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# Substance abuse after foster care: a comparison of those leaving institutional and family placements

Nadużywanie substancji psychoaktywnych  
po opuszczeniu opieki zastępczej:  
porównanie osób z instytucjonalnej  
i rodzinnej opieki zastępczej

## Abstract

*The present study is a part of the international project “Aging out study” describing the functioning of the people growing up outside their own family, in a foster care system. The aim of the current study was to examine substance abuse (alcohol, marijuana and other drugs) by the youth leaving foster care in Poland. The study involved 134 respondents, including 58 leaving institutional placements and 76 leaving family placements. Substance abuse was measured using key items from the Diagnostic Interview Schedule (DIS). The results showed that over 80% of the youth reported one or more symptom of alcohol abuse/dependence, about 8% had a DIS diagnosis of alcohol abuse or dependence, and about 20% had a diagnosis of marijuana or other drug abuse/dependence. No significant differences in rates of diagnosis for substance abuse/dependence were found when comparing the youth leaving orphanages and those leaving foster families.*

**Keywords:** foster care; substance abuse; substance dependence

## Abstrakt

*Prezentowane badanie jest częścią międzynarodowego projektu „Aging out study” opisującego funkcjonowanie osób, wychowujących się poza własną rodziną w opiece zastępczej. W obecnym badaniu sprawdzaliśmy, czy osoby po opuszczeniu opieki zastępczej w Polsce nadużywają substancji psychoaktywnych (alkoholu, narkotyków i leków psychotropowych). W badaniach wzięły udział 134 osoby, w tym 58 byłych wychowanków*

domów dziecka oraz 76 osób z rodzin zastępczych. Nadużywanie substancji mierzone było Kwestionariuszem Nadużywania Substancji (Diagnostic Interview Schedule, DIS). Wyniki pokazały, że ponad 80% badanych wykazuje symptomy nadużywania alkoholu, około 8% badanych jest uzależnionych od alkoholu, a około 20% badanych nadużywa marihuany i doświadcza problemów z tym związanych. Okazało się również, że badani mający za sobą pobyt w domach dziecka i rodzinach zastępczych nie różnią się od siebie znacząco w zakresie nadużywania i uzależnienia od substancji psychoaktywnych.

**Słowa kluczowe:** opieka zastępcza; nadużywanie substancji; uzależnienie.

## Introduction

Psychoactive substance abuse<sup>1</sup> has a significant and clearly negative impact on physical and mental health. According to the statistical data of the World Health Organization, alcohol abuse is a particular threat that jeopardizes the health of the world's population (see Państwowa Agencja Rozwiązywania Problemów Alkoholowych, 2011). Alcohol is classified as the third risk factor to population health, whereas over 60% of diseases and traumas are alcohol abuse related. Alcohol related damages, as well as social and economical costs connected with alcohol abuse in Poland, amount to 1.3% of Gross National Product (Państwowa Agencja Rozwiązywania Problemów Alkoholowych, 2011). Due to the scale of the problem, it is treated as a significant social dilemma. As for other psychoactive substances (excluding alcohol) an increase in the abuse of these substances is particularly observed among children and teenagers (Stawicka, 2006).

The youth aging out of foster care and starting an independent adult life constitute a group particularly exposed to the abuse of various psychoactive substances. The situation results from many factors and difficulties experienced by this group. It shall be brought to attention that most people who end up in foster care in Poland (about 97%) come from pathological families i.e. families that do not satisfy the child's basic needs and establish negative and non-adaptive patterns of behavior. Characteristic features of pathological families include conflicts among family members, disagreements, rows, brutal behaviors, phys-

