

NATIONAL ALLIANCE

of home visiting models

Home Visiting and Opioids

Evidence-based home visiting can play a significant role in mitigating today's opioid addiction crisis. Most of the families served by the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) face significant stress resulting from economic challenges and adversity, including substance abuse. Scientific evidence shows us that such stress can have damaging effects on the health and development of young children, our future workforce. Home visitors can reduce this stress and significantly improve child outcomes through the development of trusting relationships with parents, access to and support through substance abuse treatment and other therapeutic interventions, and the building of stable, safe, nurturing relationships between parents and their young children. Strong parent-child relationships have been proven to prevent damage to the child's developing brain, which can enhance optimal child development. Demonstrated positive outcomes of home visiting include reductions in child maltreatment, improved child health, and child school success. And successful children are less likely to continue the cycle of violence and substance abuse.

However, it is important to note that home visiting is not itself a direct treatment model for those facing substance use or addiction issues. While home visitors can, and do, offer support to families and referrals for direct treatment for substance use problems, they do not act as treatment counselors with those families.

About home visiting

Families are referred to evidence-based home visiting models through a number of routes including child welfare systems, health care providers and facilities, social services agencies, homeless shelters, schools and even law enforcement. Within the context of MIECHV, a family's decision to enroll in home visiting is entirely voluntary.

As the name implies, home visitors meet families quite literally where they are. Home visiting services may begin during pregnancy, or after the baby is born with a specially trained home visitor. For those women who enroll during pregnancy, the program helps them access prenatal care and supports them in making healthy lifestyle choices, increasing the likelihood of a positive birth outcome and healthy baby. When providing services after the child is born (including programs that serve families of children up through the age of five years), programs link families to important medical and supportive services as needed, and help parents build skills and strategies aimed to

reduce stress and improve parental capacity. The programs work to ensure healthy growth and development of the child through fostering stable, safe, nurturing relationships.

Additionally, home visiting models recognize that children can only thrive when their parents do. Parental stress is directly communicated to the child. Toward that end, the models provide personalized information and strategies ranging from how to manage a household budget or write a resume, to support and planning to help a parent leave an abusive spouse or partner. The combination of positive parenting and social supports is proven to help families get on the road to success.

This is often a difficult path for the families served by home visiting. More than three-quarters of households served through MIECHV reported annual family incomes below federal poverty guidelines. One-third of caregivers served were under 21 years old, and about one-third did not have a high school diploma.¹ High priority families within the MIECHV program include those with a history of child maltreatment or prior involvement with the child welfare system, and/or a history of substance abuse or current need of substance abuse treatment.

Supporting addiction recovery

A connection between home visiting and reductions in opioid use has not yet been scientifically tested. However, home visiting supports parents in getting clean and staying clean by enhancing a parent's motivation to do better for their children and helping them achieve their goals. Home visitors do not provide direct substance abuse treatment, but rather promote treatment readiness and connect parents who have substance use issues to appropriate professional services in their area. They find doctors and treatment beds. They get struggling parents to their appointments and find a way to care for their children in their absence. And they are there when the parents get out of rehabilitation treatment to support recovery.

Our home visitors are trained experts at engaging, motivating, and supporting parents, however, most are not trained to treat clients as if they were in a clinical setting. Interventions such as cognitive behavioral therapy or drug replacement therapy, two of the most common methods of substance abuse treatment, must be undertaken in an appropriate setting by licensed professionals. While home visitors are trained professionals – and some are nurses and mental health clinicians – they generally do not have the expertise to provide effective substance use treatments directly. Home visiting programs work to coordinate services with these treatment facilities and providers.

Home visiting and breaking the cycle of generational trauma

A key way home visiting programs can impact the opioid epidemic is through long term prevention. General population surveys have estimated that 75 percent of individuals with substance use

¹National Home Visiting Research Center Yearbook, 2017 https://www.nhvr.org/wp-content/uploads/NHVR_Center_Yearbook_2017_Final.pdf#page=6

disorders have experienced trauma at some point in their lives.² The 1998 Adverse Childhood Experience (ACE) Study by Kaiser Permanente and the Centers for Disease Control demonstrated a powerful correlation between multiple adverse childhood experiences (including child sexual, physical and emotional abuse; neglect; spousal abuse; parental incarceration; and others) and substance abuse during adulthood.³ More recently, a 2016 study demonstrated a clear dose-response relationship between the number of traumatic experiences and increased risk of prescription drug misuse in adults. Individuals who reported five or more ACEs were three times more likely to misuse prescription pain medication and five times more likely to engage in injection drug use.⁴

Evidence-based home visiting is a key strategy in alleviating the strong negative impacts of early trauma and adversity on young children. The building of protective, responsive, nurturing relationships between parents and young children is a primary strategy for prevention of abuse and neglect. This relationship helps build resiliency in children, especially among those who experienced trauma, preventing later substance abuse.

Conclusion

America's opioid crisis is vast and complex, and there is no singular solution that will solve the problem. Home visiting supports parents with interventions that can lead to their successful treatment, which in turn helps improve outcomes for parents and their children. While home visiting is not a drug treatment program in and of itself, it is an extremely valuable complementary tool for families struggling with addiction or substance use issues and other major challenges.

National Home Visiting Model Alliance

Child First
Family Connects
Healthy Families America
Home Instruction for Parents of Preschool Youngsters (HIPPIY USA)
Nurse Family Partnership
Parent Child Home Program
Parents as Teachers
SafeCare

² Mills, K.L., Lynskey, M., Teeson, M., et al (2005) Post-traumatic stress disorder among people with heroin dependence in the Australian treatment study (ATOS): Prevalence and correlates. *Drug and Alcohol Dependence*, 77, 243-249.

³ <https://www.cdc.gov/violenceprevention/acestudy/>

⁴ Quinn, K., Boone, L., Scheidell, J.D., Mateau-Gelabert, P., Mcgorray, S.Sp., Beharie, N., Cottler, L.B, and Kahn, M.R (2016) The relationship of childhood trauma and adult prescription pain reliever misuse and injection drug use. *Drug and Alcohol Dependence*, 169, 190-198.