



ADDRESSING ADVERSE CHILDHOOD EXPERIENCES RESULTING FROM THE OPIOID CRISIS

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Most Widely Studied Adverse Childhood Experiences (ACEs)

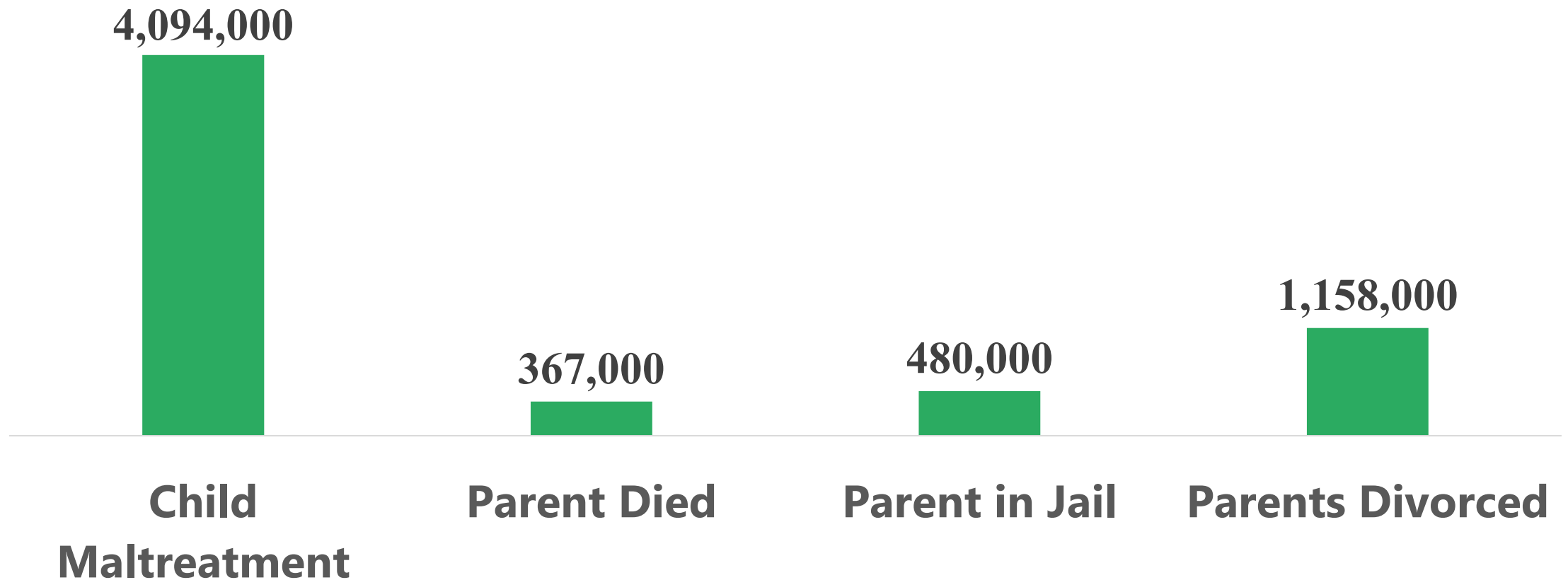
- **Child Maltreatment**
 - **Physical abuse**
 - **Sexual abuse**
 - **Emotional abuse**
 - **Physical neglect**
- **Parent (or guardian) died**
- **Parent incarcerated**
- **Parents divorced or separated**
- **Parent misusing alcohol**
- **Parent missing drugs**
- **Parent mentally ill/suicidal**
- **Witnessing domestic violence**
- **Exposure to community violence**
- **Racial/ethnic or sexual minority discrimination**

Behavioral Risk Factor Surveillance System, National Survey of Children's Health,
Youth Risk Behavior Survey

35 Million Americans Have Repeatedly Misused Opioids

- **44.5% Female**
- **86% started at age 18 or older**
- **55% started at age 26 or older**
- **Most started with a legitimate Rx**
- **Few had previously used illicit drugs**
- **Many were married**
- **They had an average of 0.8 children when they started misusing**

By 2019, 20.6 M children & young adults had ACEs resulting from non-recreational opioid misuse by their parents



ACEs Cause Toxic Stress

- **Untreated, they permanently harm many children's brains**
- **Higher odds of**
 - **Smoking**
 - **Heavy drinking**
 - **Opioid use disorder**
 - **Asthma**
 - **Cancer**
 - **Heart disease**
 - **Arthritis**
 - **Depression & self-harm**
 - **Interpersonal violence**
- **Dose-response relationship between number of ACEs & outcomes**

