

OPIOIDS, POVERTY, AND THE CHILD WELFARE SYSTEM

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First Focus

The opioid crisis is wreaking havoc in communities across the United States. The rate of overdose deaths has sharply increased in just the past 10 years, and treatment and early interventions are not keeping up with the tremendous need. One aspect of the opioid crisis that is not often explored in mainstream discussions is the impact this crisis is having on family and child well-being. Over 2 million individuals are currently addicted to opioids in the United States, and workforce participation is declining, causing more family economic instability. Children of addicted parents are also increasingly living with relatives or other caregivers and entering the child welfare system at higher rates. Solutions for addressing the opioid crisis must address the family as a whole, as the well-being of future generations hangs in the balance.

The term *opioids* encompasses legally prescribed medications such as oxycodone, hydrocodone, codeine, and morphine, as well as heroin and the synthetic drug fentanyl.¹ There has been a sharp increase in the use of opioids since just 2010. In 2016, the U.S. Centers for Disease Control and Prevention (CDC) estimated more than 64,000 deaths related to drug overdose.² An analysis from Blue Cross Blue Shield (BCBS) of its members found that from 2010 to 2016, the number of people diagnosed with an addiction to opioids increased by 493 percent.³ In 2010, there were just 1.4 instances of opioid use disorder among every 1,000 BCBS members. By 2016, that rate had climbed to 8.3 instances for every 1,000 members. Yet at the same time, there was only a 65 percent increase in the number of people getting medication-assisted treatment to manage their addiction.⁴

While the opioid crisis has taken a toll on populations in both urban and rural areas, and affected people of all incomes, lower-income populations may suffer more due to having fewer resources available to access treatment, including not just medication but also mental health and substance use therapies. This phenomenon also has a significant effect on the labor force, as more workers are unable to report for work due to substance use issues. Alan B. Krueger, an economist at Princeton University, recently found that opioids could account for about 20 percent of the decline in men's labor force participation and 25 percent of women's from 1999 to 2015.⁵ Overall, it is estimated that in 2011, an individual with a substance use disorder experienced an excess work-loss cost of \$1,244 and an excess healthcare cost of \$10,627, over a person without such a disorder.⁶ These costs can have a significant impact on family finances, particularly for low-income individuals, who may not have significant savings or any healthcare coverage. Furthermore, according to a study conducted by the Brookings

Institution, counties with higher rates of poverty have experienced higher levels of opioid deaths.⁷

These issues stemming from the opioid crisis have certainly affected children in a myriad of ways. Children are entering the child welfare system at accelerated rates due to opioid deaths and addiction issues. Nationally, the most recent data show that in 2016, children entering the foster care system because of drug use by a parent represented 34 percent of all those entering foster care, with the overall number of children increasing steadily each year. In 2016, 437,465 children entered foster care, up by more than 10,000 from fiscal year 2015.⁸ Reports and local data indicate that this number is likely to be higher in the coming years. According to the Pew Charitable Trusts, Alaska, Kansas, and Ohio have issued emergency pleas asking more people to become foster parents and take neglected children. The same study found that in Ohio, more than 9,900 children are in foster care, and nearly half of those taken into custody in the year prior to the study had a parent using drugs.⁹ Other states are also seeing high numbers of children entering foster care, with the number of children having increased by 27 percent in North Dakota, 45 percent in Maine, and 19 percent in Massachusetts between 2011 and 2015. In addition, caseworkers are having a hard time placing children with relatives because many of the adults in these children's extended families are also addicted to opioids.¹⁰ Where grandparents and relatives are able to take children in, their own finances and economic stability are threatened by having to support another individual. One in five of these grandparents is living below the poverty line already.¹¹

In addition, more babies are born addicted to substances and require special care. Between 1999 and 2013, the number of babies born with neonatal abstinence syndrome (NAS) tripled.¹² These babies are often born addicted to opioids themselves and are at a higher risk for long-term behavioral health issues and learning disabilities. Oftentimes, NAS babies are removed from their mothers due to parental drug use, further straining the child welfare system. In the Comprehensive Addiction and Recovery Act of 2016, Congress directed states to ensure that safe care plans be developed to address the health and substance use treatment needs of the infant as well as the affected family and caregiver, so that families are not unnecessarily separated.¹³ Children who are born substance-exposed or live with a parent with substance use disorder may suffer from physical and mental trauma and exhibit dysfunctional traits, when compared with peers who did not live in such an environment. These children

have a higher rate of cognitive impairments and executive function deficits, and are also more likely to suffer from substance use disorders themselves.¹⁴ Recently, David Cox, superintendent of Allegany Schools in Maryland, testified before the U.S. House Education and Workforce Committee about the increases in school absenteeism due to parents' not being able to take their children to school because of drug use. The long-lasting effects on children exposed to parental substance use are far-reaching and consequential, and must be considered in addressing the opioid crisis.

