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Children's Impact on Adults' Substance Use Problem Awareness and Treatment Optimism: The Role of Harm

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Abstract

Substance abuse is associated with a host of harmful consequences to the substance user as well as other individuals and society as a whole. Although harm is an integral component of substance abuse, there is a dearth of research that investigates the relationship between harm and substance use problems. The goal of this study was to explore recovering substance users' retrospective perceptions of harm caused to self and others during periods of substance abuse and the resulting association with the development of problem awareness and treatment perspectives. The present study found that perceptions of harming children demonstrated a significant impact on adults' substance use problem awareness and treatment optimism. Perceived harm caused to a child during periods of substance abuse was associated with increased substance use problem awareness and treatment optimism. Findings suggest that harming children as a consequence of adult substance abuse may play an impactful role on adults' recovery process. Implications for future research are discussed.

Keywords

substance use; substance abuse; harm; children; treatment

Perceptions of harm attributable to one's substance abuse may be relevant factors that are related to treatment-seeking behaviors and abstinence outcomes. Harm is a pervasive and probable consequence of substance abuse. Substance use problems are associated with a host of adverse outcomes that cause harm to individuals and society as a whole (National Institute on Drug Abuse [NIDA], 2014a, 2014b; Whiteford et al., 2013). Individuals may experience various forms of substance-use-related harm, such as lower education level, unemployment, justice involvement, suicidal thoughts and behaviors, and loss of life (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013; Whiteford et al., 2013). The 2010 Global Burden of Diseases, Injuries, and Risk Factors Study (GBD 2010) examined premature mortality rates attributable to substance use and other psychiatric disorders (Wang et al., 2013). Approximately 86% of the GBD 2010 sample from 20 different age groups, who died prematurely, had substance use disorders that led to most

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years of life lost (i.e., an average range of approximately 28 to 60 years of life lost) compared with individuals with other psychiatric disorders (Whiteford et al., 2013).

In addition to harming oneself, individuals with substance use problems may also contribute to general societal harm as well as interpersonal harm. Societal harm attributable to substance abuse has been described in terms of cost to society. NIDA (2014b) estimated annual societal costs of over 600 billion dollars due to the loss of job-related productivity, health care, and crime attributable to substance abuse. Harm caused to others at an interpersonal level may also result from one's substance use problems. Interpersonal harm in the form of partner aggression and intimate partner violence, or harm against one's romantic partner, is associated with substance use problems (Chermack et al., 2008; Feingold, Kerr, & Capaldi, 2008). Engaging in certain activities while under the influence of substances, such as driving under the influence, or engaging in risky sexual behavior may result in harm to self or others (NIDA, 2014a). Substance use is associated with risky sexual behavior that may result in HIV or other sexually transmitted infections, which would thus qualify as a form of self- and interpersonal harm (Elkington, Bauermeister, & Zimmerman, 2010). NIDA's 2012 National Survey on Drug Use and Health estimated some 10.3 million people (3.9% of the 12 years and older population) reported driving under the influence of illicit drugs in the year prior to taking the survey, while 11.2% of the 12 and older population reported driving under the influence of alcohol (SAMHSA, 2013). Individuals with substance use problems are more likely to engage in child maltreatment, abuse (e.g., physical and sexual; Walsh, MacMillan, & Jamieson, 2003), neglect and to have impaired parental skills (Arria, Mericle, Meyers, & Winters, 2012; Chuang, Wells, Bellettiere, & Cross, 2013; Ondersma, 2002), which may result in their involvement with child welfare services (CWS). This is especially noteworthy, considering that up to 79% of children involved in CWS have at least one parent or caregiver with substance use problems (Young, Boles, & Otero, 2007). Further, parental or caregiver substance abuse is associated with the development of emotional, behavioral, social, and later substance use problems in children of parents or caregivers with substance use problems (Arria et al., 2012; Cortes, Fleming, Mason, & Catalano, 2009; Solis, Shadur, Burns, & Hussong, 2012).

Harm is such an integral component of substance use problems that it is specifically mentioned in the diagnostic criteria of substance use disorders as indicated by the Diagnostic and Statistical Manual, 5th edition (DSM-V; American Psychiatric Association [APA], 2013). Diagnostic criteria specifically include incidents of self-, societal, and interpersonal harm. Examples of self-harm criteria for substance use disorders, according to the DSM-V, are recurrent instances of failure to meet important responsibilities and fulfill major role obligations, and recurrent substance use in environments that have the likelihood of being physically dangerous (APA, 2013). DSM-V examples of failure to fulfill major role obligations (e.g., at work) reference societal harm, such as repeated absences at one's place of employment and poor work performance resulting from recurrent substance use. Additional diagnostic criteria refer to persistent or recurrent social or interpersonal problems. The DSM-V provides specific examples of interpersonal harm, such as arguments with a significant other, physical fights, and neglect of children (APA, 2013).

