Echoes of the Valley:

A Substance Use Disorder Needs Assessment in the Central Valley

By

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ABSTRACT

Echoes of the Valley: A Substance Use Disorder Needs Assessment in the Central Valley

The study concentrated on the Central Valley which severely demonstrated substance use disparities and represented a highly underserved population concerning effective and accessible community services. The community-based needs assessment aimed to explore the strengths, weaknesses, and gaps in service delivery affecting family systems and Child Welfare involvement. Employing a qualitative approach and narrative research design method, the research explored the experiences of current Central Valley residents grappling with Substance Use Disorders (SUD). Its goal was to unravel the intricate transactional and relational connection between the SUD community and available services, utilizing individual interviews guided by a structured interview guide focusing on key concepts such as relapse prevention, intergenerational trauma, family functioning, and the efficacy of recovery services in the region. Subsequently, the interview data was transcribed and coded to unveil themes. Findings underscored both internal and external factors contributing to the prevalence of SUDs, exacerbating tensions within households and the broader community. All participants in the present study revealed the impact the lack of parental involvement in their childhood had on the development of their SUD. Results revealed that external factors in the environment the participants grew up in severely impacted their perceptions and normalization of substance use and other negative behaviors. The study's implications underscored how conflict theory, exacerbated by the challenges lower-class families face in seeking services and providing nurturing home environments, perpetuates tensions within both the community and households.

Key Words: Conflict, Intergenerational Trauma, Substance Use Disorder (SUD), Mental Health, Family Functioning, Community Dysfunction, Child Welfare, Judicial System, Resilience

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CHAPTER 1: INTRODUCTION

Despite common misconceptions about substance use disorder (SUD) and its disparities in the Central Valley, this chapter provides a foundational understanding to the readers of the comprehensive needs assessment on substance use in the Central Valley. It begins with the focus population who are parents or adults, age 18 years or older, residing in the Central Valley who've experienced substance use. This section will provide information on the population of interest. Following this section will be a discussion on the purpose of the study and the problem at hand. Then there will be a brief overview of the conceptual framework being used in this study and the plans regarding the expected outcome. Lastly, the chapter will conclude with the significance of the study and a summary.

Population

The researcher focused on parents who have experienced substance use in the Central Valley of California. In the research, the term SUD primarily refers to individuals who have experienced substance use or identify as having a substance use disorder. The term is widely used in research to reflect the community of substance users; however, some parents may not consider themselves to have a disorder. In addition, there was a limitation in finding articles that related to the topic of interest, especially in the Central Valley region which highlights the gap in the literature. The researcher gathered enough empirical information to apply it to the study.

Purpose & Problem Statement

In the year 2022, it was reported in the United States that 48.7 million people aged 12 or older had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder (AUD), 27.2 million who had a drug use disorder (DUD), and 8.0 million people who had both an AUD and a DUD (*HHS, SAMHSA Release 2022 National Survey on*

Drug Use and Health Data, 2023). Although alcohol is legal this substance kills over 95,150 Americans every year and among the 29.5 million individuals with Alcohol Use Disorder (AUD), less than 8% receive treatment (Bustamante, 2023). Studies show that 70% of users who try an illegal drug before age 13 develop a substance use disorder within the next seven years compared to 27% of those who try an illegal drug after age 17 (Bustamante, 2023). Although the Centers for Medicare and Medicaid Services expanded Medicare coverage to include opioid treatment programs delivering medication-assisted-treatment (MAT 2020), the substance abuse epidemic is still at large (Bustamante, 2023). Therefore it leads to questions about what needs to change in service delivery or in the accessibility of SUD treatment within the nation.

This study will focus on the Central Valley in California but it must be known that substance use is at an all-time high across the nation. According to the CDC, there were over 112,000 fatal overdoses in the 12 months ending in May 2023 (*Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data*, 2023), resulting in the highest number of overdose deaths ever recorded in the United States in a single year (*Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data*, 2023). It is vital for the voice of the substance use community to be heard. What is missing within SUD treatment or resources in the community. Should treatment be reformed to include more preventative measures at the family or medical level. Preventive measures should be taken to address youth who are exposed to or using substances. Preventative measures should include remedying family conflicts and financial instability. The rationale behind this study is to give the community an opportunity to voice their concerns, needs, and barriers in accessing resources or SUD treatment in their community. These factors must be considered to understand the underlying mechanisms fully, barriers, and gaps the substance use community has faced. The purpose of this study is to understand the

intergenerational trauma and substance use impacts on the family unit and the accessibility to resources in the Central Valley from the parents' perspectives.

Conceptual Theoretical Framework

This study will utilize Conflict Theory as the framework to further understand the topic of substance use and its disparities. Conflict Theory was first proposed by Karl Marx (19th century) to explain the exploitation of the working class in a capitalistic society by revealing the tensions purposely aimed to result in poverty and social conflict (Nickerson, 2023). The substance use community is a highly underserved population relative to effective and accessible service delivery in treatment and resources within the community. Major concepts that will be covered in the later theoretical framework section are social inequality, stratification, and poverty created to divide society (Nickerson, 2023). The major principles of Conflict Theory are deeply rooted in materialism, economic production, societal structure, and the distribution of wealth and resources. The theory will be utilized to reveal the tensions caused by the exploitation of the working class and systematic structures. Overall this theory helps highlight the purposeful intent of tensions within society, families, and communities to keep the lower class busy so that the upper class can continue to profit off the exploitation and survival of the working class in society. Resulting in a scarcity of resources within communities that decrease the accessibility to substance use treatment and economic resources that can help alleviate the effects of poverty, stratification, and social inequality (Nickerson, 2023).

Plans

The goal of this study is to allow parents who have experienced substance use to voice their concerns, needs, and barriers in accessing treatment and resources to overcome addiction and reduce tensions in their daily lives. The researcher plans to conduct a qualitative study

utilizing the narrative research design method to explore the nature of the relationship between parents with substance use history and their children and the community. Factors that will be considered are their experiences or exposure to substance use, childhood adversities, impacts on parents, work and family conflict and the barriers in accessing resources in the community. The research will utilize a non-probability sampling method, snowball sampling to identify potential participants. The researcher plans to interview ten parents who reside in the Central Valley, experienced substance use, aged 18 or older. An interview protocol which includes seven sections that propose prompts to ask participants will be utilized to explore the experiences of the parents. It will also be composed of open ended questions to allow the participants to tell their story. The research anticipates that due to no prior rapport building with the participants that there may be a limitation of certain experiences being shared. Although the study provides full confidentiality of the participants there is no guarantee that they will fully share the extent of their experiences. The researcher hopes to start off the interview with some rapport building and demographic information to ease into prompts that may be seen as more sensitive to their experiences. The participants will not directly benefit from participating in the interviews except for receiving a $5 compensation and a handout to community service providers. However, the goal of this study is to provide insight into service delivery within SUD treatment and resources in the community to properly address the needs and concerns while reducing barriers for the substance use community.

Significance of the Study

The conducted research is significant to social work and mental health practice as it aims to educate the field of social work and other professionals on the underlying mechanisms and barriers substance users experience. When treating or working with individuals experiencing

substance use disorder it is crucial to understand the complexities of addiction and substance use. Most importantly substance use does not only affect the individual using but those who are around them including their family and community. Therefore this study aims to educate social workers and other professionals in all areas of addiction which include social, financial, emotional, and systematic. In order to reduce substance use and addiction there must be an analysis of the community as a whole and work toward preventative measures as well as reducing barriers to current resources, although scarce, in the community.

In regards to the National Association of Social Workers, this study practices and promotes the utilization of ethical principles, values and standards when working with populations that experience disparities, specifically substance use. The study involved detailed and deep conversations pertaining to each individual's experience with substance use. This illuminates the value of respect for the dignity and worth of the person by humanizing their stories and challenges. In addition, their stories have highlighted the social inequalities and injustices experienced by individuals struggling with or having a history of substance use, which aligns with the NASW's commitment to social justice. Competence in this study and knowledge of substance use disorders was essential to ensure the integrity and validity of the findings. In the study there was an emphasis to practice and adhere to ethical principles such as honesty, transparency, and respect for the confidentiality of the participants. This aligns with the NASW's value of integrity since it was ensured throughout the study that the research was conducted ethically and there was constant respect for the rights of the participants. Qualitative research serves as a tool that is valuable in understanding the needs and experiences of individuals with substance use disorders, which can be utilized to inform the development of effective interventions and services to support the community. Overall, this qualitative research on

substance use addresses ethical concerns and can be utilized to help advance the NASW Code of Ethics since it promotes social justice, respect for individuals and their families, respect for the community, competence, integrity, and service.

Summary

As a result of the negative impacts of intergenerational trauma and substance use, generations to come will be affected in the way they live and face adversity. Findings reveal history of trauma and exposure to substance use affect the child-parent relationship as well as the accessibility in the community. In order to strengthen and improve service delivery in the Central Valley the SUD community must be able to voice their concerns and needs. It is imperative that their voices be heard to bridge the gap of systematic, cultural, and environmental understanding and work towards reformation. In hopes of aiding an underserved population, the researcher gathered narratives and examined the factors that influence behavioral transmission in relation to intergenerational trauma and substance use as well as the gaps in services delivery reflected in the lack of accessibility in the Central Valley. The next chapter will utilize empirical information to bring more insights into the disparities of substance use and how it's affecting families and the community.

CHAPTER 2: LITERATURE REVIEW

This chapter will present the literature on substance use disparities and understanding its influence on the parent and child relationship. The literature review will utilize the Conflict Theory as a framework to further understand the topic of substance use and its disparities. This chapter will highlight disparities of substance use that have resulted from being an underserved population in regard to effective and accessible community resources and service delivery. Furthermore, this literature review will aid our understanding of the current strengths, weaknesses, and gaps in service delivery that ultimately impact family units and the community. The literature review will report information that is vital and fundamental to further understanding the transactional and relational connection between the substance use community and services by identifying the needs, gaps, and strengths. Major concepts that will be covered in this literature review are intergenerational trauma, history of substance use disorder, the causal relationship between community and substance use, socioeconomic challenges, cultural impacts, and SUD treatment framework.

Theoretical Framework

The theoretical framework that aids in describing the tensions within society over limited resources and the negative effects of poverty, discrimination, and SUD prevalence on the SUD community is Conflict Theory (Nickerson, 2023; No Author, 2016). The major principles of Conflict Theory are rooted in materialism, economic production, societal structure, and the distribution of wealth and resources in contemporary and historical times (Nickerson, 2023). These major principles have been utilized as tools to create a divide in society that results in social inequality, stratification, and poverty. The theory is utilized to highlight the exploitation of the working class and the tensions purposely caused by systematic structures to keep the working

class divided. The purpose of tension and conflict within society is to keep the working class busy so that the upper class continues to profit off the exploitation and the working class is focused on surviving in society. The working class has no time to revolt against the power structures, and with scarce resources in the community, they face multiplied adversities at once. Subsequently, substance users may not have access to SUD treatment or economic resources to help them overcome their adversities. Oftentimes resulting in financial disparities, homelessness, health issues, mental health disparities, and tension within their family unit (Nickerson, 2023; No Author, 2016). The following sections will provide further insight into the benefits of the development of Conflict Theory, its application, and critiques.

Development of Conflict Theory

Karl Marx (19th century) first proposed Conflict Theory to explain the exploitation of the working class in a capitalistic society as well as reveal the tensions resulting from poverty and social conflict (Nickerson, 2023; No Author, 2016). An example of this can be revealed through the 2008 mortgage crisis, which showcased the federal government's bail-out of several major banks (Nickerson, 2023; No Author, 2016). Revealing the government's power, many began to question why the government bailed out large banks primarily responsible for the 2008 crisis but failed to support or fund social programs such as universal health care or SUD treatment (Nickerson, 2023; No Author, 2016). Weber believed that power is the ability to overcome resistance but is not limited to owning production. Instead, he discusses the different advantages and life circumstances related to the individual's economic or social status, including health, education, and access to food and shelter that increase their ability to achieve higher skills (Nickerson, 2023; No Author, 2016). Weber redefined power to relate to social status and prestige, whereas Marx focused on the inequality rooted in economics (social class). To

exemplify Weber's take, an individual may resort to selling drugs, which can make them a lot of money, but their prestige in the community may be lacking. A teacher may make less money but have a higher social status in the community.

