

Considering Children: How the opioid epidemic affects child survivors of domestic violence

December 12, 2017

Presenters:

- **Tanagra M. Melgarejo, MSW**, Harm Reduction Coalition
- **Dr. Margie Skeer**, Tufts University School of Medicine

Welcome to the Webinar

We will begin at 11:00am (PT) / 2:30pm (ET).

A recording will be available after the webinar.

Please introduce yourself.

Your line will be muted to cut down on background interference so please use the chat box to share your name, your organization, your location and any questions you have for our speaker or moderator.



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Promising Futures: National Capacity Building Center to Expand Services for Children, Youth, and Abused Parents Impacted by Domestic Violence

Website includes information on:

- Resources for DV programs/Advocates to enhance children's programming
- Capacity building resources
- Bridging research with practice
- Interventions for children and youth
- Trauma-informed strategies
- Practical tools and resources

FUTURES Provides Free Training and Technical Assistance

- ❖ Promising Futures: www.promisingfutureswithoutviolence.org
- ❖ DVRN: <http://www.nrcdv.org/dvrn/>
- ❖ Upcoming and past webinars: www.futureswithoutviolence.org

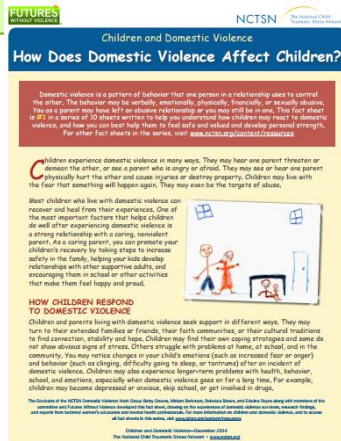


Promising Futures
16 TRAUMA-INFORMED, EVIDENCE-BASED
RECOMMENDATIONS FOR ADVOCATES
WORKING WITH CHILDREN EXPOSED TO
INTIMATE PARTNER VIOLENCE

Written By: Patricia Saltzman, LCSW, Kate Wassenaar,
Betsy Whitaker, LCSW, Megan Day, PhD

Edited By: Loretta Davis
Contributed By: Kelly Velez, PhD
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Considering Children: How the Opioid Epidemic Affects Child Survivors of Domestic Violence

**Margie Skeer, ScD, MPH, MSW
Tufts University School of Medicine**

December 12, 2017

MY PATH



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The Opioid Epidemic

What Are Opioids?

- Heroin - Schedule I
- Prescription Opioids – some examples include:
 - Codeine
 - Hydrocodone
 - Oxycodone
 - Morphine
- Fentanyl (prescription, but manufactured and sold illegally)

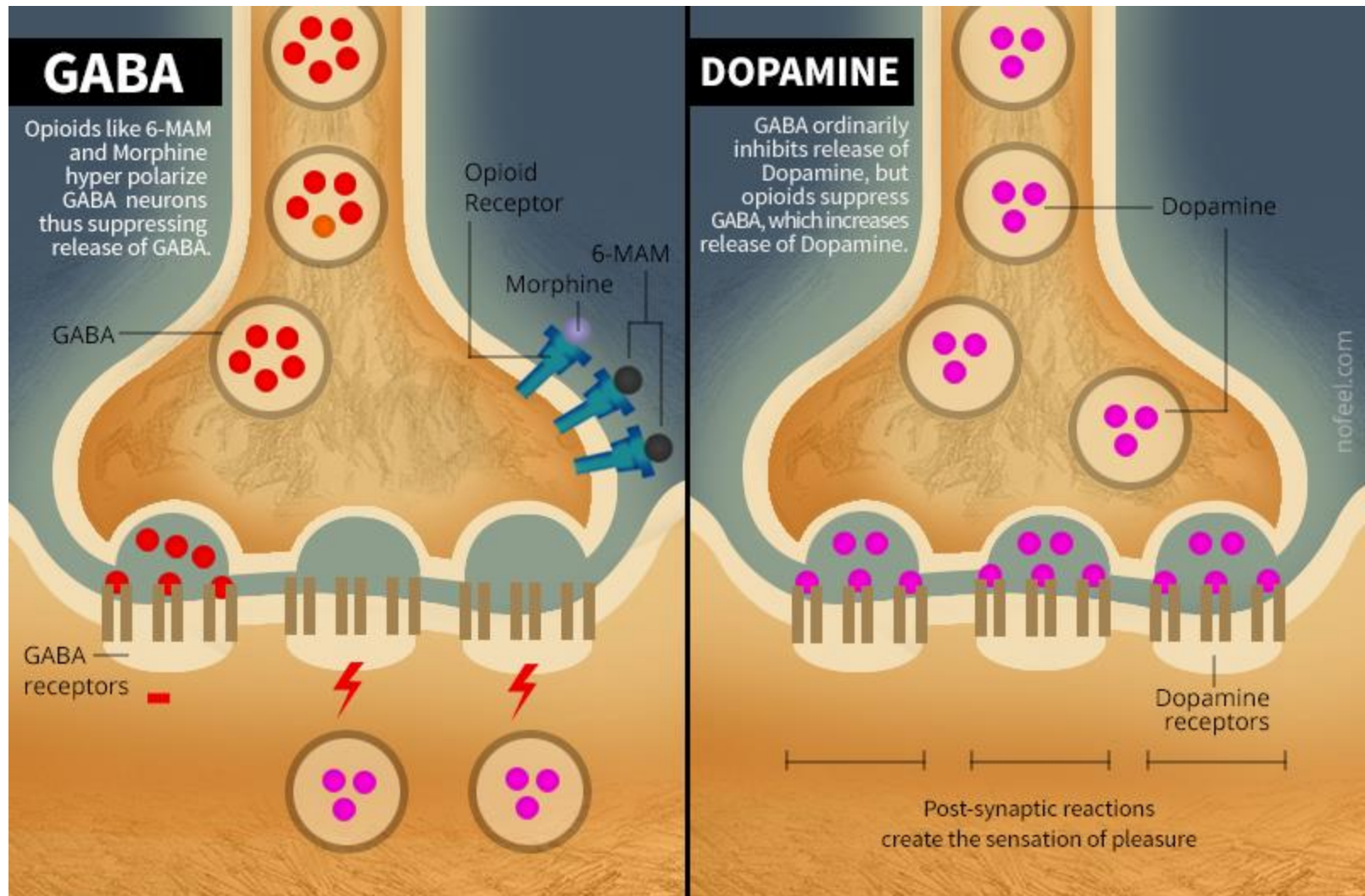
What Are We Talking About?

