

SUBSTANCE ABUSE REFERENCES

Bailey, J.A., Hill, K.G., Oesterle, S., Hawkins, J.D. (2006). Linking Substance Use and Problem Behavior Across Three Generations. *Journal of Abnormal Child Psychology*, 34(3), p263-282.

(K5)

About the study-

This study extends prior research on the intergenerational continuity of substance use by using data from two longitudinal studies linking three generations. This study examined patterns of between generation continuity in substance use from generation 1 (G1) parents to generation 2 (G2) adolescents and from G2 adult substance use and G1 substance use to generation 3 (G3) problem behavior in childhood. The data is drawn from the Seattle Social Development Project (SSDP) and The Intergenerational Project. For the SSDP, participants were recruited from 18 Seattle public elementary schools that served high crime areas of the city. The SSDP sample consisted of 808 students from the fifth grade. The sample had been interviewed 11 times over a 17-year period. Parent and student questionnaires were administered. In 2002, The Intergenerational Project (TIP) began intensive data collection on SSDP participants and their children. 281 parents met eligibility criteria. Those who consented to participate were compared to those who declined participation. Parent, alternative caregiver and child interviews were conducted in person. In addition, questionnaires were mailed to teachers of 105 children age 6 and older.

Findings-

- Analyses showed evidence of intergenerational transmission of a general tendency to use substances.
- Five main findings:
 - Cross-generational continuity in the general tendency toward substance use was small, but significant.
 - Cigarette use showed moderate specific continuity across generations.
 - G2 adolescent problem behavior fully mediated the effects of G1 general substance use on G2 substance use in high school and G2 adult substance use was related to G3 problem behavior.
 - These relationships persisted in the presence of competing explanatory variables.
 - Grandparent substance use was indirectly related to G3 problem behavior thirteen years later, as mediated through G2 substance use and also problem behavior.
- Limitations- Measures of G1 substance use and antisocial behavior were not optimal. Findings about substance-specific correlation across generations, should be interpreted cautiously. Findings about the relationship between G1 and G2 substance use and G3 problem behavior need to be replicated, using a larger sample. The broad age range of G3's

in this sample is potentially troublesome. The data did not permit the investigation of the contributions of genetic and social development influences on problem behavior. It is possible that parent substance use and child problem behavior are reciprocally related. Parental depression cannot be ruled out as a potential explanation of the observed relationship between parent substance use and child problem behavior.

Implications for CWS-

The worker should be aware of the possibility of intergenerational substance use when case plan interventions and referrals and even consider prevention measures for a child.

Chambers, J.C. (2005). Strengths for Coping with Family Conflict. *Reclaiming Children & Youth*, 14(2), p107-111.

(K2)

About the study/citation-

The citation describes the connections between parental addiction and coping behaviors used by children in those families. The citation also discusses the strength-based strategies these children use to help them survive the environment.

Findings/content-

- The article contains info on what is called the Conflict Cycle, which can be used to describe what happens to youth in families with parental addiction.
- There is a table which contains info related to the different survival roles children take on in being part of these families. The strengths and deficits of each are discussed.
- Roles are:
 - Scapegoat-Child contributes to the severity of the situation by eliciting the kind of attention that causes parents to belittle or nag the child.
 - Adjusting Child- also called the invisible child and does not learn to take the lead or show initiative.
 - Mascot-has difficulty staying present and focused when needed and does not appropriate ways to ask for attention.
 - Placater-they develop a high tolerance for inappropriate behavior and have few self-protective boundaries.
- Staff behaviors in response to these roles/behavior are recommended.

Implications for CWS-

The worker should be aware of the family roles that develop in a family with parent addictions in order to choose and implement appropriate case plan interventions.

Currie, E. (2003). "It's Our Lives They're Dealing With Here": Some Adolescent Views of Residential Treatment. *Journal of Drug Issues*, 33(4), p833-864.

