

*The Forum for America's Ideas*

# OPIOIDS & EARLY ADVERSITY: CONNECTING CHILDHOOD TRAUMA AND ADDICTION

Friday, April 6, 2018

2 p.m. ET/ 1 p.m. CT/Noon MT/ 11 a.m. PT



NATIONAL CONFERENCE *of* STATE LEGISLATURES

# Agenda

- Welcome and Overview
- Dr. Melissa Merrick, Centers for Disease Control and Prevention
- Representative Sexton, Tennessee
- Representative Pugh, Vermont
- Questions and Discussion



# About NCSL

- Bipartisan membership organization
  - ▣ All 50 states and the territories
    - 7,383 state legislators
    - All state legislative staff (30,000+)
- Research, education, technical assistance
- Voice of the states



## Policy Strategies for Preventing Early Adversity and Assuring Health and Wellbeing



**Melissa T. Merrick, PhD**

National Conference of State Legislatures- Opioid Fellows Program Webinar · April 6, 2018

# Adverse Childhood Experiences:

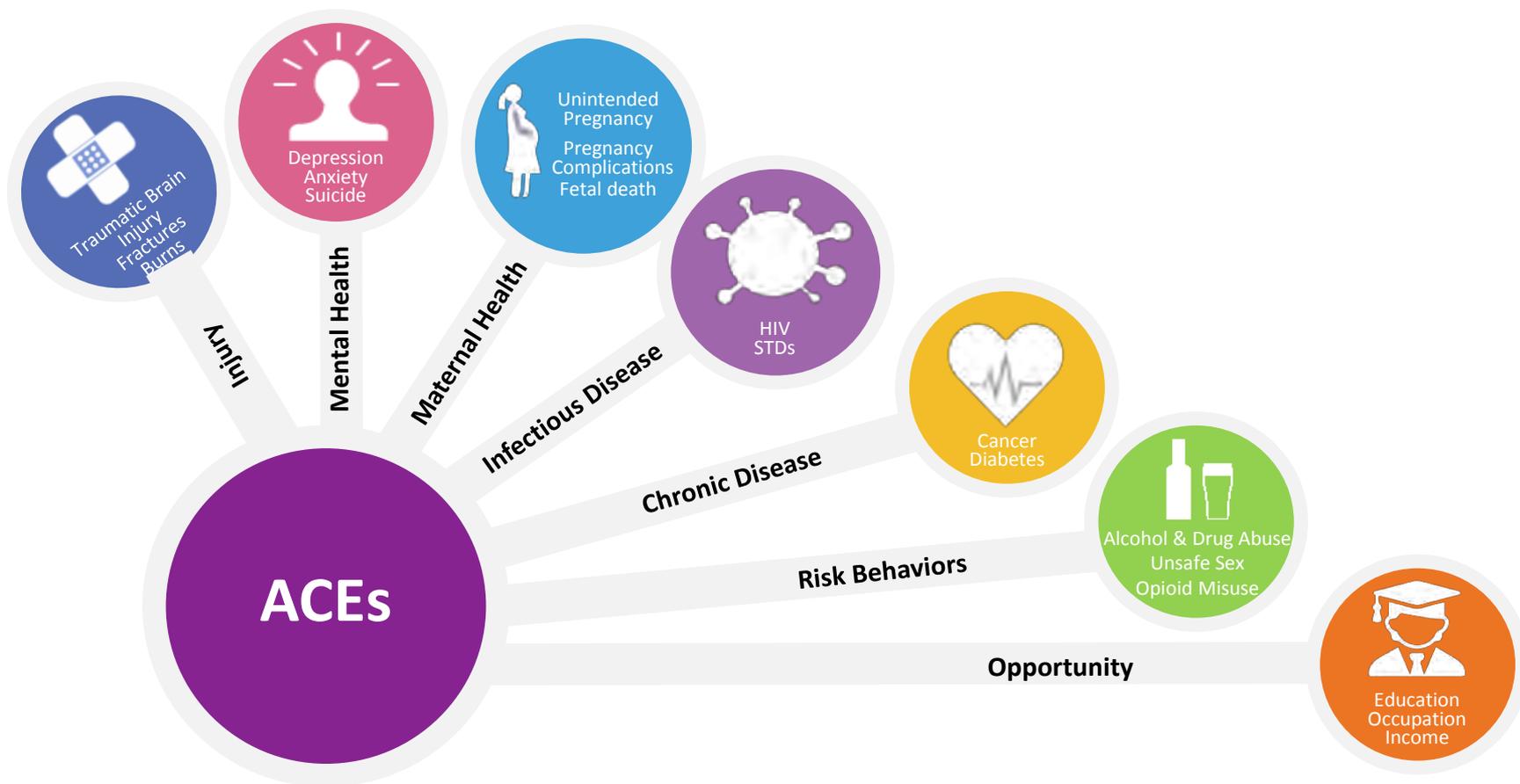
ACEs are experiences that may be traumatic to children and youth during the first 18 years of life such as experiencing violence or other types of emotionally disturbing exposures in their homes and communities.



