

RESEARCH BRIEF #95

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The Opioid Epidemic Has Disrupted Children's Living Arrangements

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KEY FINDINGS

- Opioid overdose deaths are associated with decreasing rates of children living with two married parents.
- Areas affected by the opioid epidemic have also witnessed increasing rates of children living with two cohabiting (but unmarried) parents, with a single father, and with adults other than their parents (e.g., grandparents).
- White children experienced more diversification in family structures due to the opioid epidemic than their Black or Hispanic counterparts.

Approximately 11 million people in the United States misuse prescription opioids or use illicit opioids, such as heroin or fentanyl.¹ It is well known that opioid use disorders have severe negative effects on individuals' lives, but the opioid crisis has also affected families and children in pivotal ways that may influence the future health, behavioral, and economic outcomes of children.

One way the opioid crisis has changed children's lives is through their living arrangements. Children growing up in families with two married parents have better outcomes than those growing up in other arrangements.² These differences are at least partially explained by the fact that compared to parents who are single or cohabiting, married parents usually have higher socioeconomic status and education, and are less likely to experience changes in their relationship status and family configurations.^{2,3} In addition, experiencing multiple transitions in living arrangements, which is more common among children living with unmarried parents, may bring about dramatic changes in available resources, disruptions in social ties, stress, and lower financial commitment and investments in children.⁴ As a result, an increase in the rates of children living in family structures other than with two married parents may translate into worse prospects for upward social mobility and may worsen pre-existing inequalities in economic and health outcomes.⁵

This brief summarizes findings from our recent [peer-reviewed study](#) that examined how children's living arrangements have changed throughout the opioid epidemic. We used local-level data on U.S. family living arrangements and opioid overdose deaths as a

measure of the intensity of the epidemic across communities over time (2000-2018). Our study contributes to a broader understanding of the consequences of the opioid crisis on family structures by assessing how the specific composition of children’s households has changed in areas with high levels of opioid overdose rates.

Fewer Children are Living with Two Married Parents in Areas with the Highest Opioid Overdose Rates

Our findings show that areas that have been most strongly affected by the opioid crisis, as measured by high rates of opioid overdose deaths, have witnessed decreasing rates of children living with two married parents, and increasing rates of children living with two cohabiting (but unmarried) parents, with a single father, and with adults other than their parents (see Figure 1). Predictions from our models suggest that in 2018, at least 360,000 additional children under age 15 lived in households without a married couple due to the opioid epidemic. This means that at least 10 percent of the decrease in the number of children living with married parents in the U.S. between 2000 and 2018 can be explained by increasing opioid overdose rates.

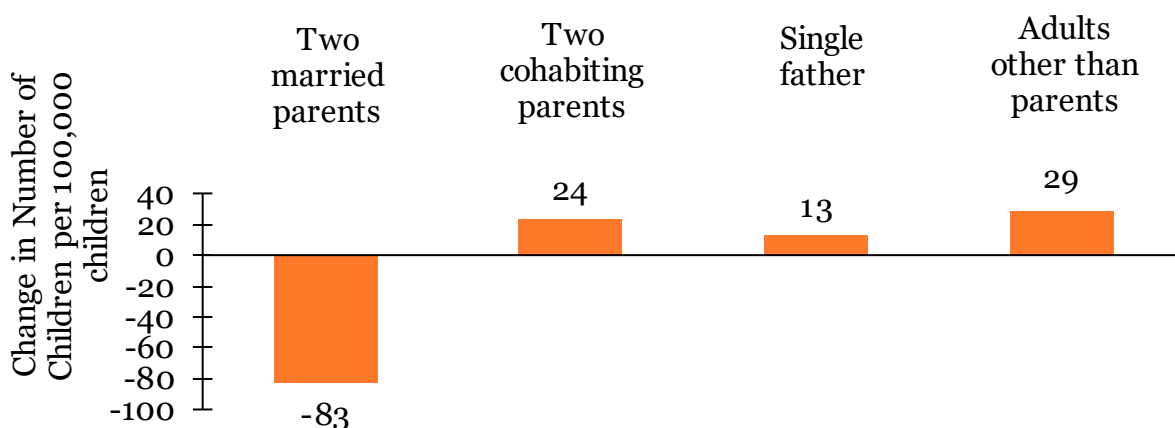


Figure 1. Change in the Number of Children Living in Different Family Structures (per 100,000) for Every Additional Opioid Overdose Death (per 100,000) Observed Three Years Before

