

## Insights

# Treating the Opioid Epidemic as a Children's Health Crisis

Too many children are losing parents and caregivers to a drug that affects millions of Americans every year. Foster care [placements have risen alongside opioid use disorder](#) and death rates, and opioid-related neonatal abstinence syndrome [has skyrocketed](#), leaving children as the youngest casualties of a nationwide epidemic.

The crisis is especially prevalent in rural and economically disadvantaged communities where poverty is associated with poor physical and mental well-being, health access is limited, opioid prescription rates are higher, and treatment programs are few.

"It's a cycle of poverty, drug use and poor health outcomes," says NICHQ Chief Health Officer Elizabeth Coté, MD, MPA. "And it's especially frightening when we think about children. Lack of resources—like education, money and access to mental health care and alternate pain treatment—predisposes individuals to receiving and misusing addictive prescriptions. And then lack of access to health care and treatment leads to continued opioid-use and continued poverty. Children are neglected or removed from their homes, often losing their parents permanently. Far too often, those children become the victims of this troubling cycle."

Coté speaks from experience, having spent the past two years in a rural northern Maine community working as the clinical director for the Micmac Service Unit. During that time, she witnessed countless examples of the devastating effects of opioid misuse on the families she served. Here, Coté shares her experience working with a young mother with opioid use disorder. Her story illustrates how the opioid crisis is affecting the health of some of our country's most vulnerable families.

### Samantha's Story

*Not long after Coté arrived on the Micmac community, she met Samantha,\* a 34-year-old woman with opioid use disorder. Coté began treating her for a dangerous recurring abscess caused by her injection drug use.*

*Samantha's story is not uncommon. She had been placed in foster care as a young child, and had become dependent on opioids by the time she was 18. She asked for definitive treatment time and time again, but was not able to access the detox and rehab programs she felt would save her life.*

*“A few months after I met Samantha, she had a baby and again sought detox,” says Coté. “She wanted to protect her daughter, to give her baby a better childhood than the one she’d experienced. She told me, ‘I need treatment; I’ve lived my entire life surrounded by drug use and I can’t do this by myself in this community. I need help to detox.’”*

*Samantha knew what she needed and she asked for help. But the barriers to her recovery continued to mount. Her daughter, Sarah,\* who was born with neonatal abstinence syndrome, was moved to foster care. And as a result, Samantha lost her healthcare benefits and was no longer eligible for most detox or rehab programs.*

*“Children should be placed in foster care for their protection but we also need to create pathways for families to come back together,” says Coté, “because a healthy parent is irreplaceable. When Samantha lost her insurance, she lost her best chance at recovery. And without that chance, she and her daughter could never reunite.”*

*Instead of receiving care, Samantha was left trying to recover in the same conditions where her disorder began—a community riddled with drug use—while her daughter became one of hundreds of thousands of children placed in the U.S. foster care system.*

*Samantha didn’t give up though; she kept showing up at the clinic, fighting for her health and for the health of her family. Together, she and Coté worked to wean her substance use down, but without a hospital environment, Samantha was unable to fully abstain.*

*Every week, Coté, Samantha, or clinic staff called the only rehab center that would still accept Samantha, hoping that one of the three available beds would open up. And every week, the answer was the same. As Samantha’s situation became more desperate, Coté began to fear for Samantha’s life.*

*Finally, nearly two years after Coté and Samantha met, a bed became available.*

*“As soon as I got off the call, Samantha threw one change of clothes into a bag and we got in the car,” recalls Cote. “We drove the five hours to the detox center. When we arrived, Samantha marched right up to the front door and introduced herself. She said, ‘Hi, I’m Samantha, and I’m ready for detox.’ It’s not a moment I’ll forget anytime soon. She was entirely committed to her recovery; she just needed help.”*

*Samantha has been substance free since. She secured a job in her tribal community working to help others find housing, and she is starting classes to become a recovery coach for others. She is working to show that she is stable, sober and ready to be reunited with her daughter.*

*Until then, Sarah remains in foster care. She is without her parent—a child’s strongest advocate—during a time that studies show will have a lifelong impact on her future physical, social and emotional health.*

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*Samantha’s story reveals all too clearly how the opioid crisis has deeply affected the health of families. Even if eventually reunited, Samantha and her daughter will likely face lifelong health consequences because of their initial separation.*

But according to Côté, Samantha's story also illuminates an opportunity to align systems and, as a result, give children and their families every opportunity to stay together.

Most families affected by opioid-disorder interact with multiple systems; they go through child welfare services, their primary care providers and their pediatricians, substance use disorder providers and the criminal justice system, among others. While each system may care about the family's best interests, they're all working separately, on different timelines and with different aims.

"Consider how different Samantha's and her daughter's story would be had all those systems been aligned," says Côté. "If the family court system coordinated with substance use treatment and the provision of healthcare, they may have been separated only for the time Samantha needed residential treatment. Samantha wanted to recover but the resources were not aligned to help her."

Rehabilitation programs where children can be more present, recovery plans that factor in employment or educational options so parents can provide for their children—these are examples of potential systems-level improvements that help families stay together and break the cycle of drug misuse and poverty.

"We know that our systems need to support families and account for the social determinants of their health," says Côté. "The opioid crisis and its effects on families makes this need more urgent than ever. Families across our country are suffering but we can change that. We can build structures that help them access the resources they need in a coordinated and comprehensive way. In doing so, we can save lives."

*\*Names have been changed to respect privacy. The story was shared with the permission of those mentioned.*