



U.S. Department of Health and Human Services
Administration for Children and Families
Office of Family Assistance



NRFC Data Snapshot

Resident Fathers and Substance Use

Misusing or abusing substances limits a parent's ability to be positively involved in their children's lives and can lead to negative outcomes for both them and their children.ⁱ Fathers who misuse substances or struggle with substance abuse tend to be less engaged with their children. When they do interact with their children, they tend to display less sensitivity and use less effective discipline. Substance misuse or abuse is also a risk factor for child abuse.ⁱⁱ

"Substance abuse" is defined as the harmful or hazardous use of psychoactive substances such as alcohol and illicit drugs.ⁱⁱⁱ While many fathers never *abuse* substances, those who misuse them (for example, taking a prescription medication in a way not prescribed by a doctor^{iv}) or only use them in moderation also expose their children to health and behavioral risks. Children can be affected through direct exposure, such as inhaling secondhand smoke from a parent's cigarette, or behavioral modeling, such as seeing a parent drink several alcoholic beverages. Any level of secondhand tobacco smoke is considered risky and can lead to negative health outcomes for children.^v Also, children who see their parent drinking alcohol are more likely to drink in the future.^{vi} Therefore, it is important to examine the rates of substance use, misuse, and abuse so we better understand their prevalence among fathers.

This data snapshot presents information on multiple types of substance use, misuse, and abuse, including:

- Tobacco, marijuana, and alcohol use
- Binge drinking and heavy drinking
- Medication or inhalant misuse or abuse
- Illicit substance use

We also present information on fathers' treatment for drug or alcohol abuse.

The information comes from analyses of the 2016 [National Survey on Drug Use and Health](#) (see Data Box, page 11), with a focus on the responses of men (ages 16 and over) who have one or more of their minor children (younger than 18 years old) living in the household with them. The available data do not identify men who are living apart from their minor children, so those men are excluded from the analyses shown here and we only report on data for resident fathers. The analyses are broken down by race and Hispanic ethnicity, educational level, and current marital status.

Highlights

- Rates of substance use, misuse, abuse, and treatment varied by race and Hispanic ethnicity.
 - Hispanic fathers were less likely to report using tobacco and marijuana than non-Hispanic white fathers and non-Hispanic black fathers.
 - Non-Hispanic black fathers were less likely to report binge drinking and misusing a medication or inhalant than fathers of other races, and less likely than non-Hispanic white fathers to report illicit substance use.
 - Non-Hispanic white fathers were more likely than non-Hispanic black and Hispanic fathers to report tobacco use, alcohol consumption, heavy drinking, and drug or alcohol treatment.
- Fathers with a bachelor's degree or more reported lower usage rates than fathers with other educational levels for almost all substances. They were also least likely to report ever receiving drug or alcohol treatment.
- Currently married fathers were less likely than fathers of other marital statuses to report using tobacco, marijuana, and illicit substances. They were also least likely to report ever receiving drug or alcohol treatment.
- Never married fathers were more likely than fathers of other marital statuses to report using marijuana, binge drinking, using an illicit substance, and or misusing or abusing a medication or inhalant.

Take Time to Be a Dad Today

Toll-free: 877-4DAD411 (877-432-3411) | Fax: 703-934-3740 | Help@FatherhoodGov.Info | www.fatherhood.gov



[facebook.com/fatherhoodgov](https://www.facebook.com/fatherhoodgov)



[@fatherhoodgov](https://twitter.com/fatherhoodgov)