Application of Conflict Theory

The theoretical framework of this study is conflict theory. Conflict theory is concerned with the power structures and power disparities that are perpetuated through societies. Karl Marx used the application of conflict theory to highlight that the ruling class's power derives from the dominance, control, and exploitation of the subject class (No Author, 2016). Conflict theory focuses on social strata rather than social inequality as it pertains to the main stratas in all the systems. Marx believed that societies had developed through the main epochs, being primitive communism, ancient society, feudal society, and capitalist society, resulting in labor power supplied by the subject class in the forms of slavery, serfs, and proletariat. Further highlighting the relationship between the classes has not been one of equality or symmetrical reciprocity, but instead, oppressive and exploitative. In the sense of all theories explaining inequality, Marx was the one who stated inequality would be demolished in the post-capitalist society (Nickerson, 2023). Hence, the subordinate class will join to revolt against and overthrow the ruling class.

Critique of Conflict Theory

Criticism of Marx's conflict theory has primarily been that social conflict does not always lead to structural social changes, conflict is rarely bipolarized, and societies are not mere reflections of economic systems. However, we are able to see that as the middle class diminishes, conflict becomes polarized into two opposing classes (Nickerson, 2023). In addition, economic systems are reflected through the ruling class being the production owners in factories and labor

while the lower class sells their labor to make a living (Nickerson, 2023). A critique against Conflict Theory is that it doesn't provide insight into how social institutions such as education, family, religion, culture, and politics may aid in increased functioning in society, which can help alleviate disparities (Nickerson, 2023; No Author, 2016).

Substance Use and Conflict Theory

In relation to substance use, the forms of oppression and structural inequality are showcased through the lack of accessibility to substance use treatment (SUD), competition for scarce resources in rural/urban regions, poverty, racial inequality, and criminalization (No Author, 2016). Conflict theory emphasizes the structural stratification and control of political power that subjects the lower class to oppression and exploitation. One may question the extent of the ruling class maintaining their control and its intersection with policy reform, institutions, marketing, and scarce resources in society.

Conflict theory enables our mind to recognize these harmful tactics. For example, the marketing tactics used to influence the use and purchase of legal drugs such as alcohol, tobacco, and prescription drugs result in negative individual, familial, and societal consequences (No Author, 2016). Overall, it's crucial to understand the utilization of these tools of oppression that have been used, historically and contemporarily, against the lower class to maintain the dominance of the ruling class (Kapinos et al., 2023; No Author, 2016; Showalter, 2020). The lower class is the true melting pot of America, as it is primarily represented by African Americans, Hispanics, and Asians, while the ruling class is predominately white. However, addiction does not see color, and anyone can be affected, even if dominant groups manipulate or control the social order. Although legislation is slowly moving toward change and reform in SUD treatment, many still view addiction as a deficit. In terms of practice application, conflict

theory is vital in addressing necessary policy change or reform that guides macro-level practice—further revealing its usefulness in assessing oppressive tactics, client accessibility, and tensions resulting from social and economic institutions that have severely increased conflict between persons, families, communities, and classes (No Author, 2016). In regard to practice interventions, conflict theory enables the voice of the community and pays attention to the needs evident by the disorganization of power and services in society.

Empirical Literature

The following literature review will identify the need for further research within the SUD community. The needs are highlighted throughout the literature review, which includes exploring SUD and adversity in adulthood/childhood, socioeconomic disparities of SUD, the causal relationship between community and SUD, service delivery reorganization, and the gap between prevalence and treatment. Research reveals the negative impacts of substance use and its prevalence at the interpersonal and intrapersonal levels. While utilizing the lens of Conflict Theory, this research is able to identify the gaps in research, the voice of the community, the lack of resources in the community, barriers to accessibility, and the reorganization of SUD treatment programs as well as society.

Intergenerational Trauma

When exploring the topic of substance use, there needs to be an understanding of intergenerational trauma and Adverse Childhood Experiences (ACEs). The Centers for Disease Control and Prevention states ACEs are traumatic events that occur in childhood, 0-17 years of age, that include experiencing abuse (emotional, physical, and sexual), neglect (emotional and physical), witnessing violence in the home/community (substance use, mental illness, suicide,

divorce/separation, incarceration, and domestic violence) and other adversities related to war and terrorism (*Adverse Childhood Experiences (ACEs)*, 2023).

Research shows that experiencing abuse or neglect (emotional, physical, and sexual) can have long-term impacts on health, opportunity, and well-being (*Adverse Childhood Experiences (ACEs)*, 2023). Physical abuse is defined as the intentional use of physical force that often results in physical bodily injury. This includes but is not limited to hitting, kicking, shaking, burning or other forces against a child. Sexual abuse can be described a pressuring or forcing a child to engage in sexual acts which include fondling, penetration, and exposing a child to other sexual activies. Emotional abuse is defined as behaviors that harm a child's self worth and emotional well-being which include but are not limited to shaming, rejecting, withholding love, threatening and other forms of verbal/non-verbal abuse. Neglect is primarily seen as the failure to protect or meet a child's basic needs which include both physical and emotional needs. These needs include housing, food, clothing, education, access to medical care, and feelings of validation (*Adverse Childhood Experiences (ACEs)*, 2023) .

Research shows that witnessing violence in the home/community in childhood can undermine the child's sense of safety, stability, and bonding (*Preventing Adverse Childhood Experiences*, 2021). Therefore, growing up in a household or community that exposes children to substance use problems, mental health problems, and instability due to parental separation or incarceration increases the prevalence of trauma and its negative effects. The literature reveals that parental stress or economic stress can increase exposure to witnessing violence in the home, such as substance use or domestic violence (*Preventing Adverse Childhood Experiences*, 2021;Van Draanen & Aneshensel, 2022; Shin et al., 2018). Another contributing factor is families with high conflict and negative communication styles. Oftentimes, children who

experience violence in the home have parents who have also experienced trauma such as abuse, violence, or neglect as children.

In regard to the community, some risk factors are areas with high rates of violence, crime, poverty, and limited educational and economic opportunities. These areas also tend to have more accessibility to drugs and alcohol rather than resources for children and families to overcome barriers. In addition, communities with unstable housing and food insecurity also report having higher levels of social and environmental disorder/disorganization, further increasing the prevalence of violence and substance use (Kapinos et al., 2023; Lardier et al., 2017; Lippold et al., 2018; Showalter, 2020) .

A history of trauma includes experiences with colonization, migrational violence (pre/post), cultural violence, and challenges in acculturation. These are factors that contribute to adversities experienced by refugees, war, and terrorism (*Preventing Adverse Childhood Experiences*, 2021). Colonialism left long-lasting effects of racism, sexism, and xenophobia while also resulting in the discrimination of gender, sexual minorities, and nativism. These factors are significantly interrelated with intergenerational trauma (Cerdeña, Rivera, & Spak, 2022; Vazquez, 2022).

Other factors to consider are cultural values/norms that have harmed the community. For example, in the Hispanic/Latino culture, values/norms such as machismo, marianismo, and attitudinal familism have harmed the community and the family unit (Vazquez, 2022). The utilization of the Hispanic/Latino family sheds light on the complexity of different cultures and their constructs that may promote sexism and emphasize a patriarchal power structure within families/communities (Cerdeña, Rivera, & Spak, 2022; Vazquez, 2022). Attitudinal familism refers to the dedication and commitment to maintaining family closeness/strong loyalty. This

value is negatively associated with mental health disorders and internalizing/externalizing behaviors (Vazquez, 2022; Whitt-Woosley, Sprang, & Royse, 2018). The majority of Hispanics/Latinos migrating to the United States have experienced high levels of societal deprivation, gang violence, and drug trafficking, which contributes to the transmission of trauma environmentally and biologically (Choi, Stewart, Davies, Naureckas, Venegas-Murillo, McCreary, Kenan, & Zima, 2021; Fields & Fields, 2012; Vazquez, 2022; Yehuda, & Lehrner, 2018).

Regarding immigration, some pre-migration factors include experiencing political/interpersonal violence, deprivation in the native country, and exposure to theft, kidnapping, rape, extortion, assault, or deadly health conditions during the migration process (Cerdeña, Rivera, & Spak, 2022; Vazquez, 2022; Vogt, 2013). Post-migration factors include experiencing community/family violence, socioeconomic disparities, poverty, discrimination, mental disorders, and the continuation of intergenerational trauma. Exposure to parental trauma results in secondary traumatic stress, which, depending on age and developmental stage, can lead to the development of comorbidities such as depression, anxiety, and post-traumatic stress disorder. (Preventing Adverse Childhood Experiences, 2021; Miguel et al., 2023; Whitt-Woosley, Sprang, & Royse, 2018). Within Hispanic/Latino populations, their history of trauma and experience in migration not only increases the prevalence of intergenerational trauma but causes emotional and psychological wounding. As reported in the epigenetic study (2018), epigenetics is how environmental exposure to trauma changes D.N.A. function and passes to future generations (Miguel et al., 2023; Yehuda, & Lehrner, 2018). Current research has not confirmed the exact effect of intergenerational trauma transmission to offspring. However, it may lead to increased adaptive capacities and biological preparedness based on environmental context.

Further research must reveal whether epigenetically induced changes reflect environmental exposure and influence. If so, transgenerational trauma will connect to the life experiences of substance use-exposed families (Miguel et al., 2023; Yehuda, & Lehrner, A., 2018).

Intergenerational trauma is significant in that individuals who never truly heal will experience negative outcomes in their adulthood, such as health conditions, risk behaviors, and socioeconomic challenges (Preventing Adverse Childhood Experiences, 2021). As stated by the CDC, 61% of adults experienced at least one ACE, and 16% had four or more types of ACEs; likewise, females and several racial/ethnic minorities were more likely to experience four or more ACEs (Preventing Adverse Childhood Experiences, 2021). It's significant to analyze the factors of intergenerational trauma and SUD that contribute to maladaptive behaviors/parenting styles, dysfunctional family functioning, decreased parental availability, and family stressors. Intergenerational trauma is the theory that trauma experienced by at least one person in the family can be passed down between generations. Unresolved emotions and thoughts about experienced trauma lead to a cycle of intergenerational trauma that negatively impacts both the parents and their children's physical, mental, emotional, and behavioral development.

Substance Use Disorder

To better understand substance use disparities, one needs a basic understanding of substance use disorder (SUD). According to the DSM-5TR, SUD is a maladaptive pattern of substance use leading to clinically significant impairment or distress occurring within a 12-month period (American Psychological Association, 2022). SUDs can result in health problems, disability, and failure to meet responsibilities in daily life, including work, school, childcare, and personal relationships. Long-term use of substances can negatively impact the brain, which increases the risk for compulsive and destructive behaviors, making recovery more

difficult. In the United States, 4% of adults had both a substance use disorder and any mental illness during the past year, and 1% had both an SUD and a serious mental illness (*California Health Care Foundation*, 2022). In the Central Valley, methamphetamine production and abuse pose the greatest drug threats to the community in addition to other illicit drug production (*HIDTA Overview - Central Valley HIDTA Drug Market Analysis*, 2023). In California, the death rate from fentanyl increased 10-fold, from 0.3 deaths per 100,000 population in 2015 to 3.8 deaths per 100,000 population in 2019 (*California Health Care Foundation*, 2022). In California, research suggests that substance use problems affect from one-half to more than two-thirds of child-welfare-involved families (Barth, 2009). SUD is a factor that complicates the family and community system, often resulting in the involvement of the California Child Welfare System. It is significant to properly analyze service delivery in the Central Valley and cultural components of the experiences of individuals with substance use disorders in order to improve the effectiveness of services and functionality of the family systems.

The Causal Relationship Between Community and SUD

Several barriers have been identified in accessing, initiating, or continuing SUD treatment in the community as a result of marginalization, social stratification, and criminalization (Kapinos et al., 2023; Showalter, 2020). Barriers exist at various levels, including political, legislative, and economic institutions, that are known to increase the harm and prevalence of substance use (Showalter, 2020). Such social forces have contributed to poverty, poor health, racial disparities, and incarceration. A parent experiencing substance use may likely be experiencing more than one barrier to seeking services, which can be related to the scarcity of resources, stigma, criminalization, and financial stability (Kapinos et al., 2023; Lippold et al., 2018; Showalter, 2020). It's important to understand that each individual in society is competing

for resources, and given the stigma and criminalization associated with substance use, seeking help may be risky (Kapinos et al., 2023; Lippold et al., 2018; Showalter, 2020). Nonurban areas tend to have less access than cities in regard to substance use treatment programs, syringe services, naloxone programs, or medication clinics for opioid use disorder (Kapinos et al., 2023; Showalter, 2020). Highlighting the environmental risk factors that connect to the creation of (Coffman & Swank, 2020; Showalter, 2020). The severity of the barrier worsens if you are a parent who uses substances and is the primary caregiver for their child, as this may bring involvement in the child welfare system (Coffman & Swank, 2020; Lippold et al., 2018; Showalter, 2020).