(K8)

About the study-

This study occurred in the year 2000 in a western state. The setting for this study was at a residential program identified as “Home Base.” It combines medical and social models of treatment. Home Base uses a 12-step program, but also works with the adolescents’ families. The objective of the study was to place the issues of adolescents’ relationship to treatment in the context of their broader lives. The research rested heavily on a series of open-ended interviews with a small number of program clients. Most were interviewed shortly after admission and most, again prior to discharge and then contacted ever few months thereafter for interviews. The resulting study group was comprised of 15 girls and eight boys.

Findings-

- What “worked in this program:
 - Interventions that were supportive and addressed different parts of the youth’s life.
 - Also, the interventions were reasonably intensive and addressed the issues that were the root causes of their using and other risky behaviors.
- What did not “work” in this program:
 - Elements of the program that felt overly confrontational or punitive.
 - The use of what was called “demeaning” consequences inhibited the adolescents capacity to feel at ease with the program or bonded with its aims.
- Limitations- Small sample size and sample from only one program.

Implications for CWS-

The worker should be aware of the research on positive interventions in treatment and in how a residential program uses such interventions. This information can be helpful in referring a client to treatment, understanding the level of care needed and in case planning.

Denis Cook, J. (2003). Biochemical Markers of Alcohol Use in Pregnant Women. *Clinical Biochemistry*, 36(1).

(K3)

About the study/citation-

The article discusses the serious health consequences to alcohol use, especially as it related to pregnancy and Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). The article also discusses and analyzes the classic markers of alcohol exposure, such as blood/breath alcohol level and hemoglobin-associated acetaldehyde (HAA).

Findings/content-

- The frequency, intensity and timing of drinking influences fetal outcome. Drinking is especially detrimental if ingested during the stages of organ formation, especially the first 1-6 weeks of gestation.
- In those women who drink during pregnancy, 10% will have a child with FAS while a great number will have a child with FAE.

- Both FAS and FAE results from the alcohol's effect on the developing fetal nervous system, causing structural, behavioral and cognitive abnormalities.
- FAS and FAE represent two of the leading preventable causes of mental retardation and birth defects.
- Educating women on the risks of alcohol to the fetus may be more successful during pregnancy when the woman is more receptive to intervention.
- Using alcohol use questionnaires during pregnancy is important to identify possible risk to the fetal outcome.
- Accurate and reliable biochemical markers for alcohol use would be very valuable for identifying women who drink alcohol and for determining the risk of FAS or FAE in pregnant women.
- Alcohol biochemistry in the body is also discussed in more scientific terms.
- Current biochemical markers of chronic alcohol use are not as diagnostically effective in women when compared to men.

Implications for CWS-

The worker should be aware of the physiological indicators of substance use and how alcohol affects fetal outcome. This would be important to consider when assessing a client and in determining possible interventions or referrals for pregnant clients who may be using alcohol.

Galaif, E, Nyamathi, A., & Stein, J. (1999). Psychosocial Predictors of Current Drug Use, Drug Problems, and Physical Drug Dependence in Homeless Women. *Addictive Behaviors*, 24(6), 801-814.

(K6)

About the Study-

The purpose of the study was to clarify the relationships between important psychosocial predictors, and three different forms of drug use (current drug use, drug related problems, and physical drug dependence) among a sample of homeless women. The drug use constructs were formulated separately to determine whether there were specific relationships related to a hierarchical level of drug use, based on a continuum from current drug use to drug-related problems to physical dependence. Data were gathered from a sample of 1179 homeless women in L.A. from 1994-96. Subjects were recruited from directors of homeless shelters. Data were collected with a 45-60 minute questionnaire which was administered face-to-face by the ethnically matched nurses and outreach workers well trained in the research methods.

Findings-

- The theoretical model was effective in predicting hierarchical forms of drug use in a sample of homeless women.
- Negative social support directly predicted more drug use and physical drug dependence, whereas, positive social relationships did not encourage less drug use and other drug-related behaviors.

