

Millions of children and families in the US are affected by opioid use and other challenges related to substance use disorder or misuse. Between 1999 and 2016, opiate-related deaths more than quadrupled, with over 350,000 people in the US dying of overdoses.¹ Research has demonstrated a strong relationship between childhood exposure to traumatic events and a variety of substance use-related behaviors.² Throughout a person's lifetime, childhood trauma exposure can be a significant factor in addiction and mental health problems, and approaches to prevention, intervention, and recovery efforts.³

How Do Substance Use and Trauma Affect Children, Adolescents, and Families?

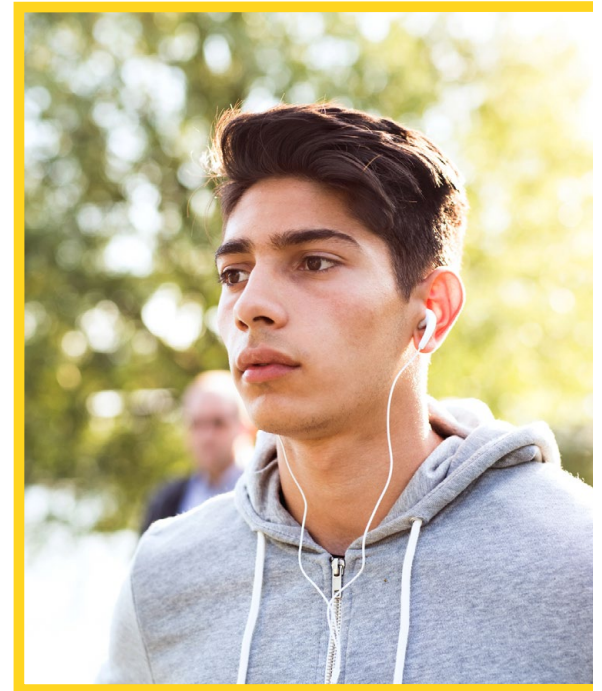
Trauma, Child and Adolescent Development, and Substance Use

Prior to age 16, two-thirds of children in the US are exposed to a traumatic event.⁴ This can include physical, sexual, or psychological abuse and neglect (including family violence); natural and technological disasters; sudden or violent loss of a loved one; community violence, trafficking, or terrorism; refugee and war experiences (including torture); serious accidents or life-threatening illness; military family-related stressors (e.g., parental loss or injury); exposure to personal or familial substance use disorder; and more. These traumatic events can impact a child's development and emotional and physical well-being. For example, when a child's ability to form safe attachments with their parent or caregiver is disrupted, other problems can follow, such as increased vulnerability to stress, inability to regulate emotions without help, or unhealthy dependency.⁵ Children may also develop poor coping skills and engage in risky behaviors, including substance use. Individuals who use opioids, including misuse of prescription opioids, often report extensive histories of childhood maltreatment.^{6,7} Some research suggests that opioids may be the preferred type of drug for individuals with histories of childhood trauma because they have the potential to numb both physical and psychological pain.⁸

The consequences of childhood trauma and substance use are also severe in adolescence. Overdose death rates among adolescents (aged 15–19) have increased and are highest for opioid drugs, specifically heroin, when compared to other substances.⁹ Adolescents with traumatic stress and substance use problems may exhibit severe clinical symptoms, functional impairment, and increased service system involvement.¹⁰ Adolescent opioid use has also been strongly linked to depression.¹¹ Nearly 4% of adolescents report misusing pain medication/opioids.¹² Adolescents living in rural settings are 35% more likely to misuse prescription opioids compared to youth in large urban areas.¹³ Additionally, individuals who report taking prescription opioids for medical purposes during high school have a 33% greater risk of misusing opioids by the age of 23.¹⁴ These early experiences underscore the need for early intervention and prevention programs.

Substance Use-Related Impaired Caregiving

Children can face increased risks for trauma exposure when caregivers are impaired by substance use, including during pregnancy. In a 2014 study of Medicaid patients, the rate of opioid use during pregnancy was approximately 14.4 per 1000 live births.¹⁵ Prenatal exposure to opioids increases risks for the mother and child, including miscarriage, premature labor, malnutrition, intrauterine growth restriction, preeclampsia, stillbirth, neonatal abstinence syndrome, and infectious disease exposure.¹⁶ Due to stigma and fear of child welfare involvement, opioid-dependent mothers may forgo prenatal care,¹⁷ reducing opportunities for early substance use treatment and increasing the risks for complications during pregnancy. As they grow up, children of opioid-misusing parents are more likely to experience psychological distress, psychopathology, poverty, and reduced family cohesion.¹⁸





The Impact of the Opioid Crisis on Children and Families

Opioid misuse can have consequences that are lifelong and intergenerational. Children and adolescents exposed to the opioid crisis in their families may experience other related trauma, such as incarceration of a parent or sibling, witnessing the overdose or death of loved ones, separation from families, traumatic bereavement, stigma, interpersonal victimization, neglect, hunger, or poverty. Further, when opioid misuse leads to the impairment or death of parents, grandparents may take on the responsibility of caring for their grandchildren. In some instances, children cannot be placed with relatives because the relatives themselves are involved in substance use or already have several children in their care. Careful evaluation of family circumstances is necessary to determine if removal of the child is needed. In some instances, children are also at risk of becoming parentified, i.e., taking on the role of “parent” to the adults who are impaired, while they are in need of support themselves.

