

IRP focus

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Human services programs and the opioid crisis, Part 1

Human services programs and the opioid crisis
page 2

Understanding the needs of families during the opioid crisis
Stephen W. Patrick
page 7

**Interactions between human services programs and the
opioid crisis**
page 16

Child welfare
page 16

Self-sufficiency supports
page 20

Early childhood care
Page 23

Adolescents and young adults
page 25

Human services programs and the opioid crisis

The current opioid epidemic has devastated families and communities and shattered lives. In 2018, 10.3 million Americans aged 12 or older misused prescription opioids, over 800,000 used heroin, and 2 million had an opioid use disorder (see text box for opioid crisis statistics).¹ On average, 130 Americans die each day from an opioid overdose. While the crisis affects all states, it is most severe in the Northeast, Rust Belt (Midwest), Appalachia, and much of the South. This geographical disparity is reflected in the variation in drug overdose death rates, as shown in Figure 1. Although substance abuse and addiction are complex social problems experienced by people from all walks of life, recent evidence suggests that opioid use disorder and social and economic disadvantage are often intertwined.²

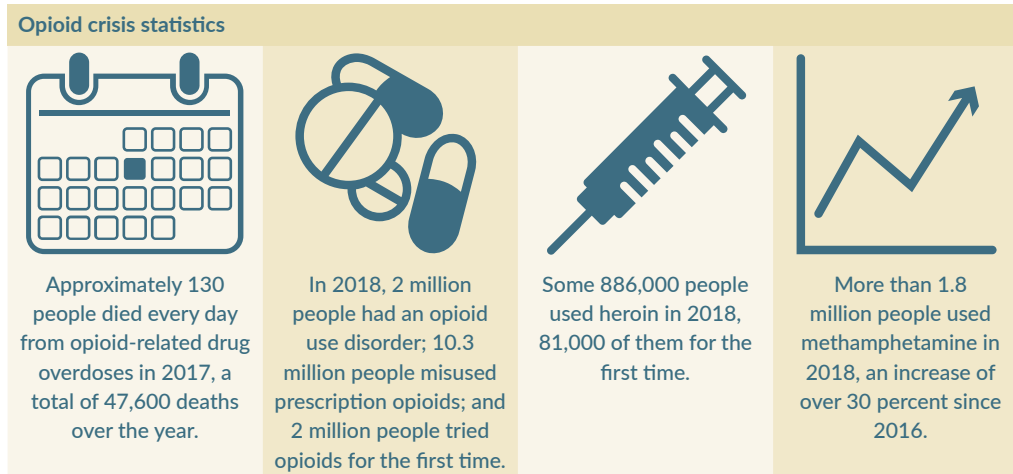
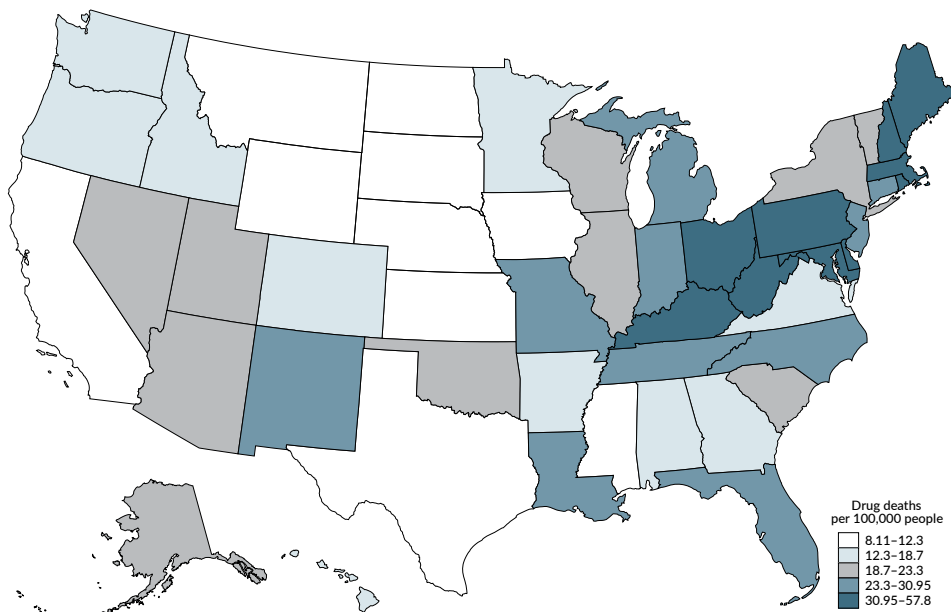


