

Illicit Drug Use and Child Support

<https://aspe.hhs.gov/system/files/pdf/262081/ChildSupportSubstanceUseNoncustodialFathers.pdf>

National Council of Child Support Directors Meeting

September 8-11, 2019

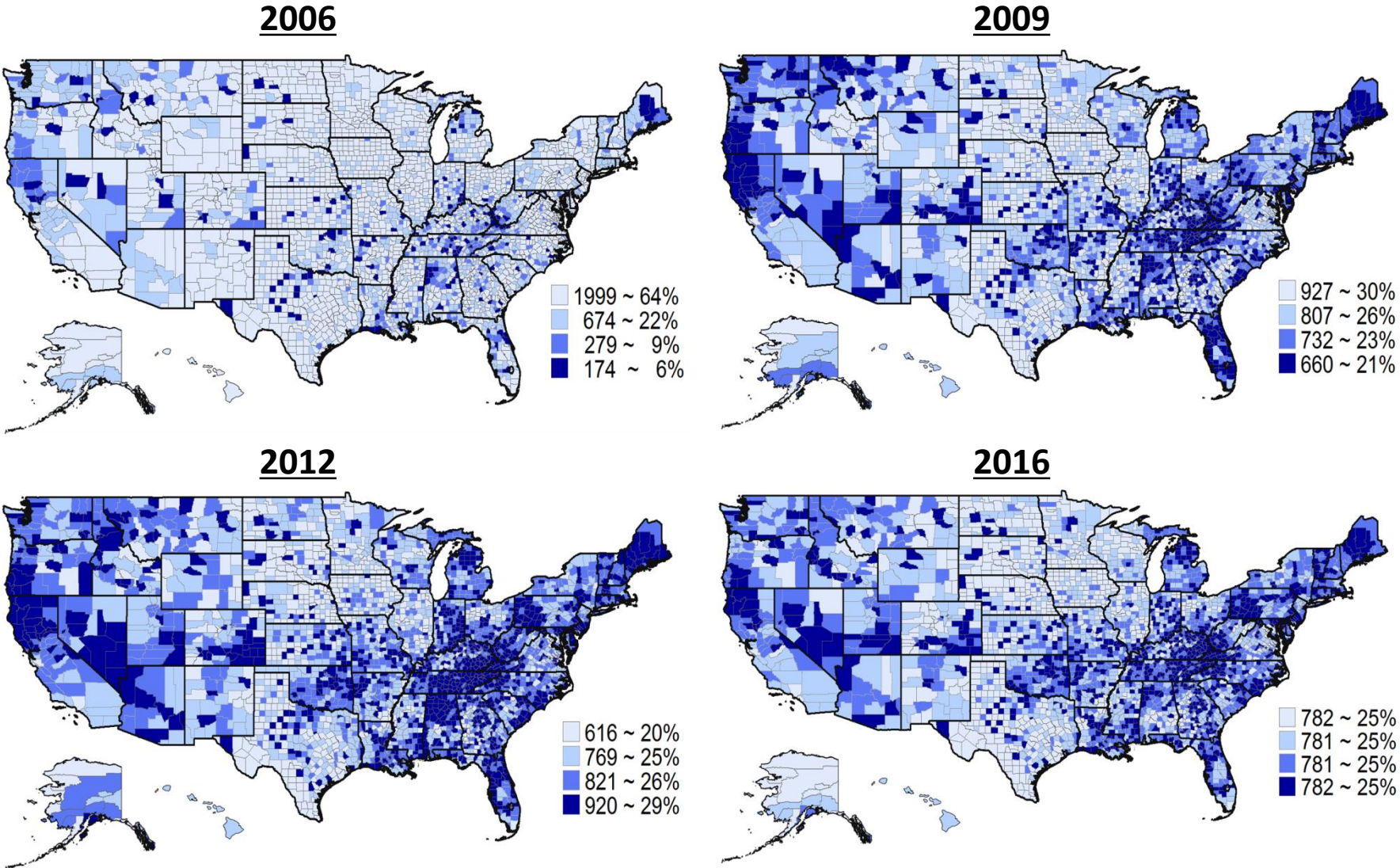
Mackinaw Island, MI

Lauren Antelo and Annette Waters



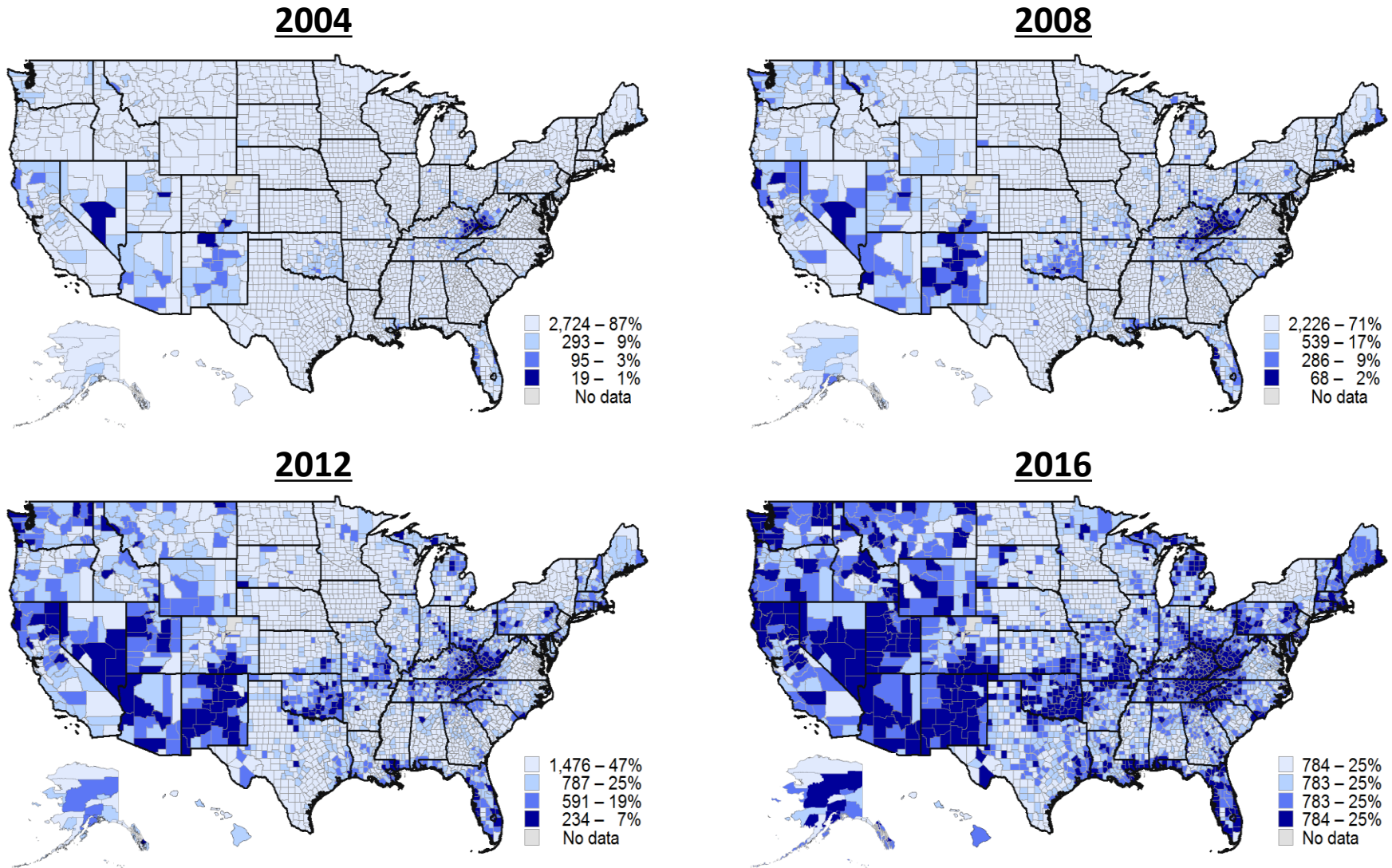
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Change in Prescription Opioid Sales: 2006 to 2016



