



## **Texas State Child Fatality Review Team Committee Position Statement: Substance Abuse/Dependence**

The State Child Fatality Review Team Committee (SCFRT) works closely with local Child Fatality Review Teams (CFRT) to promote public awareness and action to reduce the number of preventable child deaths. A critical area identified by the SCFRT is the impact of substance abuse/dependence on the lives of children.

The effects of substance abuse are far-reaching and touch many Texas households. In 2006, the Substance Abuse and Mental Health Services Administration National Survey revealed that an estimated 22.6 million persons (9.2 percent of the population ages 12 and older) may have had either substance abuse or dependency problems during that past year.

The negative consequences of drug and/or alcohol abuse affect not only the individual who abuses the drugs but also their children, family, friends, businesses, and community.

- In 2009 in Texas, there were 19,335 motor vehicle crashes involving a driver who was under the influence. In alcohol-related crashes alone, over 900 Texans died. Five percent of those killed were children and in over 13 percent of the motor vehicle crashes, the driver who was under the influence was under the age of 21.
- Each year an estimated 10 percent of all infants are affected by prenatal alcohol or illicit drug exposure thus placing the child at risk for medical complications including low birth weight, developmental delays, brain damage, poor muscle control, and even death.
- In 2008, 280 Texas children died due to physical abuse or negligent treatment. Substance abuse among caregivers has been identified as one of several major risk factors involved in child maltreatment deaths.
- In Fiscal Year 2010, the Texas Department of Family and Protective Services reported that the number of families served with substance abuse issues is as follows per Child Protective Services stage of service: Investigations - 42.1 percent, Family Based Safety Services - 71.4 percent, and Substitute Care - 66.3 percent. The total number of families served with known substance abuse issues was 85,819.

Substance abuse is a complex issue that involves individual, biological, psychological, environmental, and social factors. A comprehensive and coordinated approach is necessary in order to ensure that our children are safe.

### **RECOMMENDATIONS TO THE STATE OF TEXAS, THE TEXAS LEGISLATURE, PARENTS, HEALTHCARE PROVIDERS AND CHILD FATALITY REVIEW TEAMS**

#### **COMMUNITY LEADERS AND ORGANIZATIONS**

Community leaders must understand and recognize the far-reaching consequences of substance abuse, in particular its impact on the safety and welfare of Texas children. They must work to develop a network of support within their communities in order to foster a publicly supported and comprehensive solution.

Recommendations:

- Educate the community regarding the prevalence and impact of substance abuse.

- Identify prevalent substance abuse risk factors within the community and choose evidence-based programs to address those risk factors.
- Develop and expand partnerships that contribute to substance abuse prevention and intervention efforts.
- Ensure that substance abuse treatment services are available and accessible to diverse populations within the community. Services should be culturally and linguistically competent with respect for the cultural preferences and traditions of the child and family. These services should be youth- and family-driven.
- Monitor substance abuse related fatalities and injuries within the community and establish a protocol for addressing emerging trends.
- Report newborn infants, children, and adolescents addicted or exposed to alcohol abuse or illicit drugs to Child Protective Services Statewide Intake (1-800-252-5400).
- Ensure all children affected by prenatal or postnatal exposure to alcohol, tobacco, and illicit drug use have access to physical and mental health services.
- Develop local Drug Endangered Children (DEC) teams in coordination with Texas Drug Endangered Children's (DEC) Alliance. These teams identify children living in or exposed to drug environments and intervene on behalf of drug-endangered children. Local DEC teams build relationships between the many community resources available and provide information, education, and training to the community-at-large, all with the goal to stop the cycle of addiction and substance abuse within a community.

#### **EDUCATIONAL INSTITUTIONS AND SCHOOLS**

Educators can be the first to spot problems with substance abuse in youth. Educators encounter problems with truancy, poor school performance, and impaired social relations. Educators are recommended to:

- Inform parents/caregivers of concerns in high risk youth.
- Refer high risk youth for screening and/or community treatment.
- Educate staff as to signs and symptoms of teen substance abuse.
- Educate staff as to effects of living with an impaired caregiver due to substance abuse.
- Provide a venue for local substance abuse prevention efforts.
- Mandate substance abuse reduction strategies targeting college students especially focused on social drug use and binge drinking.

#### **MEDICAL PROFESSIONALS, RESEARCHERS AND INSTITUTIONS**

The medical and research community must continue to advocate for substance abuse prevention, treatment and research funding. Great strides have been made in the last decade towards understanding the neurobiology of addiction. Yet much work remains to better understand the sociologic and physiologic factors of substance abuse in youth.