ACES not included in the traditional measure:

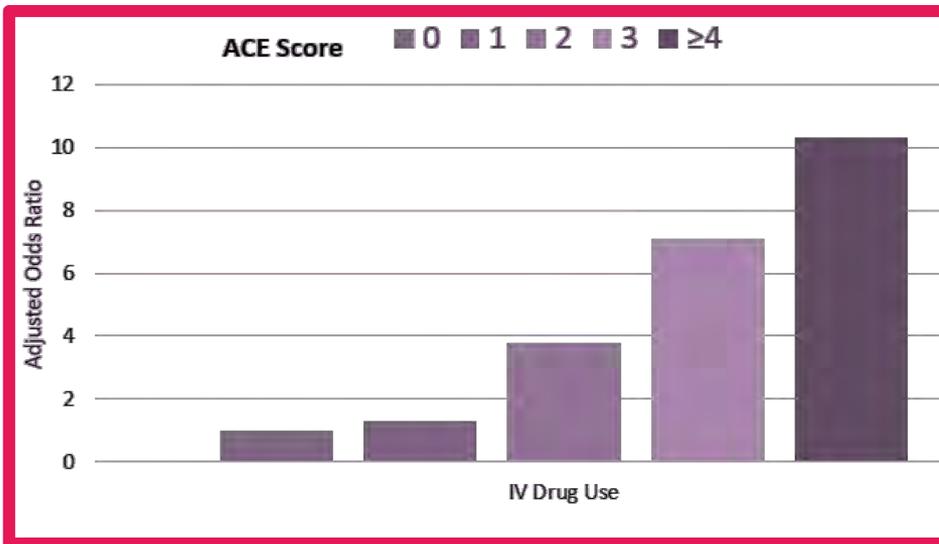
- Bullying
- Teen dating violence
- Peer to peer violence
- Witness violence in community or school
- Homelessness
- Death of a parent