[Video: Opioids and Fentanyl](#)

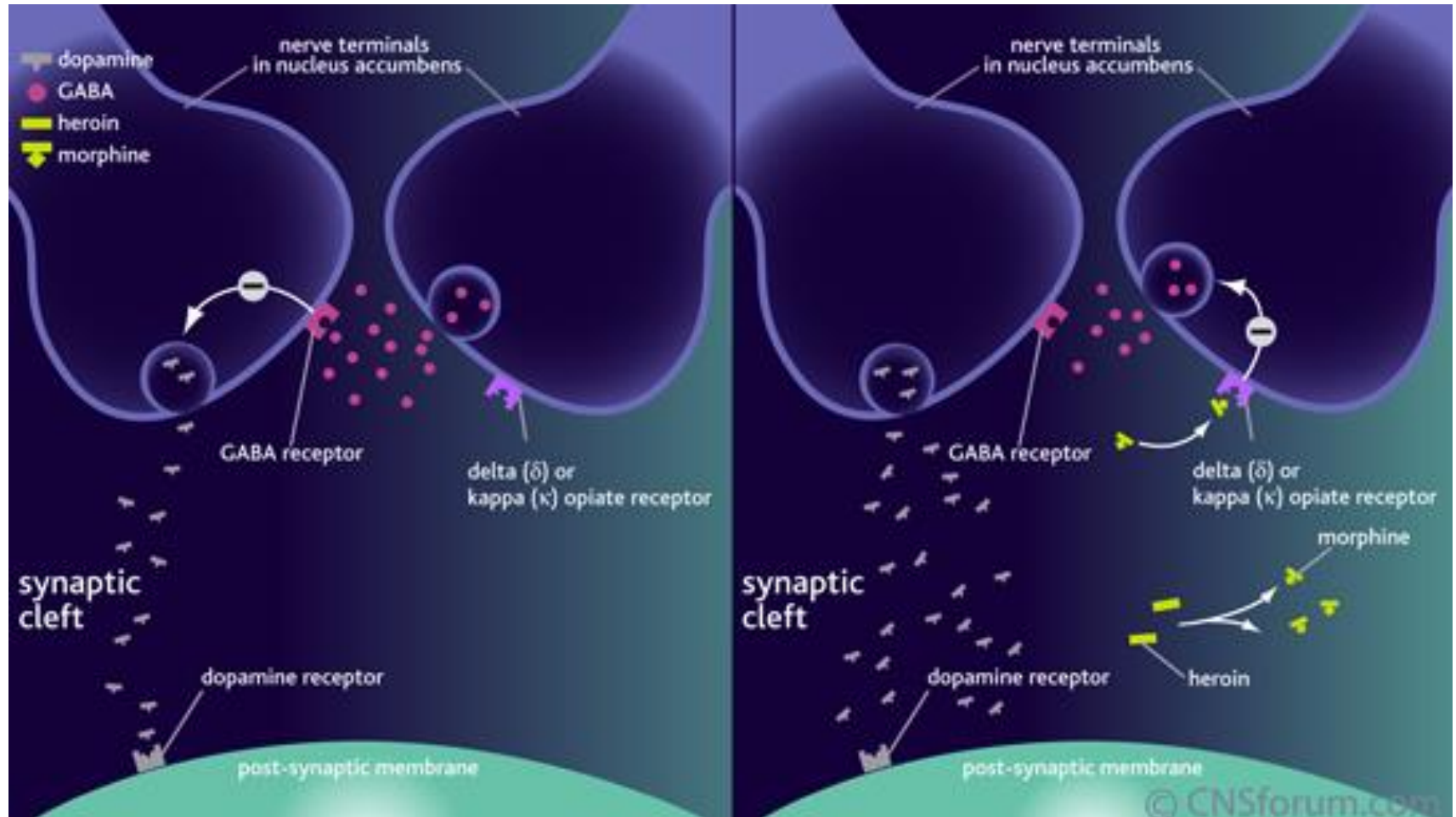
Opioids and the Brain: The Role of Dopamine

- Dopamine is a neurotransmitter that is largely responsible for pleasure and reward
- Almost all substance of abuse and dependence increase dopamine

How Opioids Affect the Brain



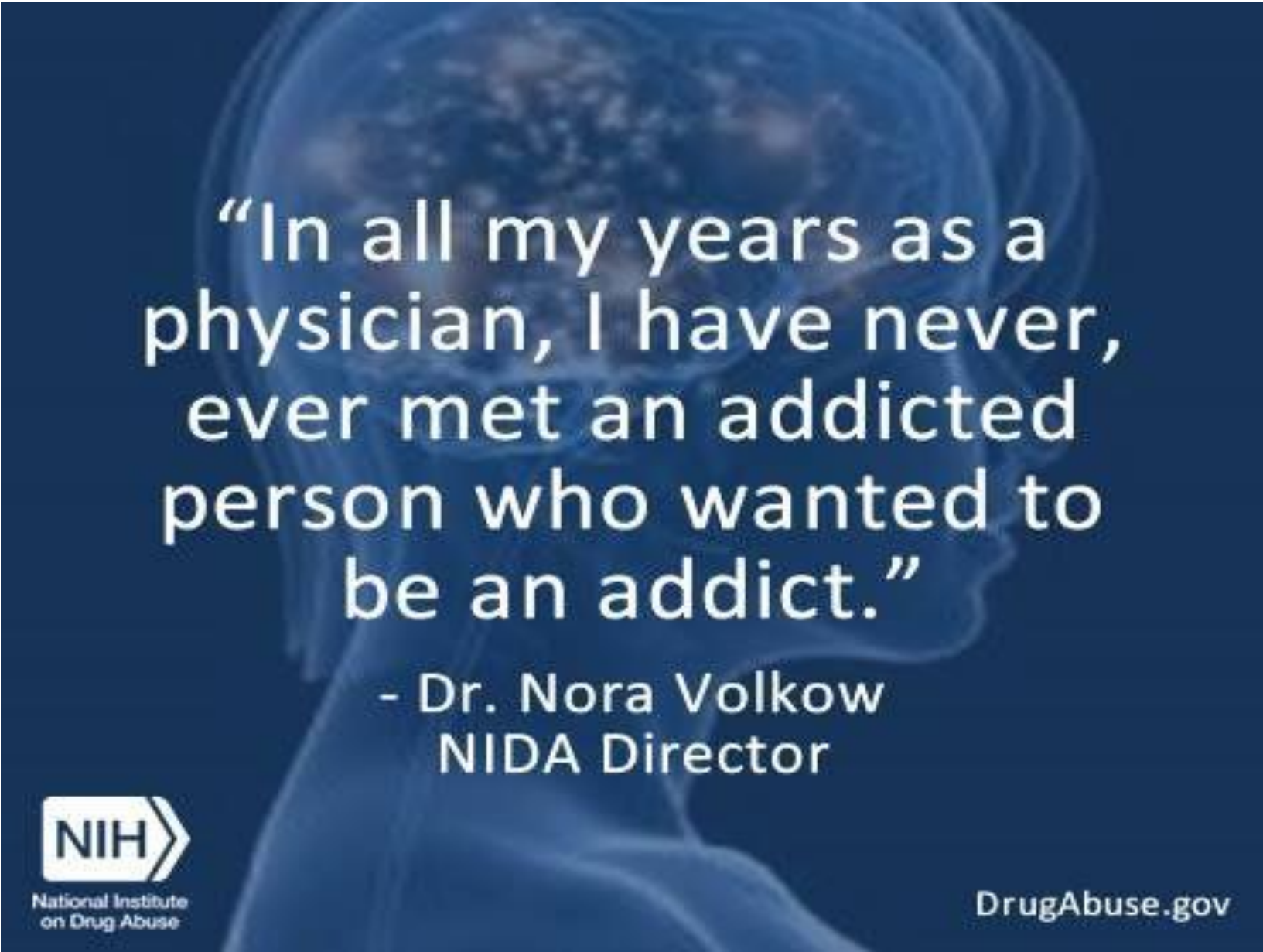
How Opioids Affect the Brain





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“In all my years as a
physician, I have never,
ever met an addicted
person who wanted to
be an addict.”