RECOMMENDATIONS

Protection for Medicaid coverage. In the context of our current debate on healthcare, the opioid crisis is an extremely important issue. Many parents seeking substance use treatment rely on Medicaid. Imposing work requirements or converting Medicaid's funding structure into a per capita cap model would be devastating in the fight against this epidemic. Medicaid funding cuts through caps or block grants would have a significant impact on the mental health and physical health services that children in foster care need to promote their healthy development. Per capita caps would not be responsive to a public health crisis such as the spike in the number of preterm births or of parents and adolescents needing opioid addiction treatment. In addition, states would not be able to provide adequate funding for the hundreds of infants born exposed to opioids who need neonatal intensive care. Medicaid covers only 80 percent of treatment for babies born with NAS.¹⁵

Funding and support for kinship navigator programs. Many children who have parents dealing with addiction issues end up living with grandparents or other relatives. It is vital that kinship caregivers have access to services and resources while taking care of children so that their households are not significantly burdened and destabilized. Kinship navigator programs connect kinship caregivers with the supports they need during this difficult time. Funding is needed for states to develop and enhance evidence-based kinship navigation services.

Utilization and expansion of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Many programs funded through MIECHV provide supports for parents struggling with substance addiction, including opioid addictions. Programs such as Nurse-Family Partnership, Early Head Start, Parents as Teachers, and Prevent Child Abuse America serve families who face significant stress resulting from

economic challenges and adversity, including substance abuse. While home visitors do not provide direct substance abuse treatment, they do promote treatment readiness¹⁶ and make connections to treatment service providers within the community. MIECHV was recently reauthorized for five years at level funding. Organizations including the National Home Visiting Coalition¹⁷ advocated for an increase in funding because at current levels, MIECHV is able to serve only a fraction of the children and families in need nationwide. An expansion of MIECHV would serve hundreds of thousands of children and families, enabling them to lead healthier, more prosperous lives.

Implementation of the recently passed Family First Prevention Services Act. The Family First Prevention Services Act was signed into law on February 9, 2018.¹⁸ This act allows Title IV-E dollars to be used for services for families at risk of entering the child welfare system, including in-home parenting training, substance use services, and mental health services. Investing in these issues before a child enters foster care mitigates the monetary cost of a child's entering care and also reduces the trauma that both children and families experience when separated. In addition, the Family First Act has provisions that allow Title IV-E reimbursements for children who are living with parents in residential treatment programs to help them overcome their addiction. This bill also reauthorizes regional partnership grants, which support interagency collaborations and the integration of programs, services, and activities designed to increase the well-being, improve the permanency, and enhance the safety of children who are in or at risk of out-of-home placement as a result of a parent's or caregiver's substance use. Beginning October 1, 2019, states have the option to seek reimbursement for treatment services for children and families for up to 12 months. States should collaborate with the U.S. Department of Health and Human Services to determine which evidence-based programs and services will be the most effective for families at risk of entering the child welfare system.

Prioritizing children and families in opioid-related funding. The Bipartisan Budget Act of 2018 includes \$6 billion in additional funding—\$3 billion for fiscal year 2018 and \$3 billion for fiscal year 2019—for combating the opioid substance abuse epidemic, which has threatened the health and welfare of children across the nation.¹⁹ The federal government should ensure that these funds work toward a comprehensive approach to address the well-being of children affected by this crisis. For families involved in the child welfare system due to opioid substance abuse, the National

Child Abuse Coalition recommends the following: (1) Increase Title I child abuse, prevention, and treatment (CAPTA) state grant funding to the full authorized level. (2) Fund evidence-based substance abuse and mental health prevention and treatment for children and families impacted by the crisis who cannot wait for Title IV-E funds in 2019. (3) Appropriate grants to develop kinship navigator programs in each state. (4) Expand family treatment courts.²⁰

Allocation of resources to CAPTA programs for robust plans of safe care.

Additional funds to implement changes made to CAPTA by the Comprehensive Addiction and Recovery Act of 2016 would assist healthcare providers in developing plans of safe care for infants identified at birth as being affected by substance abuse, as well as ensure that their mothers receive appropriate treatment services. The increase in adults, children, and families being served by human services agencies has increased the need for child welfare providers, healthcare providers, treatment providers, and the courts to collaborate and provide a cross-sector approach to ensure the safety of the youngest victims of this epidemic.

CONCLUSION

The opioid crisis is having a devastating effect on families and children. Individuals suffering from substance use disorder should have access to treatment and resources to care for their families while they are getting help, and more community supports should be made available, especially in rural areas. All children, no matter their family income or exposure to parental drug use, should have the right to grow up and thrive in a healthy environment.