Table of Contents

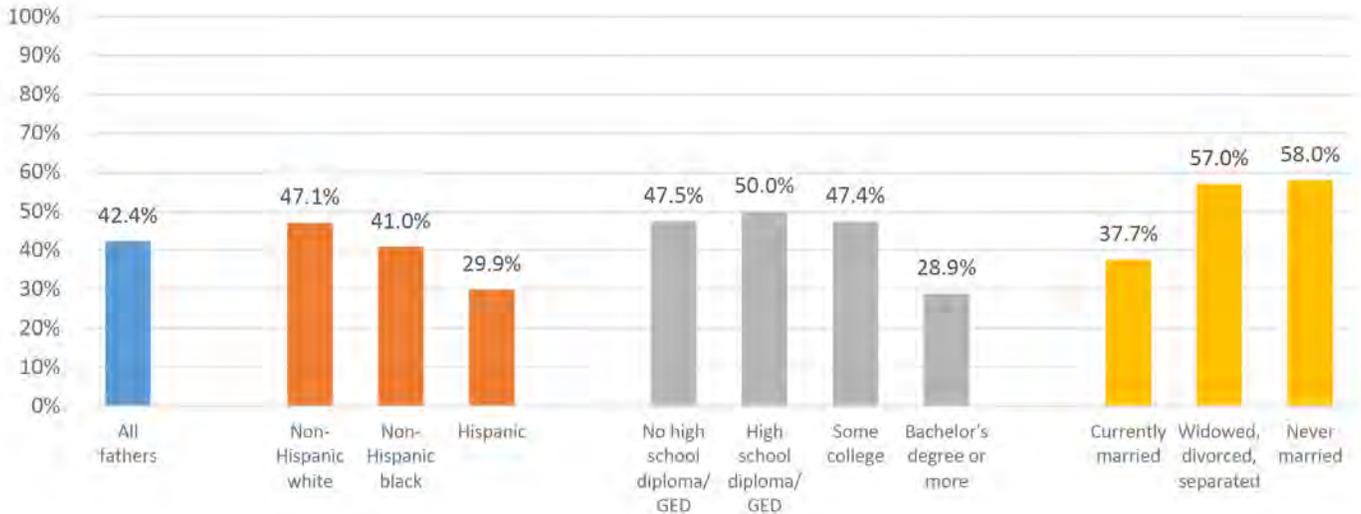
Substance Use, Misuse, and Abuse	3
Fathers' tobacco use in the past 12 months, by race/ethnicity, education, and marital status	3
Father's marijuana or hashish use in the past 12 months, by race/ethnicity, education, and marital status	4
Father's alcohol use in the past 12 months, by race/ethnicity, education, and marital status	5
Father's binge drinking in the past 30 days, by race/ethnicity, education, and marital status	6
Father's heavy drinking in the past 30 days, by race/ethnicity, education, and marital status	7
Father's medication or inhalant misuse or abuse in the past 12 months, by race/ethnicity, education, and marital status	8
Father's illicit substance use in the past 12 months, by race/ethnicity, education, and marital status	9
Drug and Alcohol Treatment	10
Father's drug or alcohol treatment in their lifetime, by race/ethnicity, education, and marital status	10
Glossary of Terms	11
Data Box	11
References	12

Substance Use, Misuse, and Abuse

Fathers' tobacco use in the past 12 months, by race/ethnicity, education, and marital status

Figure 1 shows the percentage of resident fathers who reported using tobacco at least once in the **past 12 months**. Tobacco use is defined as any cigarette, cigar, pipe, or smokeless tobacco use. Data are shown for all fathers surveyed and separately by race and Hispanic ethnicity, highest level of education, and current marital status.

Figure 1. Percentage of Resident Fathers Who Reported Using Tobacco in the Past 12 Months



Source: Child Trends analyses of the National Survey on Drug Use and Health, 2016. Notes: Data are not weighted. N=5,647.

Total

- More than four in 10 fathers (42 percent) reported using **tobacco** in the past 12 months.

Race and Hispanic ethnicity

- **Hispanic** fathers were the least likely to report using **tobacco** in the past 12 months (30 percent). About 4 in 10 (41 percent) **non-Hispanic black** fathers reported using tobacco in the past 12 months, while nearly half of **non-Hispanic white** fathers did (47 percent).

Education

- Fathers with a **bachelor's degree or more** were the least likely to report using **tobacco** in the past 12 months (29 percent). Fathers of other educational levels reported using tobacco in the past 12 months at rates of 47 to 50 percent.

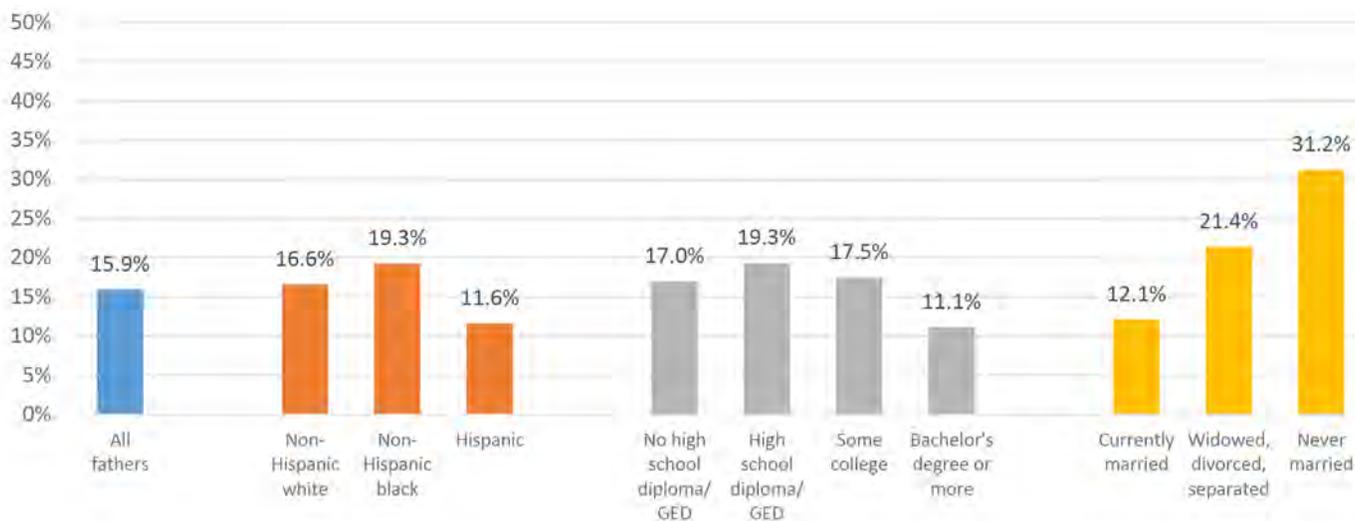
Marital status

- Fathers who were **currently married** were less likely to report using **tobacco** in the past 12 months (38 percent) than fathers who were **widowed, divorced, or separated** (57 percent) and fathers who had **never been married** (58 percent).