- Under significant stress and hardship related to their lack of housing and medical care, would utilize dysfunctional coping strategies, which would be associated with drug use and dependence.
- Positive coping significantly influenced less drug use, less drug-related problems, and less physical drug dependence.
- Those women suffering a mental illness were more at risk for drug use, drug-related problems and most at risk, for physical drug dependence.
- Limitations- Use of self-report measures may limit reliability of data. The model does not include other possibly important factors, such as chronicity or major depression. Causal implications are restricted due to the cross-sectional nature of the data and possible bidirectional influences.

Implications for CWS-

The worker should understand the factors that influence the process of progressing along the continuum of the drug dependency. This information would help in case planning and identifying services for clients' needs.

Gibbs, D., Martin, S., Johnson, R., Rentz, E., Clinton-Sherrod, M., and Hardison, J. (2008). *Child Maltreatment*, 13(3), 259-268.

(K1)

About the study-

This study provides a description of substance abuse among child maltreatment offenders in the military, reporting the extent of SA in substantiated child maltreatment incidents committed by U.S. Army soldiers. Info for this study comes primarily from the Army Central Registry. Drug and Alcohol Management Information System and the Defense Manpower Data Center. The report examines all Army Central Registry records of substantiated child maltreatment incidents occurring between 2000-2004, in which the offender was an active duty soldier and the parent of the child experiencing maltreatment. Analyses were based on 3959 records. The measure of offender substance abuse is whether the child maltreatment incident involved alcohol or illicit drug use by the offender, based on reports from the first responder to the scene or the assessment of the clinical worker completing the incident report.

Findings-

- The study found that 13% of Army soldiers who were child maltreatment offenders had substance abuse noted at the time of their first child maltreatment incident.
- SA at the time of the incident was five times as likely for offenders with prior referrals to SA services.
- The odds for offender SA more than doubled for offenders with concurrent spouse abuse incidents.
- The level of SA found here is dramatically lower than reported in civilian child welfare populations, where SA is considered to be a factor in between one third and two thirds of cases of child maltreatment.
- Offenders with SA were more likely to commit child neglect and were less likely to commit physical abuse than other child maltreatment offenders.

- No association between offender SA and recurrence of child maltreatment was found.
- Limitations- Cannot make a direct comparison between civilian and military offenders. There may be underreporting or inconsistency in reporting SA and/or child maltreatment due to military career repercussions. The close interweaving of work and personal lives for soldiers may result in higher rates of detection than would otherwise occur. Patterns may be biased by the absence of data on SA at the time of the first child maltreatment incident for 7% of the offenders.

Implications for CWS-

The worker should be aware of the statistics on SA and child maltreatment in This particular population and know the impact of SA on child maltreatment as

a

whole. This information is important when assessing for child maltreatment and in case planning, i.e. identifying needed services, developing interventions, etc.

Heinz, A.J., Epstein, D.H., Schroeder, J.R., Singleton, E.G., Heishman, S.J., & Preston, K.L. (2006). Heroin and Cocaine Craving and Use During Treatment: Measurement Validation and Potential Relationships. *Journal of Substance Abuse Treatment*, 31(4).

(K4)

About the study-

The purpose of this study was to characterize pretreatment craving as measured by a unidimensional craving measure versus a multidimensional craving measure and to compare the capacity of these measures to detect a potential relationship with illicit drug use in the clinical setting and retention time in treatment. One hundred eighty people enrolled in this 12-week clinical trial at an OP treatment program at the National Institute on Drug Abuse in Baltimore, MD. All participants presented with cocaine or opiate as their primary drug of choice. Exclusion criteria for the study included things such as, current psychosis or Bipolar Disorder, estimated IQ below 80, current physical dependence on alcohol or sedatives, etc. All participants underwent an evaluation and completed versions of the Cocaine Craving Questionnaire (CCQ) and cocaine craving VAS (visual analog scales-unidimensional) or Heroin Craving Questionnaire (HCQ) and heroin craving VAS (visual analog scales-unidimensional) at two visits approximately 10 days apart before the start of the treatment component.

