COUNCIL FOR A
STRONG AMERICA

REPORT



Caring For Young Victims of the Opioid Crisis

Early childhood care and education programs are powerful tools in battling the opioid epidemic in Tennessee

Acknowledgements

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Summary

Tennessee 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 state: 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 young 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 Tennessee

In 2016, 11.8 million Americans over the age of 12, including almost 318,000 Tennesseans, misused opioids.[1] The vast majority of the 11.8 million (92 percent) misused prescription pain relievers, while approximately 3 percent used heroin; the remaining 5 percent did both.[2] Deaths due to opioid overdoses have skyrocketed nationwide, increasing 500 percent since 1999.[3] In 2016, more than 42,000 Americans died of an opioid overdose—over 116 each day.[4] That year, Tennessee had 1,200 opioid-related deaths, or 18 per 100,000 people—**a third higher than the national average**.[5] 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 national total reaches $504 billion.[6]

Young children are victims of the opioid epidemic

In 2016, Tennessee had the third highest rate of prescribing opioids: 108 per 100 people—**meaning the state had more prescriptions than actual people**, which ended up killing over a thousand residents.[7] About half of opioid overdose deaths occur among people ages 25-44; it is likely that many of them are parents.[8] 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.[9] 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 in the U.S., a baby is born suffering from opioid withdrawal, due to maternal opioid use during pregnancy**.[10]

$504 billion

the national total cost to treating the opioid crisis through the health and criminal justice system, as well as employment sector.

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.[11] Research has shown that Adverse Childhood Experiences (ACEs), such as having a parent who abuses substances, can induce toxic stress, which impairs brain development.[12] 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, thus perpetuating the cycle.[13] 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.**[14]

Parental substance abuse impacts children in many ways.[15] 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.[16]

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.

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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.**[17] Research has shown that these programs promote several aspects of



> Employers are struggling with the workplace impacts of opioid addiction. High quality early education programs, including home visiting, are important strategies to fight the impact of the opioid crisis on our current and future workforce.



Mike Edwards
President & CEO, Knoxville Chamber of Commerce

healthy child development, help kids do better in school, get along with others, and avoid behavior problems. By working with parents as well as children, these programs can improve parenting skills and assist parents in providing more stable and nurturing environments for their children.

Building Strong Brains Tennessee combats ACEs by focusing on changing state and local policies and practices to prevent and mitigate the impact of ACEs for children. The program aims to raise public awareness about ACEs and toxic stress, early brain development, and the community's role in providing safe, stable, nurturing relationships and environments. Over 24,000 individuals across the state have received training in the role of life experiences in shaping brain development. During Fiscal Years 2017

and 2018, Governor Haslam appropriated $1.25 million for ACEs-related activities. This investment was increased to $2.45 million for FY 2019. To date, funds have supported innovations in multiple fields including early childhood.[18]

Home visiting programs offer home-based coaching on a voluntary basis to vulnerable parents who are expecting or have a child younger than five. In Tennessee, only 1.9 percent of children under the age of five who live in poverty receive home visiting services.[19] 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.[20] **Home visiting programs can also help addicted parents achieve sobriety by connecting them with treatment.**[21]

While participating in high-quality child care and early education programs, such as Head Start and preschool, children can experience stable and nurturing environments and relationships, as well as 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.[22]

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 short- and long-term school outcomes, reducing behavior problems, and even contributing to less criminal behavior.[23] In Tennessee, participants in the Voluntary Pre-K Program had higher school readiness outcomes at the end of pre-K, and were half as likely to be held back in kindergarten, compared to children who did not participate. However, these academic benefits were not sustained in first,

second and third grades; as a result efforts are underway to improve the quality of the program.[24]

In response to parental substance abuse and other ACEs, some early care and education programs have also incorporated "trauma-informed care" into their practices.[25] 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.[26] A preliminary study of TS yielded promising results, with parents and teachers reporting improvements in children's behavior.[27] A rigorous randomized control trial is in progress. In Tennessee, the South Central Human Resource Agency in Fayetteville has implemented TS in its Head Start program. Preliminary results note its impact.[28]



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 response to the opioid crisis, state and national 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 of Tennesseans will be citizen-ready, despite the serious challenges presented by the opioid epidemic.

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