Fathers' marijuana or hashish use in the past 12 months, by race/ethnicity, education, and marital status

Figure 2 shows the percentage of resident fathers who reported using marijuana or hashish at least once in the **past 12 months**. Marijuana use includes smoking it, consuming it cooked in food, or using hashish. Data are shown for all fathers surveyed and separately by race and Hispanic ethnicity, highest level of education, and current marital status.

Figure 2. Percentage of Resident Fathers Who Reported Using Marijuana or Hashish in the Past 12 Months



Source: Child Trends analyses of National Survey on Drug Use and Health, 2016. Notes: Data are not weighted. N=5,647.

Total

- Approximately 16 percent of fathers reported using **marijuana** in the past 12 months.

Race and Hispanic ethnicity

- Hispanic** fathers were less likely to report using marijuana in the past 12 months (12 percent) than **non-Hispanic white** fathers (17 percent) and **non-Hispanic black** fathers (19 percent).

Education

- Fathers with a **bachelor's degree or more** were less likely to report using **marijuana** in the past 12 months (11 percent) than fathers of other educational levels (17-19 percent).

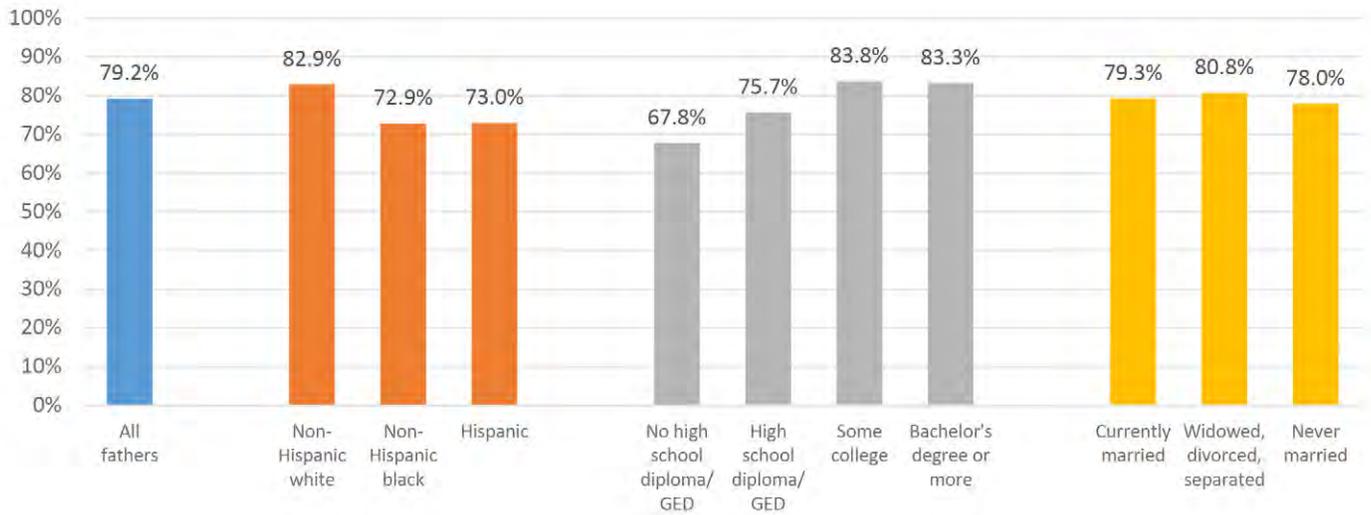
Marital status

- Fathers who were **currently married** were least likely to report using **marijuana** in the past 12 months (12 percent), followed by **widowed, divorced, and separated** fathers (21 percent). Fathers who **had never been married** were most likely to report using **marijuana** in the past 12 months (31 percent).

Fathers' alcohol use in the past 12 months, by race/ethnicity, education, and marital status

Figure 3 shows the percentage of resident fathers who reported consuming alcohol at least once in the **past 12 months**. Data are shown for all fathers surveyed and separately by race and Hispanic ethnicity, highest level of education, and current marital status.

Figure 3. Percentage of Resident Fathers Who Reported Consuming Any Alcohol in the Past 12 Months



Source: Child Trends analyses of National Survey on Drug Use and Health, 2016. Notes: Data are not weighted. N=5,647.

Total

- Nearly four in five fathers (79 percent) reported consuming **alcohol** in the past 12 months.

Race and Hispanic ethnicity

- Non-Hispanic white** fathers were more likely to report **alcohol** consumption in the past 12 months (83 percent) than Hispanic and **non-Hispanic black** fathers (73 percent).