Findings-

- For participants whose primary drug was heroin, the relationship between baseline craving and subsequent opiate use was counterintuitive: greater craving at baseline predicted less use during treatment. This requires replication, and it calls for caution in the interpretation of the findings for the HCQ.
- Treatment drop out and in treatment drug use were more frequently predicted by scores on the 14- or 45- CCQ than by the VAS ratings.

- Results suggest that the CCQ and HCQ and the 14-item CCQ provide information that the unidimensional VASs do not.
- Correlations between CCQ scores, VAS ratings and treatment outcome: in general, higher levels of cravings were associated with poor outcome.
- Correlations between HCQ scores, VAS ratings and treatment outcome: participants with higher craving scores before treatment were more likely to negative for opiates in urine specimens during treatment.
- Limitations-The upper range of treatment responsiveness was not well represented in this sample. The craving questionnaires were not administered in random or counterbalanced order. Since most of the participants were poly drug users, it cannot be assumed that craving for the primary drug of abuse was measured in isolation for craving for other drugs of abuse. There was an absence of a gold standard against which to compare the craving questionnaires.

Implications for CWS-

The worker should be aware of issues related to treatment such as the impact of cravings for drugs and should be aware of the research indicating the most reliable measures used in treatment. This information would be relevant for case planning and in finding effective treatment for a substance abuser.

Hser, Y. & Niv, N. (2006). Pregnant Women in Women-Only and Mixed-Gender Substance Abuse Treatment Programs: A Comparison of Client Characteristics and Program Services. *Journal of Behavioral Health Services & Research*, 33(4), p43-442.

(K4,K7)

About the study-

This article : 1) investigates the service needs of substance-abusing pregnant women and how characteristics of these women are associated with access to women only and mixed gender programs, and 2) compares the services provided by the two types of treatment programs. This research report was conducted as part of the California Treatment Outcome Project (CalTOP). CalTOP is a multisite, multicounty prospective treatment outcome study that is part of the national Treatment Outcomes and Performance Pilot Studies. Thirteen of the 19 counties that volunteered were selected. Counties then recommended treatment agencies within their systems for study participation. Data collection began in April 2000 from all adult clients consecutively admitted to 43 substance abuse treatment programs in 13 counties in California. The counties covered wide geographical areas and covered both urban and rural areas. Of the intake sample of 6255 women, 407 reported being pregnant at the time of admission. The Addiction Severity Index (ASI) was administered by program treatment staff intake. The ASI is the most commonly used instrument in the substance abuse field demonstrating validity and reliability for assessing clients' problem severity in diverse populations. In order to understand the treatment facilities and services provided by the CalTOP providers, program surveys were conducted with questionnaires completed by program directors.

Findings-

- Consistent with prior research, pregnant women in women only programs were found to have greater service needs, particularly substance use, psychiatric and legal problems, than did pregnant women in mixed gender programs.
- Although pregnant women in the two types of treatment due not differ in regards to most demographic variables, pregnant in women only programs were more likely to be homeless and unemployed compared to those in mixed gender programs. This suggests that a strength of women only programs is that they are being accessed by women with fewer resources.
- Pregnant women in women only programs:
 - Had greater drug use severity and had received more prior alcohol and drug treatment than had women in mixed gender programs.
 - Presented with greater psychiatric problem severity and were more likely to report psychiatric symptoms.
 - Had more legal problems and to have a history of prior or recent arrests.
 - Were more likely to receive residential treatment
- Pregnant women in both types of programs had significant legal difficulties related to the custody of their children. One-fifth of these pregnant women had their parental rights terminated previously and 43% had their children living with others as determined by CPS.
- Limitations-The generalizability of the study findings is limited by the facts that the participating counties and treatment programs were not randomly selected and women were not randomly assigned to their treatment program. Because the SA treatment programs included in this study and mental health records for these clients are from public service systems, excluded are services that may have been received in the private sector, although this is likely to be limited. The services reported by the programs are based on program surveys and are not based on clients who actually received these services.

