



NATIONAL RESOURCE CENTER FOR FOSTER CARE & PERMANENCY PLANNING
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NRCFCPP INFORMATION PACKET: PERMANENCY PLANNING WITH DRUG-AFFECTED FAMILIES

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Parental substance abuse and prenatal drug exposure is prevalent among foster care cases and has emerged as an indicator of child abuse and neglect.¹ Research indicates that up to 80% of children in foster care come from families where drugs are used or abused. In a 1997 Child Welfare League of America survey, public child welfare professionals estimated that parental chemical dependency was a contributing factor in out-of-home placement of at least 52% of the children and youth in the custody of the child welfare system.² In addition, an increasing number of children and youth are entering care with their own alcohol and drug problems.

Given ASFA's new requirements governing state legal proceedings to file termination of parental rights petitions for children who have been in care for 15 of the past 22 months, foster care agencies and other support systems including drug treatment programs, must reconsider the way they do business. Barriers will have to be replaced by collaborative relationships at the state, local and community level if children are to be returned home or placed in a safe stable home, in a timely manner.

Historically, child welfare professionals and substance abuse professionals have approached their work with differing concerns. Child welfare professionals focus on the safety of the child and children's attachment needs, tending to minimize the time and effort it takes to achieve sobriety. Addiction professionals emphasize sobriety, failing to fully include the client's role as parent or primary caregiver, or the child's urgent need for a stable nurturing caregiver over time. To compound matters, funding, legislation, and system cultures do not encourage collaboration between these professionals who ought to be viewing each other as partners working towards a common goal - permanency for children and families!

It is imperative that child welfare and substance abuse treatment programs work together to coordinate and provide the services needed by children and their families to move towards reunification or an alternate permanency plan if appropriate.

To address issues and concerns that impact on the delivery of quality foster care and permanency planning, The National Resource Center for Foster Care and Permanency Planning at Hunter College School of Social Work strives to provide current, informative and useful information to assist child welfare agencies in providing quality foster care and permanency planning services to children and families affected by alcohol and drugs. In this handout packet on Permanency Planning with Drug-Affected Families we have compiled information on the use of alcohol and drugs, the impact of alcohol and other drug use on the child welfare system, best practice tips, model programs, and a list of resource material, including websites. We hope you find this helpful in your work.

¹ CWLA. (1988). *Alcohol and other Drug Survey of State Child Welfare Agencies*. Washington, DC.

² Young, N. Gardner, S., Dennis, K. (1998) *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy*. Washington, DC: CWLA Press

PERMANENCY PLANNING WITH DRUG-AFFECTED FAMILIES FACT SHEET

GENERAL STATISTICS

(The following statistics have been compiled from the websites listed in the resources section)

- Alcohol contributes to 100,000 deaths annually, making it the third leading cause of preventable mortality in the US, after tobacco and diet/activity patterns. (*J McGinnis & W Foegen, "Actual Causes of Death in the United States,"* (1993) *Journal of the American Medical Association {JAMA}*, Vol. 270, No. 18, p. 2208.
- Among 9,484 deaths attributed to non-medical use of other drugs in 1996, 37% also involved alcohol. (1996) Substance Abuse and Mental Health Services Administration (SAMHSA), *Annual Medical Examiner Data*.
- About 43% of adults--76 million people--have been exposed to alcoholism in the family: they grew up with or married an alcoholic or a problem drinker or had a blood relative who had ever been an alcoholic or problem drinker. National Center For Health Statistics {NCHS} (1991) *Advance Data*, US Department of Health and Human Services (USDHHS), No. 205
- Alcohol is present in more than one-half of all incidents of domestic violence, with women most likely to be battered when both partners have been drinking. (*J Collins & P Messerschmidt, "Epidemiology of Alcohol-Related Violence,"* (1993) *AHRW*, Vol. 17, No. 2.
- 62% of high school seniors report that they have been drunk; 31% say that they have had five or more drinks in a row during the last two weeks. (*LD Johnston, et al., Monitoring the Future Study, (1999)* Institute for Social Research, University of Michigan. [For more information, see NCADD's "Youth, Alcohol and Other Drugs" facts.]
- People who begin drinking before age 15 are four times more likely to develop alcoholism than those who begin at age 21. (National Institute on Alcohol Abuse and Alcoholism (NIAAA) news release, 1/14/98).
- From 1985 to 1992, the economic costs of alcoholism and alcohol-related problems rose 42% to \$148 billion. Two-thirds of the costs related to lost productivity, either due to alcohol-related illness (45.7%) or premature death (21.2%). Most of the remaining costs were in the form of health care expenditures to treat alcohol use disorders and the medical consequences of alcohol consumption (12.7%), property and administrative costs of alcohol-related motor vehicle crashes (9.2%), and various additional costs of alcohol-related crime (8.6%). Based on inflation and population growth, the estimated costs for 1995 total \$166.5 billion. (National Institute on Alcohol Abuse and Alcoholism (NIAAA), news release, 5/13/98).
- Nearly one-fourth of all persons admitted to general hospitals have alcohol problems or are undiagnosed alcoholics being treated for the consequences of their drinking (National Institute on Alcohol Abuse and Alcoholism (NIAAA), *Eighth Special Report, to US Congress on Alcohol and Health* p. xi).
- More than seven percent of the population over 18 years of age--nearly 14 million--have problems with drinking, including 8.1 million people who are alcoholic. Almost three times as many men (9.8 million) as women (3.9 million) are problem drinkers, and prevalence is highest for both sexes in the 18-to-29-years-old age group. (National Institute on Alcohol Abuse and Alcoholism (NIAAA), *Alcohol Health & Research World {AHRW}*, Vol. 18, No. 3, 1994, pp. 243, 245).