# Early Adversity has Lasting Impacts

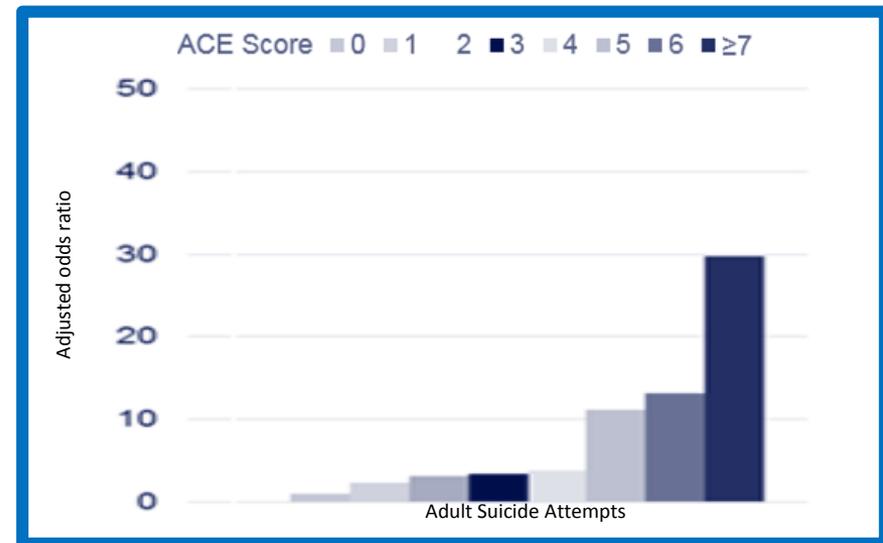


# ACEs and Deaths of Despair

## ACEs and IV Drug Use



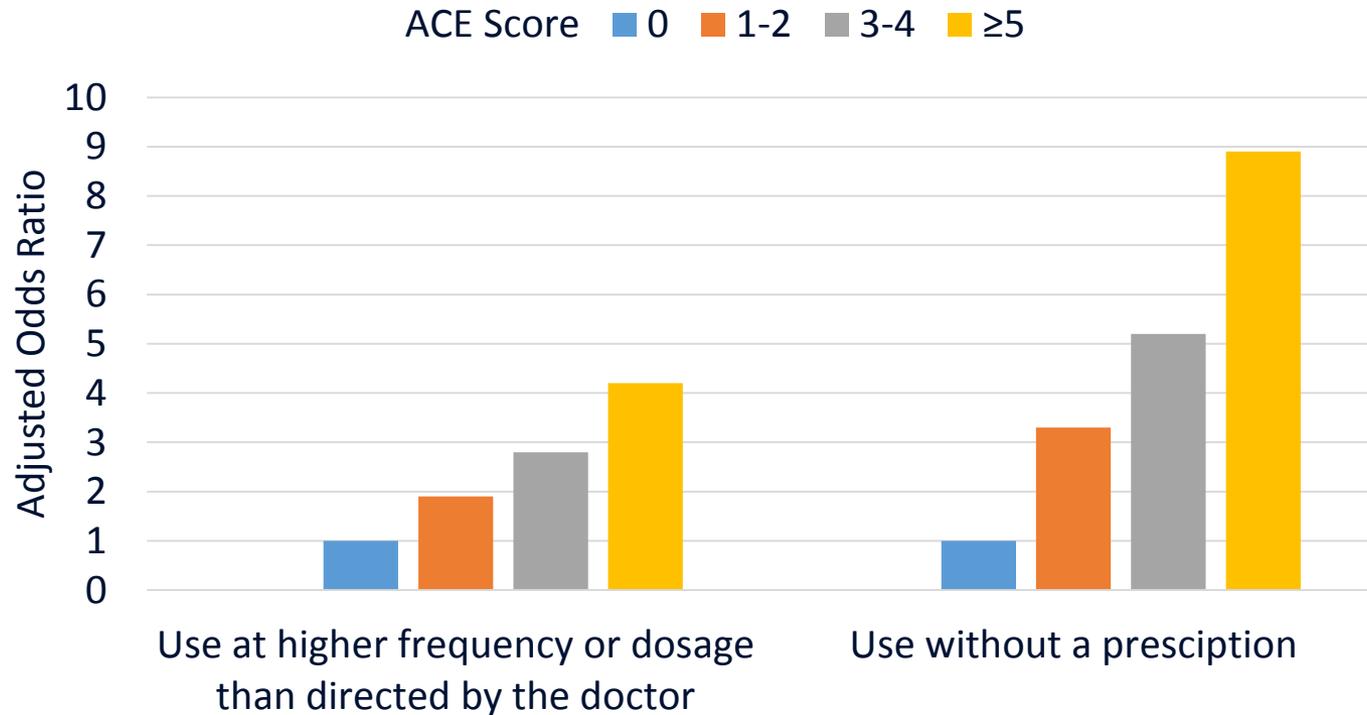
## ACEs and Adult Suicide Attempts



Source: Dube, Shanta R., et al. "Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study." *Jama* 286.24 (2001): 3089-3096.

Felitti, Vincent J., et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of preventive medicine* 14.4 (1998): 245-258.

# Misuse of Rx pain medication



Source: Montana Behavioral Risk Factor Surveillance System, 2011. Behavioral Risk Factor Surveillance System Office, Montana Department of Public Health and Human Services. The contents are the sole responsibility of the authors. DRAFT – DO NOT DISTRIBUTE

# The Power of Prevention

Preventing ACEs in future generations could reduce levels of:



**Early sex**  
(before age 16)  
by 33%



**Unintended teen pregnancy**  
by 38%



**Smoking**  
(current)  
by 16%



**Binge drinking**  
(current)  
by 15%



**Cannabis use**  
(lifetime)  
by 33%



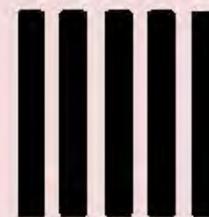
**Heroin/crack use**  
(lifetime)  
by 59%