ENDNOTES

1. “Opioids,” National Institute on Drug Abuse, National Institutes of Health, accessed January 28, 2018, <https://www.drugabuse.gov/drugs-abuse/opioids>.
2. German Lopez, “Drug Overdose Deaths Skyrocketed in 2016—and Traditional Opioid Painkillers Weren’t the Cause,” Vox, September 5 2017, www.vox.com/policy-and-politics/2017/9/5/16255040/opioid-epidemic-overdose-death-2016.
3. “America’s Opioid Epidemic and Its Effect on the Nation’s Commercially-Insured Population,” press release, Blue Cross Blue Shield, June 29 2017, <https://www.bcbs.com/the-health-of-america/reports/americas-opioid-epidemic-and-its-effect-on-the-nations-commercially-insured>.
4. Nadia Kounang, “Opioid Addiction Rates Continue to Skyrocket,” CNN, June 29, 2017, <http://www.cnn.com/2017/06/29/health/opioid-addiction-rates-increase-500/index.html>.
5. Alan Krueger, “Where Have All the Workers Gone? An Inquiry into the Decline of the U.S. Labor Force Participation Rate,” Brookings Papers on Economic Activity Conference draft, Brookings, September 2017, https://www.brookings.edu/wp-content/uploads/2017/09/1_krueger.pdf.
6. J. Bradford Rice, Noam Y. Kirson, Amie Shei, Alice Kate G. Cummings, Katharine Bodnar, Howard G. Birnbaum, and Rami Ben-Joseph, “Estimating the Costs of Opioid Abuse and Dependence from an Employer Perspective: A Retrospective Analysis Using Administrative Claims Data,” *Applied Health Economics and Health Policy* 12 (2014): 435–446.
7. Elizabeth Kneebone and Scott W. Allard, “A Nation in Overdose Peril: Pinpointing the Most Impacted Communities and the Local Gaps in Care,” Brookings, September 25, 2017, <https://www.brookings.edu/research/pinpointing-opioid-in-most-impacted-communities/>.
8. The AFCARS Report: Preliminary FY1 2016 Estimates as of Oct 20, 2017 (Washington, DC: Adoption and Foster Care Analysis and Reporting System, U.S. Department of Health and Human Services, 2017).
9. Shawn Radcliffe, “Opioid Epidemic Burdening Grandparents, Foster Homes,” Healthline, December 5, 2017, <https://www.healthline.com/health-news/opioid-epidemic-grandparents-foster-homes>.
10. Teresa Wiltz, “Drug-Addiction Epidemic Creates Crisis in Foster Care,” Stateline, The Pew Charitable Trusts, October 7, 2016, <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/10/07/drug-addiction-epidemic-creates-crisis-in-foster-care>.
11. Radcliffe, “Opioid Epidemic.”
12. Casey Ross, “US Babies Born Addicted to Opioids Has Tripled in 15 Years, CDC Says,” STAT, August 11, 2016, <https://www.statnews.com/2016/08/11/babies-opioids-addiction/>.
13. Comprehensive Addiction and Recovery Act, Pub. L. No. 114-198, 130 Stat. 695 (2016).
14. Micol Parolin, Alessandra Simonelli, Daniela Mapelli, Marianna Sacco, and Patrizia Cristofalo, “Parental Substance Abuse as an Early Traumatic Event: Preliminary Findings on Neuropsychological and Personality Functioning in Young Drug Addicts Exposed to Drugs Early,” *Frontiers in Psychology* 7 (2016): 887.
15. Jean Y. Ko, Stephen W. Patrick, Van T. Tong, Roshni Patel, Jennifer N. Lind, and Wanda D. Barfield, “Incidence of Neonatal Abstinence Syndrome—28 States, 1999–2013,” *Morbidity and Mortality Weekly Report* 65 (2016): 799–802, <http://dx.doi.org/10.15585/mmwr.mm6531a2>.
16. National Alliance of Home Visiting Models, Home Visiting and Opioids (National Home Visiting Coalition, January 2018), <http://homevisitingcoalition.com/wp-content/uploads/Opioid-Statement-of-National-Alliance-of-HV-Models.pdf>.
17. National Home Visiting Coalition, [Sign-on letter to Congressional leadership], July 13, 2017, <http://homevisitingcoalition.com/wp-content/uploads/MIECHV-letter-July-26.pdf>.

18. Bipartisan Budget Act of 2018, H.R. 1892, 115th Cong. (2017–2018), <https://www.congress.gov/bill/115th-congress/house-bill/1892?q=%7B%22search%22%3A%5B%22PL+115-123%22%5D%7D&r=1>.

19. First Focus, Bipartisan Budget Act of 2018, fact sheet (Washington, DC: First Focus, 2018), <https://firstfocus.org/wp-content/uploads/2018/02/BBA2018-Fact-Sheet.pdf>.

20. For more information, visit <https://nationalchildabusecoalition.org>.