Note: Maps for each year drawn using 2016 quartile boundaries: [0 to 50] (50 to 76] (76 to 111] (111 and up].
Source: U.S. Department of Justice, Drug Enforcement Administration, Diversion control Division, Automation of Reports and Consolidation Orders System (ARCOS), <<https://www.deadiversion.usdoj.gov/arcos/>>

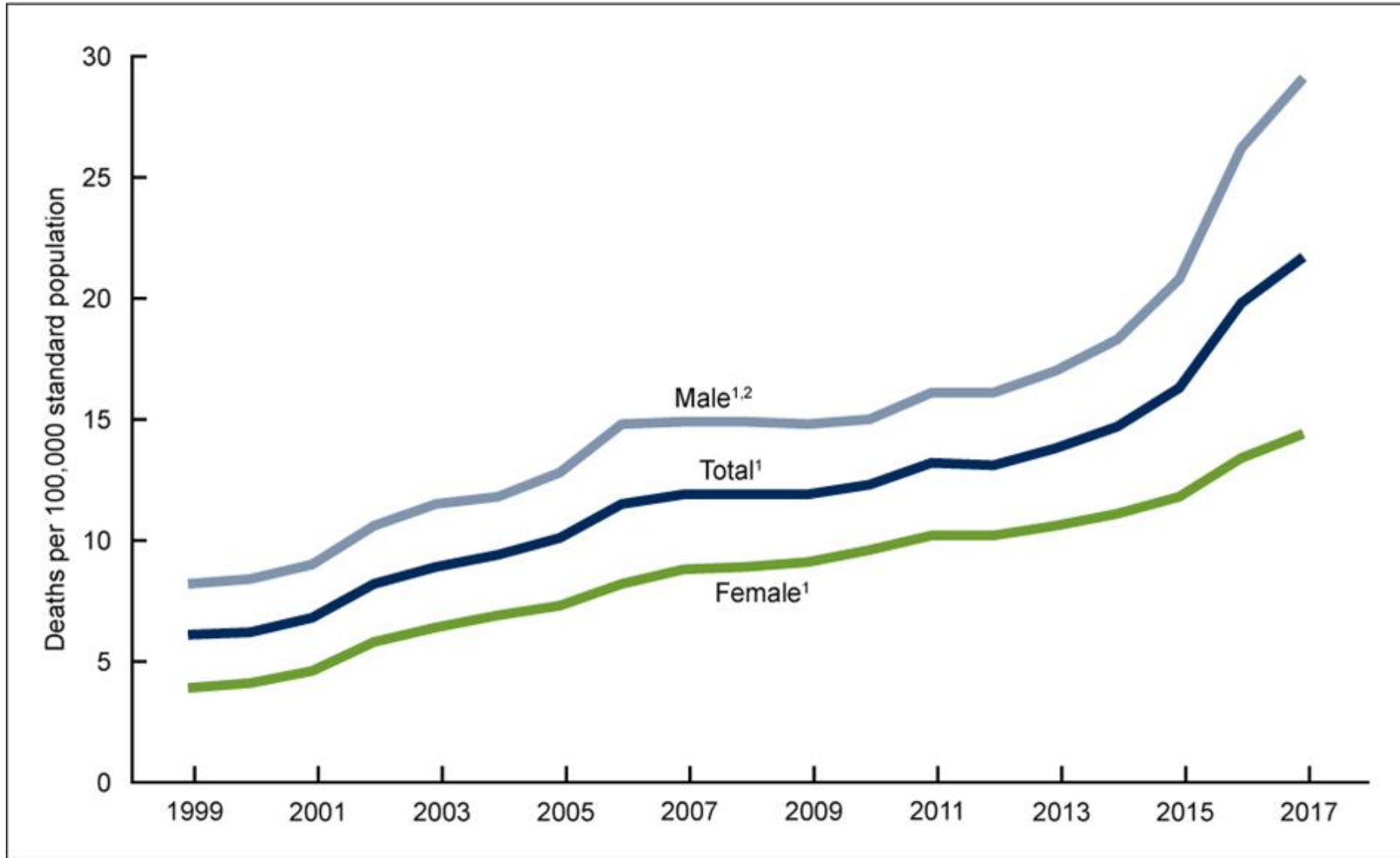
Drug Mortality Rates by County: 2004–2016