**Violence victimisation**  
(past year)  
by 51%



**Violence perpetration**  
(past year)  
by 52%

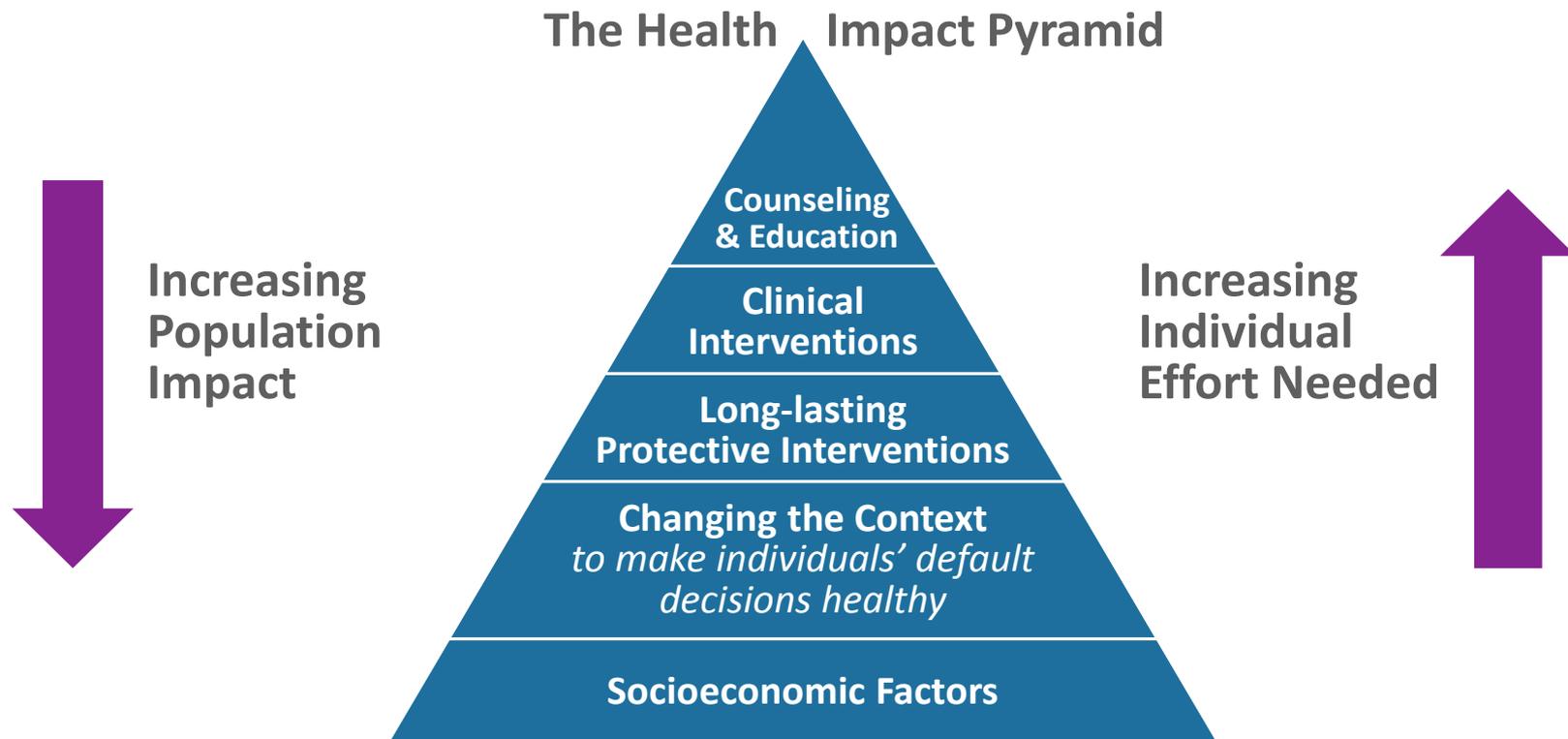


**Incarceration**  
(lifetime)  
by 53%



**Poor diet**  
(current; <2 fruit & veg portions daily)  
by 14%

# Prioritize Environmental Change



Frieden TR. A framework for public health action: The Health Impact Pyramid. *AJPH* 2010;100:590-595.

# Elevating Prevention



SAFE,



STABLE,



NURTURING

relationships and environments are essential to prevent child abuse and neglect and to assure all children reach their full potential.



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

# 5 Strategies to Prevent Early Adversity



Change social norms to support parents and positive parenting



Enhance parenting skills to promote healthy child development



Strengthen economic supports for families



Provide quality care and education early in life



Intervene to lessen harms and prevent future risk

# Strengthen Economic Supports to Families

## Strengthen household financial security

- Child support payments
- Tax credits
- State nutrition assistance programs
- Assisted housing mobility
- Subsidized child care