Evidence-Based Ways to Help These Children & Families

- **Screen & identify**
- **Stable adult in their life**
 - **Is there a parent who is not using opioids?**
 - **Nurse-Family Partnership prenatally thru age 2**
 - **Child-parent psychotherapy for one year @ age 4**
 - **Peer-to-peer support for non-using or recovering parents**
 - **Strengthening Families Program**
 - **Move a parent onto MAT**
 - **Inpatient treatment/recovery housing for a parent with their children**
- **Peer-to-peer support groups for children**

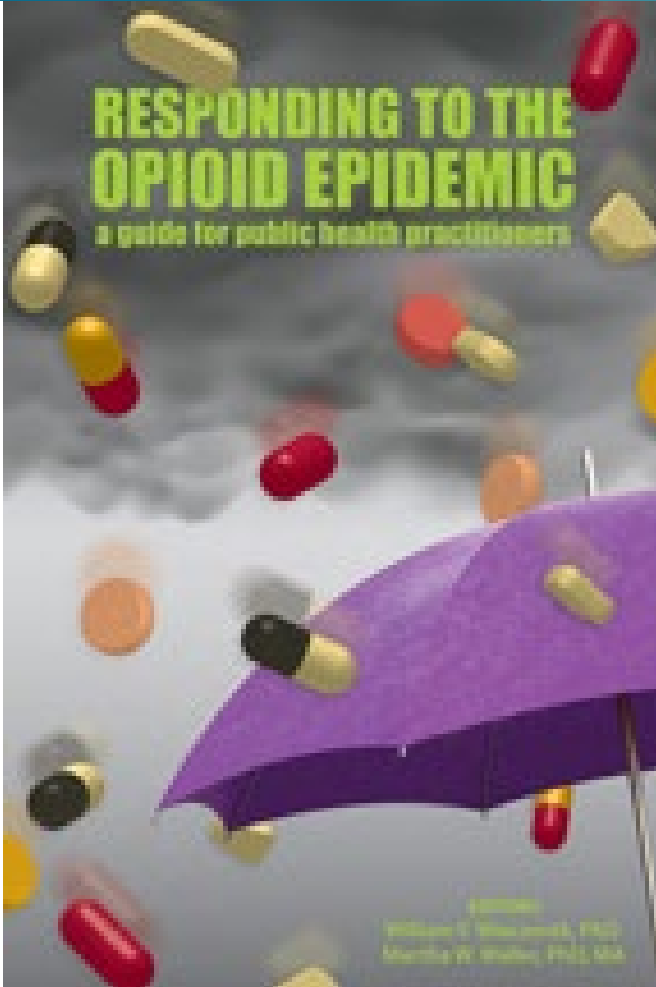
Mental health treatment & support

- **Identified children need a case manager; if possible, not a child welfare investigation**
 - **Preschools**
 - **Add school counselors on 12-month appointments to serve as case managers**
 - **They are focal points for rapid detection of children needing help**
 - **Parent-school conference offering one free round of group CBT - trauma**
 - **They can train the community on detection and intervention**
 - **Offer free one-on-one treatment for depression/anxiety or aggression as needed (coordinated with Medicaid)**
- **Mass media campaign re ACEs, how we respond, & to reduce stigma**

Don't forget our proven cost-beneficial school prevention programs

- **Good Behavior Game in grade 3**
- **All Stars or Life Skills Training in grades 7-8**
- **Project Toward No Drugs in high school**
- **College-based programs run by paid peers**

For Further Information



- Miller TR, Carlson NN. Adverse Childhood Experiences: Responding to a Cross-Generational Opioid Tragedy. In W Wiecek, M Waller (ed.), *Responding to the Opioid Epidemic: A Guide for Public Health Practitioners*, Washington DC: APHA Press, 173-184, 2024.
- Injury Prevention: What Works? A Summary of Cost-Outcome Analysis for Injury Prevention Programs , Children’s Safety Network, 2022. <https://www.childrenssafetynetwork.org/sites/default/files/InjuryPrevention-WhatWorks.pdf>

Summary



- **ACEs from opioids have afflicted a generation of children**
- **Preventing lifetime consequences from that exposure is essential**
- **These children need a steadying adult in their lives**
- **The partners of opioid misusers need help too**
- **Prevention will be expensive, but not helping these children will cost much more**
- **The purpose of prevention is to salvage lives, not to save \$**