## Handout: The Effects of Substance of Abuse on Behavior and Parenting

The Effects of Substances of Abuse on Behavior and Parenting			
Substance	General Effects	Parenting Effects	
Alcohol	<ul> <li>Lowers inhibitions, often leading to inappropriate or risky behaviors</li> <li>Impairs judgment</li> <li>Diminishes motor coordination</li> </ul>	<ul> <li>A parent may forget or neglect to attend to parenting responsibilities.</li> <li>A parent may stay out all night and leave children alone due to intoxication.</li> <li>A parent may have rages and depressive episodes, creating an unstable environment for children.</li> </ul>	
ILLEGAL DRUGS			
Cocaine	<ul> <li>In addition to an influx of energy, cocaine also heightens the senses. Colors appear brighter, smells seem stronger, and noises sound louder.</li> <li>After prolonged use, cocaine also increases irritability and aggression in the user.</li> <li>Cocaine can result in psychotic distortions of thought such that the user imagines and acts on projections to others of his or her own aggression.</li> </ul>	<ul> <li>A child's crying, which may be only a mild annoyance to a non-using parent, is magnified in its intensity to the parent on cocaine.</li> <li>A parent may become angry or impatient with a child for any reason because of thought distortion and misperception of the child's intent.</li> </ul>	
Crack/Crack Cocaine	<ul> <li>In the smokeable form known as crack, cocaine cycles rapidly through the body so that a physical and psychological "high" vanishes quickly, within 5 to 15 minutes, leaving in its wake anxiety, depression, and paranoia, as well as an intense craving for a return to the euphoric state.</li> <li>Crack heightens feelings of power and control over one's life, feelings that may be sorely lacking in those belonging to oppressed social groups</li> </ul>	<ul> <li>A parent addicted to crack can leave an infant or toddler alone for hours or sometimes days at a time to pursue the drug.</li> <li>CPS workers frequently investigate maltreatment reports in homes barren of furniture and appliances that have been sold to purchase crack and other drugs.</li> <li>The absence of food in the refrigerator or cupboards is evidence of parental inability to attend to a child's most basic needs.</li> <li>Some parents will do whatever it takes to pursue their habit, even if it means sacrificing the health and well-being of loved ones.</li> <li>Crack can contribute to a significant increase in sexual abuse of young children in two ways:         <ul> <li>The heightened physical sensations induced by crack can lead users to seek out sexual encounters. A child who is available and unprotected by a functioning adult, as when children accompany parents to so-called crack houses, is an</li> </ul> </li> </ul>	

		easy target for sexual abuse by an individual high on crack.  O Very young children, even babies, can be prostituted by their crack-addicted parents desperate to obtain the drug.
Hallucinogens including Ecsi LSD, PCP, Pe and Mescaline	asy, objective reality.  • The senses of direction,	<ul> <li>A parent may forget or neglect to attend to parenting responsibilities.</li> <li>Parents may leave children alone while seeking, obtaining, or using the drug.</li> <li>A parent may become angry or impatient with a child for any reason because of thought distortion and misperception of the child's intent</li> </ul>
Heroin	<ul> <li>Highly addictive drug leading to serious, even fatal health conditions.</li> <li>Injecting, snorting, or smoking heroin causes initial euphoria, followed by an alternately wakeful and drowsy state.</li> <li>Tolerance to the drug develops with regular use, meaning that the abuser must use more heroin to produce the same effect. Physical dependence and addiction develop, and withdrawal can occur as soon as a few hours after the last use.</li> </ul>	<ul> <li>A parent may forget or neglect to attend to parenting responsibilities.</li> <li>Parents may leave children alone while seeking, obtaining, or using the drug.</li> <li>Parents may "nod out" while under the influence of heroin and be unable to supervise or protect their children.</li> <li>Parents may expose their children to heroin dealers, other users, and hence unsafe and dangerous situations.</li> </ul>
Marijuana	Slow down the nervous system function, producing a drowsy or calming effect.	<ul> <li>A parent may forget or neglect to attend to parenting responsibilities.</li> <li>Parents may leave children alone while seeking, obtaining, or using the drug.</li> <li>Parents may fall asleep while under the influence of depressants and be unable to supervise or protect their children.</li> </ul>
Methamphetar	<ul> <li>Releases high levels of dopamine, which stimulates brain cells, enhancing mood and body movement.</li> <li>Smoking or injecting methamphetamine causes a euphoria that is notable for its intensity and length. Snorting or ingesting methamphetamine produces a milder and less intense euphoria.</li> <li>Following the initial euphoria, the user "crashes" into an irritable, anxious, paranoid, aggressive, or empty feeling. The user may</li> </ul>	<ul> <li>Methamphetamine is an increasing problem among parents in the child welfare system.</li> <li>Parents may not supervise children or provide for their basic nutritional, hygienic, or medical needs.</li> <li>Violence, aggression, and paranoia may lead to serious consequences for children of meth abusers.</li> <li>Additional risks to children can be quite extreme if the drug is being "cooked" in their residence. These risks include fire and explosions as well as unintentional absorption of the drug from the home</li> </ul>

PRESCRIPTION DR	continue to use methamphetamine to regain the euphoric state.  Severe withdrawal symptoms may include psychotic episodes and extreme violence.  Methamphetamine use can quickly lead to addiction and is linked to long-term brain damage, and cardiovascular and other major health problems.	environment.			
Opioids (usually	Opioida (vevelle				
prescription pain medications)	<ul> <li>They block the transmission of pain messages to the brain and produce euphoria followed by drowsiness.</li> <li>Chronic use can result in tolerance, dependence, and withdrawal.</li> <li>Methadone, buprenorphine, and naltrexone are synthetic opioids used to treat heroin addiction.</li> </ul>	<ul> <li>A parent may forget or neglect to attend to parenting responsibilities.</li> <li>Parents may leave children alone while seeking, obtaining, or using the drug.</li> <li>Parents may "nod out" while under the influence of opioids and be unable to supervise or protect their children.</li> <li>Parents may expose their children to dealers, other users, and hence unsafe and dangerous situations.</li> </ul>			
Stimulants, including amphetamines and Ritalin or methylphenidate (prescription drugs)	<ul> <li>They are stimulants to the central nervous system, which increase alertness, attention, and energy.</li> <li>A stimulant user may feel energetic with very little sleep.</li> </ul>	<ul> <li>Because their own sleep-wake cycles are so distorted by the drug, parents on amphetamines may be unable to attend to a child's need for structure and pattern.</li> <li>The parent may become impatient or imitated with the child, who is unable to adapt to the parent's level of energy.</li> <li>When a parent is not hungry, due to appetite-suppressive effects of stimulants, and therefore is not preparing meals for herself, she may also fall to consider a child's hunger and therefore ensure that he is fed on a regular basis.</li> </ul>			
Central nervous system depressants	<ul> <li>They slow down the nervous system function, producing a drowsy or calming effect.</li> <li>Stopping high dosage/prolonged usage of these drugs may lead to withdrawal symptoms, including seizures.</li> </ul>	<ul> <li>A parent may forget or neglect to attend to parenting responsibilities.</li> <li>Parents may leave children alone while seeking, obtaining, or using the drug.</li> <li>Parents may fall asleep while under the influence of depressants and be unable to supervise or protect their children.</li> </ul>			
Adapted from: Dore, 1998; Gold, 1992; National Institute on Drug Abuse (NIDA), 2001; NIDA, 2003					

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