

BREAKING NEWS

Since 1883

YOUR NUMBER ONE SOURCE FOR HEADLINES

\$1.00

OPIOID CRISIS

OPIOID TRAINING MODULE 3

CONNECTING PARENTAL OPIOID USE TO CHILD TOXIC STRESS

- This training is offered by the Florida (FL) Alcohol and Drug Abuse Association and JBS International. It is supported by funding from the Department of Children and Families (DCF), Office of Substance Abuse and Mental Health (Contract #LD987) as part of its Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to the Opioid Crisis (O-STR) grant efforts.



THE PURPOSE OF THE OPIOID STR GRANT

Through prevention, treatment, and recovery activities for opioid use disorder (OUD) including prescription opioids and illicit drugs (e.g., heroin), the grant aims to address the opioid crisis by:

- ✓ Increasing access to treatment;
- ✓ Reducing unmet treatment needs; and
- ✓ Reducing opioid overdose-related deaths.

MODULE 3 LEARNING OBJECTIVES

Participants will:

- Name the three types of childhood stress and provide an example of each
- Describe the specific ways in which parents with OUD can contribute to the development of toxic stress in their children
- Articulate at least one action they can take to identify or ameliorate toxic stress in children of parents with OUD.

EFFECTS OF PARENTAL PRESCRIPTION OPIOID MISUSE

- Little research has focused on the effects on children of parents who abuse *prescription* opioids, despite their recent sharp increase in use.
- Staff and advocates who work in the child welfare and judicial systems may have greater understanding of connections between methamphetamine and child maltreatment (e.g., dramatic mood swings, violent behavior, and sexual aggression).
- Emerging research, however, makes an important case for the need to better understand the less overt parental behaviors (e.g., absence of responsive care) that can have devastating consequences for children.

OPIOID USE CONSEQUENCES

- Poor ability to regulate one's own behaviors.
- Impaired memory.
- Decreased capacity for making decisions.
- Decreased ability to imagine future events and interactions.
- Poor executive functioning:
 - ✓ Diminished ability in being flexible with tasks.
 - ✓ Impaired reasoning skills.
 - ✓ Poor ability to problem-solve.
 - ✓ Poor planning skills.

REDUCED ABILITY TO CARE FOR CHILDREN

- Parents with an OUD have a reduced ability to care for their children.
- In the most extreme circumstances, opioid abuse can lead to a child's removal from their home, and placement in foster care.



RECENT FLORIDA HEADLINES ...

Florida's Opioid Crisis: Thousands of Babies Born to Addicts or Removed From Users' Homes

[FlaglerLive](#) | November 9, 2017



Opioid crisis taking toll on Florida children



NEWS SERVICE OF FLORIDA November 12, 2017, 6:00 am November 12, 2017



Drug-Addiction Epidemic Creates Crisis in Foster Care

- October 07, 2016
- By [Teresa Wiltz](#)