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<sup>1</sup> Substance abuse is an improper pattern of using a psychoactive drug which impairs functioning, well-being and leads to health jeopardy (Woronowicz, 2001). The World Health Organization (Portal Psychologiczny, 2013) classifies the following psychoactive substances: alcohol, derivatives of opium (e.g. morphine, heroin), cannabis preparations (e.g. hashish, marijuana), sedatives and hypnotics (e.g. barbiturates, benzodiazepines), cocaine and other stimulants (e.g. amphetamine), hallucinogens (such as LSD, psilocybin mushrooms), tobacco, volatile solvents (e.g. adhesives, acetone, TRI).

ical and mental violence, crimes, alcohol abuse, sexual harassment, prostitution, bad financial situations, mental diseases and disorders, bad manners, etc. (Brańka, 1996; Czeredrecka, 1988, 1999; Filipczuk, 1988; Kamińska, 2005; Kawuła, 2002; Węgiński, 2006). Many studies show that children are placed in foster care due to parents' alcoholism. (Czeredrecka, 1999; Łukaszek, 2009). Traumas experienced in their family homes deeply affect the children's psyche, which has an impact on later psycho-social functioning. "Traumas experienced in childhood may cause deep and enormous feeling of harm. Alcoholics' children show a higher level of maladjustment which is manifested by failures at school, crime, alcoholism, drug addiction, and what follows a high suicidal rate" (Kuźma, 1996, p. 162). Apart from many harmful experiences, children growing up in alcoholic families follow the patterns of functioning established by their close ones, such as drinking alcohol or abusing other substances.

Taking a kid away from a pathological environment and placing him/her in foster care, institutional foster care in particular, does not solve the problem. Institutional foster care (for instance, an orphanage), due to its collective character, does not replace a family, does not give a chance to rebuild emotional bonds with significant people, does not eliminate the feeling of harm and loneliness and also does not fulfill basic needs, particularly those concerning safety, sense of belonging and love. The situation of children placed in foster families is much different since there is a chance for a child to rebuild bonds, experience safety, love and a sense of belonging as well as adapt to new patterns of functioning (Kozubowska, 1996).

Another difficult experience, particularly for those placed in institutional foster care is leaving it behind and starting an independent life, which involves finding housing and a source of income. To accomplish these goals, a young person needs to acquire many skills and make the right decisions (for instance, whether to continue education or not, which field of knowledge to choose, what kind of job to take up and how to find it, how to manage finances and many others). The research conducted worldwide (Barth, 1990; Cook, Fleishman and Grimes, 1991, Courtney, Dworsky, Lee and Raap, 2010; Courtney, Piliavin, Grogan-Kaylor and Nesmith, 2001; Cusick and Courtney, 2007; Dworsky, 2005; Fowler and Toro, 2006, 2006a; Folwer, Toro and Miles, 2009; Zimmerman, 1982), as well as in Poland (Andrzejewski, 1997; Giermanowska and Raław-Markowska, 2007; Gocman, Szarzyńska and Toro, 2012; Kamińska, 2010; Kwak, 2006; Matyjas, 1988; Raław-Markowska and Legata, 2004; Telka, 1998), show that the youth aging out of foster care do not cope with the new reality and experience numerous problems in many areas of functioning: they have difficulties in finding housing, getting qualifications, finding a job; they also

show symptoms of mental disorders, get involved in criminal activities, abuse alcohol and many others.

Summing up, the baggage of experience gained in pathological family homes, the fact of being in foster care (particularly institutional foster care) as well as a lack of support after leaving the foster care system and inability to cope in a new situation contributes to reaching out for psychoactive substances. Research conducted in the USA proves it (Fowler and Toro, 2006). The research shows that people who aged out of foster care used alcohol and 33% of them showed 2 or more symptoms of abuse or dependence on alcohol; 45% of respondents smoked marijuana and two fifths (42%) demonstrated two or more symptoms of marijuana abuse or dependence. The data obtained during the research are disturbing and clearly show that people who leave foster care are seriously jeopardized by abuse problems.

Referring to the research presented above, we have decided to check if the youth leaving the foster care system in Poland struggle with psychoactive substance abuse and dependence. We assumed that people who experienced placement in institutional foster care (orphanages) show more abuse and dependence symptoms compared to those who experienced family foster care (placement in a professional foster family).