Socioeconomic Challenges

SUD is highly prevalent in the United States, and the lifetime prevalence of alcohol use disorder is 29.1%, and drug use disorder is 9.9% (Merikangas & McClair, 2012). Parental SUD is associated with the increased risk of their children developing SUD or initiating the use of substances at a younger age (Merikangas & McClair, 2012; Van Draanen & Aneshensel, 2022). Despite their SUD, parents are simultaneously being affected by other variants such as poverty, homelessness, low health literacy, stigmatization, and limited capacity of services offered in their community (Showalter, 2020; Lippold et al., 2018; Padwa et al., 2022; Van Draanen & Aneshensel, 2022). Such variants increase the likelihood of individuals facing these adversities to seek help with less risk, street medicine. Street medicine, inception in the 1990s, differs from clinic-based care regarding the clinicians bringing health care directly to the unsheltered patients on the street, shelters, or encampments (Padwa et al., 2022; Su et al., 2023). They also support patients through forms of counseling, case management, referrals, health education, and connecting patients to housing or substance use treatment programs (Padwa et al., 2022; Su et

al., 2023). As a result, street medicine programs are promising strategies that intervene with individuals who face barriers in accessing the resources in the community (Padwa et al., 2022; Su et al., 2023). There were previous restrictions to being able to prescribe methadone and buprenorphine, medications used to treat opioid use disorder, that have been lifted, which is one barrier tackled in aiding those experiencing SUD (Padwa et al., 2022; Su et al., 2023; *The Physical Evaluation of Patients Who Will Be Treated With Buprenorphine at Opioid Treatment Programs*, 2023).

Mental health disorders and SUD are prevalent among individuals experiencing homelessness, financial disparities, and lower socioeconomic status (Miguel et al., 2023; Padwa et al., 2022). These are the external factors that affect their functioning, but they may also face internal factors such as endophenotype for substance use disorder, mental health disorders, and cognitive impairments (Acheson et al., 2018; Miguel et al., 2023; Padwa et al., 2022; Showalter, 2020). This is not to say that there is a direct association with potential cognitive endophenotype triggering substance use; however if the individual is experiencing high levels of external variant stressors, they may be more susceptible to developing substance use disorder (Acheson et al., 2018; Miguel et al., 2023; Padwa et al., 2022; Van Draanen & Aneshensel, 2022). Further highlighting the link of socioeconomic stressors children in homes with SUD present face increases the likelihood of less education, lower estimated intelligence, and impairment in cognitive judgments in adulthood (Acheson et al., 2018). However, there seems to be a gap in the literature highlighting the strength in perseverance and resilience in overcoming such barriers as a parent and child, which could be protective against developing a SUD.

Research has connected negative social relationships and insecure attachments with substance use (Fairbairn et al., 2018; Fletcher et al., 2014). Therefore, if parents are preoccupied

with attempting to survive the stressors they experience (SUD and socioeconomic challenges), it is likely that family dynamics may experience high levels of parental and work conflict (Knudson & Terrel, 2012; Eckhardt et al., 2022). The children who observe high parental conflict and SUD are at higher risk of developing an attachment deficiency and insecure adult attachment style, which can lead to dysfunction, learned behavioral patterns, lack of emotional regulation, and codependency (Coffman & Swank, 2020; Eckhardt et al., 2022). There are underlying mechanisms, misunderstood, associated with parents being able to cope while experiencing work and family conflicts, which increases the likelihood of using substances to cope (Eckhardt et al., 2022; Kuntsche & Kuntsche, 2021). Being unable to fulfill family tasks due to work or parental conflict and SUD reports higher stress levels, ultimately impacting the family dynamic and increasing the likelihood of dysfunction within the family (Acheson et al., 2018; Coffman & Swank, 2020; Eckhardt et al., 2022; Kuntsche & Kuntsche, 2021).

Stress responses emerge from experiences of social isolation, stratification, socioeconomic challenges, and family conflict (Coffman & Swank, 2020; Eckhardt et al., 2022). This often results in negative coping styles that consequently affect the development and prevalence of substance use and substance use relapse (Coffman & Swank, 2020; Eckhardt et al., 2022). If parents who experience substance use have no social networks or interpersonal contacts while facing socioeconomic challenges, it decreases their likelihood of seeking help (Coffman & Swank, 2020; Eckhardt et al., 2022). This disconnection has psychological and physical consequences resulting from stressors, community disorganization, dysfunctional behaviors, and family conflict (Eckhardt et al., 2022; Lardier et al., 2017). However, this is not to say that a positive functioning family will not experience the disparities of SUD. Research shows that there are many variants and predictors that increase the likelihood of SUD which are heavily

associated with socioeconomic challenges, disorganization of the community, stigmatization, criminalization, and adversity in childhood/adulthood (Coffman & Swank, 2020; Lardier et al., 2017).

Families as Cultural Brokers in Service Delivery

Cultural brokers facilitate the linkage and bridging between groups or people differing in culture. It would be vital for the substance use community to be the brokers of the connection and inform service delivery. Although they are not expected to facilitate the process, having more research where the community can voice their needs and barriers to accessing services would benefit treatment reformation. Research shows that parents are the most influential agents in preventing substance use in their children (Shin & Miller-Day, 2017). Conversations within the family would be a prevention and protective factor; parents need to know how this can be implemented. Parent-child communication, regarding the topic of substance use, is already a form of service delivery being that they are educating their family and children on substance use. Studies have shown that when parents act as anti-drug socialization agents, it has significant effects on adolescent norms, attitudes, and intentions to use substances (Shin et al., 2018). Findings suggest that implementing cultural values and beliefs in families (honoring parents and familial respect) reported less likelihood to use or initiate using substances (Escobedo et al., 2018).

Substance-specific prevention communication refers to the direct or indirect messages related to substance use on behalf of the parent-child relationship. However, there are harms to direct messaging and timing as studies show that parents who use direct messaging often communicate with youth who have already initiated the use of substances, further increasing the prevalence (Escobedo et al., 2018; Shin et al., 2018). Direct messaging is an explicit one-shot

conversation commenting on drug use versus the ongoing style that carries repetitive conversations about drug use (Shin et al., 2018). A situated indirect message refers to verbal and nonverbal cues about drugs and the disapproval, by the parents/family, of its use once versus the ongoing indirect style of repeatedly utilizing verbal/nonverbal cues about drugs over time (Escobedo et al., 2018; Shin et al., 2018). This further highlights the complexity of communication and educating others on substance use as its delivery can have higher use effects if implemented incorrectly or a decrease in use if communicated properly (Escobedo et al., 2018; Shin et al., 2018).

In the United States, low-income individuals are disproportionately affected by SUD. In California, 40% of the 2.9 million with an SUD account are individuals eligible for Medi-Cal (Bass et al., 2023; Marcellus et al., 2022; Satre et al., 2020). With such a high rate, the California Department of Health Care Services created the Drug Medi-Cal program (DMC) and has been currently reformed as the Drug Medi-Cal Organized Delivery System(DMC-ODS) (Bass et al., 2023; Marcellus et al., 2022; Satre et al., 2020; Sorensen & Llamas, 2018). To fully understand the goal of DMC-ODS, we need to look at both Drug Medi-Cal systems that are currently being used in California, which are the Standard Drug Medi-Cal State Plan and DMC-ODS.

In reference to the standard state plan, providers contract with counties or the state to be able to utilize the Standard Drug Medi-Cal State plan services, which allows them to provide the following services: outpatient drug-free treatment, intensive outpatient treatment, residential SUD services for perinatal women only (limited facilities with up to 16 beds), naltrexone treatment, narcotic treatment programs (methadone only) (*California Health Care Foundation*, 2022). At the same time, the Drug Medi-Cal Organized Delivery System (DMC-ODS) works by the providers contracting with counties to be able to provide all the services in the Standard Drug

Medi-Cal program plus the following: outpatient treatment, intensive outpatient treatment, partial hospitalization, residential/inpatient treatment, withdrawal management, narcotic treatment, medication for addiction treatment (MAT), recovery services, peer support services, care coordination services, and contingency management (only available in some counties)(*California Health Care Foundation*, 2022).

As a result, 37 counties in California are currently implementing DMC-ODS in an effort to expand, improve, and reorganize the treatment of substance use disorders in Medi-Cal (*California Health Care Foundation*, 2022). The program provides vital medical SUD treatment services to Medi-Cal beneficiaries with a current SUD diagnosis (Department of Health Care Services, 2023). The California Health Care Foundation suggests that nearly 2.9 million California residents over 12 have had a substance abuse disorder in the past year (*California Health Care Foundation*, 2022). Due to the vast amount of Californians who struggle with various SUD, there are different levels of care and facility types. With 2.9 million people in California alone who struggle with substance abuse, there is an outcry for services. Based on the clinician's standardized treatment and determining the level of care each client will need, there is a continuum of care (Padwa et al., 2022; Sorensen & Llamas, 2018). The first is early intervention, followed by outpatient services, then intensive outpatient services, continued by partial hospitalization services, and clinically managed population-specific high-intensity residential services at the highest level of care.

In 2019, about 60% of residential treatment facilities were designed to treat clients who have co-occurring disorders, considering the use of multiple substances and mental health diagnoses (*California Health Care Foundation*, 2022). Because of the extensive need for residential care, it is vital that each program cares for the client's best interest and their lasting

recovery. Yet since the implementation of the 2019 Medical Fee Waiver also known as the Drug Medi-Cal Organization Delivery System (DMC-ODS), it has changed the way and specifically the amount of time clients have access to residential programs. Prior to the implementation of the DMC-ODS most residential treatment facilities allowed clients a safe place for recovery for a year up to 18 months. Now clients in treatment who have intensive care needs are allotted 90 days of treatment with a reassessment every 30 days. Although more clients have access to residential services there is a gap between the prevalence and the treatment being accessed with a short timeline for recovery that is not adequate. The American Addiction Center research finds that up to 70% of those in active recovery will relapse (*Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data*, 2023). So the question must be posed of how to combat such a high relapse rate, inaccessibility to services, and the socioeconomic disparities substance users are facing.

The Gap Between Prevalence and Treatment

The purpose of this study is to identify the strengths, weaknesses, and, most importantly, the gaps in service delivery and accessibility in regard to substance use treatment. The solution to this epidemic is heavily complex and involves many variants that affect the individual who is experiencing substance use. Systemic and social barriers play a highly significant role in the community, posing seeking help as a high-risk behavior. Embedded in seeking help are criminalization, stigmatization, and stratification, which have been utilized as tools of suffering to subject substance users to harsh penalties and more suffering. The SUD community is at a great disadvantage when trying to locate and access resources in communities where resources may be scarce or hard to obtain (Padwa et al., 2022). The struggles are highlighted through the experiences of individuals experiencing a lack of access to shelter, healthcare, education,

economic opportunities, and a connection to the community (Padwa et al., 2022; Sorensen & Llamas, 2018). More often than not, substance users have been seen as individuals with deficits and an inability to overcome barriers that may have been readily granted to others. There is a gap in the literature that is able to voice the community of substance use and their genuine concerns and needs. This study would be beneficial not only to policymakers but also to paraprofessionals who work in service delivery. It is vital to listen to the community and collaborate with families in identifying gaps, needs, weaknesses, and strengths in current substance use treatment.

Summary

Research shows the prevalence of substance use and its disparities at the interpersonal and intrapersonal levels. It is known that there are harmful tactics utilized to ensure the dominance of the ruling class and exploitation of those in the lower class. There is a significant lack of resources in the community and a higher rate of inability to access those services. Therefore, it is important to voice the needs of the substance use community that may or may not be experiencing a variety of adversity in their lives. Further research needs to be conducted to fully understand and grasp the community's underlying mechanisms, barriers, and perceptions. This research will be most beneficial to service delivery reformation and the modification of making resources more accessible to the community.