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- Inhalants refer to substances that are sniffed or huffed to give the user an immediate head rush or high. They include a diverse group of chemicals that are found in consumer products such as aerosols and cleaning solvents. Inhalant use can cause a number of physical and emotional problems, and even one-time use can result in death. National Clearinghouse for Alcohol and Drug Information: *Straight Facts*
- Research indicates that alcoholism treatment can yield significant reductions in total health care costs and utilization for an alcoholic and his or her family (HD Holder & JO Blase,(1986) "*Alcoholism Treatment and Total Health Care Utilization and Costs: A Four-Year Longitudinal Analysis of Federal Employees*, Journal of the American Medical Association, No. 256, pp. 1456-1460).
- On average, untreated alcoholics incur general health care costs at least 100% higher than those of nonalcoholics, and this disparity may exist as long as 10 years before entry into treatment. (National Institute on Alcohol Abuse and Alcoholism (NIAAA), *Eighth Special Report, to US Congress on Alcohol and Health* p. 259).
- The Center for Substance Abuse Treatment (CSAT) estimates that untreated substance abuse costs American taxpayers \$276 billion a year. This figure includes costs associated with the criminal justice system, related health and mental health care, social welfare, victims' losses, unemployment, and lost productivity. Center for Substance Abuse Treatment (1998). *National Household Survey on Drug Abuse*. Rockville, MD.

ALCOHOL AND OTHER DRUG USE DURING PREGNANCY

- Each year, women give birth to nearly 500,000 babies who have been pre-natally exposed to illicit drugs. National Center on Addiction and Substance Abuse at Columbia University. (1996). *Substance Abuse and the American Woman*. New York, NY.
- Fetal alcohol syndrome (FAS) the leading known cause of mental retardation (PS Cook, et. al.,(1990) *Alcohol, Tobacco and Other Drugs May Harm the Unborn*, US Department of Health and Human Services {USDHHS} Pub. No. {ADM} 90-1711, 1990, p. 17), is caused by maternal alcoholism or heavy drinking during pregnancy. "*The Effects of Prenatal Exposure to Alcohol*,"(1992), National Institute on Alcohol Abuse and Alcoholism {NIAAA}, *Alcohol Health & Research World {AHRW}*, Vol. 16, No. 3. p. 238).
- Children with FAS commonly have problems with learning, attention, memory, and problem solving, along with in coordination, impulsiveness, and speech and hearing impairments. "*Fetal Alcohol Syndrome*," (1991, National Institute on Alcohol Abuse and Alcoholism (NIAAA), *Alcohol Alert* No. 13).
- Pregnant women consuming between one and two drinks per day are twice as likely as nondrinkers to have a growth-retarded infant weighing less than 5.5 pounds. PS Cook, et al., (1990), *Alcohol, Tobacco and Other Drugs May Harm the Unborn*, US Department of Health and Human Services {USDHHS} Pub. No. {ADM} 90-1711, p.16).
- The long-term effects of perinatal cocaine exposure are yet to be established. The most consistent findings show obstetrical complications, low birth weight, smaller head circumference, abnormal neonatal behavior, and cerebral infarction at birth. Children with cocaine exposure are easily distracted, passive, and face a variety of visual-perceptual problems, and difficulties with fine motor skills, *Identifying the Needs of Drug-Affected Children: Public Policy Issues*,(1992) (SAMHSA, Office for Substance Abuse Prevention Pub. No. {ADM} 92-1814.
- Research indicates that pregnant drug users are at increased risk for miscarriage, ectopic (tubal) pregnancy, stillbirth, low weight gain, anemia, hypertension, and other medical problems. In addition, their newborns may have lower birth weight and smaller head size, than babies born to non-drug-using mothers. Of particular concern