# Strengthen Economic Supports to Families

## Family friendly work policies

- Livable wages
- Paid leave
- Flexible and consistent schedules



# Provide Quality Care and Education Early in Life

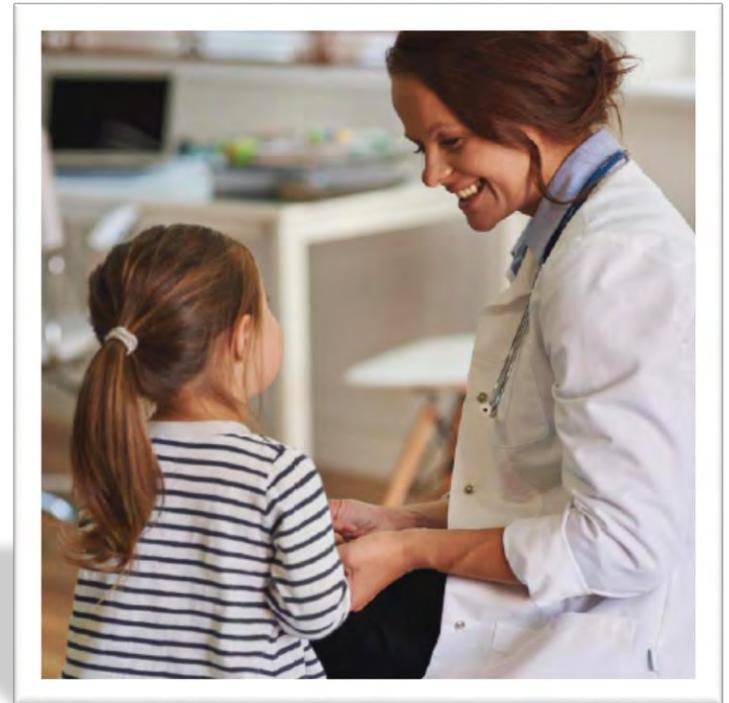
High quality pre-K, with parental involvement

- Head Start
- State pre-K, with parents involved
- Increase quality of state pre-K



# Intervene to Lessen Harms and Prevent Future Risk

- Enhanced primary care
- Access to health care for children and parents
  - Medicaid
  - State Children's Health Insurance Program (S-CHIP)
  - Individuals with Disabilities Education Act, Part C



# Change Social Norms to Support Parents & Positive Parenting

- Public engagement and education campaigns
- Legislative approaches to reduce corporal punishment



# TOGETHER We Can Prevent Early Adversity

## Developing New Partnerships and Working Across Sectors



## Exploring Adverse Childhood Experiences in Appalachia

*A Summary of Findings*

This report was prepared by ORAIL with support from the Appalachian Regional Commission, for the Centers for Disease Control and Prevention's Division of Violence Prevention.

January, 2018

**Including:**  
Public Health, Government, Health Care Services, Social Services, Education, Businesses, Justice, Housing, Non-Governmental Organizations, Foundations, Media



***“One of the most powerful ways to change the world is to make it better for kids.”***

**-Jack Shonkoff**



**Melissa T. Merrick, PhD**  
[mmerrick@cdc.gov](mailto:mmerrick@cdc.gov)

Visit CDC's National Center for Injury Prevention and Control web site: [www.cdc.gov/ncipc](http://www.cdc.gov/ncipc)

Visit the Division of Violence Prevention's ACE web site: [www.cdc.gov/violenceprevention/acestudy](http://www.cdc.gov/violenceprevention/acestudy)

Visit our ACE Online Resources:  
[vetoviolence.cdc.gov/apps/phl/images/ACE\\_Accessible.pdf](http://vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf)  
[vetoviolence.cdc.gov/apps/aces/](http://vetoviolence.cdc.gov/apps/aces/)

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



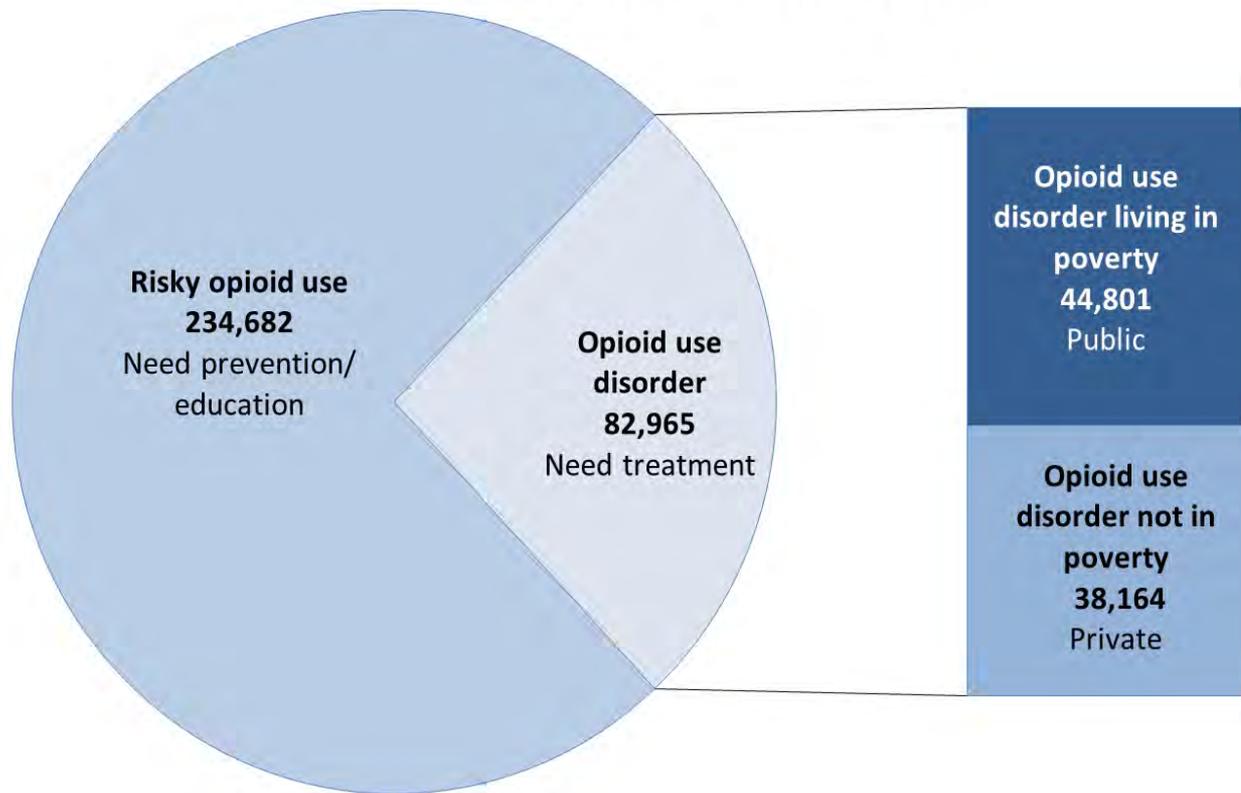
# Adverse Childhood Experiences and the Opioid Epidemic



