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Juggling Child Protection and the Opioid Epidemic: Lessons from Family Impact Seminars

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ABSTRACT

Over the past decade, the number of children in the U.S. child welfare system has steadily increased, alongside rising opioid misuse and associated deaths. This brief presents the intertwined landscapes of opioid misuse and child and family welfare in three geographically different states—Indiana, Massachusetts, and North Carolina. State-level policy responses to the opioid epidemic and the associated impacts of it on children and families should invest in two-generation approaches to substance use disorder (SUD) prevention and treatment, optimize early detection and safe treatment of SUD among pregnant women, and expand access to medication-assisted treatment for individuals struggling with opioid abuse, including parents in the child welfare system.

Introduction

The number of children under the supervision of state child welfare systems nationwide has climbed to record highs. For example, the number of children served by foster care (i.e., out-of-home care) increased by nearly 50,000, from 638,041 in 2013 to 687,345 in 2018.[1] The rate of child removals attributable primarily to parental substance use doubled from 18.5% in 2000 to 36% in 2018,[1] which has changed the composition of American families, and challenged state systems to simultaneously combat an addiction crisis (i.e., primarily opioid misuse) while protecting affected children and families.

The consequences of the opioid epidemic reverberate through families in the United States, as many of the nearly 12 million adults misusing opioids are parents.[7] For instance, foster care placements and permanent terminations of parental rights have risen parallel to trends in opioid misuse, indicating that parents are struggling to meet child welfare system requirements for being reunited with their children.[1] Parental substance use has become the second most common circumstance associated with child removal (accounting for 36% of removals in 2017).

The most frequent circumstance is neglect (62%), which is routinely comorbid with parental substance use.[9] One example of the intergenerational risks associated with parental substance misuse: nearly 6,300 youth removed from their homes in 2017 were misusing substances themselves.[10] State child welfare systems have been forced to address this collateral damage of the

TALKING POINTS

1. The opioid epidemic, involving opioid misuse and addiction, has had substantial implications for the welfare of children and families in the United States and for state service providers and public health and safety.
2. Children in the United States are suffering as a result of the opioid epidemic: They are experiencing maltreatment from parents/caregivers, then entering foster care, and subsequently losing caregivers to fatal overdoses at unprecedented rates.
3. Promoting sustained family well-being and child safety requires investment in policies and programs that increase early detection of substance use among expectant parents, provide holistic long-term treatment options to parents with substance use disorders, and utilize a "two-generation" approach to treatment.

opioid epidemic and have seen child welfare caseloads increase throughout the epidemic.[2]

While these national-level statistics are informative regarding the general landscape of the opioid epidemic and child welfare trends, analyses at the state level may be more useful for policymakers, as child protection systems are orchestrated differently within each state, and because the opioid epidemic has differentially affected regions of the United States. This policy brief provides an overview of recent issues at the intersection of opioid misuse and child protection in the United States through three case studies from Indiana, Massachusetts, and North Carolina.

Indiana's state legislature integrated prescription-drug-monitoring programs with electronic pharmacy management and medical records systems,[17] and placed new limits on first-time opioid prescriptions. They authorized municipalities to initiate needle- and syringe-exchange programs[20] and established new treatment facilities,[21] and inpatient treatment resources for women using opioids during pregnancy,[22] including family preservation and postbirth wraparound support. **Massachusetts's** state legislature passed the STEP Act, designed as an approach to prevent opioid misuse through public education efforts and reducing the opioid supply.[29] **North Carolina's** state legislature passed the Opioid Action Plan (OAP), designed to reduce the supply of both prescription and illicit opioids, increase public awareness and prevention efforts, expand access to emergency overdose-reversal drugs as well as long-term post-overdose aftercare treatment, and expand treatment options into prenatal care. The OAP enhanced training for health care providers, and connected parents at risk for child removal to evidence-based SUD treatment, recovery support services, peer supports, and material resources for basic needs (e.g., transportation and housing).[38] See the full brief for specifics about each of these states.

Conclusions

Although each state discussed here faces varying needs related to both opioid misuse and child protection, all are dealing with the changing landscapes resulting from the intersection of the two. All three states recently passed sweeping legislation related to combating opioid misuse, although with slightly different foci and messaging surrounding these efforts. While each state has reported gains made against overprescription of opioids and enhanced access to addiction treatement, we know less about changes in child welfare-related outcomes.

POLICY IMPLICATIONS

Several potential policy responses can ease the burden of the opioid epidemic on state child welfare authorities in both the short term and the long term. *See the full brief for details about each policy implication below.*

- **States must invest in two-generation approaches to SUD prevention and treatment.**
- **Policy should optimize options for early detection and safe treatment of SUDs during pregnancy, with a focus on long-term well-being for parents and babies.**
- **Policy should support expansion of access to medication-assisted treatment (M-AT) for individuals struggling with SUD, including parents in the child welfare system.**

Please see the full brief for a complete set of references and more information about the authors.

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