Millions of children around the world are currently being raised by their grandparents. While these grandfamilies are often formed in crisis situations, they can also be built and strengthened over time.

What is a Grandfamily?

A grandfamily is a family unit in which a grandparent (or sometimes two grandparents) is the head of household and is also actively parenting one or more grandchildren. It's a form of kinship care, in which a relative of a child takes over the parenting responsibilities. (Specifically, the term "kinship care" is often used in the foster care system when a state or county agency places a child to live with relatives) Sometimes aunts, uncles, cousins, or other relatives assume this role, but by and large grandparents are the individuals most likely to parent children born to someone else in the family. Another name for these households is "skip-generation families." And they are increasingly common.

Grandfamilies and Substance Use

One main reason for the rise in grandfamilies is substance abuse, as addiction and alcoholism have created the need for grandparents to step in and parent their grandchildren. Over the past decade, the opioid crisis has intensified, and the number of young parents unfit for the job continues to soar as opioid use and addiction take precedence over their other priorities. Their addiction to opioids may even be fatal. And their children, sometimes known as "opioid orphans," are often left in their grandparents' care. But it's not just opioid use: addiction to other drugs, as well as alcohol, claims lives and turns family’s upside down as children are neglected or abused by their addicted parents.

Is My Recovering Child Ready to be a Parent?

When your grandchild is placed in your care as a grandparent, your decision-making role can and will vary greatly depending on your individual situation. However, one role that is fairly consistent is that you will be called on to help determine whether your addicted son or daughter is capable of visiting, caring for, or parenting your grandchild.
<table>
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<tr>
<th>Birth Parent's Main Issue</th>
<th>Favorable Signs</th>
<th>Causes for Concern</th>
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| Opioid or other drug addiction that led to child abuse or neglect | Multiple negative drug tests  
Successfully completing a rehab program  
Regular attendance at Narcotics Anonymous or other Twelve Step group  
Holding a job for at least a month  
Healthier appearance than in the recent past  
Use of addiction treatment medications such as naltrexone (Vivitrol) or buprenorphine | Positive drug screens  
Combativeness  
Homelessness  
Continuing to associate with substance abusers (friends, relatives, or others)  
Inability to hold a job  
Driving a vehicle under the influence of drugs |
| Inability to hold a job                                | Abstaining from alcohol  
Regular attendance at Alcoholics Anonymous meetings  
Holding a regular job for at least a month  
Recognizing and admitting that alcohol is a problem  
Completing inpatient or outpatient treatment, if appropriate | Continuing to drink to intoxication  
Driving a vehicle under the influence of alcohol  
Homelessness  
Continuing to associate with substance abusers (friends, relatives, or others)  
Denying any problem with alcohol use (despite what others think)  
No coping skills to deal with stress other than alcohol use |
Consider Actions Rather Than Words

Instead of relying on what birth parents say, look for active signs of improvement or deterioration, and look at actions. For example, if the birth father says he is ready to be a good parent again, does he have a place for the child to live? Does he have a job that enables him to support the child? Does he now avoid his former drug-using or alcoholic friends, who might tempt him back into using drugs again? Or, if the birth mother is mentally ill, is she now taking her medication consistently and seeing her psychiatrist or therapist on a regular basis?

Recovery From Substance Use Disorders

True recovery from addiction—also called a substance use disorder—is a lifetime commitment.

Treatment may be the first step on that path, although many people find recovery without a rehab program. Ongoing abstinence is key, but active recovery means more than that. It means adopting healthy routines and social circles. It means identifying one's own "relapse triggers"—the risk factors for reverting to substance use—and having a plan to avoid them and to address relapse if it does occur. It means having a support system such as a Twelve Step program or other mutual support group. And it means recognizing personal problems and starting to resolve them.

How do you know if a person is actively recovering from drug or alcohol addiction?

As the saying goes, recovery is an inside job—it's not just behavior change; it's a new attitude. And you may not be in close enough touch to see evidence of a new attitude—or lack of it.

Still, a person in active recovery is likely to show signs of better health, both physical and emotional. Of course, one good sign is to repeatedly test negative for drug use in urine screens (blood and hair can also be tested)—although one "clean" test is insufficient for planning a child's return to the parent. It's also encouraging to see healthy daily habits and a new, healthy circle of friends.

Another good sign is consistent activity in Twelve Step groups. In addition to Alcoholics Anonymous and Narcotics Anonymous, there's Crystal Meth Anonymous, Dual Recovery Anonymous (for people with co-occurring substance use and mental illness), and others. These groups don't take attendance, and you can't verify a person's attendance—but if group members speak authentically about their own experiences in these meetings, that's favorable. Remember, though, that attendees don't reveal details about other attendees; confidentiality is a hallmark of these groups.