Education

- Fathers with **some college** (84 percent) and fathers with a **bachelor's degree or more** (83 percent) were more likely to report **alcohol** consumption in the past 12 months than fathers with less education. Fathers who had a **high school diploma/GED** but never attended college reported consuming **alcohol** in the past 12 months at a rate of 76 percent, while fathers **without a high school diploma/GED** reported consuming **alcohol** in this time frame at a rate of 68 percent.

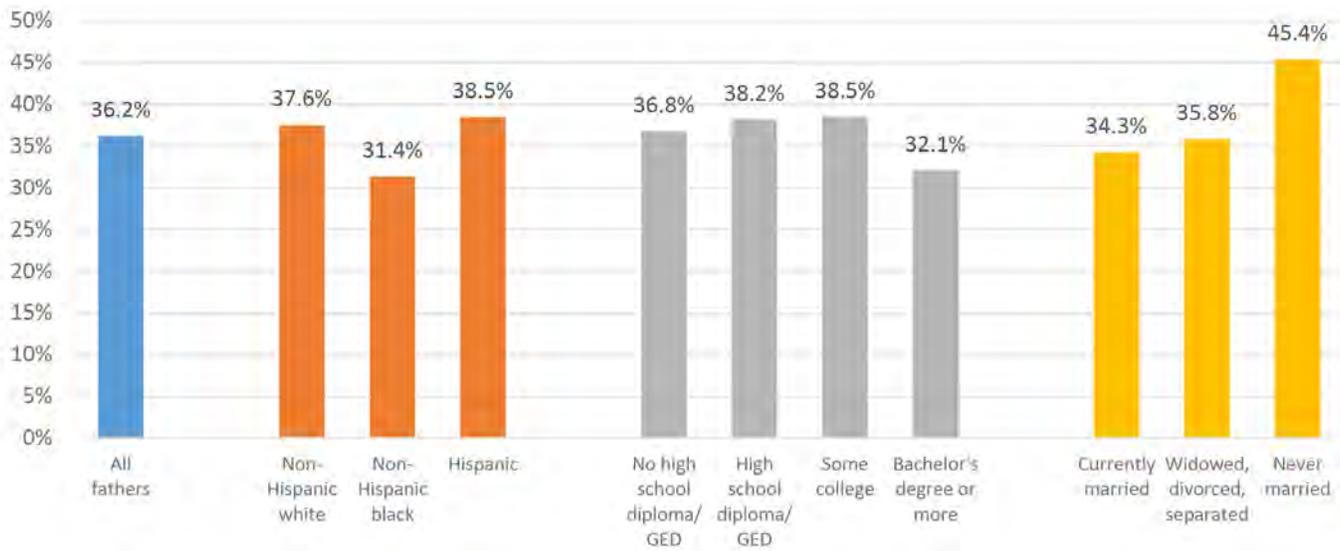
Marital status

- Fathers reported similar rates of **alcohol** consumption in the past 12 months across marital status (about 80 percent).

Fathers' binge drinking in the past 30 days, by race/ethnicity, education, and marital status

Figure 4 shows the percentage of resident fathers who reported binge drinking in the **past 30 days**. Binge drinking for men is defined as five or more alcoholic drinks in one session. Data are shown for all fathers surveyed and separately by race and Hispanic ethnicity, highest level of education, and current marital status.

Figure 4. Percentage of Resident Fathers Who Reported Binge Drinking in the Past 30 Days



Source: Child Trends analyses of National Survey on Drug Use and Health, 2016. Notes: Data are not weighted. N=5,647.

Total

- A little over a third of fathers (36 percent) reported **binge drinking** in the past 30 days.

Race and Hispanic ethnicity

- **Non-Hispanic black** fathers were less likely to report **binge drinking** in the past 30 days (31 percent) than **non-Hispanic white** fathers (38 percent) and **Hispanic** fathers (39 percent).

Education

- Fathers with a **bachelor's degree or more** were the least likely to report **binge drinking** in the past 30 days (32 percent). Fathers with other educational levels reported **binge drinking** in the past 30 days at rates of 37 to 39 percent.