Implications for CWS-

The worker should be aware of the research on women only versus mixed gender programs as it pertains to the treatment of pregnant women. The service needs of this population should also be considered. The worker can use this information in case planning and in identifying referral resources for a pregnant client who has substance abuse issues.

Kertesz, S.G., Mullins, A.N., Schumacher, J.E., Wallace, D., Kirk, K., & Milby, J.B. (2007). Long-Term Housing and Work Outcomes Among Treated Cocaine-Dependent Homeless Persons. *Journal of Behavioral Health Services & Research*, 34(1), p17-33.

(K7)

About the study-

This project sought to characterize the proportion of homeless, psychiatrically distressed, cocaine-dependent clients for whom a 6-month evidence-based, behaviorally oriented addiction treatment was followed by stable housing and employment at least 12 months. Also, this study assessed whether 12-month work and housing outcomes were superior among persons who had received the program-provided housing interventions during treatment. Participants were recruited at the largest homeless health care agency in Birmingham. There were 138 participants. All participants were offered behavioral day treatment services and randomly assigned to receive either no housing, abstinence-contingent housing, or nonabstinence-contingent housing. Exclusions included very severe cognitive impairment, overt psychosis, mental retardation, or an illness requiring immediate hospitalization.

Findings-

- The percentage achieving stable housing and employment at 12 months were highest for participants assigned to abstinent-contingent housing and lowest for participants assigned to no housing.
- The one-year housing and employment outcomes were approximately 60% better (in relevant terms) for participants in the trial arms that offered housing as part of treatment.
- Even among participants with high levels of treatment attendance, fewer than 50% achieved stable housing and work at 1 year.
- Limitations- While this study compared three approaches to the management of housing during treatment, there were factors biasing toward the null. All participants had access to intensive outpatient services and work therapy. Also, no housing participants often stayed in residential recovery homes during treatment, which could further bias toward a null comparison with the abstinence-contingent housing and nonabstinence-contingent housing trial arms. The present results are unlikely to reflect biased attrition.

Implications for CWS-

The worker should be aware of the housing needs of this population (substance abusing/cocaine dependent and homeless) when creating a case plan and identifying needs for services. The worker should also consider the research on abstinence-contingent housing versus nonabstinence contingent housing or no housing when planning treatment interventions/referrals.

Ribeiro, M. (2007). Crack Cocaine: A Five-Year Follow-Up Study of Treated Patients. *European Addiction Research*, 13(1), p11-19.

(K8)

About the study-

The aim of the study was to follow up a group of 131 crack cocaine users and to examine different outcome measures, including drug use, treatment experience, employment status, involvement in crime and mortality at 2 and 5 years. The original sample consisted of successful inpatients admitted to the Detox Inpatient

Unit at Taipas General Hospital in the area of Sao Paulo, Brazil. They were admitted into the sample if they met the ICD-10 criteria for crack dependence. At the first follow-ups, interviews were conducted by a 1 psychologist and 2 doctors, and the second follow-up by a doctor and occupational therapist. At the second-follow-up, most interviews took place over the phone with either the patient or a close family member. Seventeen interviews took place at the patient's home, and patients who were in prison were not interviewed.

Findings-

- 5 years after treatment, information was collected on 124 people of the original cohort, 39.7% reported having been abstinent from cocaine for at least the last year, and 21.4% had used the drug.
- There was a progressive movement towards abstinence from crack cocaine use over the follow-up period with just over one-fifth of the sample reportedly not using crack cocaine at 2 years, increasing to two-fifths at 5 years.
- There was evidence that once abstinence was achieved, it was maintained-so that the majority of people who had not used crack cocaine at the 2-year follow-up were still abstinent at 5 years.
- Nearly 18% of the sample was dead five years after treatment, with homicide and HIV being the most common causes.
- At both the first and second follow-up, the levels of employment progressively increased, reaching 70.9% at 5 years.
- Limitations- The findings cannot be generalized to other cities in Brazil or other countries. The telephone was usually undertaken by telephone often with a close family member rather than with the patient. This could have compromised the reliability of the information collected.