- Dr. Nora Volkow
NIDA Director

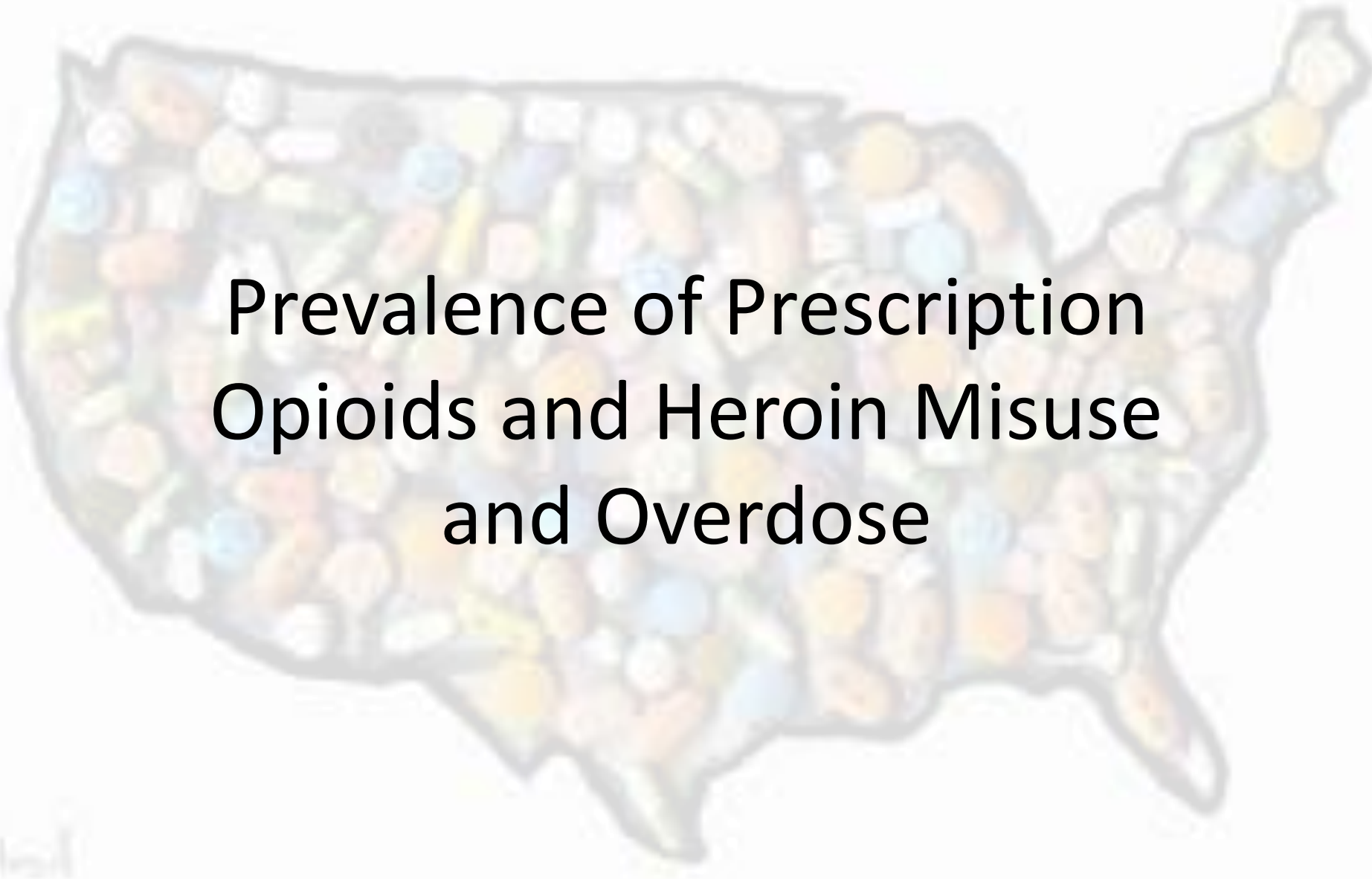


National Institute
on Drug Abuse

DrugAbuse.gov

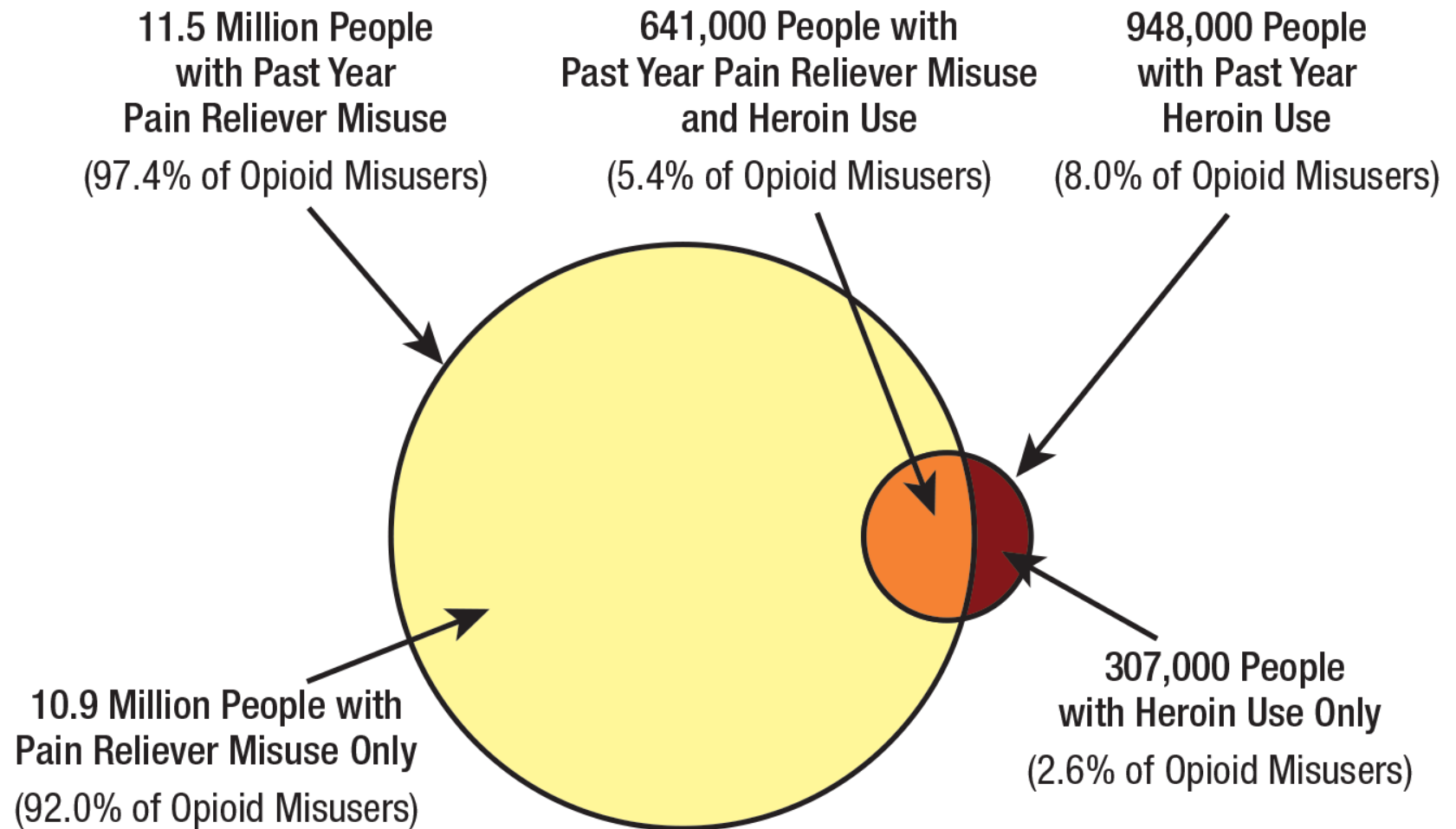
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Prevalence of Prescription Opioids and Heroin Misuse and Overdose

Past Year Opioid Misuse among People Aged 12 or Older: 2016



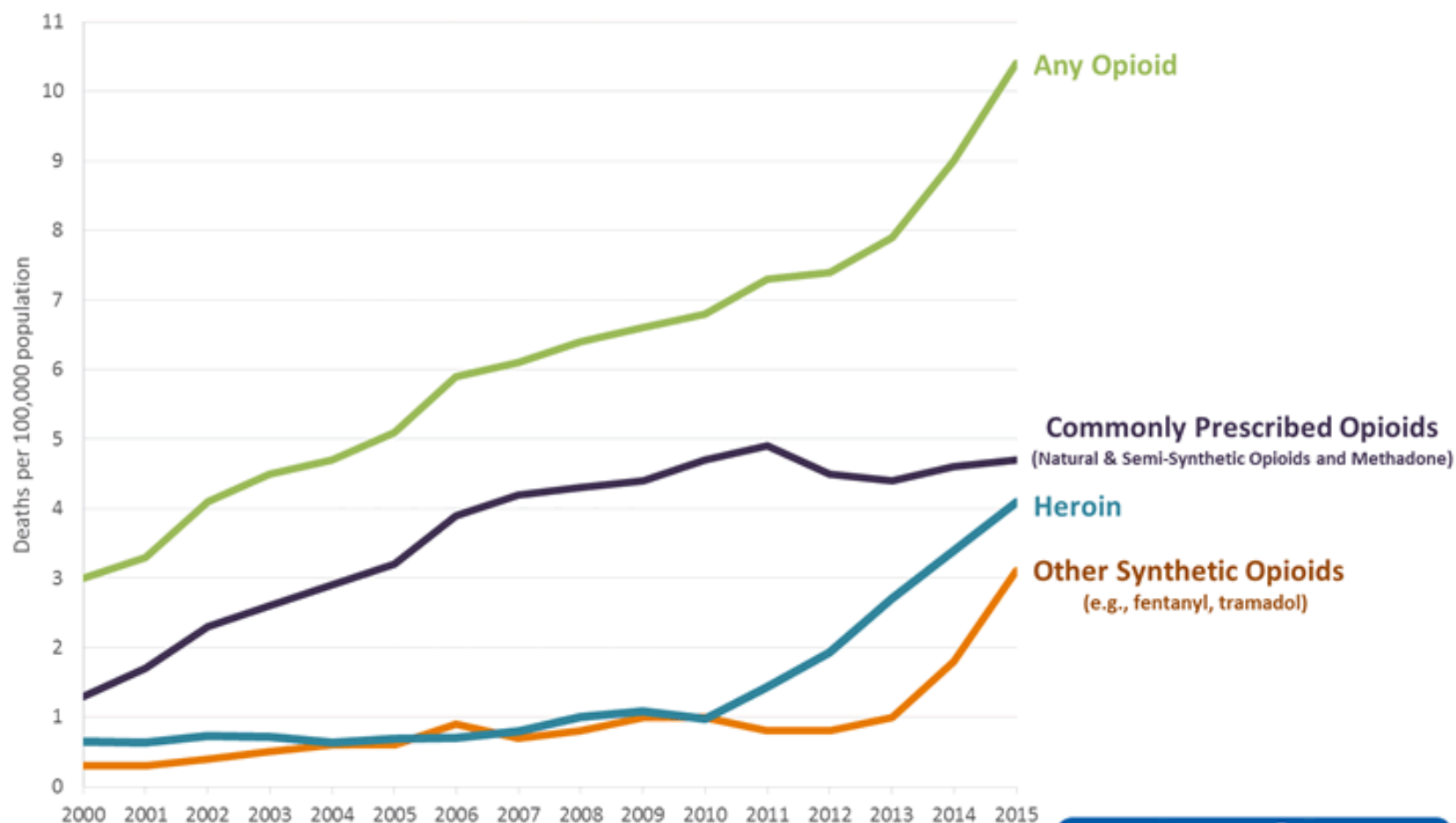
11.8 Million People Aged 12 or Older with Past Year Opioid Misuse

<https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm#fig27>

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Overdose Deaths Involving Opioids, United States, 2000-2015