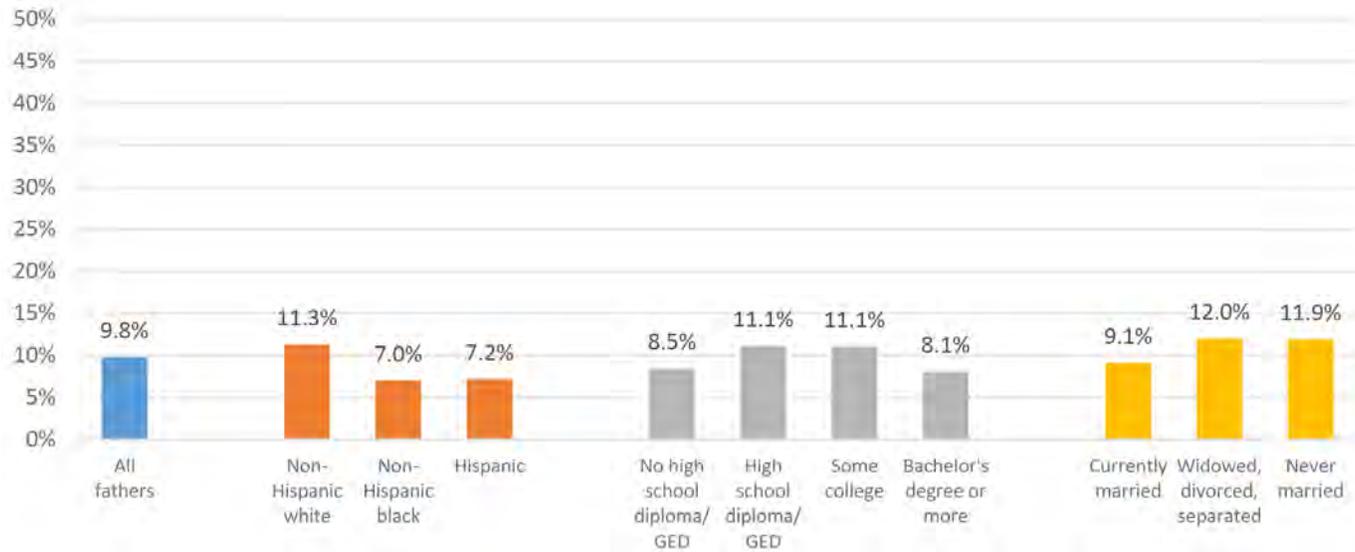
Marital status

- Fathers who had **never been married** were more likely to report **binge drinking** in the past 30 days (45 percent) than fathers who were **widowed, divorced, or separated** (36 percent) and fathers who were **currently married** (34 percent).

Fathers' heavy drinking in the past 30 days, by race/ethnicity, education, and marital status

Figure 5 shows the percentage of resident fathers who reported heavy drinking in the **past 30 days**. Heavy drinking is defined as binge drinking at least five times in one month. Binge drinking for men is defined as five or more alcoholic drinks in one session. Data are shown for all fathers surveyed and separately by race and Hispanic ethnicity, highest level of education, and current marital status.

Figure 5. Percentage of Resident Fathers Who Reported Heavy Drinking in the Past 30 Days



Source: Child Trends analyses of National Survey on Drug Use and Health, 2016. Notes: Data are not weighted. N=5,647.

Total

- Approximately 10 percent of fathers reported **heavy drinking** in the past 30 days.

Race and Hispanic ethnicity

- Non-Hispanic white** fathers were more likely to report **heavy drinking** in the past 30 days (11 percent) than **Hispanic** and **non-Hispanic black** fathers (7 percent).

Education

- Fathers who had a **high school diploma/GED** but never attended college and fathers with **some college** were more likely to report **heavy drinking** in the past 30 days (11 percent) than fathers **without a high school diploma/GED** (9 percent) and fathers with a **bachelor's degree or more** (8 percent).

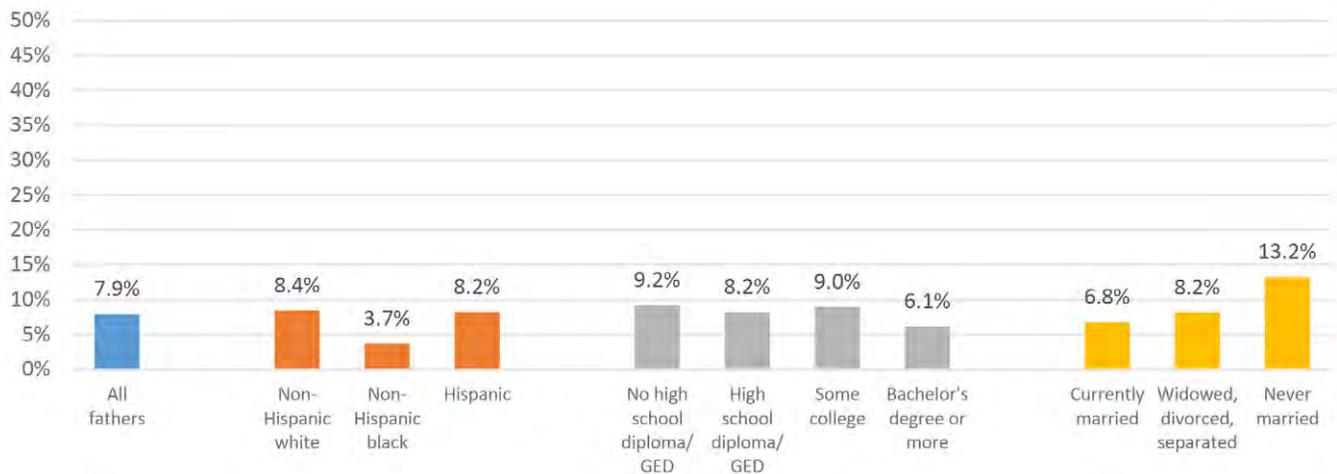
Marital status

- Fathers who had **never been married** were more likely to report **heavy drinking** in the past 30 days (12 percent) than fathers who were **currently married** (9 percent).