Implications for CWS-

The worker should understand the chronicity of substance abuse and the implication of maintaining housing and employment in recovery. This is important to consider when case planning and identifying services that can support a client maintaining sobriety.

Sterk, C.E., Elifson, K.W., & Theall, L, (2000). Women and Drug Treatment Experiences: A Generational Comparison of Mother and Daughters. *Journal of Drug Issues*, 30(4), p839-862.

(K5, K7)

About the study-

This paper explores the experiences of women who are current crack cocaine users. The paper also focuses on barriers and motivators for seeking substance abuse treatment, and, among those women who have been in substance abuse treatment, what those treatment experiences were like. Also, the paper will explore generational differences between mothers and daughters. The sample consisted of 96 women who actively use crack cocaine. One half were mother and the other half their adult daughters. The larger study focused on factors surrounding intergenerational drug use among mothers and their adult daughters in four dyad types. Exclusion criteria included unable to conduct an interview in

English and having a dual diagnosis. Women were recruited by outreach workers and community consultants. The initial recruitment phase was largely based on ethnographic mapping. The interviews involved in-depth interviewing around a life course perspective. The Risk Behavior Assessment questionnaire was also used.

Findings-

- The women identified external motivators to seek treatment to include: court-ordered drug treatment in lieu of incarceration, interventions by social and health service providers, pressures from friends/relatives and threats from other users or sellers.
- Independent of their generational status, the women viewed an arrest and subsequent incarceration as a major turning point.
- A number of women violated their probation and then entered drug treatment in the hopes of avoiding incarceration, and if they had children, the loss of custody.
- Drug-using mothers of non-using daughters were most likely to describe their relationship as strained.
- Barriers for entering drug treatment include: not enough slots open for treatment, few women could afford drug treatment, drug treatment centers are reluctant to accept women in residential programs.
- Recommendations the women made for drug treatment also include: provisions for job training and finding housing, importance of referrals to social and health agencies, and having more holistic and women-focused treatment.

Implications for CWS-

The worker should be aware of the generational issues between mothers and daughters who are drug users, the research on issues related to drug treatment and the need to more women-focused treatment. The worker can use this information in seeking services to address the needs of a female client abusing substances and in other case planning considerations.

Tangenberg, K.M. (2005). Twelve-Step Programs and Faith-Based Recovery: Research Controversies, Provider Perspectives, and Practice Implications. In C.H. Hilarski (Ed.), *Addiction, Assessment, and Treatment with Adolescents, Adults, and Families* (pp. 19 – 40). Binghamton, NY: Haworth Social Work Press.

(K7)

About the study-

This paper draws upon empirical research literature and faith-related provider perspectives on addiction and recovery in order to address practice and research challenges posed by 12-step and other spiritually-influenced treatment approaches. The goals of the paper are: 1) provide conceptualizations of recovery and spirituality relevant to practice involving 12-step programs; 2) review research literature and controversies regarding 12-step program effectiveness; 3) present perspectives on addiction and recovery expressed by faith-related service providers in shelter settings; and 4) discuss implications of existing research and faith-related treatment perspectives for evidence-based social work.