## Method

### Participants

The research was carried out on a group of 134 respondents who aged out of the foster care system in Poland (from the Opolskie and Dolnośląskie Provinces). The group included 49 young men and 85 women aged 18–29 ( $M = 23.1$ ,  $SD = 2.81$ ). The respondents were divided into 2 groups: the first group consisted of 58 respondents who spent time in orphanages, whereas the second group consisted of 76 people who were in foster families.

The first group with 58 people from orphanages included 21 men and 37 women aged 18–29 ( $M = 21.91$ ,  $SD = 2.45$ ). The respondents were in up to four institutions ( $M = 2.03$ ,  $SD = 0.86$ ): 25.9% stayed in one institution, 53.4% stayed in two institutions, 12.1% stayed in three institutions, 8.6% stayed in four institutions. The average age of respondents at the time when they were placed in foster care was ten years old ( $M = 10.72$ ,  $SD = 3.86$ ). At the time of the interview, the average period of time since leaving foster care was two years on average ( $M = 2.51$ ,  $SD = 2.19$ ).

The second group with 76 people from foster families included 28 men and 48 women aged 18–29 ( $M = 24.03$ ,  $SD = 2.74$ ). The number of institutions where the respondents spent time amounted from one to four ( $M = 1.14$ ,  $SD = 0.48$ ): 89.5% spent time in one institution, 7.9% spent time in two institutions, 1.3% spent time in three institutions, 1.3% spent time in four institutions. The average age of respondents at the time when they were placed in foster care was ten years old ( $M = 9.49$ ,  $SD = 3.86$ ). At the time of the interview, the average period since leaving foster care was almost 5 years on average ( $M = 5.15$ ,  $SD = 2.87$ ).

## Measures

The research was based on a Survey (Bates and Toro, 1999). It was adopted to Polish conditions by a research group from the Department of Psychology at Opole University. The Survey consisted of the following parts:

1. Foster care history, including questions concerning the age when the youth was first placed in foster care and the number of different places he/she stayed at.
2. The Diagnostic Interview Schedule (DIS) consists of 48 questions referring to respondent's experience in terms of alcohol and other psychoactive substances (drugs, sedatives and hypnotics). It assesses the intensity of psychiatric symptoms demonstrated by a respondent on the basis of criteria used in DSM-III-R (Regier et al., 1988). Using the DIS, the degree of alcohol and drug abuse and dependence may be estimated.

## Procedure

The research was carried out in the form of a telephone interview conducted by qualified interviewers. The respondents were drawn out from a list of people who left the foster care system made accessible by Miejski Ośrodek Pomocy Społecznej (City Social Care Center) in Opole and Wrocław. Before the research commenced, the interviewer presented the goal of the research (evaluating the situation and problems of people who age out of the foster care system) and informed the youth that the survey was anonymous. After obtaining the respondent's agreement, the interviewer started the research. The whole procedure took about 1 hour.

## Results

In order to compare the youth who left the orphanages with those who left foster families, a univariate analysis of variance was used (see table 1).

Table 1. Substance abuse and dependence – comparison of those who left orphanages and those who left foster family by *F* test.

| <b>Substance abuse and dependence</b> | <b>Youth who left orphanages, mean (SD)</b> | <b>Youth who left foster families, mean (SD)</b> | <b>F test</b>            |
|---------------------------------------|---|--|--------------------------|
| Alcohol abuse                         | 6.97 (5.38)                                 | 7.50 (4.68)                                      | F(1,132) = .38, p = .541 |
| Alcohol dependence                    | .43 (1.79)                                  | .33 (1.43)                                       | F(1,132) = .14, p = .714 |
| Marihuana abuse                       | .28 (.61)                                   | .36 (.81)  | F(1,132) = .39, p = .536 |
| Marihuana problems                    | .34 (.81)                                   | .42 (1.04)                                       | F(1,132) = .21, p = .644 |
| Other drugs abuse                     | .07 (.26)                                   | .17 (.41)  | F(1,132) = 2.74, p = .1  |
| Total substance abuse / dependence    | 7.81 (7.07)                                 | 8.42 (6.08)                                      | F(1,132) = .29, p = .592 |