What Can Be Done?

Although the consequences of trauma and the opioid epidemic on children and families are complex, evidence-based treatments and services can provide help. These include cognitive-behavioral therapy, contingency management, family-based therapy, motivational interviewing, and 12-step programs.¹⁹ Relationship-based dyadic interventions exist to strengthen the bond between parent and young children and contribute to building capacity in parents to abstain from substance use.^{20,21} Further, policymakers at the local, state, and federal levels can play an important role in ensuring that effective policies and programs are available to support families and communities involved in this crisis. Below are recommendations related to treatment, training, and prevention.

Recommendations for Clinical Interventions and Training:

- Trauma-informed treatment is crucial for individuals seeking treatment for substance use. Comprehensive treatments are needed for individuals with co-occurring opioid addiction and mental health problems.²²
- Age-appropriate and specialized clinical services for adolescents with trauma and substance use histories are needed.²³
- Resources are needed to help address the complex family histories, community challenges, and emotional distress, including bereavement experienced by children and families impacted by child trauma and opioid use.
- Specialized programs are needed for pregnant and parenting women with opioid use and trauma that allow parent and child to stay together. Such initiatives should include evidence-based treatment related to the impact of trauma on the development and maintenance of opioid use disorder and interventions that strengthen the attachment bond between parent and child. Recovery housing for parents with children is also needed.²³
- Offer treatment interventions to strengthen the father-child relationship, recognizing that children’s attachment to their fathers is important to healthy development and the growing need to support fathers raising children when the other parent is impaired or absent.²⁴
- Address barriers to mental health and addiction treatment, such as waiting lists, lack of parity enforcement, inadequate networks, shortage of expert providers, and lack of Medicaid coverage.

- Increase education and training opportunities for the substance use and child serving systems workforces, including professionals and peers, regarding the relationship of opioid use and child trauma.

Prevention Efforts:

- Prevention efforts can be supported by screening and assessment for trauma exposure, traumatic stress symptoms, and substance use problems to ensure proper identification, prevention, and intervention in all child-serving settings.²⁵
- Encourage the development and implementation of home visiting programs to provide pregnant women and families with the resources and skills to raise healthy children and to prevent child abuse and neglect.
- Promote safe storage methods and unused medication drop-off programs in communities to reduce children's access to prescription opioids.²⁶
- Prevention programs should include a focus on young adolescents involved in non-medical use of prescription opioids. Non-medical use of prescription opioids in late childhood has been shown to be related to heroin use at a later age.²⁷
- Ensure that programs directed to opioid use prevention and treatment do not inadvertently reduce accessibility to services for those with problems related to other drugs or alcohol.
- Guidelines for opioid prescribing should include specific recommendations for health care providers, including dentists and oral surgeons, serving children and adolescents.

NCTSN Resources

Authorized by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a federally funded child mental health service initiative designed to raise the standard of care and increase access to services for traumatized children and their families across the US. The broad mission of the NCTSN includes assessment, treatment and intervention development, training, data analysis, program evaluation, policy analysis and education, systems change, and the integration of trauma-informed and evidence-based practices in all child-serving systems. The UCLA-Duke University National Center for Child Traumatic Stress (NCCTS) coordinates the work of the NCTSN, a national network of 100 funded and over 150 affiliate members, and hundreds of national and local partners.

The NCTSN's Trauma and Substance Abuse Committee is a workgroup of NCTSN members and affiliates collaborating to improve the standard of care for children, youth, and families who are experiencing the impact of substance abuse and traumatic stress. Related NCTSN resources include the following:

- *Understanding the Links between Adolescent Trauma and Substance Abuse: A Toolkit for Providers* explores the complex connections between traumatic stress and substance abuse and provides guidelines for identifying, engaging, and treating adolescents suffering from these co-occurring problems.
- *The Role of Trauma among Families Struggling with Substance Abuse* is a webinar speaker series available through the NCTSN Learning Center.
- *Adolescent Trauma and Substance Abuse Online* is an e-Learning course that provides training and materials for mental health clinicians and substance abuse treatment providers on the complex intersections between psychological trauma and co-occurring substance abuse and dependency.

Additional resources can be found in the [trauma and substance abuse](#) section of NCTSN's website.



For more information about child trauma and the NCTSN, visit our website (www.nctsn.org), the NCTSN Learning Center (<https://learn.nctsn.org/>), or contact the NCTSN Policy Program at policy@nctsn.org.

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