The medical community should:

- Provide education to all primary care medical providers for children evidence-based screening and referral to treatment for substance abuse.
- Be familiar with Screening, Brief Intervention, Referral to Treatment (SBIRT), a federal program to help healthcare workers identify substance abuse issues and know when to make referrals.
- Become familiar with community resources for youth that address substance abuse.
- Advocate for universal substance abuse screenings during pregnancy and offer brief intervention to those at risk or with positive screens.
- Provide anticipatory guidance and education for adults and children to prevent use of alcohol, tobacco, or illicit drugs.
- Support the removal of the exclusionary clause for medical expenses from the Uniform Individual Accident and Sickness Policy Provision Law (UPPL). In 1947 the National Association of Insurance (NAIC) adopted the UPPL as a model law. The law states that health insurers would not have to reimburse patients for costs incurred when an accident is a result of "the insured's being intoxicated or under the influence of any narcotic." In 2001, the NAIC unanimously recommended states repeal the Alcohol Exclusion Law and prohibit the denial of coverage for

individuals injured while under the influence of alcohol or narcotics. Currently UPPL in Texas creates a significant barrier to providing screening, brief intervention, and referral to treatment for family members with substance abuse disorders. The exclusion clause places families at risk for economic hardship in the event of medical injuries.

### **FAMILIES**

Caregivers and family members should encourage individuals in their family who abuse substances to seek help and fight their addiction. Family members and caregivers can help if they:

- Encourage the family member to try a self-help group, such as AA, Al-Anon or Alateen.
- Discuss treatment options with the doctor of the individual or family member assuming prior consent has been obtained.
- Contact the local mental health crisis services at [www.dshs.state.tx/mhlsa-crisishotline](http://www.dshs.state.tx/mhlsa-crisishotline) in case of immediate danger to self or others.
- Explore the concept of an "intervention" with a substance abuse treatment provider.
- Provide support and encouragement to individuals and family members struggling to establish a drug-free life style.
- Maintain a household free of illicit drugs.

### **SOCIETY**

Society, as represented by the legislature, governmental agencies, religious organizations, and community entities, has a part in the prevention and treatment of substance abuse. Initiatives to advocate:

- Mandate universal alcohol and other drug screening during pregnancy and Fetal Alcohol Spectrum Disorder (FASD) education for all women of child-bearing age.
- Create a sustainable prevention and treatment infrastructure in all Texas communities.
- Research what substance abuse data is collected and what is learned from that data and if additional data is needed to quantify the extent of the problem and the success of prevention initiatives.
- Funding and implementation of evidence-based treatment interventions such as: drug court, home-based mentoring programs, and Child Safety and Risk Reduction initiatives for families affected by substance use or excessive drinking.

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The SCFRT makes the above recommendations to educate the public in our collaborative effort with local CFRT across the state to promote injury prevention and eliminate all preventable deaths to children and adolescents in Texas. The SCFRT Position Statement on Substance Abuse/Dependence is a product of the research of Dr. Emilie Becker and Dr. Jeanine Von Stultz, and was reviewed and approved by the SCFRT membership. This Position Statement will be reviewed annually and updated as new validated information indicates.

April 2011

**RESOURCES:**

Alateen

<http://www.al-anon.alateen.org/alateen.html>

Alcoholics Anonymous

<http://www.aa.org/?Media=PlayFlash>

DSHS Substance Abuse Services

<http://www.dshs.state.tx.us/sa/default.shtm>

Highlights of the 2009 Drug Abuse Warning Network (DAWN) findings on drug-related Emergency Department visits

[http://dawninfo.samhsa.gov/files/spectopics/dawn2010\\_sr034.html](http://dawninfo.samhsa.gov/files/spectopics/dawn2010_sr034.html)

National Center for Child Death Review Policy and Practice: Child Abuse and Neglect Fact Sheet

<http://www.childdeathreview.org/causesCAN.htm>

Substance Abuse and Mental Health Services Administration: Results from the 2006

National Survey on Drug Use and Health: National Findings

<http://www.oas.samhsa.gov/nsduh/2k6nsduh/2k6results.pdf>

Substance Abuse and Mental Health Services Administration: Substance-Exposed Infants: State Responses to the Problem

<http://www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf>

Substance Abuse Trends in Texas: June 2010

<http://www.utexas.edu/research/cswr/gcattc/documents/Texas2010TrendsReport.pdf>

Texas Alliance for Drug Endangered Children

<http://www.texasdec.org/>

Texas Department of Family and Protective Services: 2009 Annual Report

[http://www.dfps.state.tx.us/About/Data\\_Books\\_and\\_Annual\\_Reports/2009/default.asp](http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/2009/default.asp)

Texas Department of Transportation: Texas Motor Vehicle Crash Statistics – 2009

[http://www.txdot.gov/txdot\\_library/drivers\\_vehicles/publications/crash\\_statistics/default.htm](http://www.txdot.gov/txdot_library/drivers_vehicles/publications/crash_statistics/default.htm)