



PARENTAL SUBSTANCE MISUSE AND PENNSYLVANIA'S YOUNG CHILDREN

Coordinated efforts are urgently needed and should occur through an Opioid Child Impact Commission

The Scope of the Challenge

- **758,000** Pennsylvanians have an active substance use disorder.
- **66,000** PA children live with a parent who has a substance use disorder.
- Between 2012 and 2021, at least 342 PA infants died and 561 nearly died in incidents where parental substance use was observed as part of a fatality or near fatality review, accounting for half of all fatalities and near fatalities reviewed.¹

In 2021:

- Pennsylvania's Child Welfare System (CWS) received an estimated **42,000** General Protective Services (GPS) referrals involving children 0-17 years old at risk due to parental substance use.² GPS reports "do not rise to the level of suspected child abuse but allege a need for intervention to prevent serious harm" and account for the majority of reports made to CWS.
- **7,400** infants were referred to GPS for concerns related to parental substance use or a substance-affected infant, accounting for approximately 60% of all GPS referrals in the first year of life.
- **663** infants were identified by CWS as "substance-affected" related to prenatal substance exposure.³
- **1,606** infants met the Pennsylvania Department of Health case definition of Neonatal Abstinence Syndrome (NAS).⁴



Parental Substance Use and Infants: Identifying and Serving Families in Need

Current public health monitoring and support policies are limited and those in place largely focus on identification of and harms to children conferred by prenatal exposure. Mothers and infants are without adequate support due to:

- **Flawed and Inconsistent Screening and Detection:** Studies consistently show signs of substance exposure are missed by health care providers—even conditions with specific or unique symptomology (e.g., fetal alcohol spectrum disorder; FASD). The decision to screen pregnant women or newborns for substances is discretionary, highly variable across medical providers, and subject to racial and class-based biases.

¹ Based on DHS analysis of Act 33 narratives presented to the Pennsylvania Child Welfare Council in December 2022.

² Extrapolated from total referral counts from the PA CWIS for January – September 2021

³ Data from Valid GPS concerns by type (Child under 1 year old who has withdrawal symptoms/born affected by drug exposure) reported in the 2021 Pennsylvania Child Protective Services Report.

⁴ Source: communication from the PA Department of Health.

- **Unwieldy definition of “Substance-Affected Infant”:** Over [90%](#) of NAS diagnoses identified by the Department of Health pertain to opioid exposure. Other substances increase risk of adverse infant outcomes, but do not meet statutory definitions of NAS and thus may not be identified as a “substance-affected infant” (e.g., methamphetamine increases risk for premature birth and low birthweight – which can affect long-term health and development; cocaine increases risk for Sudden Infant Death Syndrome (SIDS)).
- **Misalignment of timing:** Symptoms of NAS may not present until [several days](#) after delivery—after the mother and infant have been discharged from the hospital, and a key opportunity for safety and treatment planning has been missed. The optimal time to support mothers and infants is during pregnancy, before the effects of prenatal substance exposure may be diagnosed.
- **Ambiguous processes for safety and support planning:** To avoid punitive actions against parents—notably pregnant or postpartum individuals—and to reduce stigma surrounding substance use disorders, means of supporting infants exposed to substances and their families without involving CWS are a priority. However, the new procedures lack a clear division of responsibility, allocation of resources, and evaluation and accountability mechanisms to ensure infants and their families are safe and supported, including in referral to critically important early intervention services.



Impact of Parental Substance Misuse on Young Children: Beyond “Substance-Affected”

Very young children in the care of a parent(s) with an active substance use disorder encounter early life trauma, face risks to health and safety that are independent of whether the infant was affected by prenatal exposure. Absent appropriate safeguards and supports, parental substance misuse can result in child morbidity and mortality, including:

- **Accidental Poisoning:** Between 2012 and 2021, at least 71 Pennsylvania infants died, and 218 infants nearly died due to accidental ingestion of drugs. Nationally, pediatric deaths from opioid ingestion increased [300% between 1999 and 2016](#).
- **Asphyxiation:** Co-sleeping when the parent is affected by substances poses known risks for the infant to suffocate and die. Over 70% of sleep-related fatalities and near fatalities of Pennsylvania infants involve substance use.
- **Death of a parent(s):** Allegheny County has reported that, between 2003 and 2017, more than 1,000 children, a quarter of whom were 5 years of age or younger, lost a parent to overdose. In 2018, accidental poisonings, which includes drug-related overdose deaths, were the [leading cause](#) of maternal deaths in Pennsylvania accounting “for over 50% of all maternal deaths” up from 19% in 2013. Children who experience the sudden loss of a parent are at [increased risk](#) of depression, post-traumatic stress disorder, and functional impairment.
- **Unintentional injuries:** Parental intoxication and substance use can impair care and supervision, leading to risk of [preventable injuries](#).
- **Abusive injuries:** Particular substances, such as methamphetamines or polysubstance use can cause erratic and aggressive behavior. Children in households with active substance use are twice as likely to experience [physical and sexual abuse](#).
- **Risk of exploitation:** Parental gatekeeping – protecting children from abuse by paramours, acquaintances, or other individuals –may be inhibited if capacity is compromised by ongoing substance use.
- **Poor cognitive and social development:** Caregiver attention and engagement is integral to infants and young children formation of secure attachments with their caregivers and development of language and other cognitive skills. Substance use interferes with these opportunities in myriad ways, including through [diminished](#) parental attentiveness and responsiveness. In addition, new mothers

