The Impact of the Opioid/Substance Use Epidemic on Child Welfare

CSG West Chair’s Forum on Foster Care

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A Growing Nationwide Problem

• The United States has less than 5 percent of the world’s population yet consumes 80 percent of the global opioid supply.

• In 2016, 64,070 Americans died from drug overdoses, nearly double in a decade.

• Parental substance abuse is a key factor associated with children coming into foster care. In 2017, more than 39 percent of children—approximately 104,000—were removed from home due to parental substance abuse.
How prevalent is the use of opioids?

Drugs Involved in U.S. Overdose Deaths, 1999-2017

- Heroin: 15,958
- Synthetic Opioids other than Methadone: 29,406
- Natural and semi-synthetic opioids: 14,958
- Cocaine: 14,556
- Methamphetamine: 10,721
- Methadone: 3,295
Deaths from drug poisoning are on the rise

Age adjusted death rates from drug poisoning (per 100,000 people in the population)

Data source: CDC NCHS
1999
Age adjusted rates from drug poisoning (per 100,000 people)

NCHS, National Vital Statistics System, Mortality Data
2006

Age adjusted rates from drug poisoning (per 100,000 people)

NCHS, National Vital Statistics System, Mortality Data
2016

Age adjusted rates from drug poisoning (per 100,000 people)

NCHS, National Vital Statistics System, Mortality Data
Deaths from Drug Poisoning

Age Adjusted Death Rates Nationally and in CSG West States (2017)

NCHS, National Vital Statistics System, Mortality Data
IMPACT ON CHILDREN
Every 25 minutes a baby is born suffering from opioid withdrawal.

Use of opiates during pregnancy can result in drug withdrawal symptoms in newborns called neonatal abstinence syndrome (NAS).
Parental Substance Use Disorder: Impact on Foster Care Entries

percent of children entering care for each removal reason

- **Neglect**: 62%
- **Parental substance abuse**: 39%
- **Inability to cope**: 14%
- **Physical abuse**: 12%
- **Percent child related**: 12%
- **Inadequate housing**: 10%
- **Parental incarceration**: 8%
- **Abandonment**: 5%
- **Sexual abuse**: 4%
- **Other**: 2%

**NOTE**: Children enter care for many reasons. These categories represent the standard removal reasons states provide as part of their required AFCARS submission. How states utilize these standard fields, and whether or not they use all the fields, is impacted by two key things: 1) how the removal reasons in their case management system are mapped to these categories; and 2) how caseworkers are instructed to determine removal reason for a child. State policies and practices vary.
Nationally, the percentage of children entering foster care due to parental substance use has increased.

Source: Adoption and Foster Care Reporting System (AFCARS) data available from National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University
Caring for Children Impacted by Parental Substance Use Disorder: The Role of Kin

percent of children entering care, by type of removal reason and placement type

National AFCARS files from National Data Archive on Child Abuse and Neglect (NDACAN)
Benefits of Kinship Care

Compared to children in non-relative foster care, children placed with kin are:

– More likely to report liking those with whom they live.
– More likely to report wanting their current placement to be their permanent home.
– More likely to report that they “always felt loved.”
– More likely to report more positive perceptions of their placements, and experience fewer behavioral problems.
– Less likely to report having tried to leave or run away.
What Have We Learned About Addiction and Recovery?

Since the crack cocaine epidemic of the 1980s and 1990s, effective policy and practice have been advanced:

• Addiction is a progressive brain disease and should be addressed as such. Increasing inability to control use is a characteristic marker of the disease.
• Relapse can be a regular step of the recovery process.
• Medication-Assisted Treatment has a strong evidence base and is an important part of an individual’s treatment plan, especially when combined with other evidence-based treatments.
• Addiction is a complex issue that requires a multifaceted, community-wide response.
What Have We Learned About Addressing the Impact on Children?

• Children removed from their homes often experience trauma leading to emotional, physical, and mental health challenges that last into adulthood.

• Prevention and early identification strategies are key elements of an effective service array.

• Whole family treatment that focuses on keeping children and parents together is part of an essential service array.

• Evidence-based treatments exist and can be adapted for individuals and for jurisdictional implementation.
Questions to Consider

• Who do legislators need to bring together to address the impact of opioids and other SUD on children?
  – What questions should be asked?

• How can you best assess the resources your state has and determine what additional resources are needed?

• How can your State take advantage of the Family First Prevention Services Act:
  – To prevent foster care due to parental substance abuse?
  – To support kinship caregivers?
  – To increase family-based treatment?

• How can you encourage collaboration, coordination and integration across systems and funding streams?

• How can legislators use their oversight role to monitor and encourage better outcomes?