Chemically Exposed Children: The Child Welfare Response

Nora S. Gustavsson, Ph.D.

ABSTRACT: Child Welfare Agencies, especially in urban areas, are confronted with multiple problems as they attempt to deal with the complex needs of chemically dependent families. Maternal chemical use places children at an elevated risk of placement and other negative events. This article critiques research on incidence and consequence of maternal chemical use and suggests strategies Child Welfare Agencies can employ in working with these vulnerable families.

After a period of decline in the number of children entering foster care, recent statistics indicate increasing numbers of children are entering care and that many of these children are young and minority. The factor which seems to account for much of this increase is the incidence of illicit chemical use by parents. Chemical use by pregnant women has become the basis for referral to child protective services in many states. This article critically examines the recent research on the incidence and consequences of maternal chemical use and suggests strategies for helping child welfare agencies meet the multiple needs of this vulnerable population. Chemical dependency is one factor in the lives of parents who have multiple needs and frequently live in unsupportive environments. By incorporating an ecological perspective, child welfare agencies can provide comprehensive services to this special population.

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Dr. Gustavsson is an Assistant Professor, School of Social Work, University of Illinois. Address communications to the author at the school, 1207 W. Oregon, Urbana, Illinois 61801.
Incidence

Obtaining accurate estimates of the number of people using mood altering chemicals is difficult. The reported incidence of drug use varies widely and is influenced by factors such as which drugs will be included in the study, methods of sampling, and the techniques used to determine drug use.

The National Institute on Drug Abuse (NIDA) is the federal agency which estimates drug use. NIDA relies on three sources of information; a national household survey, data from hospitals on drug related admissions to emergency rooms, and a survey of high school seniors. NIDA does not survey populations which may have a high incidence of drug users such as prison inmates or residents of college dormitories. Therefore, the data may underestimate the actual incidence of drug use.

NIDA (1989) data indicate that alcohol and tobacco, two legal drugs, continue to be the most widely used chemicals. More than 100 million Americans use alcohol, a chemical with the potential to harm a fetus. If only 30 percent of these 100 million users of alcohol are women of child bearing age, then a substantial number of infants could be exposed prenatally to this harmful agent. Marijuana continues to be the most frequently used illicit drug. The numbers of cocaine users are declining. Data from the high school seniors survey indicate that in 1989, only 3.1 percent of seniors had ever used crack (an inexpensive smokable derivative of cocaine) compared with a high of six percent in 1987 (NIDA, 1990). Of the five million regular users of cocaine, 40 percent are estimated to be women of child bearing age (Abelson & Miller, 1985).

Drug use by women of child bearing age is particularly troublesome since chemical use can be harmful to both the mother and fetus. Most studies of chemical use by pregnant women are conducted at large urban hospitals which serve poor women of color. One study of 36 hospitals reported an average 11 percent incidence of substance abuse in mothers using prenatal service (Chasnoff, 1989). Another study at Boston City Hospital reported 27 percent of mothers had used marijuana and 18 percent had used cocaine during the study period (Zuckerman, et al., 1989). A Miami study reported a 12 percent perinatal cocaine exposure rate (Bandstra, et al., 1989). A study at a public hospital in Detroit revealed that 27 percent of delivering women tested positive for one or more drugs with marijuana, the most commonly used drug (Land & Kushner, 1990). None of these studies in-