

[NEWS](#) | POSTED JULY 23, 2018

SRCD Announces Child Evidence Brief Series Pilot Project

SRCD is pleased to announce the *Child Evidence Briefs* Pilot Project. The project, approved by Governing Council in the Fall of 2017 and launched in early 2018, is designed to bring cutting-edge scientific information to inform child relevant policy decisions, specifically those anticipated to be a focus in legislative discussions in the U.S. Congress. A policy scan conducted every several months will help to anticipate issues that will be a focus of Congressional policy discussions. Candidate issues that are suitable topics for *Child Evidence Briefs* are then identified by the Editor in consultation with the Editorial Team and Advisory Board (listed below).

Briefs are authored by content-area experts and are peer reviewed. They are edited for clarity of communication to non-technical audiences. The *Child Evidence Briefs* are disseminated to each congressional office working on an issue, as well as to advocacy groups and other key stakeholders, with invitations to arrange follow-up in-person meetings. Over time and depending on the success of the pilot, SRCD may expand to summaries of the evidence on issues of high priority in state legislatures. The first two *Child Evidence Briefs*, prepared and disseminated in spring of 2018, appear below.

In addition to bringing clear and succinct summaries of the scientific evidence to U.S. Congress regarding specific domains of importance to child and family policy, a key goal is to increase the extent to which SRCD is viewed as a resource to policymakers on research related to children and families more globally.

First Two Briefs in the Pilot of the *Child Evidence Brief* Series

Family-Focused Approaches to Opioid Addiction Improve the Effectiveness of Treatment

Helena J.V. Rutherford, Ph.D., Yale School of Medicine

Declan T. Barry, Ph.D., Yale School of Medicine

Linda M. Mayes, M.D., Yale School of Medicine

Intensive treatment for opioid addiction, moving from an individual approach to a family-focused approach to treatment can have lasting benefits for children and parents, and decrease health care costs. In 2017, the U.S. Department of Health and Human Services declared opioid addiction a public health emergency. Opioids—which include prescription medicines for pain relief, synthetic drugs such as fentanyl, and heroin—lead to an average of 115 deaths by overdose per day in the United States.¹ The medical and legal response has mainly focused on individual needs, yet opioid addiction has wide-ranging impacts not only on individuals, but also on their families and children. New evidence finds that family-focused approaches can improve upon models that treat individuals, expanding benefits and cost efficiencies, and improving the health and development of children.

Child outcomes are improved when parents receive family-focused treatment. Research shows that family-focused approaches to treatment for opioid addiction have lasting benefits for children and parents, and decrease health care costs. In 2017, the U.S. Department of Health and Human Services declared opioid addiction a public health emergency. Opioids—which include prescription medicines for pain relief, synthetic drugs such as fentanyl, and heroin—lead to an average of 115 deaths by overdose per day in the United States.¹ The medical and legal response has mainly focused on individual needs, yet opioid addiction has wide-ranging impacts not only on individuals, but also on their families and children. New evidence finds that family-focused approaches can improve upon models that treat individuals, expanding benefits and cost efficiencies, and improving the health and development of children.

Parent opioid addiction affects children's development from the prenatal stage through adulthood. These effects occur both directly through biological and neurobiological processes, but also indirectly through parenting behaviors. Since 2000, the number of infants born with neonatal abstinence syndrome has increased fivefold, these infants experience opioid withdrawal after exposure in utero. Neonatal abstinence syndrome increases hospital stays, neonatal intensive care unit admissions, breathing and intense crying in infants.²

Neuroscience research suggests that parents with addiction have compromised parenting in a range of the ways that support the stress of parenting, leading to less sensitive and supportive parenting, which may hinder children's social and emotional development.

Applying such approaches indiscriminately without insurance coverage and children removed from their home.

Setting the stage for intergenerational drug abuse and lasting health consequences for children.

Research shows that family-focused approaches to treatment for opioid addiction have lasting benefits for children and parents, and decrease health care costs.

Targeted Policies Can Reduce the Harmful Consequences of Food Insecurity for Children

Barbara H. Fiese, Ph.D., University of Illinois at Urbana Champaign

Craig Gunderson, Ph.D., University of Illinois at Urbana Champaign

Food insecurity, or not having access to enough food to live an active, healthy lifestyle, affects one out of six households with children and nearly one out of three households headed by single mothers in the United States. Food insecurity affects two generations: Its consequences include poor physical and mental health and reduced academic performance in children, as well as compromised mental health and parenting skills in adults. Food insecurity is also linked to increased health care costs. Research shows that legal food assistance programs have positive effects on the health and well-being of children.

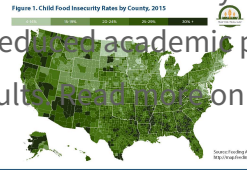
Food insecurity among children is associated to specific geographical regions. For example, a quarter of children in Alabama, Mississippi, and New Mexico experience food insecurity (food insecurity is 24.4% in these states).

Although families with children have particularly high rates, food insecurity is also experienced in 10.3% of households without children, as well as in 5.9% of middle-income households (households with income greater than \$10,000).

21.6% of households with children headed by a single mother experience food insecurity, as does 9% of married couples.

25.3% of households experience food insecurity.

Figure 1. Child Food Insecurity Rates by County, 2015



Source: Food insecurity in the United States: How is it changing? (2015)

Child Evidence Brief Editorial Team

- **Rebekah Levine Coley, Ph.D.,** Boston College, Editor
- **Martha Zaslow, Ph.D.,** Director for Policy, SRCD
- **Ruth Friedman, Ph.D.,** Senior Policy Strategist
- **Anne Bridgman,** Science Writer

Child Evidence Brief Advisory Board

- **Bruce Lesley**, First Focus
- **Deborah Phillips, Ph.D.**, Georgetown University
- **Ruby Takanishi, Ph.D.**, New America
- **Kenneth Dodge, Ph.D.**, Duke University, *Governing Council Representative*
- **Rashmita Mistry, Ph.D.**, University of California, Los Angeles, *Governing Council Liaison*
- **Pamela Cole, Ph.D.**, Pennsylvania State University, *SRCD Publications Committee Liaison*