CHAPTER 3: METHODOLOGY

The study was conducted using a qualitative research method utilizing the narrative research design method to explore the nature of the relationship between parents with substance use history and their children and the community. Specifically, looking to consider their experiences or exposure to substance use, childhood adversities, impacts on parenting, work and family conflict, and the barriers they've faced in accessing resources in their community. The study will improve the understanding of substance use's societal impacts on the family unit and the barriers they face in accessing substance use treatment. Understanding the relational and community impacts is essential because the parent's perspective can offer insight into how to improve or reform the accessibility and service delivery in substance use treatment programs. The exchange could improve the family's well-being and decrease the prevalence of adversity and substance use in the Central Valley. The interaction between the parents and the researcher can lead to an increased cultural understanding of the disparities in families with a substance use history, which may result in improving family servicing programs, substance use treatment programs, and a comprehensive assessment of needs within the Central Valley community.

Concepts

The study's primary focus is on exploring the parent's experiences with substance use and how it has influenced their relationship with their children and interaction with community resources. The major concepts to be explored are substance use, intergenerational trauma, adverse childhood experiences, family functioning, and the functionality of program services in the Central Valley. All participants will be asked to speak on the same topics, but their responses will guide the interview to allow participants to tell their stories. The perspective will focus on the parent due to their ability to tell the story of their childhood and adulthood experiences with

substance use and its effects on their relationship with their children and interaction with community services.

Research Question

How do parents in the Central Valley tell the story of their SUD recovery journey and its influence on their parent and child relationship?

Subjects

Participants for this study were 18 years and older. The participants were either male or female and residents of the Central Valley. The population focus was on adults, preferably parents, who have experienced substance use. The researcher sought to find participants who live in the Central Valley within California. Using the narrative method, the researcher had prolonged interviews that were 30 minutes to 1 hour. The semi-structured interview was guided by the participant by using open ended questions and prompts.

Data Collection

The researcher utilized a non-probability sampling method, snowball sampling, to identify other potential participants with similar experiences and willingness to participate in the study. The researcher reached out to potential participants through programs at Fresno State that had members with a substance use history. The researcher's contact information was provided to the participants via a flyer so they were able to share it with other programs or potential participants in the Central Valley. The sample size was expected to be six to ten participants. The information on the flyer explicitly stated the eligibility requirements to participate in the study were being the age of 18 or older, residents of the Central Valley, and a history of substance use. The interview protocol included a guide with seven sections that proposed prompts and questions

to ask participants about demographics, substance use impacts, involvement with the child welfare system, legal history, experiences with resources in the Central Valley, and knowledge of other potential participants. The semi-structured interview instrument was composed of open-ended questions but primarily prompts that explored the participants' responses.

The sample included adults and adult parents of the Central Valley with substance use experiences. By adult, that means anyone who is eighteen years and older can tell the story of their own childhood experiences as well as their adulthood experiences. The reasoning behind excluding minors, even though they may be parents, is that they have yet to reach adulthood to tell their full childhood experiences.

Before each interview, the researcher asked each participant for verbal consent and informed them of their right to terminate their participation at any moment throughout the process. Participants must reside within the Central Valley. Central Valley includes anyone who resides within the following nineteen counties: Butte, Colusa, Glenn, Fresno, Kern, Kings, Madera, Merced, Placer, San Joaquin, Sacramento, Shasta, Solano, Stanislaus, Sutter, Tehama, Tulare, Yolo, and Yuba. The researcher excluded other counties due to the focus on gaining more knowledge about families within the Central Valley that would help fill the gap in research.

Data Analysis

The participants chosen for the quantitative study were interviewed to collect narrative data that revealed their experiences with substance use and its impact on their relationship with their children and interaction with community services. All participants were asked to speak on the same topics, and responses that correspond with one another from different participants were identified as a theme. To avoid bias in the identification of themes and codes, the researcher had

one other researcher with no substance use history code the data. Furthermore, the goal of the proposal is not to make generalizations about the relationship between parents and their children or further criminalize parents and adults with substance use experiences but rather explore the issue of substance use disparities and its impacts on the family unit. Additionally, since the interviews were semi-structured, the study had reliable integrity. However, there was a smaller sample of participants, and each participant's positionality may have impacted their response, so exact themes and concepts may not be reproduced among the participant group due to distinct experiences with substance use, disparities, and adversity.

The validity of the themes and concepts was drawn from the participants' responses during the interviews, observations, and data analysis. All participants were asked to speak on the same topics, and responses that connect with one another were identified as themes by myself and one other researcher, with no substance use history and residents of the Central Valley. Therefore, bias was checked by two researchers, meaning if any of the two hold any values or biases against substance users, then the researchers were able to check that in the study. Rigor was demonstrated through thoughtful and deliberate planning while communicating transparently with participants and researchers before, during, and after the study. This was done by reflecting on the emotional aspects of the data and keeping a research journal to take notes and observations, with no identifying information about the participants. When the researchers met, they were able to share and allow for connection within the team and considered new approaches in data collection. Saturation was revealed in the participant's responses by having interviewed a total of six participants which ensured there was enough information collected and a limited amount of redundancy. Theory and investigator triangulation was used to reduce research bias by including more than one perspective of two researchers to evaluate and interpret

the data. In addition, data triangulation was used by including six participants from programs in the county, Fresno State, and by referral of other participants.

Potential Risks & Benefits

There is a low risk in participating in the research. The potential risks include feelings of discomfort when talking about traumatic events or previous substance use. Discussing and recalling past experiences may trigger unwanted thoughts or emotions. Participants in this study may not benefit directly from their participation. However, an improved understanding of relationships between parents and children that have experienced intergenerational trauma is essential to understand the parent's perspective since they are able to tell the story of their childhood and adulthood experiences with intergenerational trauma. The exchange between parents and the researcher can lead to an enhanced cultural understanding of SUD disparities and intergenerational trauma within families that can result in improving SUD-serving programs and a comprehensive assessment of needs within the Fresno community.

Management of Risk

Risk for this study was minimal since the sample population collected will not be classified as a vulnerable population, and the questions/prompts that comprise the interview instrument are not intrusive. The researcher has also completed an online Social and Behavioral Basic Course on researching human subjects. This course was offered through the Collaborative Institutional Training Initiative (CITI). Additionally, precautionary measures will be taken, such as providing a list of referrals for available counseling, SUD treatment, and family services available in the Central Valley should a participant feel the need to utilize such services. I provided, explained, and reviewed consent forms at the beginning of each interview to ensure

that the participants understood, and they were given a chance to raise any concerns for me to address before starting the interview. Furthermore, before beginning the Zoom or in-person interview, I confirmed that the participant was in a private setting and also ensured that I was in a private setting. I informed the participants that at any time in the interview, if they felt the need to participate no longer, we could stop the interview and extract their responses from the study. No one exercised this option.

All identifying factors were excluded from the research collected to protect the confidentiality of participants. The data were recorded and transcribed, and codes were used on a separate document with only the initials of the participants to link information. The data collected is stored on a password-protected computer that has restricted access only to the researcher. There were no physical printouts or copies of data or documents containing information to ensure that all data related to the study is contained in one source, password-protected computer. The researchers who assisted in coding could access the interview transcriptions, with only the participant's initials, for the time needed to create a code list. Confidentiality is maintained by taking these precautions to ensure that participants' confidentiality is not compromised.

Protection of Human Subjects

The student researcher, Flor Marina Castro, is a second-year Master of Social Work Student in the Department of Social Work at California State University, Fresno. The student researcher is a Title IV-E student. The student researcher completed all prerequisite coursework for master project course SWRK 292 and 298. In addition, she also completed the Collaborative Institutional Training Initiative (CITI) human subjects training. The research will be conducted with the supervision and mentorship of the Project Advisor, Dr. Marcus Crawford.

Reflexivity and Credibility

I have completed an online Social and Behavioral Basic Course on researching human subjects. This course was offered through the Collaborative Institutional Training Initiative (CITI). I am qualified to conduct this research because of the knowledge I have gained in theories as well as skills throughout my graduate studies in the field of Social Work. I have learned how to conduct qualitative, quantitative, and mixed methods research through my research class this semester. Throughout my graduate studies, my research and law and ethics courses taught me how to be ethical in research.

I have also learned about intergenerational trauma through my involvement in the Title IV-E program, which has allowed me to learn how to show people empathy, practice cultural humility/responsiveness, and have a profound understanding of trauma. At the micro level, my internship placement gave me experience working with women who have experienced trauma and substance use disorder at an agency in Fresno County. For example, I had to co-assist with assessing culturally diverse women with a history of trauma, mental health disparities, and substance use disorder disparities. At the macro level, I have attended monthly seminars as a member of Title IV-E, which has allowed me to understand the impact of larger systems and the need for service delivery to improve their cultural responsiveness within communities to improve efficacy.

Summary

The qualitative study utilized narrative design to tell the lived experiences of parents in the Central Valley and how substance use has impacted their relationship with their children and

interactions with community services. Qualitative methods were used in approaching the research question:

Research Question: How do parents in the Central Valley tell the story of their substance use recovery journey and its influence on their parent and child relationship?

This was done by conducting individual interviews that were guided by an interview instrument with predetermined questions and prompts to address major concepts of substance use, intergenerational trauma, adverse childhood experiences, family functioning, and the functionality of program services in the Central Valley. Interviews were transcribed and coded to identify prevailing themes.

This study aims to improve the understanding of substance use disparities and their impacts on the relationship between parent and child as well as the interactions with community services in the Central Valley. It is essential to understand the parent's perspective since they are able to tell their childhood and adulthood experiences with substance use and its disparities that have ultimately impacted their family unit. The exchange between parents and the researcher can lead to an enhanced cultural understanding of conflict within the family, substance use disparities, and the accessibility of substance use services in the Central Valley.

The results of this study aim to reduce disparities by improving or reforming the accessibility and service delivery of substance use treatment programs. Overall, the exchange between parents and the researcher can lead to an increased cultural understanding of the disparities in families with a substance use history, which may result in improving family servicing programs, substance use treatment programs, and a comprehensive assessment of needs within the Central Valley community.

CHAPTER 4: Findings

The purpose of this study is to delve into the experiences of adults and adult parents with

Substance Use Disorder (SUD), shedding light on the crucial link between parental influence,

community needs, and SUD. This chapter services to present a comprehensive overview,

encompassing participant demographics, background details, and a thorough exploration of

emergent themes unearthed through rigorous analysis.

Demographics

Participant demographics revealed a diverse group that encompassed individuals form varied

backgrounds, each contributing unique perspectives to the study. Chris, a 23-year-old Hispanic

male without children, reflected the early onset of substance use at the age of 13, with a

preference for Marijuana, Cocaine, and Molly (MDMA). Violeta, a 23-year-old Hispanic female,

initiated substance use at the age of 15, with Marijuana and Heroin as former drugs of choice,

and now boasts an impressive decade of sobriety. Max, a 45-year-old Hispanic male and devoted

parent, commenced his journey with substance use at 11-years old, attaining six years of sobriety

amidst struggles with Marijuana and Methamphetamine. Angel, a 40-year-old Mexican

American woman and parent, showcases resilience with 11 years of sobriety despite initiating

substance use at the age of 9-years old, primarily with Marijuana and Methamphetamine.

Konner, a 50-year-old white male and parent, navigates nine years of sobriety after starting

substance use at the age of 18-years old, grappling with Marijuana, Alcohol, and

Methamphetamine. Cristina, a 31-year-old Hispanic female and parent, initiated on her journey

with substance use at the age of 11, achieving one year of sobriety after struggling with

Marijuana and Heroin. Together, these demographic profiles paint a multifaceted portrait of

individuals overcoming addiction, underscoring the importance of tailored interventions and

support systems to address the diverse needs of participants across different cultural backgrounds and life stages.

Table 1: Demographics

	Age	Gender	Ethnicity/race	Parent	Age at initiation	Years sober	Drugs of choice
Chris	23	Male	Hispanic	No	13	0	Marijuana, Coke, Molly
Violeta	30	Female	Hispanic	No	15	10 years	Weed, Heroin
Max	45	Male	Hispanic	Yes	11 years old	6 years	Weed, Meth,
Angel	40	Female	Mexican-American	Yes	9	11 years	Weed, Meth
Konner	50	Male	White	Yes	18	9 years	Marijuana, Alcohol, Meth
Cristina	31	Female	Hispanic	Yes	11	1 year	Marijuana, Heroin,

Data Collection and Analysis Procedure

The interviewees were at ease communicating in English, so all interviews were conducted in that language. The research employed a narrative design approach to identify recurring themes that could illuminate factors connected to generational trauma and substance use disorder. Participants were encouraged to ruminate their family dynamics, interactions within their communities, and personal experiences regarding substance use.