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is that HIV can cross the placental barrier. *Drug Abuse and Addiction Research, The Sixteenth Triennial Report to Congress. (1998). The National Institute on Drug Abuse (NIDA).*

- Among the total cases of pediatric AIDS in the United States, 54 percent are related to either maternal injection drug use or maternal sex with an injecting drug user. *Drug Abuse and Addiction Research, The Sixteenth Triennial Report to Congress, (1998). The National Institute on Drug Abuse (NIDA).*
- Alcohol is present in more than one-half of all incidents of domestic violence, with women most likely to be battered when both partners have been drinking (*J Collins & P Messerschmidt, (1993) "Epidemiology of Alcohol-Related Violence," AHRW, Vol. 17, No. 2, p. 96).*

MYTHS AND FACTS ABOUT ADDICTION AND TREATMENT

(Adapted from Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection, US Department of Health and Human Services, April 1999)

Myth: *Addiction is a bad habit, the result of moral weakness and overindulgence.*

Fact: Addiction can be a chronic, life-threatening condition, like hypertension or adult diabetes. Addiction has roots in genetic susceptibility, social circumstance, and personal behavior.

Myth: *If an addicted person has enough willpower, he or she can stop abusing alcohol or other drugs.*

Fact: Most people addicted to alcohol and other drugs cannot simply stop using them, no matter how strong their inner resolve. Most need one or more courses of structured substance abuse treatment to reduce or end their dependence on alcohol and/or other drugs.

Myth: *Many people relapse, so treatment obviously doesn't work.*

Fact: Like virtually any other medical treatment, addiction treatment cannot guarantee lifelong health, although nearly one-third of clients achieve abstinence from their first treatment attempt. Relapse, often a part of the recovery process, is always possible and treatable. Even if a person never achieves perfect abstinence, addiction treatment can reduce the number and duration of relapses, minimize related problems such as crime and poor overall health, reduce impact of parental addiction on children, improve the individual's and his or her family's ability to function in daily life, and strengthen the individual's ability to cope with the next temptation or craving. These improvements reduce the health, social, and economic costs of addiction.

Myth: *Relapse is an isolated event*

Fact: Relapse is not an isolated event, but rather a process whereby an individual becomes dysfunctional or unable to cope with life in sobriety, and thus can no longer avoid using alcohol or other drugs. This process of becoming dysfunctional may lead to renewed alcohol or other drug use, physical or emotional collapse, or even suicide. The process is marked by predictable and identifiable warning signs that begin long before the return to alcohol or drug use occurs. Progressively increased distress levels in any one of the problem areas — physical, psychological or social — can lead to physical or emotional collapse, resulting in relapse. These symptoms increase and intensify unless the individual returns to the use of alcohol or other drugs. One particular warning in early recovery occurs when a recovering person begins to seek out situations involving people who use alcohol or other drugs.

Myth: Progression of drug use is the same for men and women

Fact: Research is beginning to show that the progression or developmental stages of drug involvement are not identical for males and females. In the progression from legal drug use to illicit drug use, for example, cigarettes have a relatively larger role for females than for males, and alcohol has a relatively larger role for males than for females. With regard to initiation into illicit drugs, data suggest that women are more likely to begin or maintain cocaine use to develop more intimate relationships, whereas men are more likely to use the drugs with male friends and in relation to the drug trade. The onset of drug abuse occurs later for females, and the paths are more complex than for males. For females, there is typically a pattern of breakdown of individual, familial, and environmental protective factors and an increase in childhood fears, anxieties, phobias, and failed relationships; the etiology of female drug use often lies in predisposing psychiatric disorders prior to using drugs. (*The National Institute on Drug Abuse (NIDA), (1998) Drug Abuse and Addiction Research, The Sixteenth Triennial Report to Congress*, U.S. Department of Health and Human Services.

TREATMENT MODELS

Substance abuse treatment may be based on one of three traditional approaches. Many programs use a combination of some aspects of the various models in order to facilitate the most appropriate treatment for the individual and to give patients options. Others also include innovative non-traditional models of treatment such as acupuncture and traditional healing practices associated with specific cultural groups. The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient. (*Principles of Drug Addiction: The National Institute on Drug Abuse, October 1999*)

- **Medical Model:** focuses on the recognition of addiction as a bio/psycho/social disease, the need for life-long abstinence, and the use of an ongoing recovery program to maintain abstinence.
- **Social Model:** focuses on the need for long-term abstinence and self-help recovery groups to maintain sobriety.
- **Behavioral Model:** focuses on diagnosis and treatment of other problems or conditions that can interfere with recovery

SUBSTANCE ABUSE AND CHILD WELFARE

Substance abuse is one of the most significant problems facing the child welfare system today. Children whose parents abuse alcohol and other drugs (AOD) are almost three times likelier to be abused and more than four times likelier to be neglected than children of parents who are not substance abusers. (Kelleher, K., Chaffin, M., Hollenberg, J., & Fischer, E. (1994). *Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample*. American Journal of Public Health, 84(10), 1586-1590.)