Fathers' medication or inhalant misuse or abuse in the past 12 months, by race/ethnicity, education, and marital status

Figure 6 shows the percentage of resident fathers who reported medication or inhalant misuse or abuse in the **past 12 months**. Medication or inhalant misuse or abuse is defined as using prescription pain relievers, tranquilizers, stimulants, or sedatives in a way not directed by a doctor or with the intent to get high; using non-prescription cough or cold medicine to get high; or using inhalants (such as amyl nitrite, “poppers” (alkyl nitrites), gasoline, lighter fluid, glue, or “whippits” (nitrous oxide, most commonly from canned whipped cream)) to get high. Data are shown for all fathers surveyed and separately by race and Hispanic ethnicity, highest level of education, and current marital status.

Figure 6. Percent of Resident Fathers Who Reported Misusing or Abusing a Medication or Inhalant in the Past 12 Months



Source: Child Trends analyses of National Survey on Drug Use and Health, 2016. Notes: Data are not weighted. N=5,647

Total

- Approximately 8 percent of fathers reported **misusing or abusing a medication or inhalant** in the past 12 months.

Race and Hispanic ethnicity

- Non-Hispanic black** fathers were less likely to report **misusing or abusing a medication or inhalant** in the past 12 months (about 4 percent) than **Hispanic** or **non-Hispanic white** fathers (about 8 percent).

Education

- Fathers with a **bachelor's degree or more** were less likely to report **misusing or abusing a medication or inhalant** in the past 12 months (6 percent) than fathers with less education (8-9 percent).

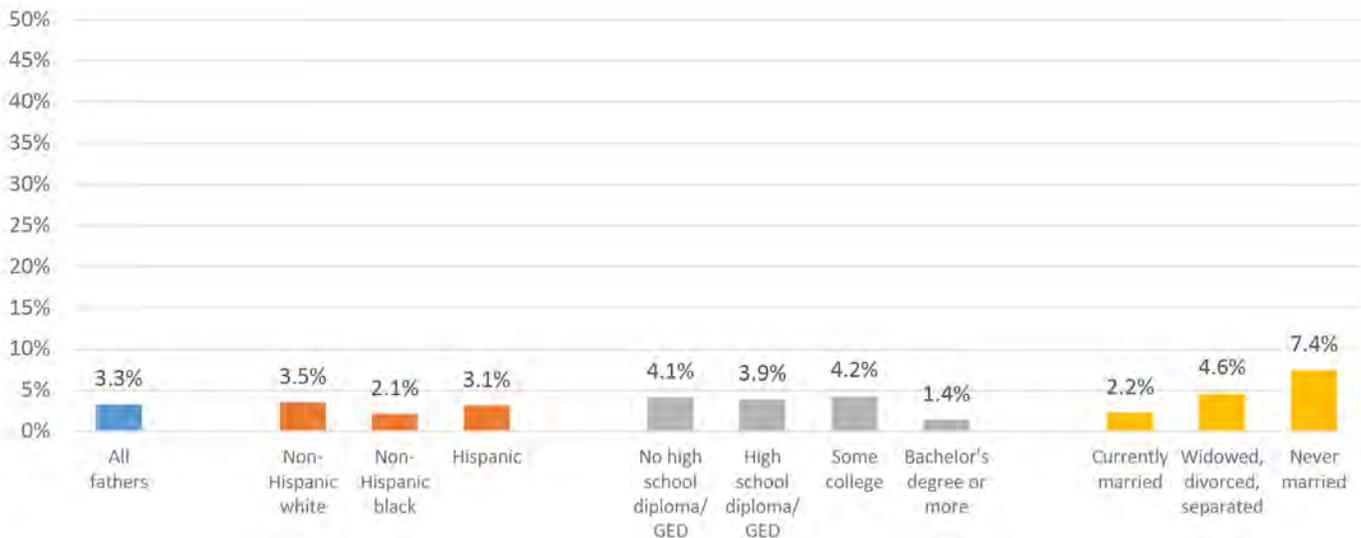
Marital status

- Fathers who had **never been married** were the most likely to report **substance misuse or abuse** in the past 12 months (13 percent), compared to about 8 percent of **widowed, divorced, or separated** fathers and 7 percent of **currently married** fathers.

Fathers' illicit substance use in the past 12 months, by race/ethnicity, education, and marital status

Figure 7 shows the percentage of resident fathers who reported illicit substance use in the **past 12 months**. Illicit substances are defined as cocaine, hallucinogens, crack, heroin, and methamphetamines. Data are shown for all fathers surveyed and separately by race and Hispanic ethnicity, highest level of education, and current marital status.

Figure 7. Percentage of Resident Fathers Who Reported Using One or More Illicit Substances in the Past 12 Months



Source: Child Trends analyses of National Survey on Drug Use and Health, 2016. Notes: Data are not weighted. N=5,647.