Source: NCHS 2016 County-Level estimates. The 2016 quartile upper bounds are: 11.1, 15.4, 20.6, and 81.7.

Age-Adjusted Drug Overdose Death Rates: 1999 - 2017

Figure 1. Age-adjusted drug overdose death rates: United States, 1999-2017



¹Significant increasing trend from 1999 through 2017 with different rates of change over time, $p < 0.05$.

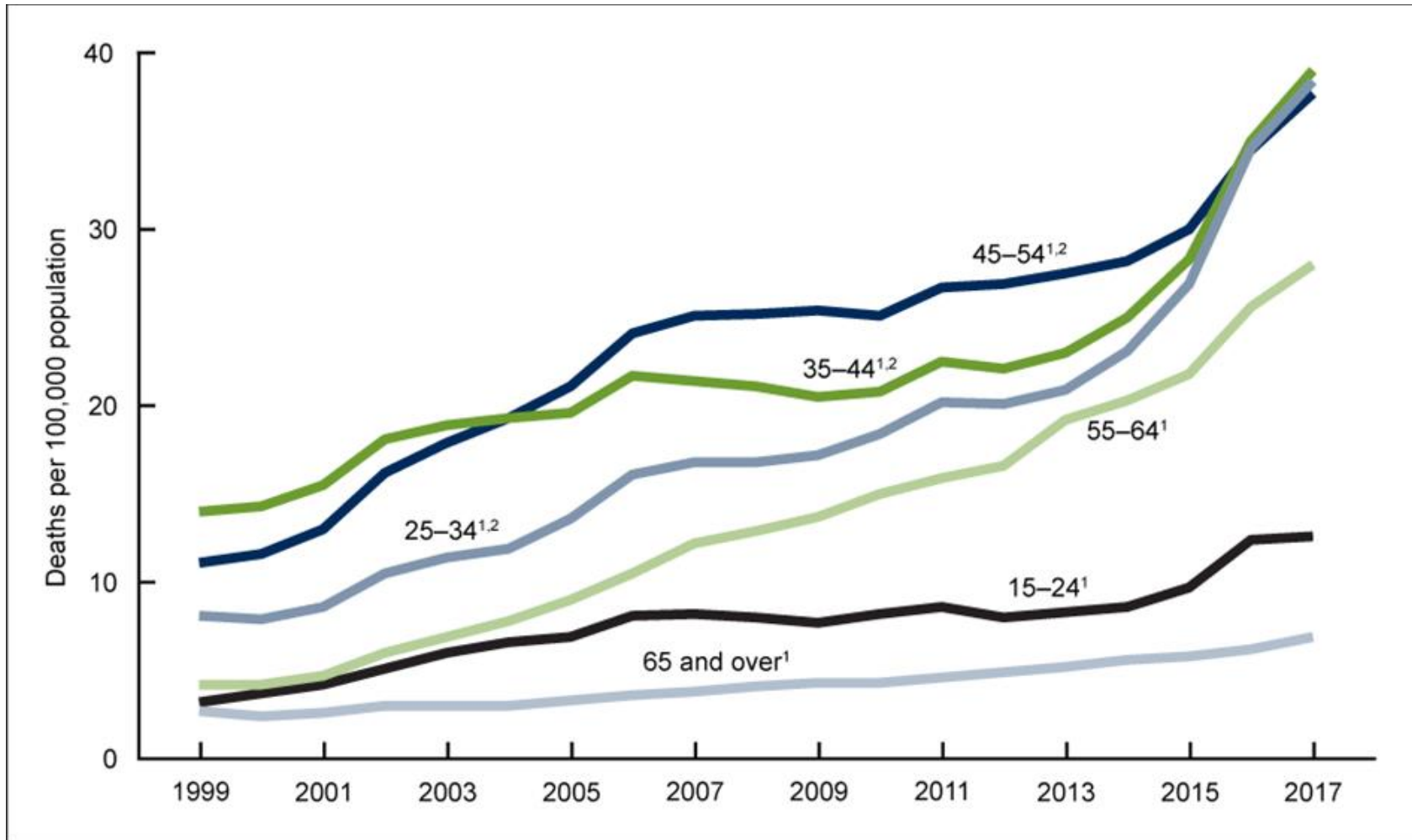
²Male rates were significantly higher than female rates for all years, $p < 0.05$.

NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. The number of drug overdose deaths in 2017 was 70,237. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#1.

SOURCE: NCHS, National Vital Statistics System, Mortality.

Drug Over Dose Death Rates by Selected Age Groups

Figure 2. Drug overdose death rates, by selected age group: United States, 1999-2017



¹Significant increasing trend from 1999 through 2017 with different rates of change over time, $p < 0.005$.

²2017 rates were significantly higher for age groups 25-34, 35-44, and 45-54 than for age groups 15-24, 55-64, and 65 and over, $p < 0.05$. The rate for age group 35-44 was significantly higher than the rate for age group 45-54 and statistically the same as the rate for age group 25-34.

NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40-X44, X60-X64, X85, and Y10-Y14. Access data table for Figure 2 at:

https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#2.

SOURCE: NCHS, National Vital Statistics System, Mortality.

Addiction is a Disease and Treatment and Recovery are Possible

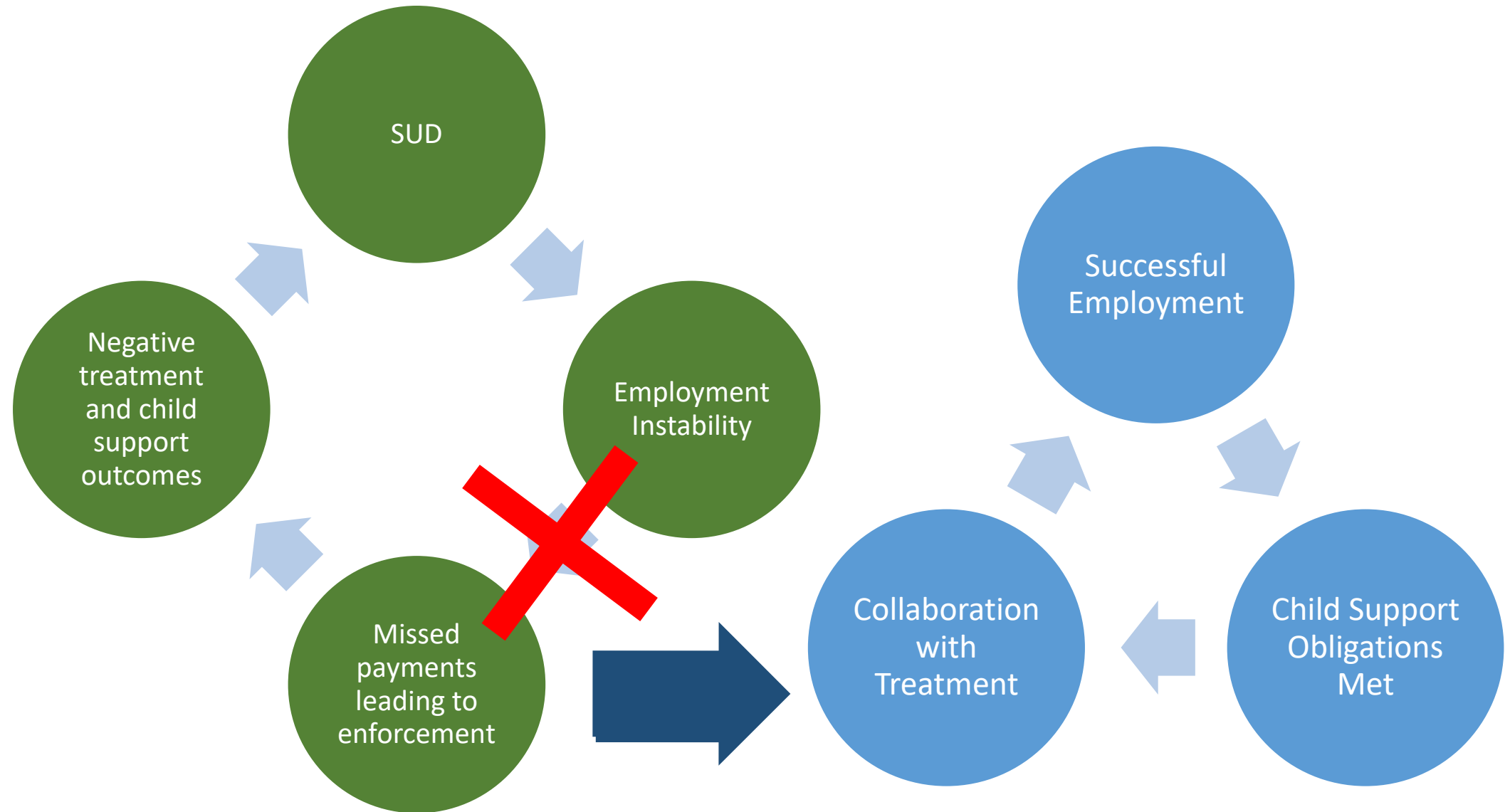
- Medication Assisted Treatment (MAT) is an evidence-based practice for Opioid Use Disorder
 - 3 FDA-approved medications: Buprenorphine, Methadone and Naltrexone
 - Reduce risk of overdose, increase treatment adherence, improved treatment/recovery outcomes
 - MAT also includes wrap around services and psycho-social support
 - SAMHSA released clinical guidance for treating pregnant and parenting women with OUD and their infants,
<https://store.samhsa.gov/shin/content/SMA18-5054/SMA18-5054.pdf>



SUDs Impact Child Support Enforcement, Enforcement Impacts Treatment



Effective intervention is possible!



Agencies Might Consider Emerging Practices For Noncustodial Parents with SUD

- Problem solving courts, fatherhood/parenting programs, and enhanced case management hold promise for addressing child support and substance use issues simultaneously;
- Review child support orders for a potential modification when a noncustodial parent is in treatment;
- Suspend arrears accumulation while a noncustodial parent is in treatment;
- Partner with an employment program that has a tiered approach;
- Help noncustodial parents sign up for Medicaid to access treatment;



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Emerging Practices For Noncustodial Parents with SUD - continued

- Partner with a community-based organization with expertise in working with individuals with SUDs;
- Work with a medical-legal partnership;
- Consider how license suspension and reinstatement is used in the context of treatment;
- Train staff on how to interact with parents with SUDs.



Next Steps for Our Research

- Identify jurisdictions that are addressing child support and substance use disorder simultaneously and document promising approaches.
- Pilot test child support enforcement strategies with a subset of noncustodial parents experiencing substance use disorder (e.g. license reinstatement, debt compromise or order suspension for participation in recovery programming.)

What would be most useful to you as state leaders?



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**Please contact us with other ideas or if you
are interested in working with us:**

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