In 1998 State public child welfare professionals estimated that parental chemical dependency was a contributing factor in the out-of-home placement of at least 52% of the 482,000 children and youths in the custody of the child welfare system. Child Welfare League of America. (1998). *Alcohol and other drug survey of state child welfare agencies*, Washington, DC. In 1997 Child Welfare League of America (CWLA) conducted a national survey of its state public child welfare agencies on AOD issues. Results from this survey show the enormous impact of AOD issues on the child welfare system and indicates how the system is responding to this epidemic. The highlights of this survey include:

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- **Parental AOD Abuse and Children in Out-of-Home-Care**
Parental chemical dependency was a contributing factor in the out-of-home placement of at least 52% of the 482,000 children and youth in the custody of the child welfare system.
- **Treatment Capacity**
Approximately 67% of parents with children in the child welfare system were reported to require substance abuse treatment services, but child welfare agencies were able to provide treatment for 31% of them.
- **Worker Training**
On average 51% of child welfare workers were reported to receive training on recognizing and dealing with substance abuse issues during their first year of service.
- **Efficiency of Services**
11% of the child welfare/AOD experts surveyed believed that children and parents with AOD problems could be treated in a timely manner (less than one month).

In *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*, (U.S. Department of Health and Human Services. Washington, D.C.: U.S. Government Printing Office, 1999) the following facts underscore the relationship between substance abuse and child welfare.

- Parental substance abuse is a contributing factor for between one-third and two-thirds of the children involved with the child welfare system.
- An estimated 8.3 million children live in households where at least one parent is in need of alcohol or drug treatment.
- African American women are more likely to come to the attention of Child Protective Services than are White or Hispanic women.
- Children prenatally exposed to drugs and alcohol represent a small proportion of the children affected and endangered by parental substance abuse.
- Both alcohol and illicit drugs are abused simultaneously in many families. This makes the two problems indistinguishable.
- Alcohol and drug related cases are more likely to result in foster care placements than other child welfare cases.
- The number of “boarder” babies (abandoned at the hospital after birth) is increasing, with substance abuse as one of the leading reasons for the problem.

(The following sections on barriers, timely permanency and successful model programs are excerpted from Bridging the Gap: Permanency Planning for Drug Affected Families; (2000) National Resource Center for Foster Care and Permanency Planning. NY. NY)

What barriers exist between the Child Welfare and Substance Abuse Systems?

- Differences in definition of 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 arise from mandates, treatment approaches, the recovery process, developmental needs of children, and treatment approaches.
- Differences in staff training, education, expectations for practice methods, and a 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 both systems.

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What Impacts on Timely Permanency Decisions for Children from Drug-Affected Families?

- Lack of understanding about the nature of and treatment of alcohol and drug addiction.
- Limited familiarity with alcohol and drug treatment resources.
- Absence of a continuum of alcohol and drug treatment options early on.
- Lack of close monitoring of parents' progress in treatment, which prevents timely decisions about permanency.
- Repeated extension of time spent in foster care when alcohol and drugs are the problem.
- Limited research on best forms of treatment for drug abusers, except for the heroin addict.
- Problems in predicting parents' readiness for recovery and potential for relapse.

What are the Key Elements of Successful Model Programs?

- Individualized assessments, integration, and coordination of service delivery.
- Shared vision of family-centered practice.
- Protocols around rapid and meaningful case coordination.
- Case management with post-treatment services.
- Use of the Family Rehabilitation Model- while working with families in the home, workers provide intensive, crisis oriented services focused on preventing abuse and neglect and reducing the need for out-of-home care.
- Provision of substance abuse and child welfare services by the same worker.
 - Use of cross-systems training that include:
 - foster and birth parents
 - high and mid management to sanction training efforts
 - the "culture bearers" –supervisors who usually stay with the agency for a longer period of time.
 - Systematized changes through forms, protocol, concise documentation, and evaluation.
 - **Provide intensive services ensuring that all family members, including children are served.**
 - **Have a substance abuse liaison at field offices and Family Treatment Court.**
 - Facilitated case coordination.

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Best Practice Tips

The role of substance abuse in the removal of children and disintegration of families must be addressed collaboratively if we are to serve children and families better. These "tips" or recommendations are geared toward that goal. They are compiled from the following reports about families with substance abuse problems involved with the child welfare system.

Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy.