Emerging Themes

The personal accounts shared by each participant offer rich contextual insights that unveil the challenges they faced and the experiences that shaped their attitudes and behaviors towards

substance use. These stories not only deepen their individual journeys but also offer meaningful insights into the broader themes that emerged from the study. The following four themes emerged from the analysis:

1. Immediate Family Context.

2. Environment.

3. Elements of Treatment

4. Current State

Immediate Family Context

Substance use is a multifaceted issue that has significantly impacted individuals, families, and communities. In the immediate family context, substance use has effects on family dynamics, family culture, and the overall well-being of the family unit. The findings in this study highlight the complex interplay between substance use and family dynamics including the subthemes that emerged from the data analysis: Family Cultural & Norms, Family Drugs Use, Parental Knowledge of Use, and Affection & Support.

Family Culture & Drug Use

A significant finding has been the influence of family culture and norms on attitudes, beliefs, and behaviors related to substance use. In the study, participants described their cultural values, traditions, and intergenerational patterns that have impacted their perceptions of drug use within their families. As a result, the majority of participants reported that drug use was normalized throughout their childhood. As an example, drinking and the use of substances by parents with their friends or family often occurred in the presence of children, who are now adults. The substances that were witnessed by the children and being used by the parents included alcohol, marijuana, cocaine, methamphetamine, and heroin. Four participants disclosed

instances of drug trafficking by their parents, highlighting the pervasive and openly acknowledged nature of the tension within their households.

Chris shared memories of what it was like to witness parental substance use that led to further criminal activity, police involvement, and imprisonment:

I could tell that they were on something. I felt abandoned, I don't know, cause I feel like when people do drugs they're not fully there like they're not physically at their smartest capacities… Trafficking of drugs and involvement with drugs has been constant in my life and my parents being in and out of prison.

Chris's experience was not unique among those interviewed. Angel shared a similar story of parental use and trafficking, including how the neighborhood environment contributed to the effects of substance use:

I wanna say at the time I was the only one of my siblings that picked up that habit at nine years old. I think at that time the reason why I started using was because of the things going on at home. The neighborhood I grew up in it was everywhere... So because they were both using I was able to [get] away with more things because my dad was gone. When he would come home he would sleep for three days. My mom was always high and cleaning. So, it allowed me to escape and just do whatever I wanted and come home whenever I wanted… I got caught a lot of times but they were too wrapped up in their own mess to address it.

In addition, participants reported that parents were accepting of youth substance use as long as it occurred within the residence of the home. Participants expressed parental disapproval or social rejection of being known for their child receiving substance use recovery services. The majority of participants reported that their substance use was considered taboo or they were seen

as a black sheep of the family. This contributed to their increased ostracization within the family, leading to feelings of abandonment and distance. Contrary to expectations, the participants shared during their substance use they did not feel culpability or apprehension related to their family. This lack of culpability or apprehension was attributed to the normalization of drug use within the family unit.

Violeta shared feelings on how she felt when she found out her recovery was hidden by her mother:

We didn't talk about it. Like even when I was using it, we didn't talk about it. I was completely ignored. I just talked to my cousin not that long ago, I asked where did you think I would go and she was like, they would just tell me that you would be at this person's house or you were being a brat... Talking about me was a taboo for my family because some didn't want to bring me up because then my mom didn't know how to answer where I was.

The prevalence of substance use within the participant's families emerged as a significant theme in the data. All of the participants recounted variations of stories illustrating how substance use has impacted their family dynamic and relationships, whether through parental or sibling substance use, or other addictions such as gambling. They all expressed the emotional toll that substance use inflicts on the family unit. These factors, whether they manifest as parental incapacity, legal issues, criminal activity, or childhood trauma, have all contributed to adverse childhood experiences and the prevalence of substance use among newer generations.

Parental Knowledge of Use

In this study, the role of parents' inability to address substance use within the family emerged as a key finding in the data analysis. The majority of participants emphasized the

significance of parental knowledge and awareness of substance use in shaping their experiences.
Participants expressed feelings of being unsupported, ignored, or receiving conflicting messages
while also feeling enabled throughout their substance use.

Violeta shared her story about her mother's reaction to her substance use:

They knew when I would get high. I never really had a great relationship with my

biological mom. So when we would get into a fight, I would leave. And being all drugged

up and doped up, I would take off for weeks. And I was sixteen years old. I think at that

point my mom started preferring that I get high at home. And they would give me money

and stuff because my mom was terrified I would take off and she would never see me

again. I wouldn't have graduated high school if it wasn't for my mom since I had a

hundred and something absences. We were going to court for it because I was getting in

trouble. So she donated all the money for prom for me my graduating year. So that the

school would let me graduate. I think that her first instinct is to throw money at things to

try and fix that image of me, that's her solution for everything. She's terrified that the

family is gonna find out because she's not going to be able to throw money at my family

and be like don't think this about her.

Max shared his story on receiving conflicting messages from his parents on substance
use. He shared living in a household where his parents told him to not practice what they
modeled but where in denial of his use once he started:

She says tells you friends not to be leaving this stuff in here. And it was mine. One day

my dad called my bluff, we would talk about drugs in general and he was like alright go

get it then. And so like me and my friend were like really? He said yeah, so we were kind

of happy because that's a teenagers dream to have parents endorse it. So we got it and

you know that's the first time me and my dad smoked weed together. Which kind of opened other doors to other things.

Konner described how his parents responded to his substance use and their inaction to confront his SUD:

Pretty much after my parents left me when I was 20, I was relatively sober from methamphetamines except for little moments because that's why we would move to Michigan. Meth wasn't really a problem like it is in California. I had uncles and cousins that were all using meth and so the family I did interact with were typically using. My sister was also battling the sobriety part of it when I started using.

Chris shared how his parents opened their space for him to use at home:

They knew that I was under the influence. They did always tell me like if you're gonna do drugs, do it here with us like I'd rather you be here and do the drugs then you go out somewhere and like you don't know what you're doing. Like they always opened up that space for me to like do it in front of them or let them know if I was going to do something.

None of the participants articulated significant parental involvement that effectively addressed their substance use during the early stages. This lack of parental intervention at pivotal moments highlights the profound impact the parents actions, or lack thereof, can have on the trajectory of substance use within the family unit. The absence of early intervention may have contributed to the sense of normalization or acceptance of substance use behaviors among the participants. Moreso, it may have hindered their ability to develop healthy coping mechanisms and seek support for recovery. These findings underscore the crucial role that parents play in addressing both initial and long-term substance use within the family unit, emphasizing the need

for improved parental support, involvement, and communication regarding substance use among youth.

Affection and Support

Another significant finding in this study was the limited presence or absence of affection and support within the families affected by substance use. The majority of participants described their family dynamics as unsupportive and lacking in nurturing during their childhood. The lack of emotional support further contributed to their feelings of insignificance, parental disengagement, and overall disconnection, especially from their family members. Participants shared that they felt dismissed or ignored when their drug use became apparent.

Angel shared how there was a disconnection within her family:

Me and my biological mom's relationship was very strained. I mean my dad, I could tell him anything. When I started my period I told my dad. When I lost my virginity I told my dad. When I used drugs I told my dad. He was in prison so I wrote to him. He wasn't a present support. So I really didn't have that. My older sister didn't understand the lifestyle I chose. My other siblings were younger. I just didn't have support in our family. My mom's side was Jehovah witness so they didn't talk to us. And there was disconnect from my dad's side of the family. I fell into this gap of leaning on my neighborhood and friends instead of looking for help. It was just what was modeled to me and that's what I did. And so I think that was what I was trying to suppress the things that happened to me. I used weed to get out of my head. I never felt affection. I felt loved from my dad but not that he was affectionate.

Angel described a change in the way she was parented in her childhood compared to how she parents her children now and why it's important to receive affection:

He never told us he loved us or was proud of us. He never hugged us. It was more when he use to call me "mija" was his language of affection. I talk about this all the time, like with my daughter I always tell her I love her and she says it to me. Because it's important to say those things because I know how important it is to hear it. And because I lacked those things, I didn't even know how to accept that from my own kids. Like when my mom and dad divorced, my mom became an alcoholic and then I took on that parental role.

Violeta expressed the impact of unmet emotional needs in her childhood and its effect in her adulthood. She reported having "bad abandonment issues" due to her mother dismissing her cries for help and not addressing her needs:

I don't want to make it seem like my biological mom is like a bad person because she's not. But I don't think she knows how to not be like that. I don't think she knows, cause she wasn't taught to be vulnerable. So I don't think she knows how to deal with other people's vulnerability.

Cristina shared how her mother's support and affection began to diminish throughout her substance use:

My mom tried helping me, but my mom was like I don't know she thought I was just like a lost cause so she was just waiting for the baby to be born so they wouldn't remove it. So my mom did not support me. She was always more like, let her do what she wants to do, like as soon as the baby's born, I will go pick it up.

Participants acknowledged that they were aware of their parents' love for them but felt that their parents' lack the ability to demonstrate it effectively. This deepened their feelings of misunderstanding affection, unmet emotional needs, and emotional distance both as children and

later as adults. Other participants expressed the lack of affection and support demonstrated between parents, which led to the modeling of unhealthy relationships, increase of stress and tension within the home, and difficulties or confusion in forming healthy relationships in the future.

Environment

Within the communities and neighborhoods in the childhood of the participants, substance use is an intricate and pervasive issue that surpasses individual behavior further impacting social norms, cultural values, support systems, and community tensions. This study revealed the multifaceted nature of neighborhood infestation and the pressures exerted in straining and reshaping communal life. These pressures are both external and internal factors that impact the way the community and the individual function and evolve throughout time while discussing the contributing factors of social norms and cultural values.

Neighborhood Infestation and Impacts on Culture

Within this study, neighborhood infestation refers to the widespread presence and negative impact of substance use and socioeconomic disparities within the communities of the participants' childhoods in the Central Valley region. Participants described the social normalcy of substance use to the severe extent of early childhood SUD exposure and the pervasiveness of adult encouragement and offering of substances to young children. Participants shared that their exposure occurred within their inner circle that included peer pressure of friends their age and adults they would use within the community. In some instances, the inner circle also included exposure through intimate relationships/partners that encouraged the adults in their young age to use more experimental drugs. Experimental drugs were identified as molly, heroin, cocaine, and meth.

Angel describes her realization of substance use disparities within her childhood neighborhood:

So it was just everybody. My neighborhood was infested with those things. There was no education, working wasn't modeled. What was modeled was using drugs and being in a gang. Those were the only things that were modeled to use. I've always hung around older people, so I did what they were doing. It was very much a norm and we thought that's what you are supposed to do. I never imagined myself leaving that neighborhood and doing something else. I was like twelve years old when I used meth and I went to tell my friend and she told me she does it too. It was like everyone was using that drug.

Chris shared what was modeled in his childhood and how he progressed to experimenting with other substances. He expressed the normalcy of drug use in his home and school enviroment:

It was through a friend and I remember just feeling peer pressured. Coke was just like at family parties when I was drinking and I wanted to sober up. That's how I started doing coke, just like socially I guess.

Chris expressed how this increased his substance use habits in college:

Molly was with my ex. I feel like it kind of spiraled when I was in college. Cause of influences, I would say. I feel like when I was in college I was like ten times worse than when I first started using. I would say I would smoke like maybe two to three times daily like excessive amounts.

Max shared about his early exposure to drugs, influenced by trends in rap music and movies. He describes this exposure led to curiosity and eventually trying marijuana in sixth

grade, influenced by an older classmate. He also mentioned trying meth and other drugs seasonally but found marijuana and meth to be the most consistent in his life:

> I was more informed with rap music. Being exposed to certain movies and I start understanding what cocaine is and so then I start seeing that in my family. I didn't start using drugs until sixth grade. I kinda fall into it and what the culture was talking about. That was in the line of my circle and I wanted to continue from that second. The frequent one was marijuana. The second most frequent was meth. And then I guess for a bit I used the seasonal ones. Maybe try it once in a while if it crosses my path. During high school, they had movies like scarface and menace to society that had an influence on what I thought was a social desire for a person of my age.

