

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

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In treating 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.¹⁹ 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 and family-focused approaches 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.¹⁹ 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, and indirectly through disrupted parenting. 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 hospitalization rates, and is associated with increased crying, sleep, and intense crying in infants.²⁰

Neuroscience research suggests that parents with addiction have compromised functioning in a range of the brain regions involved in parenting. This impairment is linked to the stress of struggling, leading to less sensitive and supportive parenting, which may hinder children's social and emotional development.²¹

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

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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 federal food assistance programs have positive effects on the health and well-being of children.

Food insecurity among children is concentrated in specific geographical regions. For example, a quarter of children in Alabama, Mississippi, and New Mexico experience food insecurity (compared to 13% of children nationally).¹ Although similar with children have particularly high rates, food insecurity is also experienced in 11.3% of households without children, as well as in 5.6% of middle-income households (households with income greater than \$10,000 but less than \$20,000).²

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. Read more on the [SRCD website](#) or [download a PDF](#).

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