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Short communication

Substance use and abuse among older youth in foster care

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Abstract

The purpose of this study was to explore prevalence and predictors of current and lifetime substance use, substance abuse disorder, and polysubstance use among older youth in foster care. Interviews were conducted with 406 17-year old youth (90% of those eligible) in one state's foster care system between December 2001 and June 2003. Forty-five percent of foster care youth reported using alcohol or illicit drugs within the last six months; 49% had tried drugs sometime during their lifetime and 35% met criteria for a substance use disorder. Having a diagnosis of Conduct Disorder and/or living in an independent living situation significantly increased the likelihood of current and lifetime substance use and disorder. A diagnosis of Post Traumatic Stress Disorder also predicted increased likelihood of polysubstance use and substance abuse disorder. In conclusion, older youth in the foster care system report similar levels of lifetime alcohol and illicit substance use when compared to the general adolescent population. However, rates of substance use disorder are high. Particularly at risk for both high rates of use and disorder are youth in independent living situations and youth with a diagnosis of Conduct Disorder or Post Traumatic Stress Disorder.

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1. Introduction

Because adolescents in the U.S. child welfare system have often been in care for significant lengths of time and are more likely not to return to their biological home or be adopted, but rather be on their own once they

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reach the age of 18, they are of special concern to practitioners and researchers alike. Substance use and disorder among this population is one concern that little is known about. Relatively little is known about the prevalence of substance use and substance use disorders in public sectors of care, such as foster care (e.g., Aarons, Brown, Hough, Garland, & Wood, 2001). Only one study has examined the prevalence of substance use disorders in child welfare settings finding that 19.2% of youth in the child welfare system met abuse/dependence criteria (Aarons et al., 2001); there are no studies to date that have specifically investigated lifetime substance use, substance use disorders, and their correlates among youth in foster care. Studying this particular population of older foster youth is especially important, as these adolescents are readying both for transition to adulthood and out of the foster care system, where assistance will not be as readily available.

This study examines alcohol and substance use and abuse among older youth in the foster care system in Missouri. The research questions that were considered are the following: (1) What is the prevalence of alcohol and substance use (current and lifetime), substance abuse disorder (lifetime), and polysubstance use (lifetime) among older youth in the foster care system? (2) What variables are associated with lifetime substance use (including particular substances), lifetime polysubstance use, or lifetime substance abuse/dependence among older youth in the foster care system?

2. Methods

2.1. Participants

Between December 2001 and May 2003, all youth turning age 17 in the foster care system in eight Missouri counties were considered for this study. It is felt that the child welfare system in Missouri is comparable to other states within the U.S. Missouri Division of Family Services (MDFS) workers screened the youth for potential inclusion in the study; excluding youth with IQ scores below 70 (n=31), placements over 100 miles from any of the eight included counties (n=31), and youth who remained on runaway status up to 45 days past their 17th birthday (n=49). Four hundred and six of the 451 eligible youth were interviewed (90%). Nine percent (N=39) refused to participate, and the remaining one percent was not able to be interviewed due to problems contacting MDFS workers.

2.2. Procedures

Youth were interviewed in person and alone at their place of residence by trained professional interviewers. Interviews lasted one to two hours. The participants were paid \$40 for their participation. Procedures were approved in advance by the university's Human Subjects Committee and a federal certificate of confidentiality was obtained. The youth's caseworker provided informed consent and the youth provided informed assent.

2.3. Measures

2.3.1. Demographics

In addition to demographic characteristics (see Table 1) the following variables were assessed.

2.3.2. Maltreatment history, placement type, and mental health diagnosis

Physical abuse and neglect history was measured utilizing the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) using cutoff scores recommended by the author for severe or moderate

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