SUBSTANCE ABUSE

By Troy Quast, Eric A. Storch, and Svetlana Yampolskaya

Opioid Prescription Rates And Child Removals: Evidence From Florida

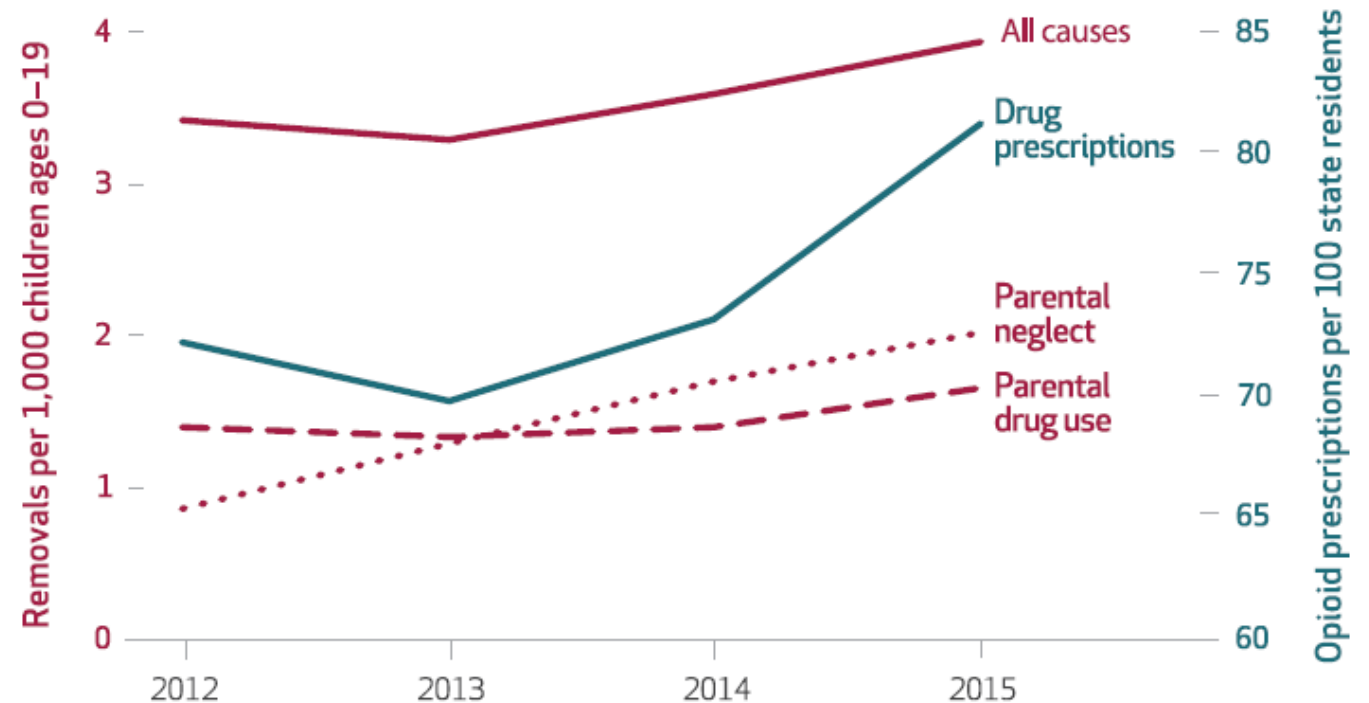
ABSTRACT A critical aspect of the opioid epidemic is its effect on the ability of opioid-dependent parents to care for their children. In this article we investigate the association between the rate of removals of children from their homes and the opioid prescription rate in Florida counties during 2012–15. We performed a panel data analysis of opioid prescriptions that also controlled for the prescription rates of benzodiazepines and stimulants and for other risk factors for child removal. We found that a one-standard-deviation increase in the opioid prescription rate was associated with a 32 percent increase in the removal rate for parental neglect. When we obtained subset samples by percentage of white residents, the estimated relationships were approximately twice as large in the counties with the highest concentration of whites than in the counties with the lowest. Policy makers should consider the opioid epidemic's effects on child welfare when determining the appropriate public health response.

A critical aspect of the opioid epidemic is its effect on the ability of opioid-dependent parents to care for their children.

REMOVAL STUDY

- A study of the rate of removals of children from their homes, and the opioid prescription rate in FL counties during 2012–15.
- The analysis was limited to prescription rates, and did not measure illicit opioids (heroin).

Annual statewide rates of child removal and drug prescription in Florida, 2012–15



EFFECTS ON CHILDREN

- Aside from the direct or indirect harm caused by parental substance abuse, placement out of the home has been associated with many deleterious effects on children, including higher rates of juvenile delinquency and teen motherhood; mental and physical health problems; and higher rates of adult criminality.



FINANCIAL COSTS OF REMOVAL

- The fiscal costs of placing a child in foster care (excluding health care and food assistance) is roughly \$20,000 per year.
- Recently states have sued opioid manufacturers, in part because of the costs associated with having the children of opioid dependents enter their foster care systems.



REMOVAL CONT.

- When children are removed because of parental drug abuse, their stay periods away from home are longer, and the removal is less likely to result in reunification with the parent (compared to removals for other reasons).





“OF A GOOD BEGINNING COMETH A GOOD END.”

CHINESE PROVERB



EARLY EXPERIENCES

- Early experiences and environmental influences can leave a lasting signature on the genetic predispositions that affect emerging brain architecture and long-term health.
- Increasing investments are being made in the preschool years to promote the foundations of learning.



COMPLEX INTERACTION

- Interventions that reduce adversity are also likely to strengthen the foundations of physical and mental health.
- Beginning prenatally, continuing through infancy, and extending into childhood and beyond, development is driven by an ongoing, complex interaction between biology (genetic predispositions) and ecology (social and physical environment).



PRE AND POST-NATAL STRESS

- Beginning as early as the prenatal period, both animal and human studies suggest that fetal exposure to maternal stress can influence later stress responsiveness.
- Early postnatal experiences with adversity are also thought to affect future reactivity to stress.

