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Substance Use of Children and Youth in DCFS Care: Findings from the 2017 Illinois Child Well-Being Study

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Research has shown that youth in out-of-home care have high rates of alcohol and illegal substance use, and more than five times the likelihood of substance dependence than youth without a history of being in out-of-home care.[i] A publication from the National Survey of Child and Adolescent Well-Being found that a little less than one-third of youth aged 11 to 17 in out-of-home care screened positively on the CRAFFT measure of alcohol and substance abuse.[ii] The CRAFFT is a well-validated measure that asks adolescents six questions about alcohol and substance use (e.g., whether they have ridden in a car with someone who is high, whether they use alcohol or substances to relax, whether they use them when alone, etc.) and indicates a potential problem with a score of two out of six.

Some studies have assessed the risk for alcohol and substance use for Illinois youth in out-of-home care. Data from 2005 showed that 56% of youth in foster care over age 11 reported having used at least one illegal substance in their life.[iii] In a small sample of 16 youths aged 11 to 17 in out-of-home care in 2008-2009, 36% screened positively for substance abuse on the CRAFFT.[iv] On the other hand, when a structured diagnostic interview was conducted with 17-year-old Illinois youth exiting out-of-home care in 2002, 7.8% were diagnosed with substance abuse and 3.6% with substance dependence.[v]

Higher rates of alcohol and illegal drug use are not surprising given that children and youth in out-of-home care often have risk factors for substance use. Most children and youth in out-of-home care through child protective services have experienced child abuse and/or neglect[vi], which puts youth at a higher risk for substance use.[vii] Many children are placed in out-of-home care because their parents' substance abuse' makes it impossible to keep their children safe; children and youth's lifetime exposure to parental substance abuse can place them at risk for using alcohol and drugs.[viii] Many children who have been abused and neglected have also experienced such adverse experiences as poverty, parental psychiatric illness, domestic violence,[ix] which can increase the risk of alcohol and substance abuse.[x] Moreover, placement in out-of-home care has a disruptive effect on children's lives that can place additional stress on them, particularly when children must move between multiple placements, and that placement instability can increase risk of substance use.[xi]

It is understandable why youth in out-of-home care might turn to alcohol and substance use, but its usage can have serious negative consequences. Substance use in adolescence is linked to impaired brain functioning[xii], emotional and behavioral problems, school problems, and

delinquent behaviors.[xiii] Substance use in adolescence also increases the risk of adult substance abuse.[xiv]

Given the risk and consequences, it is important to track alcohol and substance use as part of monitoring the well-being of Illinois children and youth in out-of-home care. The 2017 Illinois Child Well-Being Study provided the first estimates of alcohol and substance use for these children and youth in a decade. This research brief provides results on alcohol and substance use from this study, including results not included in the main study report because of space and time limitations.

2017 Illinois Study of Child Well-Being

The 2017 Illinois Study of Child Well-Being is a study of the well-being of children and youths in the care of the Illinois Department of Children and Family Services (DCFS) in 2017. The study sampled 700 children who were listed as in care in DCFS' SACWIS client information system on October 23, 2017 and interviewed caseworkers, caregivers and children (age seven and older) themselves. The Survey Research Laboratory of the University of Illinois at Chicago conducted the interviews for this study from December 2017 to July 2018. Youths aged 11 to 17 were asked a series of questions about whether they had used alcohol and illegal drugs. Caregivers were asked whether their child had an alcohol and/or substance abuse problem. If they said yes, they were also asked if a doctor had diagnosed the problem and whether the youth had received treatment. These questions yielded useful results, though the sample sizes are small so the percentages are not precise estimates. For more information, see the full report of the study (cited below).

Youth Self-Report and Alcohol and Substance Use

We analyzed the results separately for younger adolescents (aged 11 to 14) and older adolescents (aged 15 to 17), because their results differed substantially. Table 1 shows findings on lifetime use. Substantial proportions of older adolescents had used alcohol, smoked tobacco, and smoked marijuana in their life. Nearly one-third of older adolescents reported illicit use of prescription drugs and 20.4% reported having used hard drugs (the question asked if youths had used "hard drugs such as cocaine, crack, or heroin"). A subset of adolescents aged 15 to 17 had used a given substance 20 or more times in their life: 31.1% for alcohol, 27.9% for cigarettes, 39.7% for marijuana, and 41.9% for any illegal substance.

Youth were also asked about whether they had used alcohol and illegal drugs in the past 30 days. Table 2 shows the results. Over one-third (38.7%) of youth aged 15 to 17 had used alcohol or an illegal substance in the previous thirty days. The most commonly used drugs in the previous thirty days were tobacco and marijuana. When asked how often they were using alcohol or illegal substances, 4 youth aged 15 to 17 (12.9%) said they had used one or more substances 6 days or more in the last thirty days. For 3 out of these 4, the drug used this frequently was marijuana.