with substance use disorders, even in remission, have elevated rates of [post-partum depression](#), which also interferes with mother-infant bonding.

Responding to Children at Risk due to Parental Substance Use

Despite *no evidence* of a slowdown in the opioid and broader drug [epidemic](#) or a decline in substance use disorders generally, Pennsylvania’s county-based child welfare agencies are receiving and intervening in fewer cases of parental substance use, which is proving consequential for infants and young children. GPS assessments determined to be valid related to substance-affected infants have declined from over 1,600 in 2019 to less than 500 in 2022 – a decline of 68%. Similarly, cases coded for parental substance use have also declined among infants during that time period, from approximately 7,200 to 6,000.

Although such a decline could, in theory, be achieved by the emergence of safe alternatives to addressing parental substance use through other systems, no data have been made available to suggest that the infants and their parents diverted from or unknown to child welfare are effectively connected to and being served through home-visiting programs, early intervention services to monitor and address growth and development, affordable housing programs, community mental health and substance use services.

As part of the Commonwealth’s settlement with Johnson & Johnson and several opioid distributors, [The Pennsylvania Opioid Misuse and Addiction Abatement Trust \(Trust\)](#) has been established. Pennsylvania anticipates payments exceeding \$1 billion to be deposited into the Trust over an 18-year period.

The decisions about how to invest opioid settlement dollars arrives as the Pennsylvania Department of Human Services (PA DHS) continues to navigate it’s response to the federal [Family First Prevention Services Act](#). Additionally, at the end of 2022, the [Opioid Abuse Child Impact Task Force](#) (Act 2 Task Force) created by the General Assembly concluded its time-limited work. This Task Force included the Secretaries for the Department of Drug and Alcohol Programs, Department of Health, and the Department of Human Services. The [Task Force wrote](#), “The opioid epidemic has had devastating consequences for tens of thousands of people in Pennsylvania through loss of life, broken families, and economic turmoil. It may be no more keenly painful than when it is felt by the infants and children who are swept into tragic circumstances as helpless victims.” Identified as an “overarching” recommendation was the need for a continuously convened entity to identify and address the unique needs of children, youth and families.

Based on the findings of the recent task force and leading researchers and policy experts in the field, it is evident that the Commonwealth’s children require urgently coordinated efforts best accomplished through an Opioid Child Impact Commission jointly created by the Pennsylvania General Assembly and Governor Shapiro to:



- (1) **Commit to best practices and public health approaches**, including how to define “affected by” infants recognizing this definition directly impacts whether an infant gets connected to a well-designed and implemented plan of safe care for the infant and their family;
- (2) **Clarify the roles and responsibilities surrounding the development and implementation surrounding Plans of Safe Care** so that medical providers, health systems, managed care organizations, child welfare agencies, substance use disorder (SUD) treatment providers and other social service providers can effectively do what is needed for infants and their families.
- (3) **Prevent infant and child morbidity and mortality** by identifying infants and young children at risk due to parental substance use, regardless of whether the child experienced prenatal exposure and address shortages and structural barriers that limit access to treatment and recovery services,

medical home programs, evidence-based home-visiting, The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and early intervention (EI).

- (4) **Implement non-punitive public health strategies for engaging parents with substance use disorders in referral to and retention in clinically appropriate treatment and recovery services** and prioritize expansion to treatment and recovery services that respond to addiction as a disease impacting the whole family.
- (5) **Assess the usage and impact of harm reduction efforts for preventing infant and young child physical harm and mortality** (e.g., safe sleep, residential treatment for parent and infant, safe storage guidance to parents, and access to and understanding of administering opioid reversal medications for adults and children).
- (6) **Promote and incentivize best practices to prevent or minimize childhood trauma and improve outcomes for Pennsylvania children who witness an overdose of a parent or caregiver or are separated from a parent(s) as a result of parental substance use.**

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