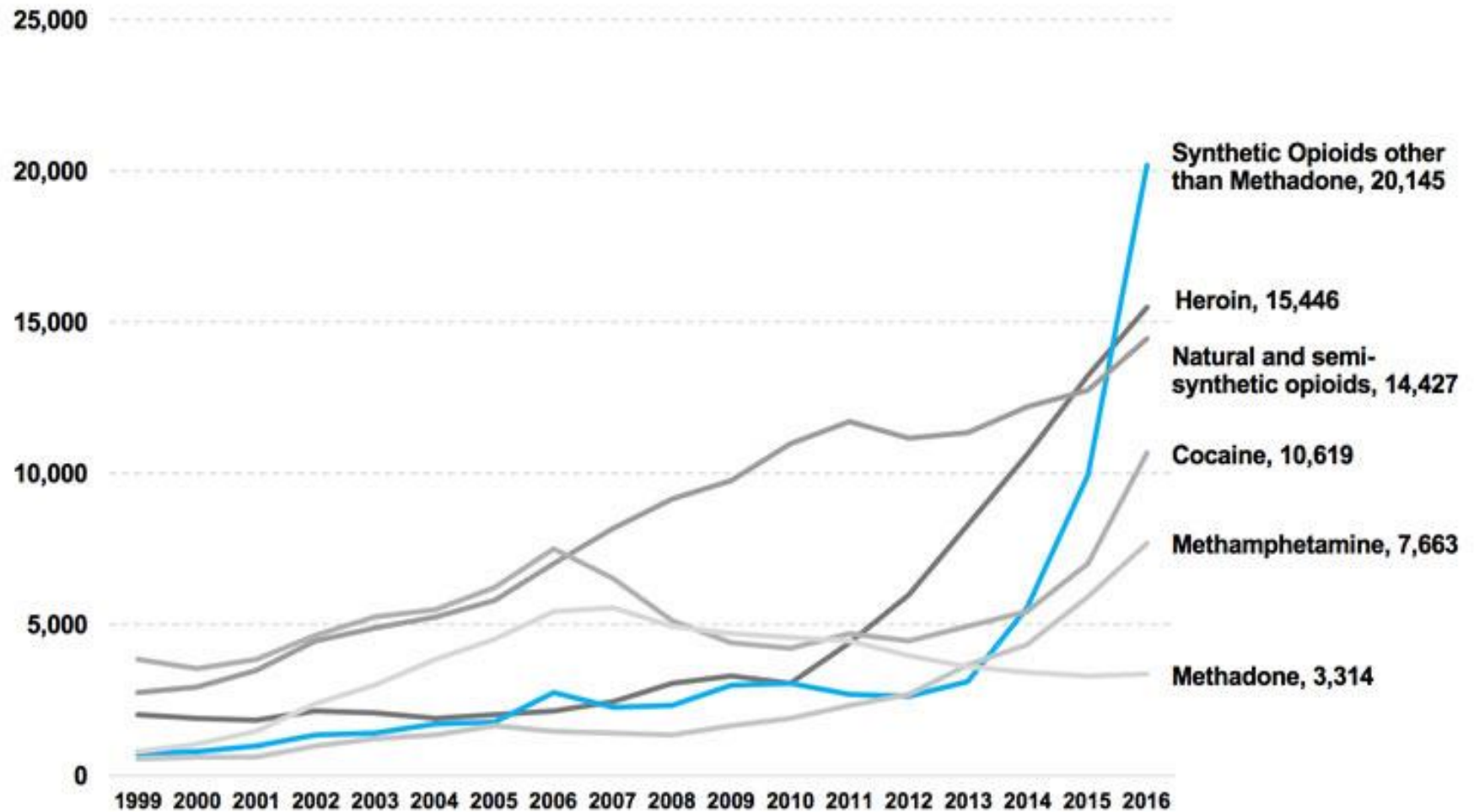
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

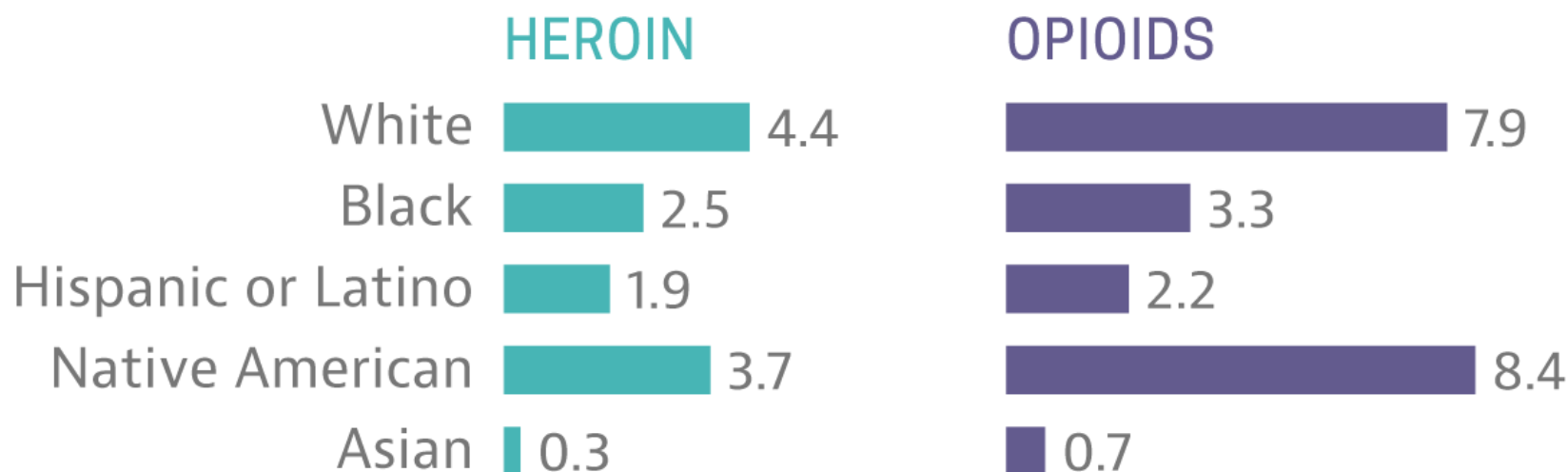
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Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