Cristina expressed the unfortunate realization of older adults paving the way for harmful behaviors and negative outcomes in relation to drug use:

> I realized when I had beer it was more to feel and I know that because when I tried heroin it was not like that it was experimental.We were always with older people cause I just thought it was cool, so we all hung out with older people. When I was 23 I was like oh my god how sad like all those guys and girls were older than me and they were over 18 and they were offering me that kind of stuff. I don't know, like my perspective of that was so sad like why would they do that to a kid.

The findings reveal a disturbing trend of the social normalization of substance use, starting from early childhood exposure to substance use disorder and the continuation into adulthood with the prevalence of adults encouraging and exposing substances to younger generations. Participants described how their exposure to substance use occurred within their inner circles, including pressure from friends their age and adults within the community.

Whether the participants witnessed adults engage in substance use at home and in the community those negative behaviors were normalized. The underserved communities the participants grew up in modeled negative behaviors and substance use disparities which increased their likelihood of future substance use and prevalence of SUD in newer generations.

Support Systems Strained

The study revealed that environmental exposure encompassed the normalcy of youth substance use, widespread community familiarity with substance use, and the prevalent use of substance as a primary coping mechanism for stress, trauma, and other adversities in childhood and adulthood. Participants also described strained support systems within the neighborhood due to the pervasiveness of substance use. The participants highlighted the challenges faced within their family unit, extended family, social networks, and community in offering support. These challenges eventually strained their existing support systems or solidified the lack of support altogether.

Violeta specifically mentioned the dichotomy between the closeness of her family and their reluctance to inform outsiders or reveal the truth about her substance use habits:

To us family means everything. We don't share with people who are not part of our family. I think that's what was really hard for my mom when I was like, I want to get help. Because she was like, well…people are gonna know. My mom values secrecy. She was not only worried about what other people were gonna say but also she was terrified that people from her rancho in Mexico were gonna find out. Because it wasn't even discussed within my family till this day. My mom is like you can't tell them, especially the older one. They don't know. She's like they're gonna judge me. Then a part of me to this day thinks she only thinks about herself. I need to get out, I need people to know me

and I'm not that person anymore but she's terrified of what they are going to think. And it sucks because I mean it's been 10 years, so in 2013, it was my first year starting over and I still feel like I'm a secret.

Cristina shared her perspective on her mother's approach to her substance use and focus on keeping her unborn child:

She tried helping me, but my mom has a very strong approach where she was all like look at you. Look at you you're a single mom, like you can't get your shit together and I guess I didn't want to hear it. I was only like twenty-two and I didn't end up getting services till I was about eight months pregnant, but I was already homeless. Because if I had a choice, I probably wouldn't seek them I was very delusional. I loved her and I felt like she was wrong. I understood why she didn't want to help me and I didn't know she thought so negative of me. She had pushed me away. She shouldn't think that I'm gonna have a baby and she is going to get her way that kind of got me upset she would even think that.

Max described how a support system became strained and non-existent during his substance use:

I had a very good support system at the time that support system was based off me being innocent and a non-deviant child family member. So of course for the most part I was able to put on the face I needed to get the support I needed as long as I didn't expose myself, I was received. I guess to summarize it I was like a leech. And so once I realized that all I was doing is taking, and taking, and they keep asking so frequently what's going on. So you know, eventually, their gratitude and the support was minimized and almost non-existent. It took alot of self-reflection to realize where I was going wrong and needed to change a lot of aspects of myself to get respect from people.

Participants concluded that their extended family and community connections contributed to the tension and negative perspective surrounding substance use. It was exemplified by Violeta how her family, while close-knit, was also judgmental towards those who struggled with substance use. Therefore, this study illuminates the complex interplay between environmental factors and substance use behaviors among youth in the community. Trends of the normalization of substance use, along with strong community familiarity and the use of substances as a coping mechanism further highlights the pervasive nature of substance use in the participants' environment. In addition, strained support systems in the neighborhood and challenges within the family unit highlight the difficulties individuals encountered in accessing and maintaining support networks.

<p style="text-align:center;">**Elements of Treatment**</p>

In this study the range of treatment derives from the complexities of substance use services, stigma, child welfare and judicial involvement, and treatment aspects within the context of treatment care and preventative care. Each subtheme emerged as a crucial role in shaping substance use interventions and awareness of services while highlighting the need to address substance use issues.

Awareness & Seeking Help

Participants reported that seeking substance use disorder (SUD) treatment and achieving sobriety did not always stem from their own decision. Some shared being mandated by the court due to a child welfare or legal case, while others were unwillingly dropped off at an inpatient program by their parents. In addition, participants highlighted the lack of awareness of services offered within their community. The majority of participants stated that the life they were living was perceived as normal by them. Another prevalent trend in responses was the stigma

associated with substance use and seeking community services, which remained a challenging barrier to accessing treatment and support.

Angel shared her perceptions of seeking services at the beginning of her recovery journey:

> I don't think I came to that conclusion on my own. When my dad got out of prison he came for me at sixteen years old. I was living with some guy very much older than me. My father told me he was gonna take me to a program. I fought him to the nail. He went and dropped me off at the program in Central California which was like 7 hours away from where I was at. My dad knew the road I was on and he was trying to stop it you know. I didn't know about programs or services. I didn't know about a program until my dad went to one and he couldn't come home. There just wasn't anything in my neighborhood other than gangs, drugs, and alcohol that's it.

Chris conveyed his thoughts on accessing services which revealed a negative connotation with receiving services within the community. He added that receiving services "is not really a bad thing." He expressed that receiving services makes him think of people that are reaching out either for addiction or mental health and are in need of someone to guide/coach them throughout life.

Violeta described the stigma and extensive efforts her mother took to have enroll her into an SUD inpatient program located far from their hometown in the valley:

> I went to an inpatient. I didn't go around here though because as I said, she was scared that people would find out since she lived here. So my mom doesn't live here anymore, she lives in Southern California. So I couldn't go to rehab here because my mom grew up here, I grew up here so I couldn't go to rehab here because she didn't want people here to

know. But she also didn't want me closer to her because she didn't want anyone over there to know. I went to one in the area of Malibu. It's private so we had my mom pay out of pocket. I was there for 10 months. She was paying about $16,000 a month for me to stay there. And so I feel like a lot of it was just kind of the money. So I was there for just 10 months, I've never gone back. Cause there was a couple of times where I wanted to get like clean and I think that I wasn't taken serious when I finally did so like I had enough. Because I had a lot of times where I was like I don't want to do this anymore and everything would get set up for me to go into rehab or detox and I would leave.

Max shared his perception of the staff in the rehabilitation class he was mandated to complete:

I think of my experience, in my rehabilitation classes. They lacked like an insight on what to expect with like the emotions that will be provoked based off of the consequences and the ripple effect of a person in my situation. Who might need to be informed and a reminder like you're gonna go through some stuff and you might think it's unfair but those are the rules. Nobody should be drinking and driving and if you are that's ignorance. The sooner we can be reminded that, oh hey take accountability and understand the strain that it's gonna put on you but you can get to it. And even if it seems impossible and you have to give up some things, but I think those are the things that are missing the most. You know with emotions, when we can't pay bills or all these other things. It creates anger and these are things we are not taught to deal with.

This study highlights the stigma associated with seeking substance use disorder (SUD) treatment locally. Participants expressed experiencing this stigma through societal perceptions and the attitudes of their parents. The study uncovered the participant's lack of awareness for SUD

treatment in their communities, the negative perceptions of seeking services locally and being on the receiving end of mandated rehabilitation programs.

Child Welfare and Judicial Involvement

The majority of the participants shared their involvement in the child welfare system or judicial system which was key in the findings. Involvement in these systems significantly impacted the individuals access to substance use services and the type of care they received. Two participants expressed the negative perceptions of the child welfare social worker at first due to the interaction being punitive. Then went on to describe a love and hate dynamic where they were upset that someone was telling them to do better, but they knew something had to change to be a better parent.

Konner shared his experience with the child welfare system and his initial perspective: It was an eight year long bender. By growing marijuana, then you end up having all the meth you want because the person that had the meth wanted the marijuana. So it was a constant fight, fight, fight until September 21, 2014 when CPS finally came knocking for the third time and took my kids. And that is my wife and I sobriety date. It's that date that CPS took them. I was mad. I was angry. I was breaking things. I was walking through the middle of Madera in the middle lane of Gateway carrying a bat. And nobody did nothing. Then you have that fear. We were taking a six month inpatient program. After forty days of sobriety and conversation with my lawyer, I ended up picking up the kids and then causing a nationwide amber alert.

Konner went on to express how he felt betrayed with the information he was given when he asked if he could pick up his children:

I asked my attorney what would happen if I just picked up the kids and left and she was like if you don't come back to California you should be fine. So the next day we picked them up and before they knew they were gone we were in Nevada. We did one hundred and eight days in jail.

Konner added the efforts he took to get everything in order when child protective services came knocking on his door. He shared his perspective of the social worker who was working on his case:

The first and second time CPS came knocking I had the house all fixed up and 15 different people helping me get everything back in order. I had people cleaning, people fixing the plum in the bathtub. People hiding all the substances at the time. I had a back house full of marijuana. I remember walking up to a car and the SW going I've been trying to talk to you for weeks. And then me having the attitude and looking at the worker and going, you know what, you must suck at your job because I've been right here. Before I knew it the cops were there and started the process of me becoming this person. In the beginning, they didn't talk positive things they could help with. They kind of kept talking about six month inpatient program. It was just everything wasn't talked about until we were kind of released from jail. And then it was all of a sudden there was a FUP program that helped with Section 8. All of a sudden they could pay the PG&E bills. They could give us first and last to get into an apartment. Maybe some sort of assistance into a hotel for the first couple of weeks because we were in sleeping in a tent with no electricity. They took the kids and just left us there. They didn't offer to help the situation at that moment.

Konner shared recommendations on what can be improved to better this interaction with

child welfare services:

> Some sort of meeting about services or some sort of conversation that if you do this and this then we're going to help you get into housing. When we were released we were just sent to anger management classes, substance use classes. And there also wasn't really services provided from that moment. The first four nights we slept in the storage I had until a friend of mine heard I was in a storage unit. And he came to the storage, picked us up, said we have a little garage that you can stay in. We stayed there for he helped me get a job.

Cristina shared her experience with the child welfare social worker and how she began to supported throughout her recovery journey:

> Right there on Parkway I had to be 5150 that I had to go twice. The second time I went it was more like I was already going through abuse like domestic violence and then using medication to numb myself and I knew it wasn't okay and I just got that was like my rock bottom. They tried removing my daughter. And it was just, you know, that was like the one thing that I knew loved me. I did end up receiving services like forcefully, but it wasn't really, because the first few, like two times I got arrested, was our substance abuse and they did all free treatment. The social worker got me into Spirit of Woman. They paid for everything like you just have to do the centers and the treatment and as I finish the program and did my like 6 months outpatient. She's like, okay, well, you did this, you did that. Like our goal is for you to be able to like maintain yourself. She's like how about you start city and I was like city college she's like yeah like I'll take you to the orientation And you know, and it was the same lady that I had met from the beginning. You get me. So the good thing that they did that.

Participants began to express their gratitude for their child welfare social workers that encouraged them to pursue higher education and even connected them to the community college and other community resources to succeed. While others expressed a different perspective of the judicial system and their parents' involvement. Two participants expressed the normalcy of interacting with law enforcement at a young age. Chris shared since their parents were trafficking drugs:

My parents were involved in criminal activities. When I was like 10 my parent's home got raided. And then again, like two years later. And then a couple of arrests. One of my parents actually got arrested and went to federal prision. Trafficking of drugs and involvement with drugs has been constant in my life and my parents being in and out of prison. I feel like it has made me like hyper vigilant of my surroundings where I'm like always on edge.

Violeta expressed their interaction with law enforcement and the role her mother played:

So it was really easy for me to buy it because my mom is well off, so I always had money. And she started giving me money because there was a couple times where I was arrested. I never got processed or anything because my mom was able to pay off people. And that's one of the things I'm like, I'm so lucky now because it's not like that with everybody but I always had money to buy it. I'm grateful for that because it takes a lot and if it wasn't for her I'm pretty sure I would have like a criminal record or things like that.