Table 1. Youth Report of Alcohol and Substance Use in Their Life

	Age 11 to 14			Age 15 to 17		
	N	*f*	%/se	N	*f*	%/se
Alcohol	52	8	16.4 (5.2)	29	16	55.8 (9.3)
Smoked Tobacco	52	4	7.8 (3.8)	29	13	45.1 (9.3)
Smoked Marijuana	52	3	6.4 (3.4)	29	14	47.2 (9.3)
Sniffed Glue	51	2	3.2 (2.5)	29	2	7.5 (5.0)
Hard Drugs	52	2	3.2 (2.5)	29	6	20.4 (7.6)
Illegal Use of Prescription Drugs	52	2	3.2 (2.5)	29	9	32.2 (8.8)
Any Illegal Substance Use	52	9	17.9 (5.4)	29	18	62.3 (9.1)

Table 2. Youth Report of Alcohol and Substance in the Past 30 Days

	Age 11 to 14			Age 15 to 17		
	N	*f*	%/se	N	*f*	%/se
Alcohol	52	2	4.7 (3.0)	29	5	1.6 (6.9)
Smoked Tobacco	52	2	3.2 (2.5)	29	6	21.5 (7.7)
Smoked Marijuana	52	1	1.6 (1.8)	29	7	23.1 (8.0)
Sniffed Glue	51	1	1.4 (1.7)	29	1	2.2 (2.7)
Hard Drugs	52	1	1.4 (1.7)	29	2	5.4 (4.2)
Illegal Use of Prescription Drugs	52	0	0 (0.0)	29	3	9.7 (5.6)
Any Illegal Substance Use	52	3	6.4(3.4)	29	11	38.7 (9.1)

Caregivers' Report of Child Alcohol or Substance Abuse Problems

Out of 67 caregivers whose child was age 11 to 14, none reported that their child had an alcohol or substance abuse problem. Out of 42 caregivers whose child was age 15 to 17, 11.9% (5 caregivers) reported that their child had an alcohol and/or substance abuse problem. Four out of those five youths received inpatient detoxification and/or outpatient substance abuse treatment for their problem.

Discussion

These results suggest that most Illinois youth age 15 to 17 in out-of-home care have used alcohol and illegal substances in their life. Although our sample size is small, the findings that 62.3% had illegally used a substance, one-fifth reported using hard drugs, and almost one-third reported having used prescription drugs illicitly, is cause for concern.

Adolescents were substantially more likely to report that they had used alcohol or substances in their life at some point rather than that they had used alcohol or illegal substances in the past 30 days. In some cases, adolescents' reports of past use may include times they used before they were placed in out-of-home care, when they may have received less support and monitoring from adults. It is also possible that adolescents may be motivated to minimize self-report of current use in order to portray or think of themselves favorably.[xv]

We cannot be certain what proportion of these youth have a problem with alcohol and substance abuse. Only a small percentage of caregivers identified alcohol or substance abuse as a problem for their child. This percentage is similar to the results from a 2002 study interviewing 17-year-old youth exiting out-of-home care that had small percentages of youth diagnosed with substance abuse or dependence.[xvi] The small numbers of youth who report using substances frequently in the past month also suggest that substance abuse or dependence is limited. However, caregivers may not know the extent of their child's alcohol and substance use, and youth may be under-reporting their use. The studies in Illinois and nationally, using the CRAFFT measure, found much higher rates of potential alcohol and substance abuse problems—but the CRAFFT has limits in its specificity,[xvii] meaning that some youth scoring positively on the CRAFFT do not actually have an alcohol or substance abuse disorder. The 2017 Illinois Child Well-Being Study did not include an alcohol and substance abuse screening measure such as the CRAFFT or any diagnostic measure.

These results suggest the need to develop greater awareness about the risk that youth in out-of-home care will use alcohol and drugs. It would be worthwhile to use methods such as screening measures and diagnostic interviews to better estimate how often alcohol and substance use translates into an actual disorder.

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[i] Braciszewski, J. M., & Stout, R. L. (2012). Substance use among current and former foster youth: A systemic review. *Children and Youth Services Review*, *34*(12), 2337–2344.

[ii] Casanueva, C., Ringeisen, H., Wilson, E., Smith, K., & Dolan, M. (2011). *NSCAW II Baseline Report: Child Well-Being.* OPRE Report #2011-27b, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services

[iii] Bruhn, C., Helton, J., Cross, T.P., Shumow, L. & Testa, M. (2008) Well-being. In Rolock, N. & Testa, M. (Eds.) *Conditions of children in or at risk of foster care in Illinois 2007: An assessment of their safety, stability, continuity, permanence, and well-being*. Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign. Urbana, IL: Children and Family Research Center

[iv] Cross, T.P. & Helton, J.J. (2012). *The Well-Being of Illinois Children in Substantiated Investigations: Baseline Results from the Illinois Survey of Child and Adolescent Well-Being*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