The results presented in table 1. show that the groups do not differ significantly in terms of alcohol abuse and dependence, marijuana abuse, problems connected with marijuana and other drug or medicine abuse. It is clear that the problem of psychoactive substance abuse and dependence is significant among this group, which is shown in a quality analysis (see table 2.). Table 2. shows the percentage scale of the problem.

Table 2. Substance abuse and dependence – percentage comparison of number of symptoms experienced by the youth who aged out of foster care.

| <b>Substance abuse and dependence</b> | <b>Youth who left orphanages, %</b> | <b>Youth who left foster families, %</b> |
|---------------------------------------|-------------------------------------|--|
| <b>Alcohol abuse</b>                  |                                     |  |
| lack of abuse symptoms                | 15.5                                | 7.9                                      |
| 1-2 symptoms                          | 12.1                                | 7.9                                      |
| 3 and symptoms                        | 72.4                                | 84.2                                     |

| <b>Alcohol dependence</b>                 |      |      |
|---|------|------|
| lack of dependence symptoms               | 91.4 | 92.1 |
| 1-2 symptoms                              | 5.2  | 4    |
| 3 and more symptoms                       | 3.4  | 3.9  |
| <b>Marihuana abuse</b>                    |      |      |
| lack of abuse symptoms                    | 79.3 | 77.6 |
| 1-2 symptoms                              | 19   | 17.1 |
| 3 and more symptoms                       | 1.7  | 5.3  |
| <b>Marihuana problems</b>                 |      |      |
| lack of problems                          | 79.3 | 77.6 |
| 1-2 problems                              | 17.3 | 15.8 |
| 3 and more problems                       | 3.4  | 6.6  |
| <b>Other drug abuse</b>                   |      |      |
| Lack                                      | 93.1 | 84.2 |
| Abuse                                     | 6.9  | 15.8 |
| <b>Total substance abuse / dependence</b> |      |      |
| lack of symptoms                          | 13.8 | 6.6  |
| 1-2 symptoms                              | 12   | 6.6  |
| 3 and more symptoms                       | 74.2 | 86.8 |

Data presented in table 2. show that the scale of alcohol abuse problems is disturbing. 84.5% of the respondents who left orphanages and 92.1% of the youth who left foster families abuse alcohol. About one fifth of the respondents (20.7% of people from orphanages and 22.4% from foster families) abuse marijuana and experience problems resulting from the abuse; 6.9% of the respondents who left orphanages and 15.8% of the respondents who left foster families admitted that they used other drugs and medicines. Summing up, only 13.8% of the respondents who left orphanages and 6.6% of the respondents who left foster families do not use psychoactive substances.

## Discussion

The aim of the research presented in this article was to assess psychoactive substance abuse by the youth who aged out of foster care in Poland. We assumed that the youth who experienced institutional foster care (spent time in an orphanage) show more symptoms of psychoactive substance abuse and dependence in comparison to those who experienced foster family care (spent time in professional foster families). The research did not prove our assumptions. Both groups show a similar level of psychoactive substance abuse. Trying to explain the lack of differences between the groups, we may consider the fact that both groups have a similar baggage of experience. People who come from pathological families and end up in orphanages or foster care have inappropriate patterns of behavior and the patterns may involve using psychoactive substances. As we have mentioned at the beginning of this article, most children placed in foster care come from families of alcoholics, thus families which abuse alcohol in a manner that impairs the ability to bring up their own children (Czeredrecka 1999; Łukaszek, 2009). If a mother abuses alcohol particularly during pregnancy, the newly born child suffers from FAS (Fetal Alcohol Syndrome). According to research (Państwowa Agencja Rozwiązywania Problemów Alkoholowych, 2011), about 70% of children who suffer from FAS are not able to live an independent adult life. We did not analyze the problem due to methodological difficulties of conducting such research, but it is highly probable that many of the respondents who come from pathological families with alcohol problems suffer from FAS. Thus, damages incurred in pathological family homes are so huge that it is not possible to compensate the deficit even in the best foster families.