Findings-

- In social work and feminist literature, the cultural appropriateness and gender sensitivity of the 12-step programs and the Minnesota Model have been challenged, often due to references to the Oxford Group and continued associations of 12-step meetings with churches.
- Social worker awareness of historical traditions of self-help and collective spiritual strength in many marginalized communities may enhance recognition of the multidimensional nature of recovery efforts.
- The Hazelden treatment program utilizes the Minnesota Model and integrates the 12-step program philosophy of AA. According to self-report data submitted by 767 participants at a 12-month follow-up, 52.8% stated that they had not used alcohol or drugs since discharge and 34.8% reported that they had not used as much. Over half had reported attending 12-step meetings at least 1x/week.
- Evals of research examining the effectiveness of the 12-step programs have identified weaknesses, such as reliance on self-reports, lack of long-term follow-up, poor instrument quality, and biases related to professional affiliations between researchers and treatment centers.
- Research exploring the effectiveness of harm-reduction strategies has indicated a reduction of excessive alcohol consumption among college-age adults, though interventions with adults requiring more intensive treatment have failed to determine whether harm reduction is more effective in limiting drinking than 12-step programs and other strategies associated with the Minnesota Model.
- Perspectives on addiction and recovery expressed by faith-related providers indicate strong reliance on spiritual and religious faith in treatment programs, and frequent personal experiences of addiction and recovery that motivate helping others.

Implications for CWS-

It is important for the worker to understand diverse philosophies of addiction and recovery in order to better-assist client in accessing treatment programs and services.

Thornberry, T., Krohn, M.D., Freeman-Gallant, A., (2006). Intergenerational Roots of Early Onset Substance Use. *Journal of Drug Issues*, 36(1), p1-27.

(K5)

About the study-

This paper focuses on trying to identify both the magnitude and pattern of the intergenerational transfer of risk for drug use. Members of three successive generations prospectively report on their own involvement with drugs. Because of the age distribution of the G3 sample in the study, the focus is on early onset of substance use in the youngest generation. Data on G1 and adolescent G2 respondents came from the Rochester Youth Development Study (RYDS), and the data for adult G2 and G3 respondents came from the Rochester Intergenerational Study (RIGS). The RYDS began in 1998 and was a longitudinal study designed to investigate the development of drug use and other

problem behaviors. The initial sample consisted of 1,000 7th and 8th graders selected from the Rochester, New York public schools. Subjects were selected to overrepresent high-risk youth in an urban community, ensuring that serious, chronic offenders and drug users were included in the sample. The RIGS started in 1999 and added a third generation to the overall design. The G3 children in this study were comprised of the first biological child of each of the original G2 subjects who was two years of each of older at the initiation of the study. The G2 parents were interviewed all five years. The G3 children were interviewed starting at age 8, and as a result, the number of interviews varied some. The measure of G3 substance use was based on their self-reports.

Findings-

- Intergenerational continuity in substance use was observed only in the G2 females and their children. The substance use of G1 mothers increases the risk of use for their daughters, but not their sons.
- Use by the children of G2 mothers is significantly influenced by both G2 substance use and G1 substance use.
- For the children of G2 fathers, neither prior generation's substance use is significantly related to G3 use. The pattern of these findings strongly suggests that continuing contact with the child is almost essential for the intergenerational transfer of risk.
- Substance use by grandmothers exerts a sizeable impact on early onset substance use by G3.
- Limitations- the necessity of only examining early onset substance use by G3, and the current inability to separate the sample by G3 gender as well as G2 gender.

Implications for CWS-

The worker should consider the impact of parental substance use on children and the risk factors that exist for use when developing a case plan and deciding upon interventions for a family. In understanding risk factors, possible preventative measures can be taken.

Tyler, K.A. & Johnson, K.A. (2006). Pathways In and Out of Substance Use Among Homeless-Emerging Adults. *Journal of Adolescent Research*, 21(2), p133-157. (K8)

About the study-

The purpose of this article is to address how respondents first came to use substances, reasons for their continued use, and why some of them eventually transitioned out of using whereas others did not. This article is based on data obtained from semistructured interviews with 40 homeless-emerging adults as part of a larger longitudinal study. Young people were interviewed in Missouri, Iowa, Nebraska and Kansas, by street interviewers who were employed full-time as survey researchers.

Findings-

- 85% used or currently are using marijuana, 3% used or are currently using illicit drugs, and 75% are heavy substance users.