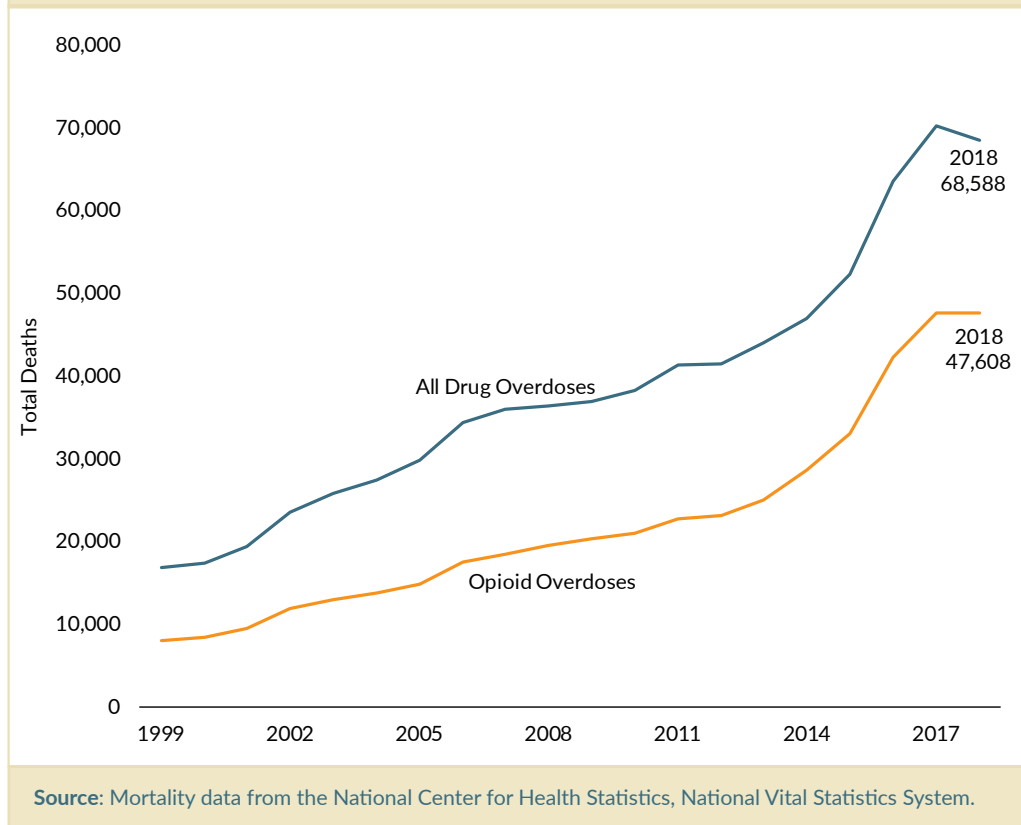
Figure 1. Drug overdose death rates vary considerably by state, but are highest in the Northeast, Midwest, Appalachia, and sections of the of the South: 2017.



Source: Drug Overdose Mortality by State from the National Center for Health Statistics. Available at: https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

Deaths from opioids increased each year from 1990 to 2017, then decreased somewhat between 2017 and 2018 (Figure 2).

Figure 2. Drug overdose deaths in the United States, including those from opioids, increased every year from 1999 to 2017, then decreased by 5 percent between 2017 and 2018.