Explaining the lack of differences between the groups in terms of abusing psychoactive substances, we also refer to the history of foster care. We did not follow the life history of every respondent. Perhaps the situation of people who were in foster families was far from perfect and did not compensate the deficiency experienced in family homes. It is clear that leaving foster care and starting an independent adult life is a very difficult period for the youth. It is a very stressful experience since the person needs to use many skills in order to find housing and a source of income. According to Czapiński and Panek (2012), people who experience severe stress abuse alcohol and other substances 4.5 times more often than people who experience little stress. Thus, it may be assumed that the new, difficult life situation contributes to reaching out for different types of psychoactive drugs. In summary it should be added that it is difficult to conclude that there is no difference in substance abuse among people raised in orphanages and foster homes, because the sample size is not too large. In order to get

final verification of this issue it would be good to repeat the study on a larger population and take advantage of other additional research tools.

Summing up the research, it shall be stressed that the scale of alcohol abuse among the youth aging out of foster care is disturbing since it concerns 85–90% of all the respondents. At the same time, the group of the respondents includes about 8% of people who show mental and health symptoms of alcohol dependence. It is difficult to compare the obtained data to the data regarding the whole adult population in Poland since no research that would use a similar research tool has been carried out. The results may be compared solely to the statistical data. According to the report of “Social Diagnosis 2011” (Czapiński and Panek, 2012), 6.8% of Poles admitted that they have abused alcohol, moreover, 3.4% of the respondents use alcohol as a way to cope with life problems. According to the data obtained from „National Program on Preventing and Solving Alcohol Problems 2011–2015” (Państwowa Agencja Rozwiązywania Problemów Alkoholowych, 2011), about 14% of Polish men and 4% of Polish women drink alcohol in a way that increases the probability of health, psychological and social damages. 57% of teenagers admit that they drink alcohol regularly; only 7% of teenagers declare abstinence. In Europe, however, about 5% of men and 1% of women abuse alcohol (Państwowa Agencja Rozwiązywania Problemów Alkoholowych, 2011). The above data show that the problem of alcohol abuse and dependence in the group of people who experienced foster care is significant and it is a group particularly jeopardized by the problem of alcohol.

As for abuse of other psychoactive substances (drugs and medicines), a significant problem among the youth who experienced foster care is smoking marijuana. About 20% of the respondents use this substance and experience abuse-related problems such as problems at school or work, problems regarding relations with other people, health problems and others. At the same time, the respondents admit to the use of other drugs and medicines (6.9% of people who left orphanages and 15.8% of people who left foster care). In order to compare the above data to the whole adult population in Poland, we may refer to data from “Social Diagnosis 2011” (Czapiński and Panek, 2012), according to which 1.3% of adult Poles admitted that they have used drugs. Thus, the above data clearly show that there is a problem of psychoactive substance abuse in the group that experienced foster care.

Taking into account the above research and the situation of the youth who left foster care, the research group from Opole University adjusted to the Polish situation by using the Bridging Resilience through Intervention, Guidance, and Empowerment (BRIGE) prevention program created for people leaving the foster care system (Toro, Fowler, Miles, Jozefowicz-Simbeni and Hobden, 2007).

The pilot BRIGE program was implemented in Poland in 2009 and is still in development. Preliminary assessment has shown that participation in the BRIGE program improves psycho-social functioning, particularly improves the mental health of people who have left orphanages (Gocman, Szarzyńska and Toro, 2012a). The final evaluation of the program will be carried out in a couple of years.

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