

Substance Abuse Disorders

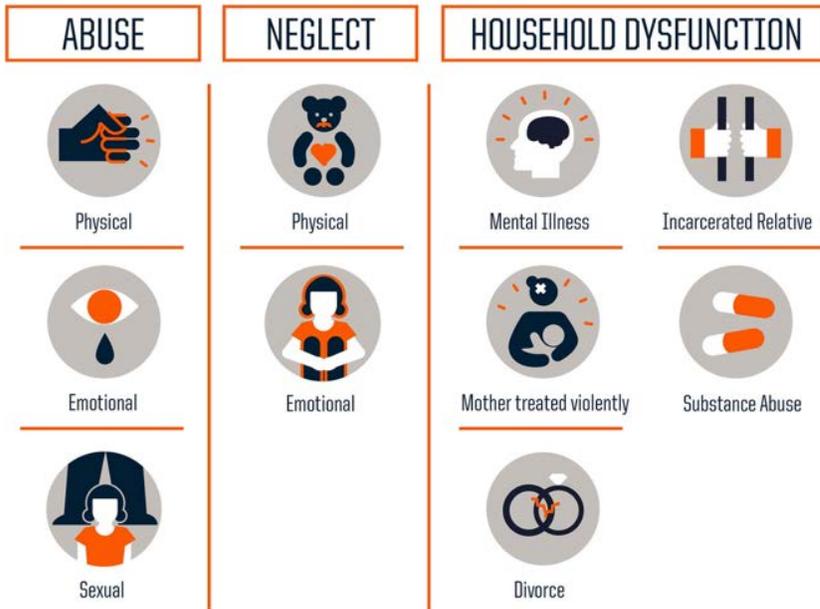
The purpose of this document is to help CTF Local Councils and other like-minded organizations in addressing the interconnected relationship between substance use disorders and child abuse and neglect. This is a helpful tool that includes information to incorporate substance use disorder content into primary child maltreatment prevention. Addressing child maltreatment reduces risk for substance use disorders and promotes recovery.

Substance Use Disorders and the Case for Primary Child Maltreatment Prevention:

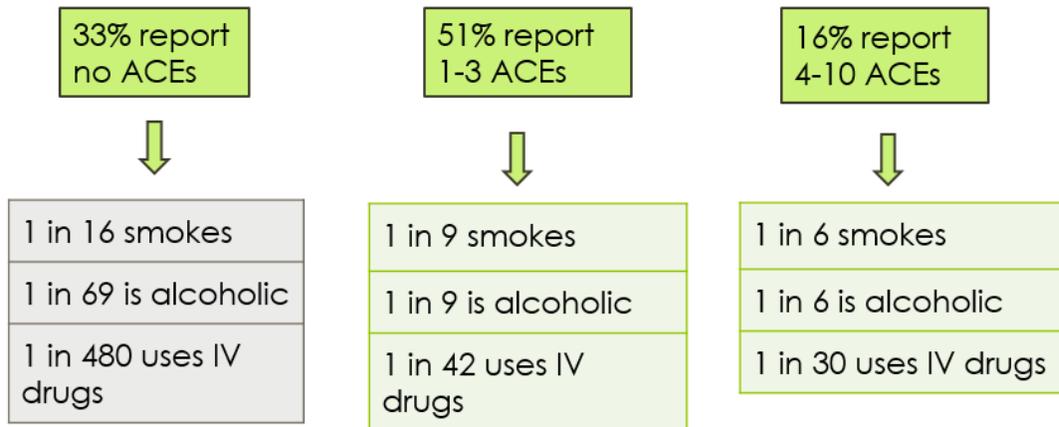
- According to Barnard and McKeganey (2004) problem drug use can negatively impact parenting and providing a nurturing home environment. Further, Magura and Laudet (1996) found that substance abusers, including those in recovery can benefit from comprehensive family-centered services.
- Dr. Kendler conducting a study (2002) at the Medical College of Virginia Commonwealth University in Richmond found that "Overall, childhood sexual abuse was more strongly associated with drug or alcohol dependence than with any of the psychiatric disorders."
- Author Neil Swan (1998) wrote, "as many as two-thirds of all people in treatment for drug abuse report that they were physically, sexually, or emotionally abused during childhood, research shows."
- According to research findings of Kisha Radliff (2012) of Ohio State University "...youth who bully others might be more likely to also try substance use. The reverse could also be true in that youth who use substances might be more likely to bully others."
- A June, 2018 SAMHSA newsletter article states that there is a clear relation between childhood trauma and substance abuse. They cite a study on childhood abuse, neglect, and household dysfunction and the risk of illicit drug use. With each adverse childhood experience documented this increased the likelihood of early initiation into illicit drug use by 2- to 4-fold. (Dube et al, 2003).

ACEs and Substance Abuse:

What is considered to be an adverse childhood experience?



ACEs Study



How to combat? = RESILIENCE

For additional ACES and Resilience information see toolkit pieces, *The Protective Factors* and *ACEs and the Protective Factors*.

Substance Use Disorders Statistics

Substance Abuse

In 2008, poisoning surpassed motor vehicle crashes to become the leading cause of injury death in the United States. Since 2003, over 90% of all poisonings have involved drugs, with the largest increase in poisonings related to opioid analgesics (pain relievers). A similar national pattern has also been seen in Michigan with poisonings exceeding motor vehicle crashes to become the leading cause of injury death in Michigan in 2009.

In 2016, 20.4 percent of adults smoked. Nationally, the rate was 17.1 percent. In 2017, 10.5 percent of high school students smoked on at least one day in the past 30 days. Nationally, the rate was 8.8 percent. In 2015, 2.9 percent of adults used e-cigarettes, 1.6 percent used smokeless tobacco and 2.5 percent smoked cigars.