The involvement with the child welfare system and judicial system seemed to be punitive for all participants involved. The majority of participants shared they were either forced by parents or mandated to attend and complete an inpatient substance use recovery program. The

participants who had children involved expressed their interactions with the child welfare system initially were not helpful and then developed into a fruitful interaction. The participants who were involved with the judicial system shared that their outcome and experiences were heavily determined by their socioeconomic status at that point in time. Their financial status dictated the obstacles they faced to rehabilitate and become financially stable. In contrast to having a legal record, Violeta described her situation as lucky due to facing no criminal charges based on the socioeconomic status and willingness of her mother to constantly bail her out of all problems.

Treatment & Preventative Care

Treatment and preventative measures are key components in the participants' stories as they mentioned the importance of culture being incorporated into the SUD treatment framework. In addition, participants shared what they thought was lacking in SUD treatment framework and what can be strengthened.

Violeta expressed her perspective of the inpatient SUD program and how it felt money/profit orientated:

I think they value the money more than actually helping people. I mean, it's a program where my mom was paying about $16,000 a month. They wanted to have me stay. Like, so like my mom had a lot of say in it. So if we don't comply with what the person who's paying is saying they're gonna pull the person out. I felt like they would talk to my mom and my mom was like, no, you have to force her to go to therapy. We did group therapy. Well, first I did detox for about a week. After that, it was pretty much individual counseling. And then once you kind of got it down you got like privileges. You can get away from like the mandatory ones like coping skills and things like that were mandatory. And then once you kind of graduated and got more like privileges, you were

able to do things like hobbies. So they would do like cooking and life skills and like arts and crafts like things like that.

Violeta shared her experience in an inpatient program and how much she values culture:

Yes. I felt like I bonded, we connected because we're all going through that same thing. A lot of us had family problems. Because of the location that it was. I felt that I couldn't connect to them that way. Like I put a big value on my culture like I love being Mexican and everybody there was white. It was really hard, and then also like financial wise my mom is well off. But I don't live that way. And it was hard to connect to them that way all the also because like a lot of them would talk about like things that I didn't really necessarily care about like the brands it's like like high-end brand clothes and purses. It kinda felt like the mean girl posse. You know it was like during group where there was a lot of times where I didn't wanna share.

Angel shared her experience of initially starting an SUD inpatient program:

Yeah. I was in that program for a year. I came back because my dad wanted me to go to school and I didn't. I went back to drugs. So in 2013-2016 I was in a program where I was only supposed to be there for nine months but I stayed there for three years because I wanted it to be the last time I went through this. Thats the moment I was like ok Im ready to change. I learned about love. I learned about God. I learned about forgiveness and healing. I learned how to be supportive to other people and allow them to support me. I always felt like people had an agenda. I learned how to love myself since I didn't really care about myself or anyone else.

Angel expressed a recommendation to stay connected with the SUD program staff as well as others in the program:

I message those girls all the time. We communicate through facebook because some of

the girls moved out of state. But if they ever text me I text them back. Or if I text them

back, but yeah it was a positive compared to what I grew up with. I think the staff staying

connected with us. I feel like it was a pitstop in our life but from what I hear from the

girls it was like to us they were very important. And at times it felt like ok you graduated

the program, bye. So it would be nice if they checked in with past graduates, would be

my number one thing they should start to implement.

Cristina shared her experience in the inpatient program:

I think that diversity would be better. I do not think that they have a problem with

resources because they believe like in the Maslow pyramid, they believe that if we meet

those basic needs at the beginning, like food. I've met a lot of Fresno State students when

I used to work at Turning Point. They were just embarrassed to say they were homeless.

They were just shy so I guess just people wanting it. But that's one thing, people wanting

it and then seeing more diversity. Diversity in where I work basically.

Participants discussed the importance of culture being part of the SUD treatment

framework. In addition, it was shared that at times during group sessions they did not feel

comfortable sharing or participating due to not feeling a sense of belonging with the other

participants because their way of living and thinking was different (class). In contrast some

participants reported that they felt a sense of belonging and belief that SUD counselors

continuing to communicate with them after treatment can help solidify relationships built and

supports. Participants expressed their appreciation for Cognitive Behavioral Therapy due to

learning on how to reframe their thoughts and behaviors. Others shared how they liked the

routine feel of treatment and the break from society they felt they needed. Others expressed the

need for financials assistance during their transition from SUD to stability and when its not provided they face harsher consequences especially when children are involved.

Preventative measures were all expressed by the need to inform and educate the youth of the harsh realities of drugs and addiction. Also informing the youth of what is offered in their communities. The majority of participants shared the need for an increase of awareness of the services and opportunities offered to youth before they are incarcerated. Cristina shared her perspective on needed to improve schools and offer youth more preventative services:

I'm in project education. Its in the prison system, but it just sucks that it has to be there. Why can't it be at a high school or middle school level like why do we have to have these programs in jail like I'm not saying they don't need it, but like what about the kids that are not in jail?

Angel shared her outlook on preventive measures and the need to focus on the youth population to reduce SUD prevalence:

The biggest thing that is lacking is teaching these kids what drugs really are and what they can really do to you. I dont see people going into these communities that are infested with drugs and alcohol and gangs and teaching them like you might be smoking weed that has fentayll. I dont see anyone pouring into our youth like they should be. What are they doing in schools to ensure the youth aren't taking pens into the school and smoking them in the restrooms or in the classroom?

Participants highlighted their community had nothing to offer but drugs and crime. So their solution was moving forward and improving communities or helping families or youth relocated to more opportune areas away from drugs. Another key aspect of preventative care was advocating for public schools to ensure the safety of their children. If parents are being held

liable for their children at home, then the school should be accountable for what occurs with the youth in school that is considered their second home. The solution here was exemplified as a need for more security, education, and consequences for youth.

<div align="center">**Current State**</div>

This study explored the intricate interaction between family dynamics, parental communication, SUD community, and awareness through higher education. These subthemes contribute to a deeper understanding of how families are affected by substances pre and post use. The participants shared how their family dynamics have evolved and the impact it has had on their relationships with their children.

Family Dynamic & Parental Talk

Parental talk and family dynamics play a pivotal role in shaping attitudes and behaviors related to substance use among adolescents and young adults. Therefore family interactions are the battleground where the quality of parental talk meets the prevalence of substance use. In this study, the parents spoke to the lack of parental talk and level of negative family interactions in their childhood that affected them. Whereas today, they are the parents of children and expressed the significance of educating their children and telling them the true consequences of drug use. Most importantly they expressed full transparency with their children and used themselves as the example for the negative consequences of drug use and what the lack of coping skills can become. Angel shared her reasoning behind her current parenting style:

> I'm just very blunt and open about it. I use myself as an example all the time whether it's negative or positive, because I want them to know the truth. I don't want somebody to come and life to them about using, because you know the truth and I told you the truth. I feel like if they have someone to talk to then they won't go out there wondering.

Cristina expressed the importance of being able to forgive her mother and herself and how that's helped her be a better parent:

I need to forgive myself. She didn't have the tools. I have those tools now, so I always tell everyone I take the good from my mom, I take the good from my dad. I am hoping that my kids, do trust me, you know it's a different approach like we talk about feelings, we don't spank. I changed in my parenting and then me being sober is like them being sober too because it's an all group effort. We're all doing it together.

Konner shared the transformation in his parenting and how he is invested in his children's development:

Just compassion. Having a close eye on my kids. You ain't sliding by me. Your things start disappearing out the house. Your priorities change, you know you start lying. Well no because we were on that side. So hopefully they look at how I wrecked my life and my kids know not to wreck theirs.

In contrast to how the participants grew up in their childhood, they now take the initiative as parents to educate and raise their children differently. The participants as parents now do not open the space for drug use and are more attentive to where their children are and what they are doing. Responses from the majority of participants revealed an increase of parental capacity, affectionate home environment, and effective communication with their children. Participants expressed showing their children compassion and affections unlike the interactions they had growing up. Therefore, the participants' current state reflects a significant shift in parenting practices compared to their own upbringing. The further indicates a generational shift in attitudes and beliefs towards parenting and substance use deepening the participant's resilience and commitment to breaking the cycle of substance use prevalence.

SUD Community

Participants expressed the use of humility among the SUD community and the constant support that is vital in providing those individuals still struggling with substance use. Although they shared having accessed the range of services within the community including support, counseling, and access to treatment others in the SUD community have not yet found their way to recovery. Participants shared the triggers in seeing old companions in areas where they would use or those whom they'd use along with constantly having to disclose their substance use history. Angel shared the struggle in having to constantly disclose her past:

> I've had to constantly disclose what I use to be, which I think hinders people from seeing who I am today. Constantly throwing it in your face and bringing it up, it's like I don't know triggering. I was discriminate against for my past. But for the most part, even though I disclosed my past some people can't see me for who I am today.

Violeta expressed the triggers she endures by living in the same town and with the same people she use to use substances with:

> I wish that's not what people saw in me. I grew up in a very small town. I go to the store and I see like 30 people that I went to high school with and I see the same people that I used to do these drugs with all the time. I drive by the neighborhoods. I drive by old houses that I used to go to and so it's been a little harder now that we're here. That's something people don't understand. They say just to avoid those areas, and you can't avoid the one store in town.

Violeta shared a recommendation for there to be more awareness and accessibility to SUD services in the small town she lives in:

I don't know any other place that somebody that is withdrawing or something can go to. I don't know if there's a rehab here. I don't know if there's a detox center here unless going to the emergency room. How do you expect people to get services when you're not letting people know you guys are there. Or is there even like services that are getting it in like spanish. We are a big agricultural community and sometimes people don't even know other languages, you know they don't even offer services here.

Konner shared:

Even if you bump into somebody because we live in the same town that we used in. You know you see the people, I just bumped into somebody I hadn't seen in like 9 years and they're like, damn you look good. And they look tore up. So I try not to be that over confident person but we're kind of know as if they can get sober anybody can.

Cristina shared her outlook on socioeconomic status and it's impact on the SUD community:

The reason we moved is because of the socioeconomic status and unfortunately if you do live like on the east side your socioeconomic status is impacted, like I see it in my kids, like Im telling you I didn't want to move, I moved because I had to move. My kids are being influenced by what's around them. And so I try so hard to be part of the school system and community. You listen to their little friends that are just thinking about bullying, they're in gangs and so its literally a status things and I know the resources are there but people don't care. In a way they don't have time because people are poor and they're like we need to work like we don't care what our kids are doing. If your parents don't care like it's literally gonna affect your kids.

Mostly all of the participants emphasized the importance of humility in their interactions with others in the SUD community who are still on their recovery journey. They also spoke to the challengings nature of their community, noting triggering environments, high levels of adversity and negative behaviors, and the impact of SUD on their identity. Despite their humility, participants highlighted the stigma they face from outsiders. This stigma reflects a broader societal misunderstanding of their recovery process and the challenges they face.

Awareness & Higher Education

In all the participants' stories, higher education played a critical role in raising awareness of their own triggers, current barriers, while also providing them with tools to reframe their thinking and behaviors. The majority of participants expressed how their education through college and SUD treatment programs deepened their understanding of healing practices and coping mechanisms. All the participants are currently pursuing or have graduated with a post graduate education and are establishing careers. They have found positive reinforcement to be instrumental in maintaining their sobriety and overcoming challenging days while participating in ongoing mental health services and utilizing their support systems. Violeta shared her growth in awareness in her SUD recovery journey:

> There are moments where I'll get super overwhelmed. I've had really bad triggers where I just couldn't get myself to care about anything. I'll go back to counseling. There's a little part of me that wakes up and is like you were so carefree. And you didn't care about anything, dont you want that again? It's like why are you willingly putting yourself through all of this stress when you know the solution is just on hit away. Am I willing to risk all of that, not just that but I almost died. That's why I got sober was because I overdosed and was in a medically induced coma. I don't want to go back to that.

Konner shared how pursuing a higher education has helped him in his sobriety and repaired past relationships:

Everybody all the way around believes in us. I was able to repair my credit score. The relationships we ruined with the addiction have now been repaired. We've navigated this whole process along the way here, relationship-wise, family-wise, and it's been nothing but positives other than dealing with typical kids growing up. I think from the moment I started college while I was in that court mandated alcohol and drug class it's just been a steady of positive things.