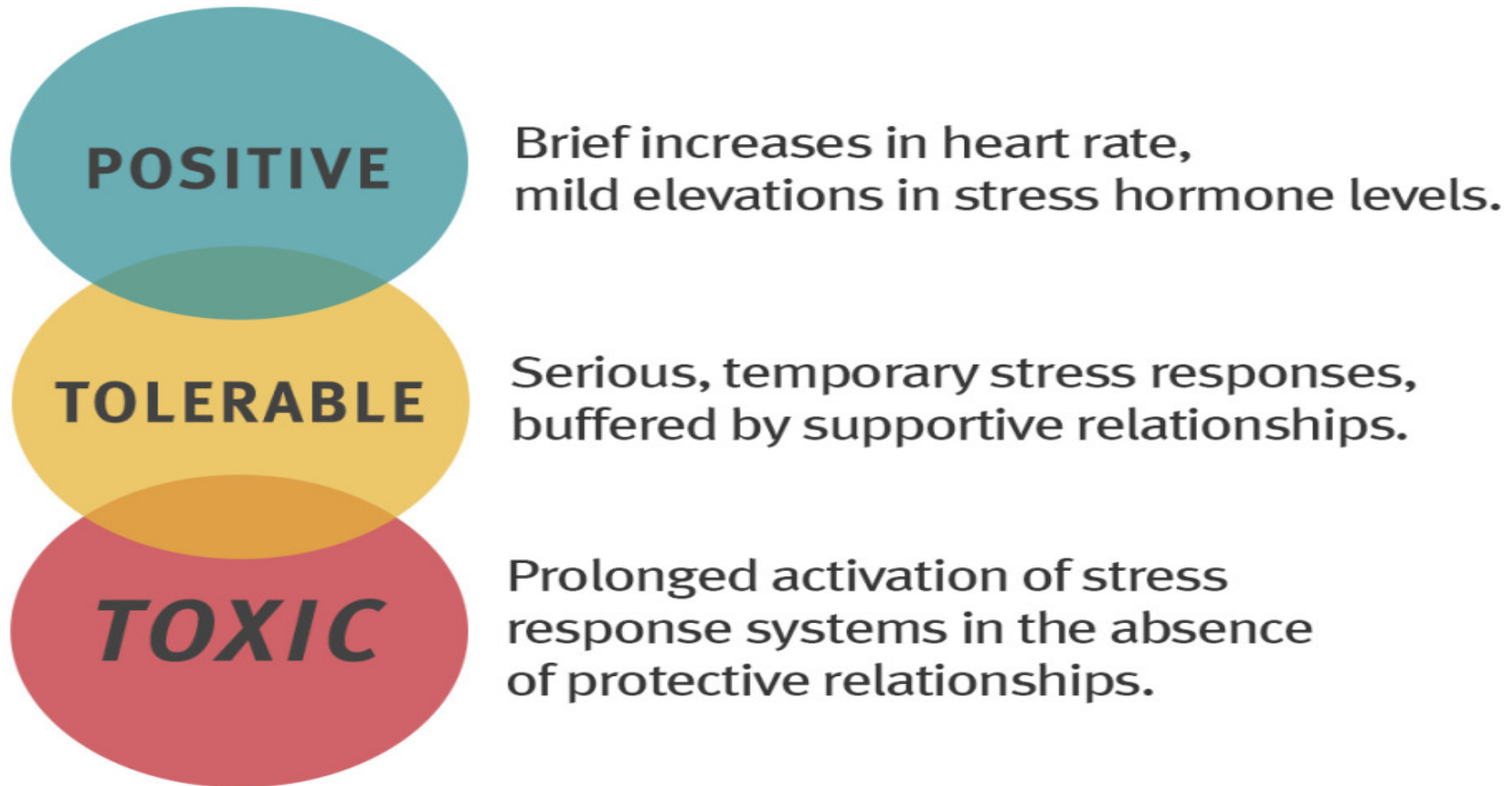


EXCESSIVELY HIGH LEVELS OR PROLONGED EXPOSURES TO STRESS

- Increases in stress hormones are protective and even essential for survival; however excessively high levels or prolonged exposures can be quite harmful or toxic, and can lead to a chronic “wear and tear” effect on multiple organ systems, including the brain.



