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
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

Graphic Credit: Robert Wood Johnson Foundation
Early Adversity has Lasting Impacts

ACEs

- Traumatic Brain Injury
- Fractures
- Burn

Mental Health
- Depression
- Anxiety
- Suicide

Maternal Health
- Unintended Pregnancy
- Pregnancy Complications
- Fetal death

Infectious Disease
- HIV
- STDs

Chronic Disease
- Cancer
- Diabetes

Risk Behaviors
- Alcohol & Drug Abuse
- Unsafe Sex
- Opioid Misuse

Opportunity
- Education
- Occupation
- Income

Misuse of Rx pain medication

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

The Health Impact Pyramid

- Socioeconomic Factors
- Changing the Context to make individuals' default decisions healthy
- Long-lasting Protective Interventions
- Clinical Interventions
- Counseling & Education

Increasing Population Impact

Increasing Individual Effort Needed

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

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

Visit CDC’s National Center for Injury Prevention and Control web site: www.cdc.gov/ncipc

Visit the Division of Violence Prevention’s ACE web site: www.cdc.gov/violenceprevention/acestudy

Visit our ACE Online Resources: vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf vetoviolence.cdc.gov/apps/aces/

For more information, contact CDC 1-800-CDC-INFO (232-4636)

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

- **Risky opioid use**: 234,682
  - Need prevention/education

- **Opioid use disorder**: 82,965
  - Need treatment

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

**Sources:**
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

<table>
<thead>
<tr>
<th>Substance of abuse</th>
<th>FY2014</th>
<th>FY2017</th>
<th>Percent increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>14,740</td>
<td>15,690</td>
<td>6%</td>
</tr>
<tr>
<td>Opioids</td>
<td>6,185</td>
<td>7,076</td>
<td>14%</td>
</tr>
</tbody>
</table>
Overall, 52% of Tennessee’s statewide population had at least one ACE, while 21% had three or more ACEs.

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

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
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
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

Team HOPE Care Model by Vanderbilt University

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.
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.

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.

SBIRT
A relative fails and goes to the emergency department, receives a screening and has access to brief intervention and referral to treatment.

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.

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

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

VERMONT
DEPARTMENT OF HEALTH
healthvermont.gov
“Hub and Spoke Model”

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 Appleseed Pediatrics and Lamoille Family Center

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

and Legal Collaboration - Helping families meet their basic needs in collaboration with the Medical Legal Partnership and the DULCE team

For Everyone - 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!

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NCSL Legislative Tracking: