



# **Caring For Young Victims of the Opioid Crisis**

Early childhood care and education programs are powerful tools in battling America's opioid epidemic

## Acknowledgements

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## Summary

America is facing an epidemic of opioid misuse, and our young children are among its victims. Parental substance abuse is a significant Adverse Childhood Experience (ACE) that impedes children's future citizen readiness—their ability to grow up healthy, well-educated and prepared for productive lives. The epidemic has seriously compromised the strength of our nation: threatening public safety, impacting the workforce, tearing families apart, and likely decreasing the number of youth eligible for military service. High-quality early care and education programs, including home visiting, child care, Head Start, and preschool, offer a powerful approach to helping children impacted by the opioid crisis. By investing in these programs, policymakers can help ensure these children are able to avoid crime, raise families of their own, and contribute to the workforce, including serving in the military if they choose.

**“ We see firsthand the impact opioid abuse has on families. Investing in crucial prevention services is key to steering the next generation away from addiction and towards productive lives. ”**



David Rausch  
Director, Tennessee Bureau  
of Investigation



## **The opioid crisis is exacting a heavy toll on America**

In 2016, 11.8 million Americans over the age of 12 misused opioids. The vast majority (92 percent) misused prescription pain relievers, while approximately 3 percent used heroin; the remaining 5 percent did both.<sup>1</sup> Deaths due to opioid overdoses have skyrocketed, increasing 500 percent since 1999.<sup>2</sup> In 2016, more than 42,000 Americans died of an opioid overdose—more than 116 each day.<sup>3</sup> The economic impact of the opioid crisis is also staggering: When costs to the health and criminal justice systems and to employers are tallied, the annual total reaches \$504 billion.<sup>4</sup>

## **Young children are victims of the opioid epidemic**

About half of opioid overdose deaths occur among people ages 25-44; it is likely that many of these are parents.<sup>5</sup> From 2008 to 2012, more than one-third of childbearing-age women receiving Medicaid and more than one quarter of similar-aged women with private health insurance filled a prescription for opioids.<sup>6</sup> Given this rate of prescribing for childbearing-age women and the large number of Americans who misuse opioids, it is clear that many children live with parents who misuse opioids. In fact, every 25 minutes, a baby is born suffering from opioid withdrawal, due to maternal opioid use during pregnancy.<sup>7</sup>

## **Parental substance abuse is an adverse childhood experience with far-reaching impact**

The years from birth to age 5 are a critical period for brain development, with more than one million neural connections forming every second.<sup>8</sup> Research has shown that

**“ Early education is an important strategy to fight the impact of the opioid crisis on our current and future workforce. ”**



Steve Roberts  
President, West Virginia  
Chamber of Commerce

Adverse Childhood Experiences (ACEs), such as having a parent who abuses substances, can induce toxic stress, which impairs brain development.<sup>9</sup> Moreover, the effects of this early adversity reach far into adulthood, impacting health and well-being throughout life. As the number of ACEs increases, so does the risk for numerous negative adult outcomes, including substance abuse, as well as other physical and mental health problems—perpetuating the cycle.<sup>10</sup> In particular, researchers have found that ACEs can impact a child’s likelihood of later opioid use: in one study, people who experienced more than four childhood traumas were three times more likely to abuse prescription pain relievers and five times more likely to inject drugs in adulthood, compared to those who did not experience any trauma.<sup>11</sup>

Parental substance abuse impacts children in many ways.<sup>12</sup> When parents abuse drugs or alcohol, they are often less likely to provide stable, nurturing care to their children and may even resort to neglect or abuse. Parental substance abuse can also be associated with chaotic, unsafe home environments. Other associated risk factors include parental mental health issues, domestic violence, unstable housing, unemployment, and lack of basic necessities.<sup>13</sup>

In sum, children who experience the trauma of parental addiction and associated adverse experiences face severe challenges to growing up healthy, well-educated and prepared to be productive members of society—including avoiding the criminal justice system, raising healthy families of their own, contributing to the workforce, and serving in the military, if that’s the path they choose.

**“ High-quality early childhood programs can help at-risk children. Those impacted by the opioid epidemic can get on track for success in school and in life, and qualify for the military if they choose to serve. ”**



**Myron G. Ashcraft**  
Brigadier General  
U.S. Air Force (Ret.)

### **Early childhood programs are key supports for children and families affected by the opioid crisis**

The opioid crisis is a complicated problem that requires a comprehensive, multi-pronged approach involving many sectors: health, education, law enforcement, etc. Early childhood programs are one important piece of the puzzle. High-quality early care and education programs—home visiting, child care, Head Start, and preschool—can serve as a powerful two-generation method of helping families affected by the opioid

crisis.<sup>14</sup> Research has shown that these programs promote several aspects of healthy child development, helping kids do better in school, get along with others, and avoid behavior problems. By working with parents as well as children, the programs can improve parenting skills and assist parents in providing more stable and nurturing environments for their children.

