare, economics and demographics.

The Tennessee Commission on Children and Youth is an independent agency created by the Tennessee General Assembly. Its primary mission is to advocate for improvements in the quality of life for Tennessee children and families. Partial funding for TCCY's KIDS COUNT program is provided through a grant from the Annie E. Casey Foundation, the nation's largest philanthropy devoted exclusively to disadvantaged children.



For more information, contact (615) 741-2633 or a TCCY regional coordinator. *KIDS COUNT: The State of the Child 2007, Opportunity for All Children in Tennessee* is available on TCCY's website at www.tennessee.gov/tccy/kc-soc07.html.

Opportunity for All Children in Tennessee



KIDS COUNT
The State of the Child
2007



Reference sources for information contained in this newsletter can be obtained by contacting Fay L. Delk at (615) 532-1584 or fay.delk@tn.gov. They will also be listed in the next edition of the newsletter.

Children's Advocacy Days 2008: It's a Winner!

The Tennessee Commission on Children and Youth celebrated at its 20th Children's Advocacy Days. The 2008 event was a "Convention for Children," with all of the trappings of a political convention EXCEPT partisan politics and confetti (which would have had to be cleaned up).

More than 500 people attended the two day event. Thanks to stellar speakers and youth performers, participants were energized to advocate for children. And they had fun!