[v] Courtney, M.E., Terao, S. & Bost, M. (2004). *Midwest evaluation of the adult functioning of former foster youth: conditions of youth preparing to leave state care in Illinois*. Chicago: Chapin Hall Center for Children at the University of Chicago

[vi] See, e.g., Casanueva, C., Smith, K., Dolan, M., & Ringeisen, H. (2011). *NSCAW II Baseline Report: Maltreatment.* OPRE Report #2011-27c, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families https://www.acf.hhs.gov/sites/default/files/opre/nscaw2_maltreatment.pdf, U.S. Department of Health and Human Services. U.S. Department of Health and Human Services, Administration for Children, Youth and Families (2001). *National Survey of Child and Adolescent Well-Being: One Year in Foster Care Report*. Washington, D.C. https://www.acf.hhs.gov/sites/default/files/opre/oyfc_report.pdf

[vii] Gabrielli, J., Jackson, Y., & Brown, S. (2016). Associations between maltreatment history and severity of substance use behavior in youth in foster care. *Child maltreatment*, *21*(4), 298-307. Tonmyr, L., Thornton, T., Draca, J., & Wekerle, C. (2010). A review of childhood maltreatment and adolescent substance use relationship. *Current Psychiatry Reviews*, *6*, 223–234.

[viii] Hill, S. Y., Shen, S., Lowers, L., & Locke, J. (2000). Factors predicting the onset of adolescent drinking in families at high risk for developing alcoholism. *Biological Psychiatry*, *48*(4), 265–275.

[ix] See, e.g., De Bellis, M. D., Broussard, E. R., Herring, D. J., Wexler, S., Moritz, G., & Benitez, J. G. (2001). Psychiatric co-morbidity in caregivers and children involved in maltreatment: A pilot research study with policy implications. *Child Abuse & Neglect*, *25*, 923-944. Edleson, J. L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women*, *5*, 134–154. Merritt, D. (2009). Child abuse potential: Correlates with child maltreatment rates and structural measures of neighborhoods. *Children and Youth Services Review*, *31*, 927–934. Walsh, C., MacMillan, H. L., & Jamieson, E. (2003). The relationship between parental substance abuse and child maltreatment: Findings from the Ontario Health Supplement. *Child Abuse & Neglect*, *27*, 1409–1425.

[x] Wolitzky-Taylor, K., Sewart, A., Vrshek-Schallhorn, S., Zinbarg, R., Mineka, S., Hammen, C., Bobova, L., Adam, E., & Craske, M. (2017). The effects of childhood and adolescent adversity on substance use disorders and poor health in early adulthood. *Journal of Youth & Adolescence*, *46*(1), 15–27.

[xi] Stott, T. (2012). Placement instability and risky behaviors of youth aging out of foster care. *Child & Adolescent Social Work Jour*nal, *29*(1), 61–83.

[xii] See, e.g., Brown, S. A. (1), & Tapert, S. F. (2020). Neuropsychological correlates of adolescent substance abuse: Four-year outcomes. *Journal of the International Neuropsychological Society*, *5*(6), 481–493. Lynskey M. & Hall W. (2000) The effects of adolescent cannabis use on educational attainment: a review. *Addiction*; *95*,1621–30. Meier, M.H., Avshalom Caspi, A. Antony Ambler, A., Harrington, H., Houts, R., Keefe, R.S, McDonald, K., Ward, A., Poulton, R. & Moffitt, T.E. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife.

Proceedings of the National Academy of Sciences of the United States of America, *109*(40), 15980, Register C. A., Williams D. R., & Grimes P. W. (2001) Adolescent drug use and educational attainment. *Educational Economics*, *9,* 1–18.

[xiii] See, e.g., Barnes G, Welte J, Hoffman J. (2002) Relationship of alcohol use to delinquency and illicit drug use in adolescents: gender, age, and racial/ethnic difference. *Journal of Drug Issues*, *2*(1), 153–178.

[xiv] Anthony, J.C., & Petronis, K.R. (1995). Early-onset drug use and risk of later drug problems. *Drug and Alcohol Dependence*. *40* (1), 9–15.

[xv] See Delaney-Black, V., Chiodo, L. M., Hannigan, J. H., Greenwald, M. K., Janisse, J., Patterson, G., Huestis, M. A., Ager, J., & Sokol, R. J. (2010). Just say "I don't": lack of concordance between teen report and biological measures of drug use. *Pediatrics*, *126*(5), 887–893.

[xvi] Courtney, et al. (2004), ibid.

[xvii] Cook, R. L., Chung, T., Kelly, T. M., & Clark, D. B. (2005). Alcohol screening in young persons attending a sexually transmitted disease clinic: Comparison of AUDIT, CRAFFT, and CAGE instruments. *Journal of General Internal Medicine*, *20*(1), 1-6. Subramaniam, M., Cheok, C., Verma, S., Wong, J., & Chong, S. A. (2010). Validity of a brief screening instrument – CRAFFT in a multiethnic Asian population. *Addictive Behaviors*, *35*, 1102–1104.