- Many of the emerging adults listed a friend or acquaintance or a family member as being responsible for introducing them to alcohol/drugs.
- Almost one-half of respondents reported that alcohol and drugs were used as a way to cope with experiences early child maltreatment, depression, and with the stressors of street life.
- For many emerging adults, the pathway out of substance was aided by some precipitating event, such as a pregnancy.
- Substance misuse that is left untreated may lead to chemical dependency among homeless emerging adults and may contribute to long-term homelessness.
- Limitations-Many of the questions were retrospective in nature, and thus, many of the respondents would be unable to remember details. Both authors were involved in both rounds of coding, and it is possible that the second round was influenced by the first round. It was not possible to randomly sample the 40 participants from the larger study. The substance-use patterns of emerging homeless adults are likely to change constantly, so it may be difficult to identify exact usage rates at any given time. Classification of substance users should be examined developmentally rather than one point in time. There are some limits in generalizability as well.

Implications for CWS-

The worker should consider the use of substances in the homeless population when case planning and how these issues are relevant to a person's daily functioning. Also, with the research on motivators for using substances, protective measures, such as additional social support and stress management, should be considered as a part of case planning as well.

Vik, P., Brown, S. and Myers, M. (1997). Adolescent Substance Use Problems. In Mash, E. & Terdal L. (Eds.), *Assessment of Childhood Disorders*, 3rd edition, (pp. 717-748). New York, NY: Guilford Press.

(K8, K10)

About the study/citation-

This chapter discusses risks and protective factors, adolescent posttreatment relapse, and the assessment methods for assessing teens and substances abuse. Assessment process, means of assessment, and domains to assessed are of focus as well.

Findings/content-

- Individual, situational and physiological factors are thought to influence a return to alcohol and drug use among people who have received substance abuse treatment.
- Initial posttreatment use for teens often occur in social settings were others were using, and there were no models of abstinence.
- Teens that fared well posttreatment tended to experience few pretreatment legal and substance-related problems, were females, came from broken homes, and had fathers who were not alcoholic.

- There is a summary table of instruments to screen for adolescent substance use, such as the Adolescent Drinking Index (ADI) and the Adolescent Drug Involvement Scale (ADIS).
- A conceptual strategy for assessment of adolescent substance involvement is presented, beginning with screening, and then focused evaluation, treatment hypotheses and treatment plan.
- The assessment process should evaluate several domains of functioning that are related to adolescent substance. This info can help formulate a case conceptualization and develop treatment plans. These domains are: substance use, family, cognitive factors, mental health and behaviors, school/academic functioning, social environment, other activities, physical health and readiness to change.

Implications for CWS-

The worker should be aware of the language and areas covered in a SA assessment which would be helpful in reading a report and collaborating with a provider. Also, in understanding some of the factors related to relapse prevention, a worker could include specific interventions in the case plan to address relapse.

Winslow, B., Voorhees, K., & Pehl, K. (2007). Methamphetamine Abuse. Retrieved on October 2, 2008 from <http://www.aafp.org/afp>.

(K9)

About the study/citation-

The article discusses methamphetamine abuse, epidemiology, clinical effects of the drug, effects on children, treatment issues and prevention.

Findings/content-

- The effects of meth are very similar to cocaine, and it is highly addictive, inexpensive, and easily available.
- A recent published study found that 2.8% of adults 18 to 26 years old reported meth use within the past year.
- Meth use is more common among men who have sex with men, and it is associated with HIV and transmission in this population.
- Meth use produces a rapid, pleasurable rush caused by release of dopamine norepinephrine, and serotonin. It also produces euphoria, heightened alertness, and increased energy.
- Meth use is associated with increased libido and high-risk sexual behavior.
- Chronic use of meth can cause potentially irreversible neuronal changes.
- Meth exposure in children has caused abnormal sleep patterns, poor feeding, tremors, and hypertonia.
- There is also a chart of the adverse effects of meth use, both acute and chronic exposure.

Implications for CWS-

The worker should know the signs or symptoms of meth so to be able to identify the need for treatment for a client who may not be forthcoming of his

or her abuse. This information can be used in case planning and in identifying service providers for referrals.