Total

- Approximately 3 percent of fathers reported using an **illicit substance** in the past 12 months.

Race and Hispanic ethnicity

- Non-Hispanic black** fathers were less likely to report using an **illicit substance** in the past 12 months (2 percent) than **non-Hispanic white** fathers (4 percent).

Education

- Fathers with a **bachelor's degree or more** were less likely to report using an **illicit substance** in the past 12 months (a little over 1 percent) than fathers with other educational levels (about 4 percent).

Marital status

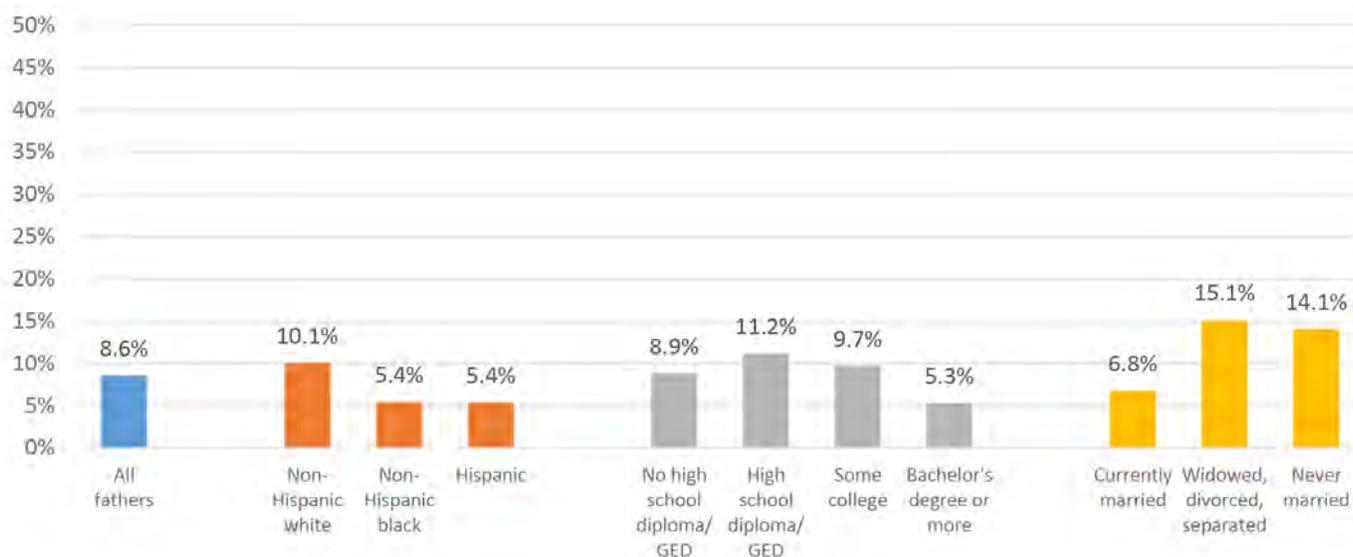
- Fathers who had **never been married** were more likely to report using an **illicit substance** in the past 12 months (7 percent) than fathers of other marital statuses. Among **widowed, divorced, or separated** fathers, about 5 percent reported using an **illicit substance**. Fathers who were **currently married** were less likely than other fathers to report using an **illicit substance** (2 percent).

Drug and Alcohol Treatment

Fathers' drug or alcohol treatment in their lifetime, by race/ethnicity, education, and marital status

Figure 8 shows the percentage of resident fathers who reported having ever received drug or alcohol treatment in their **lifetime**. Drug or alcohol treatment includes treatment or counseling designed to help reduce or stop alcohol or drug use, as well as detoxification and any other treatment for medical issues associated with alcohol or drug use. Data are shown for all fathers surveyed and separately by race and Hispanic ethnicity, highest level of education, and current marital status.

Figure 8. Percent of Resident Fathers Who Reported Ever Receiving Drug or Alcohol Treatment



Source: Child Trends analyses of National Survey on Drug Use and Health, 2016. Notes: Data are not weighted. N=5,647.

Total

- Approximately 9 percent of fathers reported ever **receiving drug or alcohol treatment** in their lifetime.

Race and Hispanic ethnicity

- Non-Hispanic white** fathers were the most likely to report ever **receiving drug or alcohol treatment** in their lifetime (10 percent), compared to 5 percent of **non-Hispanic black fathers** and 5 percent of **Hispanic** fathers.

Education

- Fathers with a **bachelor's degree or more** were less likely to report **receiving drug or alcohol treatment** in their lifetime (5 percent) than fathers with less education (9-11 percent).

Marital status

- Currently married** fathers were less likely to report **receiving drug or alcohol treatment** in their lifetime (7 percent) than fathers who were **never married** (14 percent) and fathers who **were widowed, divorced, or separated** (15 percent).

