Family Policing and Substance Use

They may be the parents most of us would most like to punish: mothers who are portrayed in media accounts as caring so little for their children that they'd rather get high than take care of them. Mothers who can't or won't kick their habit even while they're pregnant.

No one really knows how many there are. The huge numbers bandied about by child savers are guesses, and the child savers have a vested interest in guessing high. Furthermore, guesses about the extent of "substance abuse" by parents lump together everything from the parent who runs a meth lab in the basement to the parents who have their children taken for smoking one marijuana cigarette[1] or drinking marijuana tea[2] to ease the pain of labor.

There also is a difference between substance use and substance abuse. While drug use certainly can impede parenting, it doesn't have to. In fact, Middle-class mothers can brag about their substance use in Facebook groups.[3] They know their privileged status gives them immunity from family police surveillance.

Through one "Worst Drug Plague Ever" after another, myths about those who use drugs -- and their children – persist.

Every few years, scores of experts on pediatrics and addiction band together to issue open letters to journalists[4] pleading with them not to keep making the same mistakes. Yet the mistakes keep turning up in news accounts.

Even though the apocalyptic claims about children born with cocaine in their systems – and their mothers – proved to be false, the same false claims were made again about methamphetamine. And now we're hearing them about abuse of opioids such as prescription painkillers and heroin.

Over and over we're told that foster care numbers are increasing because of opioid abuse. That is not true.

Where opioid use really has led to more foster care, the **foster care numbers are increasing not because of the drug abuse, but because of child welfare's typically stupid, knee-jerk take-the-child-and-run *response* to the drug abuse.**

And sometimes it's just an excuse. Child welfare officials in Arkansas tried to blame opioid addiction for a sharp increase in the number of children taken from their homes. But consultants hired by those same officials said the heart of the problem wasn't a new drug plague or a big increase in actual child abuse of any kind. Rather, the primary cause was "questionable removals" of children who probably could have remained safely in their own homes had their families gotten the right kinds of help.[5]

The problem of drug abuse, like the problem of child abuse, is serious and real. And there is an enormous temptation to punish drug dependent parents.

But, it is extremely difficult to take a swing at those "bad parents" without the blow landing on their children.

Yet every few years, whenever the newest "Worst Drug Plague Ever" hits, the child savers come out swinging.

We should know better by now.

The cliché about addition being a disease happens to be true. It's not a moral failing. We would not take away children from a parent with cancer. We would not even take that child if the cancer returned after going into remission.

Yet child welfare responds to the use of *some* drugs by *some* people (not the legal ones such as alcohol and tobacco, and not the people who use them in wealthy suburban enclaves) with two knee-jerk assumptions:

- The drug use automatically makes them bad parents.
- There is no alternative to taking the children away, at least while those parents get treatment (if we bother offering that at all).

Neither of those assumptions is true. That's something we should have learned from that first Worst Drug Plague Ever, crack cocaine:

In a University of Florida study of children born with cocaine in their systems – children often stigmatized with the label "crack babies" -- one group was placed in foster care, the other left with birth mothers deemed able to care for them. After six months, the babies were tested using all the usual measures of infant development: rolling over, sitting up, reaching out. Consistently, the children placed with their birth mothers did better. For the foster children, the separation from their mothers was more toxic than the cocaine.[6]

So if we really believe all the rhetoric about putting the child's needs first, that means putting those needs ahead of everything, including how we may feel about the parents.

And if we really believe all the rhetoric about the need for "trauma-informed" child welfare, we must recognize that one of the worst traumas a child can endure is separation from her or his parents.[7]

(continued)

Substance Abuse (continued)

False assumptions

The common assumptions about drug use and drug treatment also are wrong.

Much like the debate over child abuse in general, the debate over drug abuse by parents has been dominated by horror stories – the parents who manufacture meth in the basement or die of a heroin overdose with their children in the car.

But just as the horror stories represent a small fraction of child abuse cases, they represent a small fraction of parents who abuse substances.

This can be seen from the fact that the number of Americans who *admit* to using illicit substances in just a single month[8] – let alone the actual number – is vastly higher than the number who actually abuse children over the course of an entire year.[9]

This does not mean that it is good for a parent to abuse prescription painkillers or cocaine or other drugs. But it does mean that some parents can use those substances and still take care of their children – as noted earlier, if they have enough money, they can even brag about it. In such cases any alleged harm involved in leaving the child at home must be balanced against the known, severe harm of foster care (See Issue Paper #1).

In addition, in the case of opioids, the positive drug test that leads a child welfare agency to take-the-child-and-run can be caused by legal drugs properly used. Or it may be caused by a drug used to treat addiction, such as methadone. So family police agencies punish the parent who steps forward and seeks help.

Where parental substance abuse is so serious that intervention really is needed, then in most cases that intervention should be drug treatment.