In 2017, 14.8 percent of high school students used e-cigarettes, 6.3 percent used smokeless tobacco and 9.2 percent smoked cigars on at least one day in the past 30 days. Nationally, the rates were 13.2 percent, 5.5 percent and 8.0 percent, respectively.

<https://truthinitiative.org/tobacco-use-michigan>

Stats from the 2017 Michigan Epidemiological Profile in regards to alcohol abuse by youth include:

1. Between 2006 and 2015, alcohol-related traffic crashes involving at least one driver, 16 to 20 years of age, who had been drinking, caused an annual average of 149 deaths and serious injuries.
2. In 2016, 697 youths 16 to 20 years of age, were admitted to treatment for alcohol as the primary drug of abuse in Michigan, accounting for 20.2% of all substance abuse treatment admissions.

Stats from the 2017 Michigan Epidemiological Profile in regards to prescription medication/opiates include:

3. Prescription drug-related mortality has increased significantly for all age groups from 2005 to 2015. For 16-20 year old rates more than doubled, going from 2.1 to 5.2 from 2005 to 2015.
4. The percent of youth who reported prescription drugs as their primary drug of abuse at admission has steadily increased from 2006 to 2016, with an overall increase of 96% during that time period.
5. This is not prescription drug specific - The rate of drug-related traffic crash deaths among youth increased 136% from 2006 to 2015. The rate of drug-related traffic crash serious injuries only increased 5% from 2006 to 2015.

The number of U.S. newborns diagnosed with symptoms of drug withdrawal nearly tripled in 10 years due to increasing opiate use among pregnant women. These newborns with Neonatal Withdrawal Syndrome (NWS, also know as Neonatal Abstinence Syndrome, NAS) are more likely to have trouble breathing, low birth weight, feeding difficulties and seizures. A recent study by MDHHS documents this problem in Michigan and highlights the increased costs due to their longer hospital stays.

[Neonatal Drug Withdrawal among Michigan Infants Fact Sheet](#)

Finding Quality Treatment For Substance Use Disorders - SAMHSA

FOR A DRUG OR ALCOHOL USE EMERGENCY, CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM

Three Steps to Accessing Care

1. **If you have insurance:** Contact your insurer. Ask about your coverage and whether they have a network of preferred providers for you to use. **If you don't have insurance:** Each state has funding to provide treatment for people without insurance coverage. Find where to call for information about payment for services at <https://www.samhsa.gov/sites/default/files/ssa-directory.pdf>.
2. Review the websites of the providers and see if they have the five signs of quality treatment detailed below.
3. Call for an appointment. Many programs offer walk-in services. Look for programs that can get you or a family member into treatment quickly.

Treatment Locators

- *Substance Use and Mental Health Treatment Locator:* <https://findtreatment.samhsa.gov/>
- 1-800-662-HELP (4357)
- 1-800-487-4899 (TTY)
- *Alcohol Treatment Navigator:* <https://alcoholtreatment.niaaa.nih.gov/>

Five Signs of Quality Treatment

You can use these questions to help decide about the quality of a treatment provider and the types of services offered. Quality programs should offer a full range of services accepted as effective in treatment and recovery from substance use disorders and should be matched to a person's needs.

1. **Accreditation:** Has the program been licensed or certified by the state? Is the program currently in good standing in the state? Are the staff qualified? Good quality programs will have a good inspection record and both the program and the staff should have received training in treatment of substance use and mental disorders and be licensed or registered in the state. Does the program conduct satisfaction surveys? Can they show you how people using their services have rated them?
2. **Medication:** Does the program offer FDA approved medication for recovery from alcohol and opioid use disorders? At this point in time, there are no FDA approved medications to help to prevent relapse from other problem substances.
3. **Evidence-Based Practices:** Does the program offer treatments that have been proven to be effective in treating substance use disorders including medication management therapies, such as motivational therapy, cognitive behavioral therapy, drug and alcohol counseling, education about the risks of drug and alcohol use, and peer support? Does the program either provide or help to obtain medical care for physical health issues?
4. **Families:** Does the program include family members in the treatment process? Family members have an important role in understanding the impact of addiction on families and providing support.
5. **Supports:** Does the program provide ongoing treatment and supports beyond just treating the substance issues? For many people addiction is a chronic condition and requires ongoing medication and supports. Quality programs provide treatment for the long term which may include ongoing counseling or recovery coaching and support and,

helps in meeting other basic needs like sober housing, employment supports, and continued family involvement.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

1-877-SAMHSA-7

(1-877-726-4727)

1-800-487-4889 (TDD) www.samhsa.gov

Resources:

<https://www.dea.gov/factsheets>

https://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_54784_57850---,00.html

https://www.michigan.gov/documents/mdch/NWS_FactSheet_final_6.25.13_431275_7.pdf (NAS Baby stats)

https://www.mlive.com/news/index.ssf/2016/07/michigans_largest_counties_ran_1.html

<https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescents-and-substance-abuse/michigan/index.html>

https://www.childwelfare.gov/pubPDFs/subabuse_childmal.pdf (Substance Abuse and Child Maltreatment)

<https://www.childwelfare.gov/pubs/factsheets/parentalsubabuse/>

<https://www.drugabuse.gov/news-events/news-releases/2016/03/childs-first-eight-years-critical-substance-abuse-prevention>

https://www.michigan.gov/documents/PIHPDIRECTOR_97962_7.pdf

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_29888_48562_60514---,00.html

<http://www.talksooner.org/partners/>