

Family Preservation and Substance Abuse

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

No one really knows how many such mothers there are. The huge numbers bandied about by some advocates are guesses, and some of those advocates have a vested interest in guessing high. Furthermore, guesses about the extent of "substance abuse" by parents lump together everything from the parent who sells her child for crack to the parent who had her child taken for a week at birth because she smoked one marijuana cigarette to ease the pain of labor.¹ But the problem cannot be minimized either. The problem of drug abuse, like the problem of child abuse, is serious and real. And there is an enormous temptation to punish addicted parents. But do we want to punish their children?

We favor providing Intensive Family Preservation Services to *some* families with substance abuse problems. But not because it's another chance for the parent. We favor such programs because they may be the only chance for the child.

Consider the case of Alice Porter (not her real name) of Newark, New Jersey. She was a drug-addicted single mother with a 12-year-old boy. The boy was angry, unruly, defiant, and hitting his mother. She was too overwhelmed by addiction to give him the order and stability he needed. One option would be to take the boy away because his mother doesn't "deserve" another chance.

But what would happen to an angry "acting out" 12-year-old in foster care? Probably foster home after foster home, as foster parents found they could not cope with him. Then group home after group home. The odds that he would have been adopted are slim. The odds that he would have been abused in foster care are excellent, (see Issue Paper 1). And the odds that he would emerge unable to love or trust anyone after all those placements are overwhelming.

But none of that happened. Alice Porter's family was referred to a family preservation program in Newark. Now the mother is active in Narcotics Anonymous. She's building her skills, getting the education she needs to find employment. And her son is in A1-Ateen and doing well in school. And because he

stayed at home, he saw his mother fight -- and win -- her battle with addiction. "That's one less negative role model in his life," says family preservation worker Marcello Gomez. "He's learning he can have a positive lifestyle, drug free."²

But what about infants? Would they do better taken from parents who have abused drugs? Often, the answer there, too, is no. After examining what really happens to such babies *Time* Magazine concluded: "Staying at home with an addicted mother who is actively participating in a rehabilitation program can, in many cases, be the more promising and *safer* route for the child [Emphasis added]."³

In a University of Florida study of so-called "crack babies," one group was placed in foster care, the other half with birth mothers 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, being taken from their mothers was more toxic than the cocaine.⁴

Why help addicted mothers? Because it is extremely difficult to take a swing at "bad mothers" without the blow landing on their children.

Not all cases work out like the case of Alice Porter. In some cases, a parent's addiction and lack of interest in treatment combine to create a situation that requires immediate removal of the child. But Intensive Family Preservation programs have developed their impressive record of safety while working with drug addicted parents. Michigan's program, for example, has an exemplary safety record, (see Issue Paper 1) even though 58 percent of the families it works with in Detroit have substance abuse problems. In the Newark program, 75 percent of families are together one year after the intervention. The fact that 25 percent are not indicates the care with which such families are approached and the willingness of family preservation workers to recommend removal of children when necessary.

An exhaustive 1999 report on child welfare and drug abuse found that, again contrary to the stereotype, "national treatment outcome studies ... clearly show that treatment

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can be effective."⁵ [Emphasis added]. A federal report concluded that one-third of addicts recover on their first attempt and another third recover "after brief periods" of relapse.⁶ And 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.⁷

Family preservation is not drug treatment. But Intensive Family Preservation programs help increase the chances that treatment will be successful. Such programs work with parents to determine which of the many forms of drug treatment is most likely to work, advocate to get them into treatment, and support them as they enter that treatment. They also prepare the family for the possibility of relapse, so even if that happens, the children remain safe. And perhaps most important, family preservation programs provide concrete services, so parents with substance abuse problems can marshal their energies and focus on freeing themselves from their addiction.

By providing such concrete help, Family Preservation programs provide something even more important: Hope. "A lot of our families are hopeless," Gomez says. "When you've been using for a long time, you think you'll never be able to get yourself together again." Often it is hopelessness that caused the addiction in the first place. "People get high for a lot of reasons," Gomez says. Sometimes, it may be a personal trauma. Often, it is the despair brought on by a life surrounded by seemingly intractable poverty.

Family preservation can't do it alone -- and the people who run such programs have never claimed that they can. There is an urgent need for a wide variety of substance abuse programs, particularly programs geared to the needs of mothers and children. There is money available to pay for such programs. States have amassed huge amounts of surplus federal funds because of savings achieved by slashing welfare rolls. But states often divert some of that money to subsidize tax cuts and other popular middle-class programs.⁸

¹ Brief for Defendant Appellant and Brief for Petitioner-Respondent, *Nassau County (N.Y.) Department of Social Services v. Theresa*. //2. Personal Communication with Marcello Gomez, Clinical Supervisor for Family Preservation Programs at The Bridge, Inc., Irvington, N.J. //3. James Willwerth, "Should We Take Away Their Kids? Often The Best Way to Save the Child is to Save the Mother as Well," *Time*, May 13, 1991, p.62. //4. 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. //5. National Center On Addiction and Substance Abuse at Columbia University, *No Safe Haven: Children of Substance-Abusing Parents* (New York: January, 1999). //6. 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. //7. 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). //8. For a case in point, see Raymond Hernandez, "Federal Welfare Windfall Frees New York Money for Other Uses," *The New York Times*, April 23, 2000.

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