A federal report concluded that one-third of addicts recover on their first attempt and another third recover "after brief periods" of relapse.[10] Another federal study found that the chances of success increase dramatically when parents are allowed to keep their young children with them during inpatient treatment.[11]

All of this still costs less than foster care. But it has to be real treatment, not sending a parent off to a 30-day detox program and returning her home to all the pain and misery that may have triggered the drug use in the first place.

In Connecticut, for example, an increase in opioid abuse has not led to a dramatic increase in foster care. That's because Connecticut chose to respond by increasing use of an innovative home-based family drug treatment program.[12]

Where that is not enough, inpatient programs where parents can live with their children should be easily available.

But what about "meth"?

When use of crack cocaine was at its worst, so was the hype about what it did to children, and their parents.

The claim that children born with cocaine in their systems were doomed to become, in the words of one hyperventilating columnist, "a biological underclass"[13] was false. The claim that crack cocaine destroyed all maternal instincts was false. And the claim that addition to crack cocaine could not be treated was false.

The same false claims were made about methamphetamine. In fact, methamphetamine addiction can be treated with just as much success and in the same time frame as addiction to crack cocaine and other substances.[14]

The extent of our blindness

The extent to which our inchoate rage at drug using parents harms children can be seen in how medicine and child welfare have responded to children born with opioids in their system who are going through withdrawal.

As *The New York Times* points out, what they need most is quiet places with low light, relatively little stimuli – and a lot of love.

So what do we do? We tear them from their mothers at birth and rush them into noisy, brightly lit neonatal intensive care units far from their mothers and treat them with another drug – morphine. According to the *Times*:

"Increasingly, experts fear that babies are being removed from mothers they need so they can get morphine they do not."[15]

Some hospitals have belatedly decided to put the child's needs first. They are giving the children what they need most: Their mothers.

And it's working.

Perhaps someday America's child welfare systems will try that approach as well.

For more about these issues, see our publication Epidemic of Hype our column in Youth Today and these posts to the NCCPR child welfare blog, comparing how two news organizations dealt with these issues.

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See following page for endnotes.

Substance Abuse (continued)

[1] Brief for Defendant Appellant and Brief for Petitioner-Respondent, *Nassau County (N.Y.) Department of Social Services v. Theresa.*
[2] For full citations see this post to the NCCPR Child Welfare Blog: http://bit.ly/2u1tS5t
[3] Emma Ketteringham, "Families torn apart over pot: As N.Y. moves to legalize marijuana, it must fix agonizing disparities that take children away from black and brown mothers and fathers," *New York Daily News*, May 8, 2019
[4] Open Letter to the Media and Policy Makers Regarding Alarmist and Inaccurate Reporting on Prescription Opioid Use by Pregnant Women, March 11, 2013.
[5] Richard Wexler, "Needless Removal, Not 'Drug Plague,' Drives Foster Care Numbers Hike in Arkansas," *Youth Today*, Nov. 30, 2016. The story includes a link to the consultants' report.
[6] Kathleen Wobie, Marylou Behnke et. al., *To Have and To Hold: A Descriptive Study of Custody Status Following Prenatal Exposure to Cocaine,* paper presented at joint annual meeting of the American Pediatric Society and the Society for Pediatric Research, May 3, 1998.
[7] For details on the extent of this harm, see NCCPR Issue Paper #1.
[8] National Institute on Drug Abuse, Nationwide Trends, revised June 2015.
[9] For details and citations, see NCCPR's Issue Paper, *Understanding Child Abuse Numbers.*
[10]Department of Health and Human Services, *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection* (Washington, DC: April, 1999) p.14.
[11] U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, *Benefits of Residential Substance Abuse Treatment for Pregnant and Parenting Women* (Washington DC: September, 2001).
[12] Jenifer Frank, "DCF's New Strategy: Treating Children and Families in Their Own Homes," *Connecticut Health I-Team* via *Hartford Courant*, June 23, 2017.
[13] Mariah Blake, "The Damage Done: Crack Babies Talk Back," *Columbia Journalism Review*, September/October 2004.
[14] Richard A. Rawson, Ph.D, *Challenges in Responding to the Spread of Methamphetamine Use in the US: Recommendations Concerning the Treatment of Individuals with Methamphetamine-Related Disorders (*Los Angeles: UCLA Integrated Substance Abuse Programs, David Geffen School of Medicine). See also, Maia Szalavitz, *The Media's Meth Mania*, (Aug. 4, 2005) and *The Media Go Into 'Crack Baby' Mode Over Meth* (August 10, 2005) both at www.stats.org
[15] Catherine Saint Louis, "A Tide of Opioid-Dependent Newborns Forces Doctors to Rethink Treatment," *The New York Times*, July 13, 2017.