Data Source: 1-year samples of the American Community Survey and National Vital Statistics System for years 2000-2018. Estimates are net of changes in local socioeconomic and demographic characteristics. Changes in the number of children living with single mothers were not statistically significant and are omitted from this graph. N=16,050 CPUMA-years.

We also found that White children experienced more diversification in family structures due to the opioid epidemic than their Black or Hispanic counterparts. At least 18 percent of the decrease in the number of non-Hispanic White children living with married parents in the U.S. between 2000 and 2018 can be explained by increasing opioid overdose rates.

Our results suggest that these changes in the distribution of living arrangements are driven by two equally relevant types of processes. The first process is transitions that move children into a variety of family structures other than living with two married parents, such as living with two cohabiting parents, a single father, or adults other than parents (including foster care). The second process is an increase in the number of children born to cohabiting parents, or to unmarried parents who decide to cohabit shortly after a pregnancy or birth. These changes may translate into more limited prospects for upward social mobility, because compared to children living in families led

by two married parents, living in alternative structures is associated with a higher risk of instability and material hardship.

The Government Must Expand Safety Net Eligibility to Cover Different Types of Family Structures

We found that the opioid epidemic has increased the probability that children will live in family structures other than with two-married-parents. This trend is likely to continue and even accelerate given dramatic increases in drug overdoses during the COVID-19 pandemic.⁷

The opioid crisis is redistributing the burden of caring for and raising children towards families that are disproportionately vulnerable to instability and material hardship and might be especially unprepared to endure the economic and mental health shocks caused by the Opioid Use Disorder (OUD) of a family member. Strengthening family safety nets may reduce potentially negative effects of opioid misuse and abuse on children's health and economic wellbeing. Public financial and in-kind support and public health insurance represent a large share of unmarried parents' resources in the U.S.⁸ Increasing access to these resources could help reduce the detrimental intergenerational effects of the opioid epidemic. For instance, guaranteeing affordable childcare is key to protecting adults' ability to remain in the labor force and to earn income after undertaking new or increased parenting responsibilities. Providing supplemental income through programs such as Temporary Assistance for Needy Families and the Earned Income Tax Credit (which expired in 2021), as well as Medicaid and food stamps may buffer negative financial shocks to families caring for children of parents with OUDs who have overdosed or who have been incarcerated. Guaranteeing access to housing is also crucial considering the instability in living arrangements that characterizes fragile families. It is essential to strengthen these programs and promote access for families and children who have been directly affected by a relative's OUD or overdose. In particular, expanding eligibility to cover a broad diversity of family structures (such as grandparents raising grandchildren) is key to ensuring that the needs of children who face changes in their living arrangements are met.

Data and Methods

We examined how children's living arrangements have changed throughout the opioid epidemic using aggregated data for small geographical areas in the United States. Our dataset comprises 1,070 Consistent Public Use Microdata Areas (CPUMA) that were observed between 2000 and 2018. We used the 5 percent sample of the 2000 Census and the 2005-2018 1-year samples of the American Community Survey (ACS) to evaluate changes in the rates of children living under five different family structures: two married parents, two cohabiting parents, single mother, single father, and adults other than parents. To measure the intensity of the opioid epidemic in each community and year, we used opioid overdose death rates calculated from restricted files provided by the National

Vital Statistics System. Methodological details can be found in the published paper.⁹

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