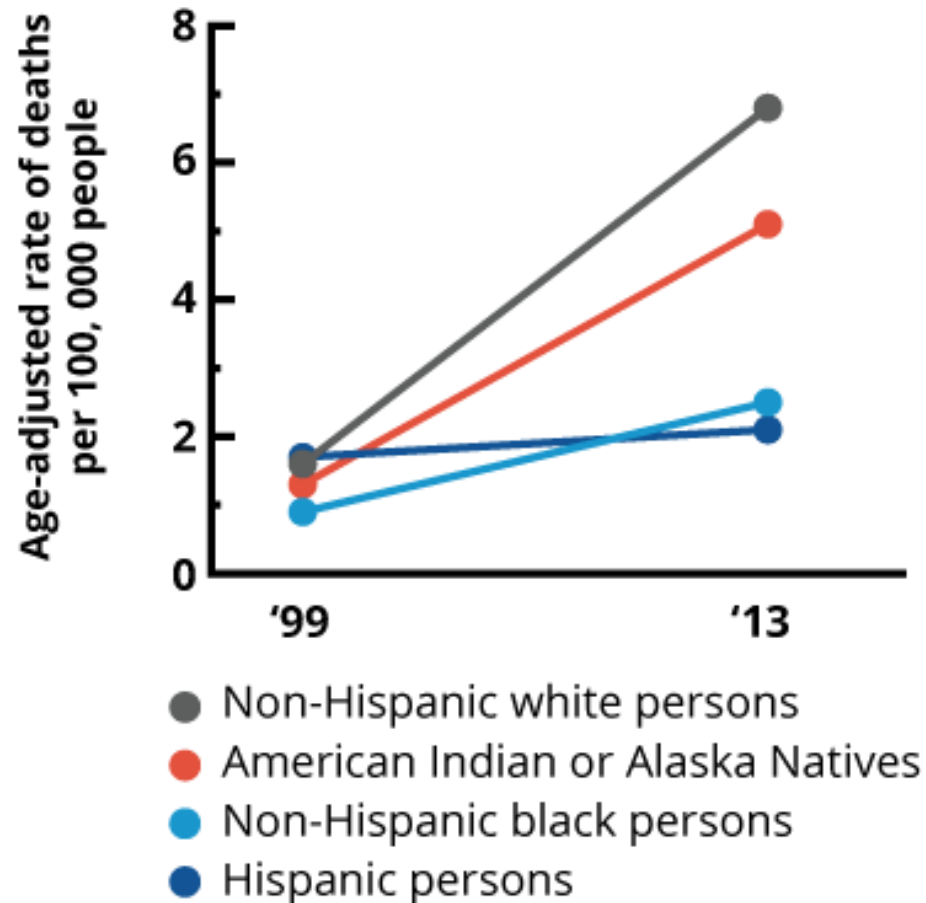


Overdose Deaths by Race in 2014 per 100,000 people



Data: CDC

Deaths in the US from Prescription Opioid Overdoses



© Clinical Tools, Inc

Source: CDC, 2015

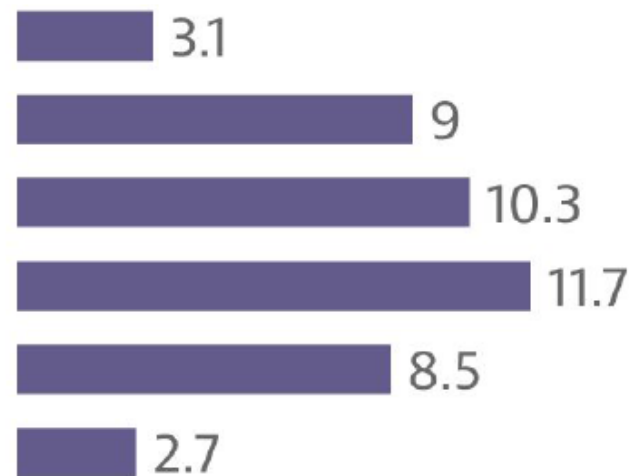
Overdose Deaths by Age in 2014 per 100,000 people

HEROIN



Incidence rate of heroin overdose is highest in 25-34 year olds

OPIOIDS



Incidence rate of Rx opioid overdose is highest in 45-54 year olds

Opioid Use and Domestic Violence

Opioid Use and Violence Victimization

- Women with opioid use disorders have an increased risk of victimization
- The direction is unclear: opioid use disorders may increase risk for victimization or victimization may lead to opioid use disorders

Smith et al., 2012

Substance Use and Violence

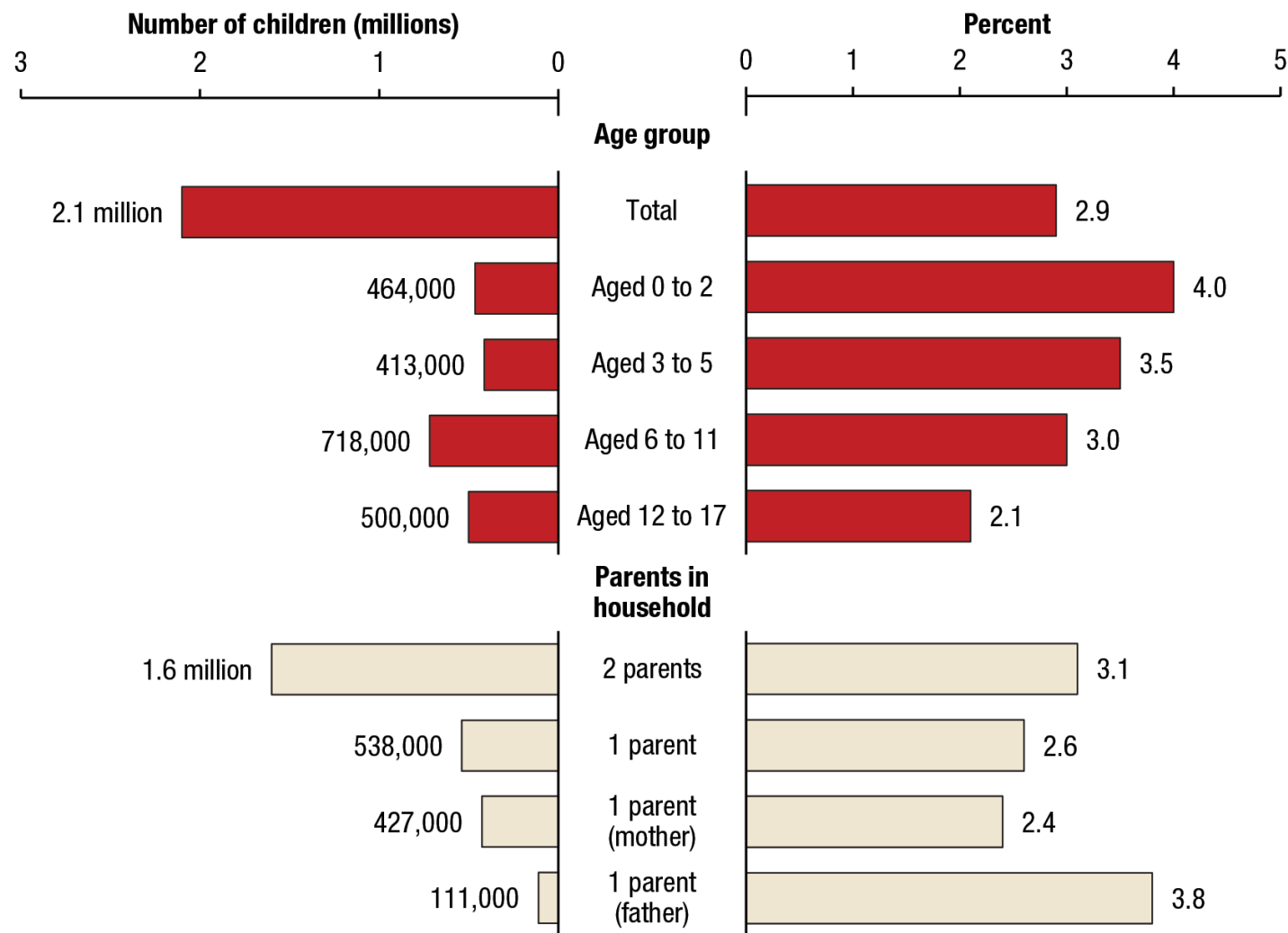
- 26% use substances to reduce pain of abuse
- 27% were pressured/forced to use substances by partner/ex-partner
- 15% tried to get help for substance use
 - Of these 60% had a partner or ex try to prevent them from getting help

What Does This Mean for Children?