While self-, societal, and interpersonal harm have thus been established as consequences of substance abuse and are well-represented concepts in the literature base, there is no known literature that examines perceptions of substance abuse-related harm and the impact of that harm on an individual's recovery. Awareness of the occurrence and severity of harm to self and others may also be factors that potentially contribute to the process of changing one's substance use and treatment-seeking behaviors. As an illustrative point, the transtheoretical model suggests that problem awareness is the first step toward making a health behavior change, which may eventually include seeking treatment for substance use problems (Norcross, Krebs, & Prochaska, 2011; Prochaska & DiClemente, 1982). The National Survey on Drug Use and Health found that only 4 million (1.5% of the population) of the more than 22 million (8.5% of the population) people who have been estimated to have a substance use disorder in the United States actually received treatment in 2012 (SAMHSA, 2013). This alarming discrepancy highlights the importance of exploring factors that may contribute to problem awareness and desire to seek treatment. Research has shown that caregivers whose children have been removed from their homes by CWS due to abuse and neglect showed increased problem recognition and intentions to change (Littell & Girvin, 2006). Given that up to nearly 80% of children involved in CWS have caregivers with substance use problems (Young et al., 2007), it may be informative to also more specifically explore the role that children who have been harmed due to substance abuse play in the problem recognition and recovery process.

The present study explores the perception of harm to self and others and specifically examines the relationship between perceptions of harming children and problem awareness, treatment optimism, and treatment effectiveness. Findings from these data may provide useful information to assist future research to investigate the role of harm in substance use, treatment-seeking behavior, and recovery.

Method

Participants

The present study included 104 individuals (48 women and 56 men) who had formerly abused substances. All participants had lived or were living in an Oxford House at the time the survey was completed. Oxford Houses are self-run recovery homes in which residents are routinely assigned different house roles (e.g., president, treasurer, secretary) and decisions are democratically made. Oxford House residents are strongly encouraged to attend 12-step mutual support groups, such as Alcoholics Anonymous and Narcotics Anonymous. These sober living environments are situated in the majority of states across the country as well as in several different countries (Jason, Olson, & Foli, 2008). Participants were primarily White (83; 77.6%) and African American (17; 15.9%), and the average age was 41.41 years ($SD = 11.47$). Participants resided in various states across the United States and had been abstinent an average of 5.0 years ($SD = 4.5$).

Procedure

Participants were attendees of the 13th annual Oxford House World Convention in Washington, DC. Participants were approached at the convention, primarily in between

sessions and during break time, and were asked to participate in a computer survey (laptops were provided) pertaining to recovery from substance abuse.

Psychometric Scales

A 37-item inventory was used to assess demographic and other information pertaining to various aspects of one's period of substance abuse and recovery. Path analysis was used to test the relationships of harm with optimism and measures of treatment effectiveness.

Substance abuse-related harm—The eight-item *Harm Measure* used a response scale ranging from 0 (i.e., *no harm*) to 100 (i.e., *significant, permanent harm*). The scale was designed to assess an individual's belief about the level of harm he or she caused to eight different individuals and groups of people (i.e., Spouse or romantic partner; Parents; Children; Other family; Friends; Workplace or Coworkers; Self; Other) as a result of his or her substance abuse problem.

Individuals associated with problem awareness—The eight-item *Influential Individuals Measure* is a 5-point Likert-type self-report index (0 = *No influence*; 4 = *Most influence*) designed to assess which individuals were influential in the respondent's early recognition of substance misuse. The eight items consist of the same individuals and groups of people as listed in the *Harm Measure*. The *Influential Individuals Measure* evidenced independence of the items with an average correlation equal to 0.19, thus indicating that influence was not necessarily broadly shared across individual types.

Treatment measures—Treatment optimism and treatment effectiveness were measured by single items. "I was optimistic there was a better future for me" was measured on a scale of agreement that ranged from -5 (*greatest disagreement*) to +5 (*greatest agreement*). "How would you rate the effectiveness of this treatment?" was scored from 0 to 3, with *negative experience* as 0, 1 as *neutral, not helpful*, 2 as *somewhat helpful*, and 3 as *helpful*. In addition, "Was this your only treatment?" was measured on a no or yes basis as an indicator of treatment effectiveness.

Results

Descriptive Nature of Harm

The levels of harm imposed on others and self as reported by participants had a pattern where Self was the most damaged position with harm levels generally decreasing in relation to family structure in order of Children, Parents, Romantic partners, Other family, and Other (see Table 1). Children, if reported, suffered the second highest level of harm and were the only category other than Self where the median score was 100.

Children and Substance Misuse Awareness

The relationships between levels of harm and their influence on recognition of substance misuse were essentially nonsignificant. Within close family relationships (see Table 2), the relationship between harm and influence was not significant except for Children. For

Children, however, the measured relationship represents a relatively large effect, statistically significant when corrected for multiple tests.