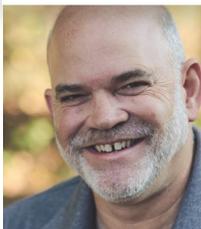
Home visiting programs offer home-based coaching on a voluntary basis to vulnerable parents who are expecting or have a child younger than 5. Families receiving services gain access to a trained educator—often a nurse, other health professional, or social worker—who visits their home on a weekly or monthly basis.<sup>15</sup> These programs can

reduce children’s exposure to ACEs such as abuse and neglect. Avoiding these ACEs can reduce the likelihood of opioid abuse and other negative outcomes later in life. For example, a study of the Nurse-Family Partnership (NFP) home visiting program found that NFP cut the incidence of child abuse and neglect in half, compared to the rate among families who did not participate.<sup>16</sup> Home visiting programs can also help addicted parents achieve sobriety by connecting them with treatment.<sup>17</sup>

While participating in high-quality child care and early education programs, such as Head Start and preschool, children can experience stable, warm and nurturing environments and relationships. They can also receive screenings for developmental problems and referrals to treatment to alleviate those problems. Early childhood care and education programs also serve as respite for parents who can be overwhelmed with the care of their children while also dealing with substance abuse. Program staff can model healthy caregiver-child relationships and foster their development between parents and their children. Comprehensive programs, like Head Start and Early Head Start, can also direct parents to needed community resources, including substance abuse treatment and other services. In fact, a recent study found that in rural counties with high rates of drug overdose deaths, Head Start has a strong presence, serving thousands of children and linking families to essential services.<sup>19</sup>

Further, research has shown that high-quality early childhood care and education programs can help put at-risk children on the track for success in school and in life, increasing school readiness, improving

**“ It is our families, in our communities being hurt by the opioid crisis and with them the children and their futures. We must have hope and repair families.”**



**Randy Wassink**  
Co-leader, Keystone  
Community Church, Ada, MI



## **The Bridging Program, Community Caring Collaborative Washington County, Maine**

Washington County is a rural county in Maine that has been hard hit by the opioid epidemic. The Bridging Program helps serve the large number of infants in Washington County who are at high risk, including those born substance affected. The Community Caring Collaborative developed and implemented the Bridging Program and maintains training curricula. Downeast Community Partners, the local Community Action agency, administers Bridging, which includes services such as home visiting, parent education, and others. Trained Infant and Family Support Specialists, including nurses (“Bridgers”), develop strong relationships with parents and help them learn how to care for their babies and facilitate their healthy development.

Research on the program demonstrates its benefits: reducing the amount of time babies stay in the hospital after birth and reducing the number of times they have to return to the hospital during the first months of their lives. Based on these outcomes, the U. S. Substance Abuse and Mental Health Services Administration (SAMHSA) declared the Bridging Program a “promising practice”. The state of Maine has considered using the program for all babies born with Neonatal Abstinence Syndrome.<sup>18</sup>



## **Early Head Start SafeStart** Allentown, PA

SafeStart is a specialized Early Head Start program that serves children who are involved with child protective services due to their parents' substance abuse. Children attend the full-day program (9 am to 6 pm), while parents receive services focused on their own recovery. In addition to typical child care activities, students receive specialized services from social workers, mental health professionals, nurses, and occupational, physical and language therapists, if needed. Employing a two-generation approach, staff also work with parents. Parents participate in the classroom observing their children and how the staff interact with them. During home visits, parents receive coaching on how to care for their children and encourage their development. Although SafeStart has not been formally evaluated, staff report many successes, with children frequently 'graduating' to Head Start functioning much better than when they entered the program.<sup>24</sup>

short- and long-term school outcomes, reducing behavior problems, and even contributing to less criminal behavior. For example, North Carolina’s Smart Start (child care) and More at Four (preschool) initiatives found that the children in counties that spent more per student were two months ahead in reading and 1.5 months ahead in math by fifth grade when compared with children in counties that spent less.<sup>20</sup> After attending the Tulsa, Oklahoma Head Start program, participants had higher state test scores in math in 7th grade and were 31 percent less likely to be held back by 8th grade.<sup>21</sup> Participants in Michigan’s state pre-K were held back in school 51 percent less often than non-participants and had a 35 percent increase in high school graduation rates.<sup>22</sup> A recent study of Oklahoma’s universal pre-K program found the program decreased the likelihood that black children were later charged with a misdemeanor or felony crime at age 18 or 19.<sup>23</sup>

In response to parental substance abuse and other ACEs, some early care and education programs have also incorporated “trauma-informed care” into their practices. For example, some Head Start programs use “Trauma Smart” (TS), an early education /mental health partnership that includes teacher training, mental health consultation,



and clinical treatment. A preliminary study of TS yielded promising results, with parents and teachers reporting improvements in children’s behavior. A rigorous randomized control trial study is in progress.

### **Policymakers must continue to invest in quality early childhood programs**

High-quality early care and education programs yield many important benefits for disadvantaged children and their parents. These two-generation programs are even more essential now, as many families are faced with parental substance abuse, including the dramatic increase in opioid addiction. As part of the comprehensive responsive to the opioid crisis, policymakers must continue to support children’s access to high-quality early care and education programs, including home visiting, child care and preschool/Head Start.

## **Conclusion**

The opioid crisis poses a serious threat to current and future child well-being, and, therefore, to our public safety, economy, and national security. Existing early childhood programs and policies can be used, expanded, and enhanced to serve as powerful tools in battling the opioid crisis and ameliorating its negative impact on young children. Investing in young children now will help ensure that our next generation will be citizen-ready, despite the serious challenges presented by the opioid epidemic.

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