

Press Release

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SAFE Glen Cove Coalition: NIDA Study Says Between 2011 and 2021 More Than 321,000 U.S. Children Lost a Parent to Drug Overdose

An estimated 321,566 children in the United States lost a parent to drug overdose from 2011 to 2021, according to a study published in *JAMA Psychiatry*. The rate of children who experienced this loss more than doubled during this period, from approximately 27 to 63 children per 100,000. The highest number of affected children were those with non-Hispanic white parents, but communities of color and tribal communities were disproportionately affected. The study was a collaborative effort led by researchers at the National Institutes of Health's (NIH) National Institute on Drug Abuse (NIDA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC).

Children with non-Hispanic American Indian/Alaska Native parents consistently experienced the highest rate of loss of a parent from overdose from 2011 to 2021 – with 187 per 100,000 children affected in this group in 2021, more than double the rate among non-Hispanic white children (76.5 per 100,000) and among non-Hispanic Black children (73 per 100,000). While the number of affected children increased from 2011 to 2021 across all racial and ethnic populations, children with young non-Hispanic Black parents (18 to 25 years old) experienced the highest – roughly 24% – increase in rate of loss every year. Overall, children lost more fathers than mothers (192,459 compared to 129,107 children) during this period.

From 2011 to 2021, 649,599 people aged 18 to 64 died from a drug overdose. Despite these tragic numbers, no national study had previously estimated the number of children who lost a parent among these deaths. To address this gap, researchers used data about people aged 18 to 64 participating in the 2010 to 2019 National Surveys on Drug Use and Health (NSDUH) to determine the number of children younger than 18 years living with a parent 18 to 64 years old with past-year drug use. NSDUH defines a parent as biological parent, adoptive parent, stepparent, or adult guardian.

The researchers then used these data to estimate the number of children of the nearly 650,000 people who died of an overdose in 2011 to 2021 based on the national mortality data from the CDC National Vital Statistics System. The data were examined by age group (18 to 25, 26 to 40, and 41 to 64 years old), sex, and self-reported race and ethnicity.

Among the estimated 321,566 American children who lost a parent to overdose from 2011 to 2021, the highest numbers of deaths were among parents aged 26 to 40 (175,355 children) and among non-Hispanic white parents (234,164). The next highest numbers were children with Hispanic parents (40,062) and children with non-Hispanic Black parents (35,743), who also experienced the highest rate of loss and highest year-to-year rate increase, respectively. The racial and ethnic disparities seen here are consistent with overall increases in overdose deaths among non-Hispanic American Indian/Alaska Native and Black Americans in recent years, and highlight disproportionate impacts of the overdose crisis on minority communities.

Almost half of the people who died of a drug overdose had a child. These findings emphasize the need to better support parents in accessing prevention, treatment, and recovery services. In addition, any child who loses a parent to overdose must receive the care and support they need to navigate this painful and traumatic experience. These data illustrate that not only are communities of color experiencing overdose death disparities, but also underscore the need for responses to the overdose crisis moving forward to comprehensively address the needs of individuals, families and communities. We need to ensure that families have the resources and support to prevent an overdose from happening in the first place and manage such a traumatic event.

Researchers emphasize the importance of whole-person health care that treats a person with substance use disorder as a parent or family member first and foremost and provides prevention resources accordingly to support families and break generational cycles of substance use. The study also points to the need to incorporate culturally informed approaches in prevention, treatment, recovery, and harm reduction services, and to dismantle racial and ethnic inequities in access to these services.

The National Institute on Drug Abuse (NIDA) is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug use and addiction. The Institute carries out a large variety of programs to inform policy, improve practice, and advance addiction science. For more information about NIDA and its programs, visit www.nida.nih.gov.

SAFE is the only alcohol and substance abuse prevention, intervention and education agency in the City of Glen Cove. Its Coalition is conducting an opioid prevention awareness campaign entitled, "Keeping Glen Cove SAFE," to educate and update the community regarding prescription and illicit drug use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about prescription drug use and the Opioid Epidemic at www.safeglencove.org.