Children, Treatment Optimism, and Treatment Outcomes

Optimism was significantly related to the presence of children ($r = .297, p = .01$). This level of optimism was not related to sex of the participant, $F(1, 81) = .141, p = .705$; thus, women and men did not significantly differ in their levels of reported optimism. This relationship was further modeled into a path relationship with Treatment Effectiveness and Only Treatment (see Figure 1), which were both significantly related to Optimism. These indirect effects of Child on Effectiveness via Optimism measured .135 ($p = .056$) which captured nearly 75% of the variance shared between Children and Effectiveness (overall $r = .163, ns$). These results suggest the presence of children may have unique and measurable relationships with the perception of treatment and the likelihood of retreatment.

These results offer a narrative of harm fitting a model of relationship distance with the self at the center or person who has suffered greatest harm. Other than children, the intensity of harm tends to fall as the harmed category becomes distanced from Self. Children, however, even in the basic descriptives of harm hold a relatively unique place in these data. They endure harm at the levels most equivalent to self (even having a median of the highest harm level or 100) and their harm level is the only significant predictor of an individual developing awareness of their substance misuse problem. The presence of children is also associated with greater optimism regarding treatment and the positive treatment outcomes that are related. All of this suggests children might represent a unique thread of dynamics in the processes of substance misuse, treatment, and recovery.

Discussion

There is a dearth of research on the topic of substance use-related harm. The present study was an exploratory investigation based on self-report of retrospective perceptions regarding harm and consequent cognitions and behaviors by adults currently in recovery from substance use disorder. Results showed that children had a distinct position in harm and related phenomena, including relationships with the development of problem awareness, optimism, treatment effectiveness, and recovery (as evidenced by only treatment).

These findings have numerous possible implications ranging from problem recognition strategies, motivational enhancement processes, treatment protocols, and posttreatment practices. The impact of having harmed a child during periods of substance use may be worthy of exploration by treatment providers and their clients. With respect to potential policy direction, these parent-child relationships would appear to have significant value in attaining better outcomes and these limited data would suggest preserving and enhancing these bonds.

There were several methodological limitations to this study. Nonprobability sampling techniques were used to obtain a convenience sample of individuals in recovery from substance use problems. Study participants were current (at the time of the study) or former Oxford House (i.e., self-run, democratically organized, 12-step-based sober-living homes)

residents, whose experiences may differ significantly from other populations, and may have impacted their perceptions. As such, study findings may not be generalizable to recovery populations whose treatment or recovery trajectories did not include residence in Oxford Houses.

The present study's cross-sectional design may be considered an additional methodological limitation. Given the exploratory nature of the present study, a cross-sectional design was used to obtain preliminary correlational observations. However, this type of design may be limiting in that it does not allow for the examination of causal relations between variables of interest.

Other methodological limitations concerning the study's measures are also noted. Measures were newly developed and thus psychometric properties have not been established in the use of these measures with any other population. Additionally, the measures were based on self-report of retrospective perceptions. Literature to support the reliability and validity of similar measures of retrospective perceptions of harm are currently unavailable. Some research, however, does provide support for the reliability and validity of retrospective self-report measures of substance use (Napper, Fisher, Johnson, & Wood, 2010) and related behaviors (Anglin, Hser, & Chou, 1993). Although recall bias is a concern with retrospective self-report accounts, it is useful to note that individuals were given opportunities to minimize harm perceptions and maximize influence perceptions. The actual results appear to differ with such bias—children were severely harmed; parents and spouses were not influential in problem recognition.

Future research on parent–child relationships would benefit from both randomized and longitudinal designs as well as improved measurement capabilities and the incorporation of more diverse recovery populations to improve generalizability. Child-focused research would also appear relevant across the entire spectrum of stages in substance use disorder progression, treatment, and recovery. Future research should also continue to investigate harm and relations with other relevant persons. These preliminary findings would suggest little influence from parents or romantic partners and these are puzzling results. Further, the underlying factors that contribute to the significant impact of harming a child on substance use problem awareness and treatment warrants further investigation.

The presence of children provided a distinct perceptual view for both women and men in this sample. Children were related to higher levels of harm and thus, a nearest position to self. This view was predictive of influence in developing awareness and of greater optimism. This optimism was associated with better treatment outcomes. Children would appear to play a special role in substance use disorder dynamics.

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Figure 1. Path regression model with significant standardized path coefficients detailing the relationship between a child (no or yes) and levels of Optimism (opt), Treatment Effectiveness (effect), and whether this treatment was the only treatment to date for the participant (only).

Table 1

Levels and Incidence of Reported Harm.

Harmed party	Average level	<i>SD</i>	Incidence <i>N</i>
Self	92.0	16.6	99
Children	82.4	28.4	56
Parents	79.7	21.6	97
Romantic partner	74.5	26.7	91
Other family	62.9	24.1	89
Friends	61.2	26.9	95
Coworkers	61.9	29.3	86
Other	53.2	36.3	25

Table 2

Relationships Between Harm and Influence of Recognizing Substance Misuse for Children, Romantic Partners, and Parents.

Harm	Influence		
	Children	Spouse or romantic partner	Parents
Children	.433***	-.054	.080
Spouse or romantic partner	.016	.071	-.076
Parents	-.002	-.190	.144

 $p = .001$.