It is not the drugs.....it is Adverse Childhood Experiences – Dr Daniel Sumrock

# Opioid Abuse in Tennessee

**317,647 Tennesseans 12+ were estimated to use heroin and/or misuse opioid pain relievers in 2016**



2016 opioid use disorder prevalence estimates for Tennesseans ages 12+ (includes use of heroin and misuse of opioid pain relievers)

# Individuals in treatment reporting opioid abuse increased 14% compared to 6% for all served

Number of individuals in TDMHSAS-funded treatment for all substances compared to those using opioids  
FY2014 and FY2017

Substance of abuse	FY2014	FY2017	Percent increase
All	14,740	15,690	6%
Opioids	6,185	7,076	14%

# Adverse Childhood Experiences (ACEs) in Tennessee

- Overall, **52% of Tennessee's statewide population** had at least one ACE, while 21% had three or more ACEs.

Selected ACEs	Percent of Tennesseans with ACEs
Parents separated/divorced	<b>29.1%</b>
<b>Substance abusing household member</b>	<b>28.3%</b>
Verbal abuse	<b>19.2%</b>
<b>Mentally ill household member</b>	<b>17.1%</b>
Witness domestic violence	<b>17.1%</b>
Physical abuse	<b>12.9%</b>
Sexual abuse	<b>12.7%</b>
Household member in prison	<b>8.6%</b>

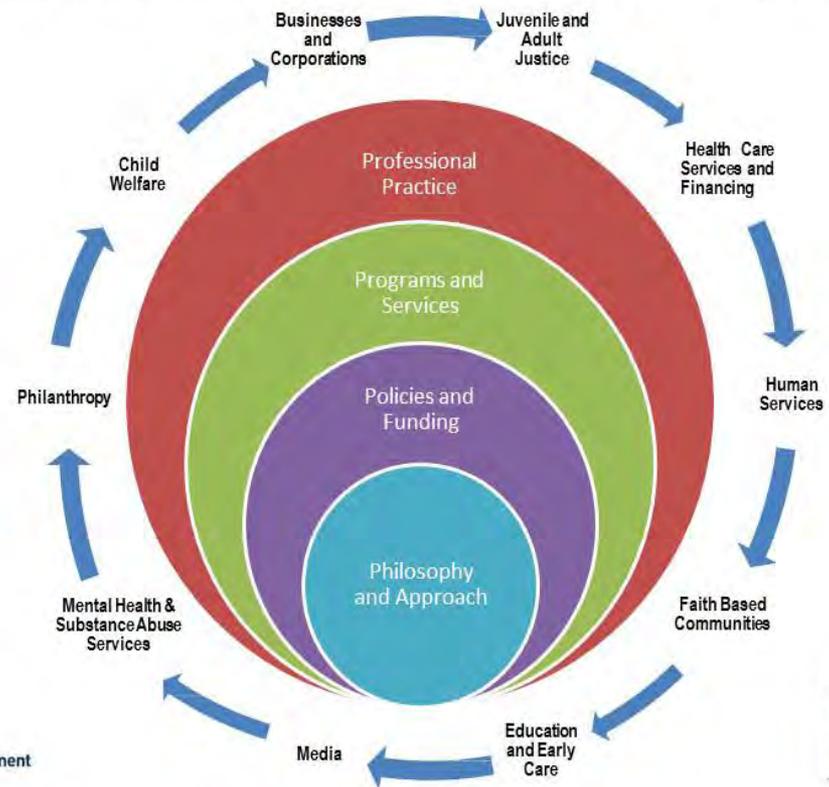
Source: MMWR Morbidity and Mortality Weekly Report, December 17, 2010, Vol. 59, No. 49