Washington, DC: Child Welfare League of America 1998, **No Safe Haven: Children of Substance-Abusing Parents.** New York: The National Center on Addiction and Substance Abuse at Columbia University. January 1999, **Foster Care Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers.** U.S.General Accounting Office. Washington, DC: September 1998, **Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection.** U.S. Department of Health and Human Services. Washington, D.C.: U.S. Government Printing Office, 1999, **Bridging the Gap: Permanency Planning with Drug-Affected Families.** National Resource Center for Foster Care and Permanency Planning at Hunter School of Social Work , May 1999.

- The child welfare system and the substance abuse prevention and treatment community need to direct more resources to helping chemically involved families, who represent up to 80 percent of clients served by child welfare.
- Child welfare agencies should develop and routinely utilize standardized questions regarding alcohol or drug use/abuse in all intakes and investigations of child maltreatment.
- All children and youth should receive a comprehensive health and mental health assessment which includes screening for alcohol and other drug use within three days of entering out-of-home care.
- Child welfare agencies should develop standard protocols to routinely inform and educate both male and female adolescents and pregnant women of all ages about the dangers associated with alcohol or drug use during pregnancy.
- Child welfare agencies should require through written policy that all direct caregivers (foster parents, kinship care providers, group residential staff) report to the foster care social worker a child's alcohol or drug use so that a treatment plan can be developed and implemented.
- Because many youth change schools due to multiple foster care placements or return home, child welfare agencies should develop and integrate into their continuum of services alcohol and other drugs (AOD) prevention programming for youth in out-of-home care.
- Child welfare agencies should support and facilitate intra- and inter-agency collaboration, including joint training and program development and resource sharing among the child welfare system, the substance abuse community, the courts, and other health service agencies.
- As part of a mandatory orientation program, child welfare agencies should provide all new employees alcohol and other drug training in recognizing and dealing with substance abuse problems.
- Agencies should also develop and provide periodic in-service trainings or refresher courses on AOD problem identification and management.
- Child welfare agencies should provide AOD training to all caregivers as part of their pre-service and in-service training to ensure that they understand AOD issues and the impact AOD abuse has on family functioning.
- All direct care staff should be trained to develop the skills necessary to recognize and appropriately respond to AOD problems in the children and families they serve.
- Agencies should question kinship care providers and family foster parents about their own AOD involvement as part of the initial screening and assessment process.
- State child welfare services should support foster parents and kinship caregivers through ongoing consultation and other appropriate services including respite care, transportation, and child day care.
- Agencies can encourage participation of foster parents and kinship care providers in substance abuse training by reimbursing them for costs associated with transportation, child care, and other related expenses.

- Child welfare workers should establish and maintain ongoing contact with AOD treatment providers who work with chemically involved parents.
- AOD providers should keep child welfare agencies informed about treatment progress, episodes of relapse, and/or unplanned discharges.
- Child welfare agencies should use such information to assure that the parent's treatment plan is consistent with the child's case plan.
- Child welfare workers should not make success or failure of the parent in AOD treatment the sole factor in reunification decision-making because relapse is a part of the recovery process.
- Decisions must also include the parent's ability to resume caregiving and assure the safety and well being of the child and the presence or absence of back-up caregivers in the attended family.
- Agencies should include a careful assessment of such factors as: past history of abandonment, inability to locate the parents, prior parental history of child maltreatment, placement of other children in foster care; prior efforts at reunification; history of drug-exposed births; level of motivation to parent a child; and the nature of impairment imposed by any continuing alcohol or drug use.
- Substance abuse treatment models should be designed specifically for women.
- Agencies should provide services such as transportation, job training and placement, primary medical care for the woman and her children, education programs, help with housing, prenatal and ob/gyn care, child care, family planning, and legal assistance.
- Adolescents require prevention and treatment techniques that are developmentally appropriate.
- The continuum of services should include peer education and counseling, family therapy, recreational activities, mentoring, education programs, health counseling (including HIV education and family planning).

**Permanency Planning with Drug Affected Families
References and Suggested Readings**

(Compiled from Child Welfare League of America, U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Center for Substance Abuse Research, National Council on Alcoholism, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, Children's Defense Fund, National Organization on Fetal Alcohol Syndrome.)

- Blunt, J. (2000) *Bridging the Gap: Permanency Planning with Drug Affected Families: Summary of Proceedings* National Resource Center for Foster Care and Permanency Planning. New York, NY.
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- U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, (1994) *Treatment for alcohol and other drug abuse: Opportunities for coordination*. Technical Assistance Publications Series 11. Washington DC: Government Printing Office.
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PERMANENCY PLANNING WITH DRUG AFFECTED FAMILIES WEBSITES

The following list of websites (found at www.cwla.org) contain substance abuse related information. Many of these websites focus on the impact of substance abuse on children and families.

