

Commentary

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The Impact of Drug Use on Child Abuse and Neglect: Drug Use is Not a Victimless Crime and Reductions in Use are Warranted

The high rate of substance abuse in child neglect and abuse cases highlights the importance of reducing illegal drug use and alcohol abuse in the United States. Protecting children is a priority for the U.S. and reducing substance abuse is one key way to make a positive impact on this at-risk population. The price that is paid by these abused children and society as a whole, including taxpayers, is cause for action.

Nearly 12% of all children living in the United States (8.3 million) have lived with at least one substance-dependent or substance-abusing parent in the last year;ⁱ the majority of children were under 12 years of age, ranging from younger than 3 (13.9%), 3 to 5 (13.6%), 6 to 11 (12.0%) and 12 to 17 (9.9%). Substance abuse directly contributes to 70% of all child maltreatment cases, and as a result costs approximately \$10 billion in government spending on child welfare, not including healthcare, judicial, law enforcement, education and productivity costs.ⁱⁱ

Abused and/or neglected children of substance-dependent or abusing parents are at greater risk for future substance use. A combination of environmental and genetic factors plays a role in the initiation of substance abuse.ⁱⁱⁱ Adolescents are most likely to initiate substance use; of the 2.9 million people in 2008 who initiated drug use, 56.7% (1.64 million) were younger than 18 years old.^{iv} With the human brain still developing until age 25,^v drug use is a dangerous threat.

The Center on Addiction and Substance Abuse at Columbia University (CASA) notes that improving treatment is a part of the solution to reducing substance abuse in abusive and neglectful homes; motivating parents to get into treatment is another.^{vi} Family drug courts or family dependency treatment courts (FDTC) address issues directly related to parental substance abuse, providing intervention and instilling structure to move through the court process.^{vii viii} The primary goal is to provide a substance-free environment for children through parental abstinence.

FDTC utilizes the drug court model in substance abuse-related child welfare cases. Like other drug courts, an interdisciplinary team of professionals work together to help substance-abusing parents to stop their drug use. In a study of parents, those involved in FDTC programs were more likely to enter and complete treatment than non-FDTC participants.^{ix} The drug court model based on careful monitoring for any use of alcohol or other drug of abuse linked to swift and certain consequences can be extended from its use in probation and with the Driving While Impaired (DWI) programs to all child neglect and welfare cases with great benefit to the treatment of the involved parents.^{x xi} A drug- and alcohol-free home environment will reduce the risk of further neglect and abuse.

In discussions of drug policy, the victims of addiction are seldom discussed. Substance use is often seen as a personal choice; however, the abused and neglected children of substance abusing parents have no choice. These children are only a fraction of the total number of people who are negatively affected by

substance abuse and addiction. A new type of drug policy discussion is needed, one that addresses the larger picture of the costs: the physical, familial, financial, etc. of substance use.

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ⁱ The NSDUH Report Children Living with Substance-Dependent or Substance-abusing Parents: 2002-2007.

<http://www.oas.samhsa.gov/2k9/SAParents/SAParents.htm>

ⁱⁱ The National Center on Addiction and Substance Abuse at Columbia University Report: No safe haven; children of substance-abusing parents, January 1999.

ⁱⁱⁱ DuPont, RL, Madras, BK, Johansson, P. In Drug policy: A biological science perspective. In J. H. Lowinson & P. Ruiz (Eds.) Substance Abuse: A Comprehensive Textbook (5th ed.). Lippincott Williams & Wilkins. In press.

^{iv} National Survey on Drug Use and Health, 2009. Results from 2008 <http://oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.pdf>

^v Giedd JN, Lalonde FM, Celano MJ, White SL, Wallace GL, Lee NR, Lenroot RK. Anatomical brain magnetic resonance imaging of typically developing children and adolescents. *J Am Acad Child Adolesc Psychiatry*. 2009 May;48(5):465-70.

^{vi} The National Center on Addiction and Substance Abuse at Columbia University Report: No safe haven; children of substance-abusing parents, January 1999.

^{vii} Juvenile and Family Drug Courts: An Overview. U.S. Department of Justice Office of Justice Programs.

<http://www.ncjrs.gov/html/bja/jfcdcoview/welcome.html>

^{viii} Wheeler, MM, Fox, Jr., CL. Family dependency treatment court: Applying the drug court model in child maltreatment cases. *Drug Court Practitioner Fact Sheet*. Drug Court Institute. 2006 Jun; 5(1).

^{ix} Wheeler, MM, Fox, Jr., CL. Family dependency treatment court: Applying the drug court model in child maltreatment cases. *Drug Court Practitioner Fact Sheet*. Drug Court Institute. 2006 Jun; 5(1).

^x DuPont, R.L. (2009). HOPE probation: A model that can be implemented at every level of government. Rockville, MD: Institute for Behavior and Health, Inc. <http://ibhinc.org/pdfs/HOPEPROBATION2.pdf>

^{xi} Long, L., Talpins, S.K., & DuPont, R.L. (2009). The South Dakota 24/7 Sobriety Project: A summary report. Rockville, MD: Institute for Behavior and Health, Inc.