# Tennessee's Initiative: Building Strong Brains

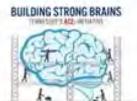
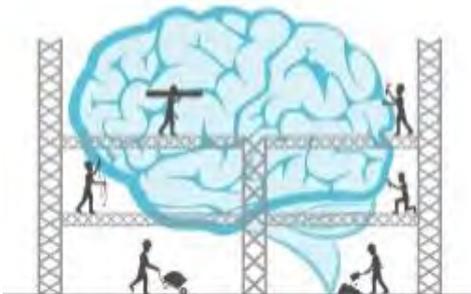
- Statewide initiative of public and private partnerships to prevent, mitigate and help recover from ACEs
- \$1.25 million in grants in FY 17 and 18
- 16 on-going initiatives across TN

Adverse Childhood Experiences: Prevention, Mitigation, and Recovery  
Anticipated Multi-Sector, Multi-Level, Public and Private Impacts

2-29-16



**BUILDING STRONG BRAINS**  
TENNESSEE'S ACEs INITIATIVE



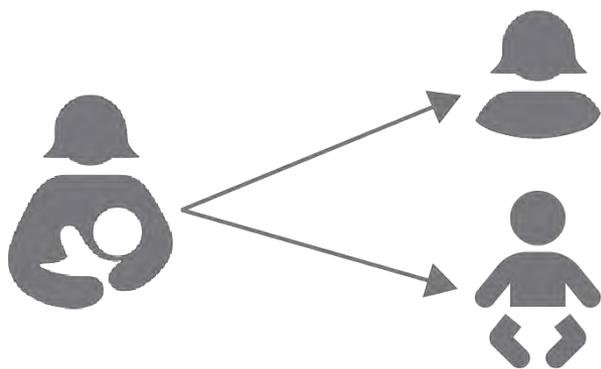
# Medical Collaborations and Nurturing Parents Program by Frontier Health

- Program to support high-risk mothers and NAS infants
- Collaboration with medical community
- Behavioral Health Educator has office in OB/GYN office
  - Meets with medical staff weekly
  - Nurturing Parent classes offered
- Community outreach
  - Educational booths at fairs, conferences and local events
  - Partnership with Department of Justice to provide nurturing parent and ACE education classes

# Team HOPE Care Model

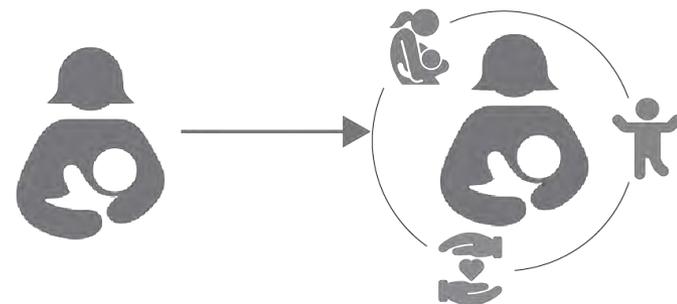
by Vanderbilt University

- Partnership between Vanderbilt University Medical Center and Monroe Carrell Jr. Children's Hospital
- Median length of stay for an NAS baby is 5 days (far shorter than national average)
- Only 8 of 67 babies in program have needed one or more doses of morphine to manage NAS symptoms



Traditional care models send babies with neonatal abstinence syndrome (NAS) to the NICU after birth, separating mom and baby.

Vs



The Team HOPE model keeps mom and baby together and out of intensive care settings after birth, and provides support services such as volunteer cuddlers, a lactation consultant, and a dedicated child life specialist.

# Secondary Education and Higher Education

- Colleges have increased counselors and psychologist on campuses to handle increase in ACEs
- K-12 Education
  - Guidance Counselor ratios
    - K-6 1:500
    - 7-12 1:350
  - No school Psychologists

ACEs just doesn't predict substance abuse disorders. All major chronic diseases link to substance abuse, so this can't be kept silent anymore.

# Opioids & Early Adversity: Connecting Childhood Trauma and Addiction: examples from Vermont

Representative Ann Pugh, MSW, Chair Vermont House  
Committee on Human Services; Child Protection  
Oversight Committee

# Working together to eliminate substance abuse in Vermont

## ParentUpVT

Parent hears social media message on Pandora and links to ParentUp tips on how to talk with their kids about substance abuse.



