

Spotlight on National Substance Abuse Prevention Month

The Intersection of Opioid Use and Child and Family Welfare

The National Council on Family Relations published a [brief](#) that explores the intersection of opioid use and child and family welfare in three states: Indiana, Massachusetts, and North Carolina. While these states face different needs, all are dealing with the changing landscape of the intersection of the opioid epidemic and child welfare. States can look at these case studies to see how they can apply to their own unique situation instead of relying only on national-level statistics and trends. The brief also covers relevant legislation these states have passed to stop the epidemic and enact potential policy responses.

Indiana had a 271-percent increase in opioid-related overdose deaths between 2010 and 2016. In 2017, its percentage of prenatally exposed infants exceeded the national average by 4 percentage points. Furthermore, more than half of all child removals in the state in 2017 were linked to parental substance use—again, far higher than the national average (35 percent). In response, Indiana passed legislation to limit opioid prescriptions and make opioid-specific treatment options more accessible.

In 2017, Massachusetts had an opioid-related overdose death rate that was nearly twice the national average. From 2014 to 2018, the percentage of families investigated for potential maltreatment was also consistently higher than the national average. In 2016 and 2018, the state passed two proactive prevention-focused bills to address the issue.

North Carolina experienced a 70-percent increase in opioid-related overdose deaths between 2015 and 2017, and prenatal opioid exposure increased over 20-fold between 2000 and 2013. In 2017, the state had a higher percentage of children involved with child welfare than the national average. The state overhauled its child welfare system and passed multiple pieces of legislation to reduce the supply of opioids and increase public awareness and prevention efforts.

The brief provides the following suggestions for future policy changes:

- Invest in a two-generational approach to substance use disorder prevention and treatment.
- Optimize early detection and treatment of substance use disorders during pregnancy.
- Expand access to medication-assisted treatments.

Read the full brief, [Juggling Child Protection and the Opioid Epidemic: Lessons From Family Impact Seminars](#), for details about the policy implications and more information on the state case studies.

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[Return to article.](#)