Glossary of Terms

Alcohol Use: Any consumption of alcoholic beverages, such as beer, wine, liquor, brandy, or mixed drinks and cocktails. Occasions on which the respondent only had a sip or two of an alcoholic beverage are not included.

Binge Drinking: Consuming five or more alcoholic drinks in one session.

Drug or Alcohol Treatment: Treatment or counseling designed to help reduce or stop alcohol or drug use, as well as detoxification and any other treatment for medical issues associated with alcohol or drug use.

Heavy Drinking: Binge drinking five or more times in one month (see binge drinking definition above).

Illicit Substance Use: Using cocaine, crack, hallucinogens, heroin, or methamphetamines. Marijuana is examined separately because it is more commonly used than any other illicit substance covered by the data.

Medication or Inhalant Misuse or Abuse: Using prescription pain relievers, tranquilizers, stimulants, or sedatives in a way not directed by a doctor or with the intent to get high; using non-prescription cough or cold medicine to get high; or using inhalants – such as amyl nitrite, “poppers”, gasoline or lighter fluid, glue, or “whippits” – to get high.

Substance Abuse: Using a psychoactive substance, such as alcohol or illicit drugs, in a way that is harmful or dangerous.^{vii} The harm and hazard presented might include failure to fulfill obligations at work, school or home; using substances in situations that are physically dangerous (for example, while driving); experiencing legal consequences due to substance use; or continuing to use substances despite ongoing social or interpersonal problems caused or worsened by substance use.^{viii}

Substance Misuse: Use of a prescription drug in a way not prescribed by a doctor, including using without a prescription, taking more than the prescribed amount, using the drug more often than prescribed, taking the drug longer than prescribed, or using in any other way not directed by a doctor.^{ix}

Substance Use Disorder: Substance use disorders are defined as the recurrent use of alcohol and/or drugs that causes significant impairment (e.g., health problems, disability, problems at work, school, or home).^x Although the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) now uses the term “substance use disorder” instead of “substance abuse” and “substance dependence”, we use the term “substance abuse” in this snapshot because the data do not provide information about substance use disorders.

Tobacco Use: Any cigarette, cigar, pipe, or smokeless tobacco use.

Data Box

This NRFC Data Snapshot draws from the authors’ analyses of the 2016 [National Survey on Drug Use and Health](#) (NSDUH) data.^{xi} NSDUH collects information on tobacco, alcohol, and drug use; mental health; and other health-related issues in the United States, and is directed by the Substance Abuse and Mental Health Services Administration, an agency in the U.S. Department of Health and Human Services. When weighted, the 2016 wave of NSDUH data is representative of the civilian, noninstitutionalized population aged 12 or older in the United States in 2016.^{xii}

Significant ($p < .05$) findings are discussed in the bulleted text below each table.

References

- ⁱ National Responsible Fatherhood Clearinghouse (2014). Working with Fathers to Identify and Resolve Substance Abuse Problems.
- ⁱⁱ Solis, J., Shadur, J., Burns, A., & Hussong, A. (2012). Understanding the diverse needs of children whose parents abuse substances. *Current Drug Abuse Reviews*. 5(2), 135-147.
- ⁱⁱⁱ World Health Organization. Health topics: Substance Abuse. http://www.who.int/topics/substance_abuse/en/. Accessed July 27, 2018.
- ^{iv} U.S. Food and Drug Administration (2010). Combating Misuse and Abuse of Prescription Drugs: Q&A with Michael Klein, PhD. (2010). <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm220112.htm>
- ^v Centers for Disease Control and Prevention (2017). Health effects of secondhand smoke. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm
- ^{vi} Rossow, R., Keating, P., Felix, L. & McCambridge, J. (2016). Does parental drinking influence children's drinking? A systematic review of prospective cohort studies. *Addiction*. 111(2): 204-17.
- ^{vii} World Health Organization. Health topics: Substance Abuse. http://www.who.int/topics/substance_abuse/en/. Accessed July 27, 2018.
- ^{viii} LIFE. Substance Abuse: DSM-IV Criteria for Substance Abuse and Substance Dependence. Retrieved from <https://www.partners.org/Assets/Documents/Graduate-Medical-Education/SubstanceB.pdf>
- ^{ix} Hughes, A., Williams, M. R., Lipari, R. N., Bose, J., Copello, E. A. P., & Kroutil, L. A. (2016). Prescription Drug Use And Misuse In The United States: Results From The 2015 National Survey On Drug Use And Health. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR2-2015/NSDUH-FFR2-2015.htm>
- ^x Substance Abuse and Mental Health Services Administration (2015). Topics: Mental Health and Substance Use Disorders: Substance Use Disorders. <https://www.samhsa.gov/disorders/substance-use>
- ^{xi} United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2016. 34481-v3. Research Triangle Park, NC: RTI International [distributor], 2016-04-02. <http://doi.org/10.3886/34481.v3>.
- ^{xii} Center for Behavioral Health Statistics and Quality. (2017). 2016 National Survey On Drug Use And Health: Methodological Summary And Definitions. Rockville, MD: Substance Abuse and Mental Health Services Administration.