## Vermont's Most Dangerous Leftovers

Patient sees "Most Dangerous Leftovers" poster in doctor's office; decides to bring unwanted medication to a local drug take-back program.



## School-based Substance Abuse Services

High school student does presentation to school board on Youth Risk Behavior Survey.



## Recovery Centers

Family member gets recovery coaching at local Turning Point Center.



## Community Coalitions

Local partners find most residents support reduced alcohol and tobacco ads in their community.



## SBIRT

A relative falls and goes to the emergency department; receives a screening and has access to brief intervention and referral to treatment.



## Care Alliance for Opioid Addiction (Hub & Spoke)

Concern about a family member's opiate use leads to referral to treatment programs.



## Impaired Driver Rehabilitation Program (Project CRASH)

Family member gets DUI, receives education & assessment.



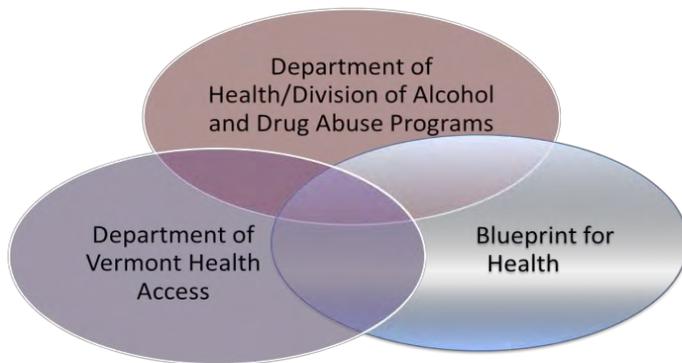
## AHS Districts

Parent applies for Supplemental Nutrition Assistance Program, gets free substance abuse screening.

Division of  
Alcohol & Drug Abuse Programs  
108 Cherry Street • Burlington, VT 05401  
800-464-4343 • 802-651-1550

# “Hub and Spoke Model”

Vermont Agency of Human Services  
Oversight and Collaboration



## Goals

- + An established physician-led medical home
- + A single MAT prescriber
- + A pharmacy home
- + Access to existing Community Health Teams
- + Access to Hub or Spoke nurses and clinicians
- + Linkages between Hubs and primary care Spoke providers in their areas

# Hub & Spoke Evaluation: Findings

## In-treatment Group:

- ▶ Opioid use decreased by 96%; other substance use, except marijuana, also decreased
- ▶ Other significant change:
  - ▶ ED visits ↓89%
  - ▶ Arrests/police interactions ↓90%
  - ▶ Illegal activity ↓90%
  - ▶ No overdoses
  - ▶ Family conflict ↓70%
  - ▶ Depression, irritability/anger ↓ >50%

## Out-of-Treatment:

- ▶ Continued opioid and other substance use

# BUILDING RESILIENCE: RESPONSES TO BOTH OPIOID CRISIS & CHILD TRAUMA

## CHILDREN AND RECOVERING MOM'S COLLABORATIVE (CHARM)

VERMONT TRAUMA WORK GROUP

BUILDING FLOURISHING COMMUNITIES

LEGISLATIVE RESPONSE

- ▶ (Act 43 of 2017) Building resilience for individuals experiencing adverse childhood experiences: inventory & legislative work group
- ▶ (H. 919 of 2018) Relating to Workforce Development: whole family/two generation approach identified
- ▶ (S. 261) - An act relating to mitigating trauma and toxic stress during childhood by strengthening child and family resilience
- ▶ SERVICE DELIVERY & PROGRAM EXAMPLES

# DULCE - A community response to toxic stress

*with Applesed Pediatrics and Lamoille Family Center*



**D**evelopmental **U**nderstanding -

A Family Specialist promotes knowledge of child development and parenting from birth to six months utilizing the Brazelton Institute Touch Points model

and **L**egal **C**ollaboration - Helping families meet their basic needs in collaboration with the Medical Legal Partnership and the DULCE team

For **E**veryone - Universally reaching families where they already bring their babies - healthcare clinics

**DULCE uses multiple screening tools. They include: SEEK, ASQ, Edinburgh, and CMS social determinants of health.**

**The Safe Environment for Every Kid (SEEK) Parent Questionnaire – is a brief evidence-based questionnaire that screens for prevalent psychosocial problems such as parental depression and substance abuse.**

# Questions?

**Thank you!**

NCSL Contact:

Kate Blackman, MSW, MPH  
Program Manager, Health Program

[kate.blackman@ncsl.org](mailto:kate.blackman@ncsl.org)

303-856-1506

NCSL Legislative Tracking:

<http://www.ncsl.org/research/health/injury-prevention-legislation-database.aspx>