Federal

Addiction Technology Transfer Center (ATTC): www.nattc.org

An initiative created and administered by SAMHSA, the ATTC is a nationwide, multi-disciplinary resource that draws upon the knowledge, experience and latest work of recognized experts in the field of addictions. The site includes news from the AOD field, tools for AOD practitioners, fact sheets, and links.

The Administration for Children and Families: www.dhhs.gov

The Department of Health and Human Services federal program houses the Children's Bureau, which covers a wide-range of topics including substance abuse. Located here on-line is DHHS's Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection.

Bureau of Indian Affairs: www.doi.gov/bureau-indian-affairs

As a part of its tribal services, the Alcohol and Substance Abuse Prevention office contains a web-site with localized contact information, a phone directory for important information, and links to other sites.

The Center For Disease Control's National Prevention Information Network: www.cdpin.org

General prevention site including substance abuse news, links, and publications.

Department of Health and Human Services: www.dhhs.gov

Governing body of more than 300 federal programs designed to protect the health and provide essential services to citizens. Contains lots of facts sheets and evaluations concerning administration, research, and policy of hundreds of federal programs.

FedStats: www.fedstats.gov

Provides links to more than 70 federal agencies as well as regional and state-wide statistics. Links include SAMHSA and the National Institutes of Health.

National Clearinghouse on Alcohol and Drug Information(NCADI): www.health.org/ncadipromo.htm

The world's largest resource for current information and materials concerning alcohol and substance abuse prevention, intervention, and treatment.

National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov

Contains publications, searchable databases, and research and information pertaining to alcohol-related problems as well as NIAAA's conference and event schedule, and press releases, and programmatic news on its various research efforts.

National Institute on Drug Abuse (NIDA): www.nida.nih.gov

Large website of publications, fact sheets, and press releases. Covers prevention, specific types of substances widely abused, policy, and funding information. Ranges from very scientifically based information to resources geared for the general public.

Office of National Drug Control Policy (ONDCP): www.whitehousedrugpolicy.gov

The principal purpose of ONDCP is to establish policies, priorities, and objectives for the Nation's drug control program, the goals of which are to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences. Large web-site which includes the National Drug Control Strategy in its entirety, and numerous publications, links, national treatment information, prevention and education materials, and state and local profiles and resources.

Parenting is Prevention (PIPP): www.parentingisprevention.org

Parenting prevention site with resources, tips, a chat forum, and on-line publications.

Substance Abuse and Mental Health Services Administration (SAMHSA): www.samsha.gov

The Department of Health and Human Services federal program of substance abuse prevention, treatment, and mental health services. Provides direct links to the Center for Substance Abuse Treatment (CSAT) <http://www.samhsa.gov/csac/csac.htm> and the Center for Substance Abuse Prevention (CSAP) <http://www.samhsa.gov/csap/index.htm>.

National Organizations and Associations

American Public Human Services Association (APHSA): www.aphsa.org

810 First Street, NE, Suite 500

Washington, DC 20002-4267

(202) 682-0100 Fax: (202) 289-6555

Devoted to improving and connecting human service organizations throughout the country. Publications include Building Bridges: States Respond to Substance Abuse in Welfare Reform.

American Society of Addiction Medicine (ASAM): www.asam.org

4601 North Park Ave, Arcade Suite 101

Chevy Chase, M.D. 20815

Telephone 301/656-3920 Fax: 301/656-3815

Mainly scientific and clinically-based web-site which contains ASAM's practice and policy guidelines for addiction and HIV-related issues.

The Children of Alcoholics Foundation (COAF): www.coaf.org

164 W. 74th Street

New York, NY 10023

212-595-5810

The Children of Alcoholics Foundation is a national non-profit that provides a range of educational materials and services to help professionals, children and adults break the intergenerational cycle of parental substance abuse. The web-site contains a section on the impact substance abuse has on child welfare, as well as research, publications, and topical information for populations affected by familial use of alcohol.

Children and Family Futures (CFF): www.cffutures.com

4940 Irvine Boulevard Suite 202

Irvine, CA 92620

(714) 505-3525 fax: (714) 505-3626

Non-profit firm dedicated to improving outcomes for children and families, particularly those affected by alcohol and other drugs by providing technical assistance and training to government, community-based organizations, and schools on strategic planning, evaluation, and measures of effectiveness. Site contains numerous on-line publications, AOD and welfare links, and also projects and resource information for Northern California.

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Children's Defense Fund (CDF): www.childrensdefense.org

25 E Street NW
Washington, DC 20001
202-628-8787

Children's advocacy organization paying particular interest to poor, minority, and disabled children. Many of their publications and reports highlight the substantial influence of substance abuse on children and families. Site contains publications, news and reports, links and information pertaining to their numerous campaigns and projects.