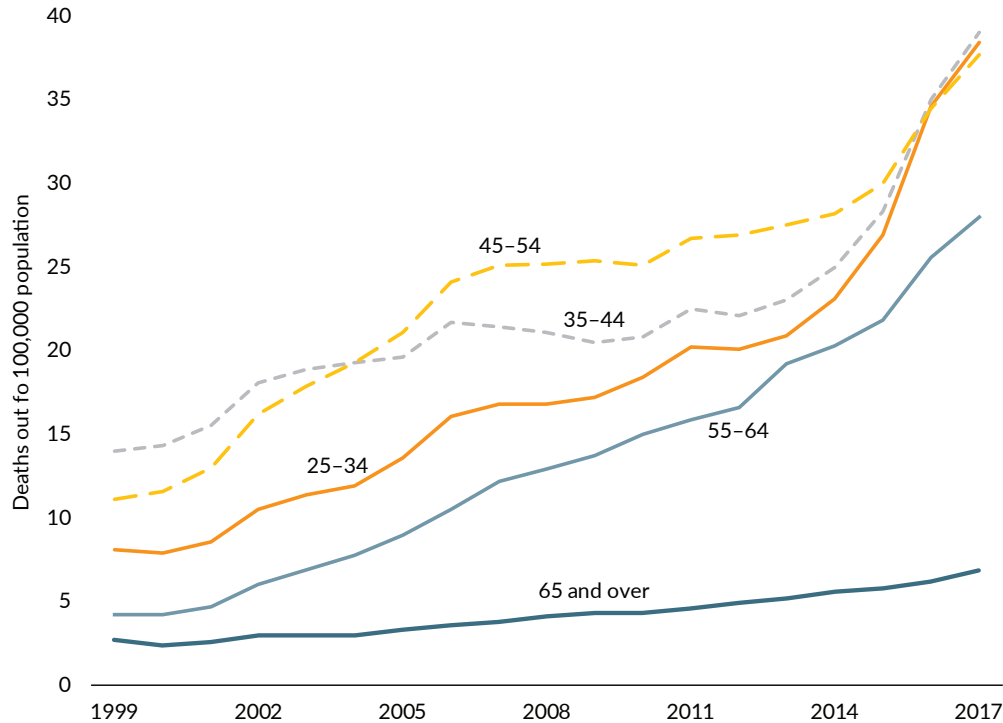
The opioid crisis affects various groups of people in different ways. One relevant factor is age; those between the ages of 25 and 54 had the highest rates of drug overdose deaths over time, though rates for those between the ages of 55 and 64 have also risen steeply (Figure 3). Losing so many adults during their prime earning years, and when many are raising children, could have important ramifications for both families and the economic health of affected communities.

The opioid epidemic also has differential effects on women and men. When women use opioids during pregnancy, their babies may be born with neonatal abstinence syndrome (NAS) and require treatment to safely withdraw them from the substance. For men, an increase in opioid prescriptions may be related to a decline in men's labor force participation, perhaps because those who are out of work may find it difficult to return due to reliance on pain medication. Many men who enter substance abuse treatment programs also have concurrent issues, such as homelessness and criminal justice involvement, that require treatment providers to interact with other systems.

Where people live also matters. Recent national statistics suggest that in cities, opioid supply is a key factor in opioid usage and overdose rates, while in rural areas levels of economic distress appear more pertinent.³ Areas with both a high supply of opioids and economic challenges are likely to experience the highest levels of opioid misuse.

Finally, the effects of opioid use vary by race and ethnicity. While whites and American Indians have long had the highest opioid overdose death rates among racial and ethnic

Figure 3. The rates of drug overdose deaths increased from 1999 to 2017 for all age groups, particularly for those between the ages of 25 and 54.



Note: Deaths are classified using the International Classification of Diseases, 10th Revision, from the Centers for Disease Control and Prevention.

Source: Mortality data from the National Center for Health Statistics, National Vital Statistics System.

groups, in recent years the drug overdose death rate has increased most sharply among African Americans.⁴

In 2011, the U.S. Centers for Disease Control and Prevention declared an opioid epidemic. The U.S. Department of Health and Human Services then developed a five-point strategy to address the crisis⁵:

1. Better addiction prevention, treatment, and recovery services

There are many new and promising programs to prevent substance misuse and to support those in recovery. There is also substantial evidence about the efficacy of Medication Assisted Treatment (MAT). In combination with counseling and behavioral therapies, medications such as Methadone, Buprenorphine, and Naltrexone are used to normalize brain chemistry by blocking the euphoric effects of opioids, relieving physiological cravings, and reducing withdrawal symptoms.

2. Better data

Public health data reporting and collection needs to be strengthened to improve the timeliness and specificity of data to help stakeholders monitor the opioid crisis and to permit a real-time public health response as the epidemic evolves. Sharing data across programs could help provide more coordinated care.

3. Better pain management

It is important to remember that many people who misuse opioids began taking them to manage pain. Advancing the practice of pain management to enable access to high-

quality, evidence-based pain care will improve people's well-being while also reducing opioid misuse.

4. **Better targeting of overdose reversing drugs**

Targeting the availability and distribution of overdose-reversing medications, particularly to high-risk populations, will help make these drugs available to the people most likely to experience or respond to an overdose.

5. **Better research**

Research can help advance our understanding of pain, overdose, and addiction; lead to the development of new treatments; and identify effective public health interventions to reduce the negative effects of opioids.