A common theme was the awareness of triggers the participants experience in their current recovery journey. They emphasized that recovery is not a clear path and often has it's own set of challenges and barriers to overcome. Many participants demonstrated their appreciation for higher education and services in counseling that have helped them cope and persevere. Although some participants expressed current tensions in their immediate family, others were able to share the relationships that were once strained due to their substance use have now been repaired. Participants expressed the importance of positive reinforcements and surrounding themselves with good support systems and accessing services in times of need.

Summary

Overall, the narratives shared by participants highlight the complex and multifaceted nature of substance use disorders and recovery. Participants experiences reveal the importance of family dynamics, parental communications, and the impact of childhood experiences on parenting practices. They also shed light on the role of the SUD community, awareness through higher educations, and the unique challenges of stigma and societal judgment. These stories have illustrated the transformative power of accessing SUD treatment, education and support services

in the community. It has also shed light on the barriers and weaknesses within communities that are heavily infested with substance use, violence, and have a lack of economic and educational opportunities. Many participants shared they are actively pursuing postgraduate education and finding fulfilling careers while others have already accomplished graduating. Each participant has expressed the importance of positive reinforcement and mental health services which play a key role in maintaining their sobriety. Despite facing stigma and adversity even in their recovery, participants illuminated their resiliency and determination in maintaining their sobriety. Even though some continue to struggle with strained family relationships, many have found strength in their support systems and utilize the skills learned throughout their recovery journey. Participants have showcased the impact of substance use on the family dynamics, community, and personal development. These stories help others understand the complex interplay of factors influencing substance use prevalence and recovery that have ultimately played a pivotal role in the families affected.

CHAPTER 5: Discussion

In this concluding chapter, the researcher discussed the findings, answered the research question, connected the findings to related literature, and examined how the theoretical framework provides improved understanding. The chapter also acknowledges the limitations of the study and proposed recommendations for future research. Furthermore, the chapter highlighted the significance and relevance of the study for the social work profession.

Discussion of Findings

Among the data collected by participants in the Central Valley region within California, the findings indicate that there are internal and external contributors to the prevalence of substance use disorders that increase tensions within the home and the community. All participants in the present study revealed the impact that the lack of parental involvement in their childhood had on the development of their substance use disorder. Lack of parental involvement had impacts on family dynamics, parental acceptance of substance use, and lack of or nonexistence of affection and support. Results also revealed that external factors in the environment the participants grew up in severely affected their perceptions and normalized substance use and other negative behaviors. Participants revealed the neighborhood infestation of substance use, violence, and lack of opportunity or motivations to progress. The findings in the study highlights the unfortunate reality of substance use and the lack of awareness participants had of resources and substance use treatment available in their community. The results illuminated the conflict theory within the communities on the inability to seek services and resources due to the constant mode of survival lower class families find themselves in. Socioeconomic status resulted as a heavily prominent contributing factor toward legal, child welfare, and substance use involvement. Participants also revealed the need for individualized

treatment and the significance of having culture heavily incorporated into the SUD treatment framework. Results reveal the generational transformation of the participants parental capacities compared to their parent counterparts. Findings showed a positive change in parental communication, zero acceptance of substance use, and an increase in affection and support. Findings also revealed the lack of change within the communities the participants grew up in and how there was a need to move to be able to build resilience and maintain sobriety. Results show that all the participants have pursued and some have achieved completing higher education and postgraduate education. Further revealing that positive reinforcements and utilization of resources in the community had aided those in recovery.

Limitations

There are some limitations to consider regarding this study. For one, the selected six participants who qualified for the study are not representative of the larger population. The sample size was a smaller quantity and saturation is needed to accurately capture the full range of diversity within the substance use population. Participants seemed more inclined to provide more socially desirable responses in the one-on-one interview setting and may have limited details in the severity of their experiences. There was a limited ability to explore contextual factors when it came to analyzing socioeconomic status differences. There was only one participant that identified as being part of the middle class and able to shed light on their experiences which limited exploring the influence of class.

Implications for Social Work Practice

As social workers in child welfare and rehabilitation, understanding parents experiencing substance use and its impacts on the family unit is essential for effective practice and service delivery. The NASW Code of Ethics emphasizes the importance of respecting the dignity and

worth of all individuals, including those struggling with substance use disorders. It is crucial that social workers strive to enhance the well-being of individuals and families that are experiencing the disparities of substance use. In practice, it is vital to provide nonjudgmental support, advocate for access to treatment and resources, and respect individuals autonomy and self-determination.

As social workers, there must be an understanding that individuals must want to make a change themselves in order for recovery to occur and our job in that moment is to plant seeds of hope and potential change. As social workers, it is important to recognize that individuals are part of interconnected systems that include family, community and larger societal structures. The utilization of the advanced multisystems approach is essential to address the disparities of substance use at multiple levels to create lasting change. In practice this involves the collaboration among professionals and agencies, advocating for systemic changes to improve access to services and recognize the impact of social determinants of health and identifying barriers to care. Social determinants of health involves understanding that factors such as poverty, homelessness, and conflict contribute to substance use prevalence. By advocating for systemic and community change, social worker can help develop more supportive and accessible levels of care for individuals and families impacts by substance use.

Recommendations for Future Research

Further research on the issue of substance use disorder and substance use treatment needs to be investigate the effectiveness and incorporation of cultural responsive interventions for individuals in SUD treatment. It would be pivotal to understand the impacts of incorporating diverse cultural beliefs and practices into treatment and it should be individualized. Exploring strategies for preventing substance use disorders and intervening early in at-risk populations,

especially in the role of social workers. Further research on the impact of policy changes and advocacy efforts on access to substance use treatment and community improvement is needed as well as stigma reduction and societal perception of SUD. Further research on the examination of the intersectionality of substance use with other factors such as race, gender, and socioeconomic status are needed to better understand how these intersecting identities impact lived experiences and outcomes in regard to substance use. Lastly, longitudinal studies tracking the long-term outcomes of individuals and their families affected by substance use would highlight the effectiveness of interventions and the impacts of social determinants of health. By addressing these research areas, social workers and researchers can contribute to advance knowledge in the topic of substance use and improve outcomes or lead to change for individuals affected by SUD.

Summary

Understanding the complexities and challenges faced by individuals and families affected by substance use disparities and the role it plays in family dynamics, parental communication, and childhood experiences is crucial in addressing the issues of SUD. The current study observed participants with a history of substance use and their lived experiences and explored their stories to further understand the disparities of substance use and its effects within the family unit. The findings revealed that internal and external factors revolved around the immediate family context, community environment, and traumatic childhood experiences heavily influenced the prevalence of substance use disorders. This involves the lack of parental capability, neighborhood infestation of substance use, violence, and crime as well as the lack of affection and support provided in childhood. The findings further illuminated the conflict and tensions within society that further perpetuates the prevalence of substance use, violence, and conflict in the family unit. Understanding the substance use community and the trauma they face is pivotal

to reforming SUD treatment and increasing accessibility in order to provide effective service

delivery and decrease the prevalence of substance use disparities.

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APPENDICES

APPENDIX A: CONSENT FORM

Consent Form

Hello, I'm a second-year Master's student in the Social Work program at California State University, Fresno. My research is focused on an SUD needs assessment in the Central Valley, Fresno region, and explores the needs within the community. With this study, we are hoping to gain more knowledge from parents who have struggled with SUD and see if any adjustments need to be made to service delivery in the future to effectively fulfill their recovery and family needs.

Study Procedure

Participants in this study are residents of the Central Valley, Fresno region, who have experienced SUD. Those parents can be in any stage of recovery. The interview can take 45 minutes or up to an hour to complete. It will ask questions about SUD history, services accessed, obstacles in recovery, and impacts on the family system. Your participation is voluntary. If you do choose to participate, there will be a $5 gift card incentive as well. This research study is for my project to complete the Master's of Social Work program. I will use the information to analyze data. Qualitative data will be anonymous without any identifying information needed. All data will be disposed of at the end of the year. I will not share the data or disseminate the findings for any other purpose. Your data will help us gain more knowledge from parents who have experienced SUD and see if any future adjustments need to be made in service delivery.

Risk and Benefits of Participation

Participation in this study is minimal risk and voluntary. Choosing to participate or not will not impact the individual/parent's ability to access services provided in the Fresno region. Data will be stored on a password-protected account, and only the researchers listed above will have access to it. Participants are unlikely to have a direct benefit from their participation in this study. Potential benefits include identifying the gaps or weaknesses in current SUD service delivery being offered in the Central Valley and a better understanding of cultural factors that can help improve the family systems. Results from this study may be published, growing the literature on SUD service delivery for parents residing in the Central Valley. Volunteering in this study may lead to some level of discomfort due to the possible self-disclosure of personal information related to traumatic experiences.

Additional Information

After completion of the interview, if participants are interested in further sharing their experiences on SUD and family services, they are welcome to contact the researcher by email to participate in a follow-up interview that will contribute to our qualitative analysis. You can contact me via email: Flor Castro: marina12600@mail.fresnostate.edu.
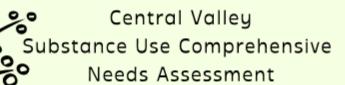
This research is overseen by Dr. Marcus Crawford. If you have any questions now or at a later time, please contact him at MarcusCrawford@csufresno.edu, and he will be happy to answer them. If you feel you have not been treated according to the descriptions on this form, or that your rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than

the researcher, you may contact the Committee for the Protection of Human Subjects at Fresno State at 559.278.2448 or CPHS Chair (Dr. Jennifer Randles (jrandles@csufresno.edu).

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Date: Signature:

_____ _____

APPENDIX B: RECRUITMENT FLYER

Central Valley
Substance Use Comprehensive
Needs Assessment

LOOKING FOR INDIVIDUALS WILLING TO PARTICIPATE IN A STUDY

$5 Gift Card for Participants

Interview Duration: 45min- 1hr
Eligible Participants Must

- Be 18yrs. or older
- Central Valley residents
- Have experience with substance use.

To participate or for more questions please contact **Flor M. Castro** [Master's of Social Work Grad Student] via email or phone at
marina12600@mail.fresnostate.edu
(209)270-1010

APPENDIX C: SUD TREATMENT & MENTAL HEALTH RESOURCES

Central Valley Resources

FRESNO FAMILY COUNSELING CENTER
(559)229-3085
5151 N PALM AVE
SUITE 200 FRESNO, CA 93704

CENTRAL VALLEY WELLNESS CENTER COUNSELING SERVICES
CVWC.CARE
1478 W. SHAW AVE FRESNO, CA 93711

FRESNO COUNTY BEHAVIORAL HEALTH – ADULT SERVICES
(559)600-4099
4441 E. KINGS CANYON ROAD FRESNO, CA 93703

NAMI FRESNO HELPLINE
(559)224-2469
NAMICALIFORNIA.ORG

PROMESA BEHAVIORAL HEALTH
(559)439-5437
7120 N MARKS AVE, SUITE 110 FRESNO, CA 93711

SUICIDE & CRISIS HOTLINE
ENGLISH: 1(800)273-8255
EN ESPANOL: 1(888)628-9454

CENTRAL CALIFORNIA FOOD BANK DISTRIBUTION
HTTPS://CCFOODBANK.ORG/HOME/FINDFOOD/FOOD-LOCATOR/

Thank you for taking the time to participate in this study. Please access resources in our community to support you in times of crisis, aid, or accessing services.

APPENDIX D: HUMAN SUBJECTS TRAINING CERTIFICATE

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details.
See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Flor Castro (ID: 9858002)
- **Institution Affiliation:** California State University, Fresno (ID: 3612)
- **Institution Email:** marina12600@mail.fresnostate.edu
- **Institution Unit:** Social Work

- **Curriculum Group:** Institutional/Signatory Official: Human Subject Research
- **Course Learner Group:** Same as Curriculum Group
- **Stage:** Stage 1 - Basic Course

- **Record ID:** 40820959
- **Completion Date:** 07-Feb-2021
- **Expiration Date:** 07-Feb-2024
- **Minimum Passing:** 80
- **Reported Score*:** 95

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Introduction to Being an Institutional Official (IO) (ID: 16640)	07-Feb-2021	5/5 (100%)
IO Knowledge Requirements: Human Subject Protections (ID: 16641)	07-Feb-2021	4/5 (80%)
Expectations of the IO (ID: 16642)	07-Feb-2021	5/5 (100%)
Challenges of Being an IO: Human Subject Protections (ID: 16643)	07-Feb-2021	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?k9704d786-0973-46e0-9a2c-f8056841297 2-40820959

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org