College on Problems of Drug Dependence (CPDD): www.views.vcu.edu/cpdd

CPDD is a professional organization of scientists whose research is directed toward a better understanding of drug abuse and addiction. The web-site contains policy statements, fact sheets, reports, an on-line newsletter, and a link to the homepage of its journal, Drug and Alcohol Dependence.

Community Anti-Drug Coalitions of America (CADCA): www.cadca.org.

A coalition of more than 4,300 community organizations across the U.S., CADCA's web-site offers a plethora of resources to help these communities combat substance abuse.

Legal Action Center (LAC): www.lac.org

153 Waverly Place
New York NY 10014
1-800-223-4044 (212) 243-1313

Law and policy organization in the United States that fights discrimination against people with histories of addiction, AIDS, and criminal records and advocates for sound public policies in these areas. The web-site contains information on their programs and services, highlights of their annual report, and contacting information.

Lifescape.com: www.lifescape.com

Provides free-on-line resources for information, services, and news, while addressing the broad landscape of mental health, substance abuse, work, family, and personal life issues. Site contains extensive information on popular substances including a focus on adolescent use and problems.

National Association of Alcoholism & Drug Abuse Counselors (NADAC): www.nadac.org

National Association of Alcoholism & Drug Abuse Counselors
1911 N. Fort Myer Dr. Suite 900 · Arlington, VA 22209
(703) 741-7686 or (800) 548-0497
FAX (703) 741-7698 or (800) 377-1136

Contains information regarding the addiction counseling profession including public policy issues, federal, state and local resources, treatment information, and news and events.

National Association for Children of Alcoholics (NACoA): www.health.org/nacoa

NACoA
11426 Rockville Pike
Suite 100
Rockville, MD 20852 (Phone) 301-468-0985, 1-888-55-4COAS (Fax) 301-468-0987

Advocate for children and families affected by alcoholism, the website contains position statements, fact sheets, and prevention information, and research.

National Association of State and Alcohol Drug Abuse Directors (NASADAD): www.nasadad.org

808-17th Street NW, Suite 410
Washington, DC 20006

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Telephone: (202) 293-0090 Fax: (202) 293-1250

Site includes sections on public policy issues, research, prevention, events, program activities and links to other sites.

National Commission Against Drunk Driving (NCADD): www.ncadd.com

1900 L Street, N.W. Suite 705

Washington, D.C. 20006

Phone: 202-452-6004 Fax: 202-223-7012

A non-profit organization of public and private sector leaders who are dedicated to minimizing the human and economic losses resulting from motor vehicle crashes by working to make driving impaired a socially unacceptable act. The website contains research and resource publications geared for both parents and teenagers.

National Council on Alcoholism and Drug Dependence (NCADD): www.ncadd.org

12 West 21st Street

New York, NY 10010

(212) 206-6770 Fax: (212) 645-1690

Advocating for the rights of individuals afflicted by AOD addiction, this site focuses on its advocacy campaigns which assist this population. Such resources include awareness and prevention materials, health information, a list of treatment and prevention programs, and a national intervention network to assist in getting people help.

National Organization on Fetal Alcohol Syndrome (NOFAS): www.nofas/org

216 'G' Street North East

Washington, DC 20002

Phone: (202) 785-4585 Fax: (202) 466-6456

A nonprofit organization founded in 1990 dedicated to eliminating birth defects caused by alcohol consumption during pregnancy and improving the quality of life for those individuals and families affected. Site contains recommended professional FAS curricula, strategies with working with FAS children, statistics on FAS, current events, and a listing of national resources and materials on the subject.

Partnership for a Drug Free America (PDFA): www.drugfreeamerica.org

405 Lexington Avenue, 16th Floor

New York, New York 10174

(212) 922-1560

PDFA is a private non-profit, non-partisan coalition of professionals from the communications industry. Their mission is to reduce demand for illicit drugs in America through media communication.

Research

Alcohol Research Group (ARG): www.arg.org

Current research focuses on alcohol and substance use and intervention in the general population and in specific populations such as individuals in treatment, welfare recipients and the homeless.

Alcoholic Beverage Medical Research Foundation (ABMRF): www.abmrf.org

ABMRF is the largest, independent, non-profit foundation in North America devoted solely to supporting research on the effects of alcohol on health, behavior and prevention of alcohol-related problems. Site has link to the ABMRF Journal, and highlights research projects.

Association for Medical Education & Research in Substance Abuse (AMERSA): www.amersa.org

AMERSA is an association of multidisciplinary health care professionals in the field of substance abuse dedicated to improving research and education about alcohol, tobacco, and other drugs. The Website contains an organizational

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profile, membership information, and a discussion forum.