Three Stress Response Types



POSITIVE STRESS

- Example: the availability of a caring and responsive adult who helps the child cope with the stressor, thereby providing a protective effect



A TOLERABLE STRESS RESPONSE

- Example: exposure to non-normative experiences that present a greater magnitude of adversity or threat (e.g., the death of a family member, a serious illness or injury, a contentious divorce, a natural disaster, or an act of terrorism)



TOXIC STRESS

- Examples: results from strong, frequent, or prolonged activation of the body's stress response systems in the absence of the buffering protection of a supportive, adult relationship



TOXIC STRESS

Toxic stress in young children can lead to less outwardly visible (yet permanent) changes in brain structure and function.

Researchers are working to develop, test, and refine new and more effective strategies for reducing toxic stress and mitigating its effects as early as possible, before irrevocable damage is done.

TOXIC STRESS

- There is a strong association between early adverse experiences and subsequent problems in the development of linguistic, cognitive, and social-emotional skills, all of which are inextricably intertwined in the wiring of the developing brain.
- The brain changes from toxic stress can have potentially permanent effects on a range of important functions, such as regulating stress physiology, learning new skills, and developing the capacity to make healthy adaptations to future adversity.



NEGLECT:

PERSISTENT ABSENCE
OF RESPONSIVE CARE
DISRUPTS THE
DEVELOPING BRAIN.

CUMULATIVE BURDEN OF STRESS OVER TIME

- There is growing documentation of the extent to which both the cumulative burden of stress over time (e.g., from chronic maltreatment) and the timing of specific environmental insults during sensitive developmental periods (e.g., prenatal alcohol exposure) can create structural and functional disruptions that lead to a wide range of physical and mental illnesses later in adult life.
- Adults who manifest higher rates of risk-taking behaviors are also more likely to have trouble maintaining supportive social networks and are at higher risk of unemployment, poverty, homelessness, violent crime, incarceration, and becoming single parents.
- Those who become parents themselves are less likely to be able to provide the kind of stable and supportive relationships that are needed to protect their children from the damages of toxic stress (intergenerational cycle of significant adversity).

CRITICAL OPPORTUNITIES TO PREVENT

- The lifelong problems caused by toxic stress are enormous, as manifested in adverse impacts on learning, behavior, and health. Effective early childhood interventions provide critical opportunities to prevent these undesirable outcomes, and generate large economic returns for all of society.



ACTIONS YOU CAN TAKE

- Understand how opioid use affects parental behavior (nodding out, pre-occupation with drug seeking and using).
- Recognize the connection between such behaviors and child neglect (e.g., the consequence of a wet or soiled diaper left on for many hours may not just mean a diaper rash; the lack of parental responsiveness could contribute to toxic stress).
- Consider ways to provide stable and supportive relationships to prevent or mitigate toxic stress.
- Promote comprehensive developmental assessment to assess/address milestones.
- Connect child to preschool and other early learning opportunities to promote the foundations of learning.

OTHER RESOURCES

- HHS Administration for Children & Families at <https://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive/resources>
- FSU Center for Prevention & Early Intervention Policy at <https://www.cpeip.fsu.edu/>
- <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

FOR QUESTIONS OR FOR ADDITIONAL INFORMATION

For additional opioid training modules:

- [FADAA.org](https://www.fadaa.org)

For additional information about Florida's opioid treatment options or other DCF opioid information:

Walter Castle LCSW, MCAP

Opioid STR Project Director

Office of Substance Abuse and Mental Health

Florida Department of Children and Families

1317 Winewood Blvd., Bldg. 6, Room 250

Tallahassee, FL 32399

Office: (850) 717-4277

Email: walter.castle@myflfamilies.com

REFERENCES

Slide 5: *The American Journal of Drug and Alcohol Abuse*, 37:532–536, 2011

Slide 6: <https://heroin.net/heroin-effects/heroin-effects-sub-page-1/heroin-effects-on-the-brain/>

Slide 7: Opioid Prescription Rates and Child Removals: Evidence From Florida, *Health Affairs* 37, No. 1 (2018) 134-139, Project HOPE, The People-to-People Health Foundation, Inc.;
<https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1023>

Slide 8: Florida newspaper headlines

Slides 9-13: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1023>

Slide 14: Chinese proverb

Slides 15-26: TECHNICAL REPORT The Lifelong Effects of Early Childhood Adversity and Toxic Stress; American Academy of Pediatrics; www.pediatrics.org/cgi/doi/10.1542/peds.2011-2663

Slide 27: National Council on the Developing Child (Harvard University)
<https://developingchild.harvard.edu/resources/the-science-of-neglect-the-persistent-absence-of-responsive-care-disrupts-the-developing-brain/>