While the adverse effects of the opioid crisis on individuals, families, and communities are well established, less is known about how the epidemic may inhibit human services programs from achieving their goals, including family stability, child well-being, and self-sufficiency. Human services programs provide essential assistance to families and individuals who are struggling with opioid and other substance use disorders. Many clients are also experiencing concurrent issues, which include poverty, homelessness, and involvement with the criminal justice system. The challenges faced by human services programs because of the opioid crisis vary by program. Some programs, such as those dealing with child welfare, have a history of dealing with issues around addiction but need to shift strategies to reflect the best evidence-based treatment options for families affected by this crisis. Other programs, such as Head Start, may have mechanisms in place—including home visits—that can be adapted to respond to the crisis, though substantial additional training and funding may be required. Strategies such as coordinating funding from two or more sources to support the total cost of services can help boost available resources. Finally, some programs, such as employment and training programs, may offer no services around addiction, and may even exclude those with substance use issues from obtaining services. Adapting services to allow for concurrent opioid treatment and recovery supports may present significant challenges to these programs.

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Trauma, as experienced by both those who are addicted and by the service providers who work with them, is an important factor in addressing opioid misuse. Adverse childhood experiences and other traumas are common among people with substance use disorders. Secondary trauma is a growing concern for the individuals who work with those suffering from opioid use disorder, including health care providers and first responders. These professionals may also experience trauma from the sheer number of individuals they see who are misusing opioids, particularly in responding to those who overdose. Acknowledging and incorporating trauma-informed practices into care is a challenge, particularly for medical models of treatment. The September 2019 poverty research and policy forum, *Human Services Programs and the Opioid Crisis*, convened by the Institute for Research on Poverty in partnership with the Office of Human Services Policy, Assistant

Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, examined how the opioid epidemic has affected the delivery of human services, and what role those services can play in mitigating the negative effects of the crisis on individuals, families, and communities. The forum had three objectives:

- To understand how the opioid crisis is hindering human services programs in meeting their objectives;
- To understand how human services programs can facilitate successful treatment and recovery for individuals with opioid use disorder; and
- To understand how human services programs can address the effects of the opioid crisis on their objectives.

The forum brought together over 200 stakeholders from the researcher, practitioner, and policymaking communities, representing 29 states and from a broad range of organizations including eight federal agencies as well as numerous state and local governments, nonprofit organizations, and universities. This is the first of two issues of *Focus* to feature material from the forum. This issue contains a summary of the keynote address given by Dr. Stephen Patrick, a neonatologist at Monroe Carnell Jr. Children’s Hospital at Vanderbilt University. In addition, it provides four brief summaries of breakout sessions about how human services programs can address the effects of the opioid crisis on their objectives. Each breakout session focused on a different area of human services, as follows: (1) child welfare; (2) self-sufficiency supports; (3) early childhood care; and (4) adolescents and young adults. The second *Focus* issue on the opioid crisis forum will explore in detail the challenges that the opioid crisis presents for human services programs, and how programs are striving to support successful treatment and recovery. ■

¹For opioid-related drug overdoses, see: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2019 National Survey on Drug Use and Health, Mortality in the United States, 2018; For opioid use, see: H. Hedegaard, A. M. Miniño, and M. Warner, “Drug Overdose Deaths in the United States,” NCHS Data Brief No. 329, National Center for Health Statistics, November 2018; For heroin use, see: Wide-Ranging Online Data for Epidemiologic Research (WONDER), Atlanta, GA: CDC, National Center for Health Statistics, 2017; For methamphetamine use, see: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2002–2018 National Survey on Drug Use and Health, Table 7.2A.

²UW–Madison Institute for Research on Poverty, “The Opioid Epidemic and Socioeconomic Disadvantage,” Fast Focus 32–2018, March 2018. Available at: <https://www.irp.wisc.edu/resource/the-opioid-epidemic-and-socioeconomic-disadvantage/>

³S. Monnat, “The Contributions of Socioeconomic and Opioid Supply Factors to Geographic Variation in U.S. Drug Mortality Rates,” Working Paper No. 87, Institute for New Economic Thinking, New York, 2019.

⁴J. Katz and A. Goodnough, “The Opioid Crisis Is Getting Worse, Particularly for Black Americans,” *The New York Times*, December 22, 2017. Available at: <https://www.nytimes.com/interactive/2017/12/22/upshot/opioid-deaths-are-spreading-rapidly-into-black-america.html>

⁵U.S. Department of Health and Human Services, “Strategy to Combat Opioid Abuse, Misuse, and Overdose: A Framework Based on the Five Point Strategy, September 2018. Available at: <https://www.hhs.gov/opioids/sites/default/files/2018-09/opioid-fivepoint-strategy-20180917-508compliant.pdf>