Brown University Center for Alcohol and Addiction Studies (CAAS): www.caas.brown.org
Details research activities and provides links to numerous AOD/medical-related websites.

Center for Substance Abuse Research (CESAR): www.cesar.umd.edu
Research Center at the University of Maryland, the web-site has contains statistics on drugs, prevention and treatment resources, as well as legislative and criminal justice information.

The National Center on Addiction and Substance Abuse at Columbia University (CASA): www.casacolumbia.org
Publisher of several major reports on substance abuse each year which include focuses the impact of substance abuse on such populations as children and youth, families and the child welfare system (1999's No Safe Haven report is available on-line). Also provides resource material on important AOD issues like prevention, costs/investment analysis, and policy debates.

Drug Abuse Treatment Outcome Study (DATOS): www.datos.org
Web-site for NIDA's longitudinal study of 96 programs across 11 cities nationwide. Detailed analysis study including one-year follow-up outcome data. Also contains abstracts for several recent treatment-related articles and a comparison study of treatment programs past and current.

Drug Strategies: www.drugstrategies.org
Contains program and publication descriptions of this nonprofit research institute which focuses largely on prevention and treatment initiatives.

The Marin Institute for the Prevention of Alcohol and Other Drug Problems: www.marininstitute.org
Web-site for public health AOD research and prevention institute which also serves as a watchdog to the alcohol marketing industry. Includes citations and brief abstracts for over thirteen thousand articles and news stories about the alcohol beverage industry, alcohol policy, and prevention efforts.

RAND: www.rand.org
Large research organization which includes a focus on alcohol, drug abuse, and mental health services, as well as maternal, child and adolescent health. The web-site contains a link to one of their large research project, Partners In Care, and also to all of RAND's AOD and Mental Health related publications since 1995.

The Robert Wood Johnson Foundation: www.rwjf.org
Philanthropic organization which is the nation's largest foundation devoted to health care. Web-site contains recent annual reports, overviews of programs and projects, as well as guidelines for apply for a grant. RWJ is a well-known funder of substance abuse initiatives.

Substance Abuse Librarians and Information Specialists (SALIS): www.salis.org
SALIS is an international association of individuals and organizations with special interests in the exchange and dissemination of alcohol, tobacco, and other drug (ATOD) information.

UCLA Drug Abuse Research Center (DARC): www.medsch.ucla.edu
DARC is a diverse research organization that investigates psychosocial and epidemiological issues pertaining to drug use and conducts evaluations of interventions for drug dependence. Its publication catalogue allows users to order free copies of its almost 500 article entries.

Web of Addictions: www.well.com
Contains news, facts, links, rolodex, and in-depth information on topics related to AOD addiction information.

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Prevention & Education

American Council for Drug Education (ACDE): www.acde.org

The American Council for Drug Education is a substance abuse prevention and education agency that develops programs and materials based on the most current scientific research on drug use and its impact on society. The site breakdown resources into the following sections: parents, educators, youth, health professionals, employers, and college students.

The Higher Education Center for Alcohol and Other Drug Prevention: www.edc.org

Provides training, consultation services, and publications for college students in the hopes to reduce AOD usage among this population.

Join Together Online (JTO): www.jointogether.org

Dual focused web-site covering gun violence and substance abuse issues. Covers topical news stories in both fields from around the country. Contains a wide-range of substance-abuse related material including funding, prevention, policy, and criminal justice issues. Also contains several of their publication on-line including their monthly action kit series which provide resources and strategies for individual and communities to combat the ills of substance abuse.

Mothers Against Drunk Drivers (MADD): www.madd.org

Statistics, links database, news, and discussion forums related to drinking and driving.

National Drug Prevention League (NDPL): www.ndpl.org

An association of national organizations focused on AOD prevention, the web-site contains national AOD news and information as well as links to NDPL members, federal government sites, and other AOD-related organizations.

National Women's Health Resource Center: www.healthywomen.org

Designed to educate consumers on women's health issues. The site has Q&A topics which include one for substance abuse and addiction.

Scott Newman Center: www.scottnewmancenter.org

The Scott Newman Center is dedicated to the prevention of substance abuse through education. The Center continues to develop innovative, research-based drug prevention materials and projects which target families, schools and communities. This web-site offers parents information on how to deal with the glamorization of drugs and alcohol in the media, and coping with teen parties.

Stop Teenage Addiction to Tobacco (STAT): www.stat.org

National organization whose mission is to end childhood and teenage addiction to tobacco. The web-site includes fact sheets, a chat forum, youth-led grass-root campaign strategies, and a wealth of other prevention material geared for children, teens, and parents.