SOCIAL ECOLOGICAL MODEL



Number and percentage of children aged 17 or younger living with at least one parent with a past year illicit drug use disorder, by age group and household composition: annual average, 2009 to 2014



Living with a Parent with an OUD

- Increased risk of externalizing behaviors
 - Literature review found that approximately one third of youth studied met the diagnostic criteria for a disruptive disorder and 60% engaged in at least one delinquent behavior.
- Increased risk of internalizing disorders
 - 21%-30% of youth were characterized as having anxiety and/or mood disorders

(Morton and Wells, 2017)

Living with a Parent with an OUD

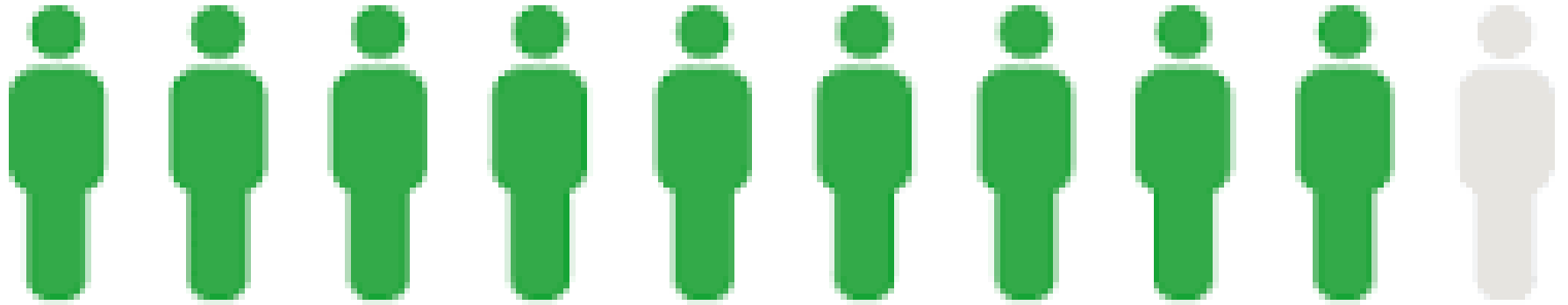
- Reduced chance of being functionally resilient
 - Only 24% of youth met criteria for “functional resilience”: employed or enrolled in an educational program, no lifetime substance abuse or dependence, and no adult criminal charges in the past 5 years
- Increased risk of illicit drug use
 - 47%-59% of youth had a substance-related problem

(Morton and Wells, 2017)

Risks for Substance Use Among Youth

Social Determinants

- Adverse family conditions
 - Initiation of smoking, alcohol, and illicit drugs
- Peer networks
 - Initiation of illicit substance use
- Individual social factors are important determinants of use and misuse
 - E.g., SES, social support



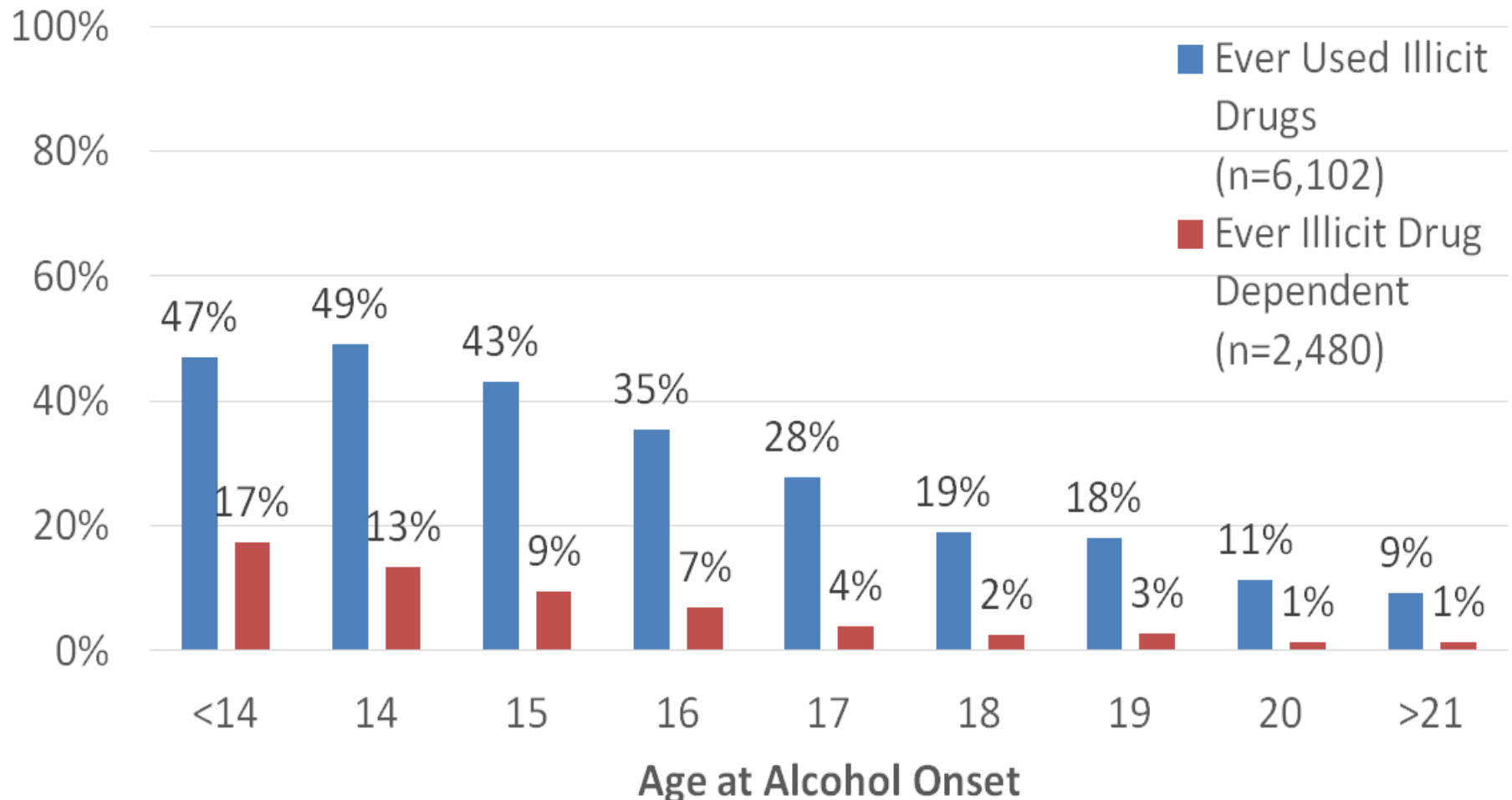
9 OUT OF 10

**PEOPLE WITH SUBSTANCE
PROBLEMS STARTED USING
BY AGE 18**

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Early Alcohol Use Increases Likelihood of Illicit Drug Use and Dependence



ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce

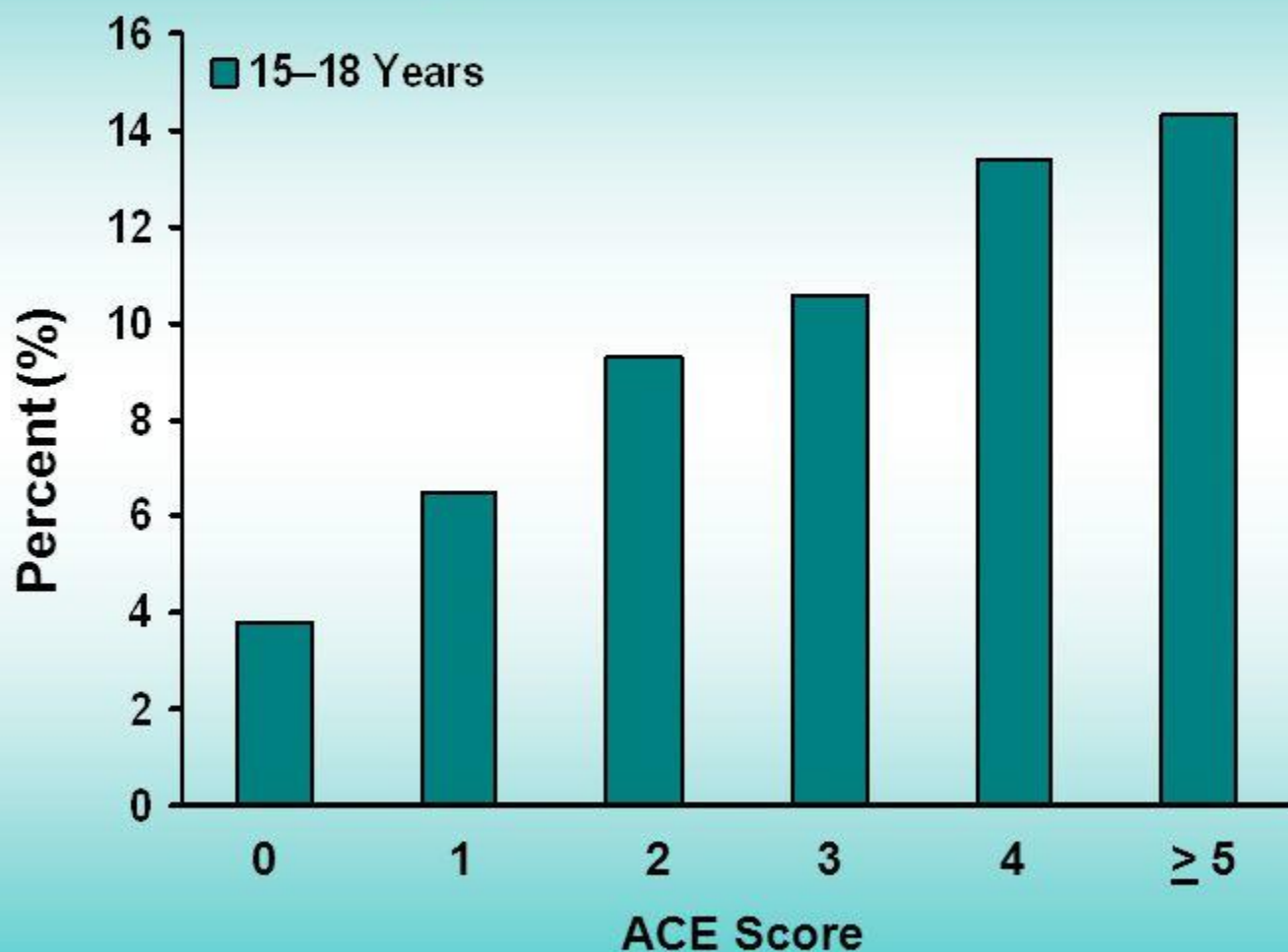


Incarcerated Relative



Substance Abuse

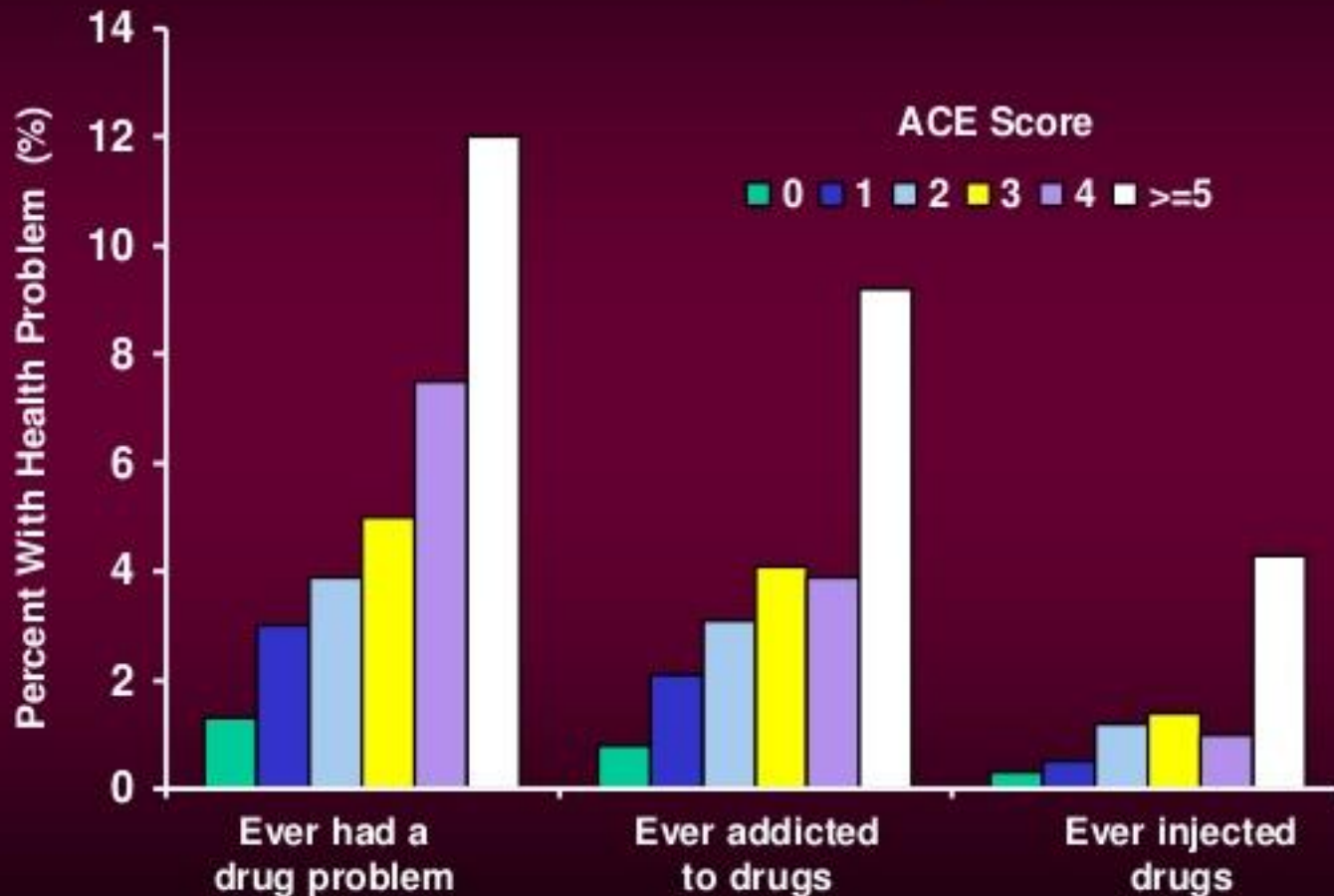
Relationship Between Number of ACEs and the Age at Initiation of Illicit Drugs



Dube et al., 2003, Pediatrics

SAFER • HEALTHIER • PEOPLE

ACE Score and Drug Abuse



Dube et al., 2003. *Pediatrics*.

ACE Score and Intravenous Drug Use



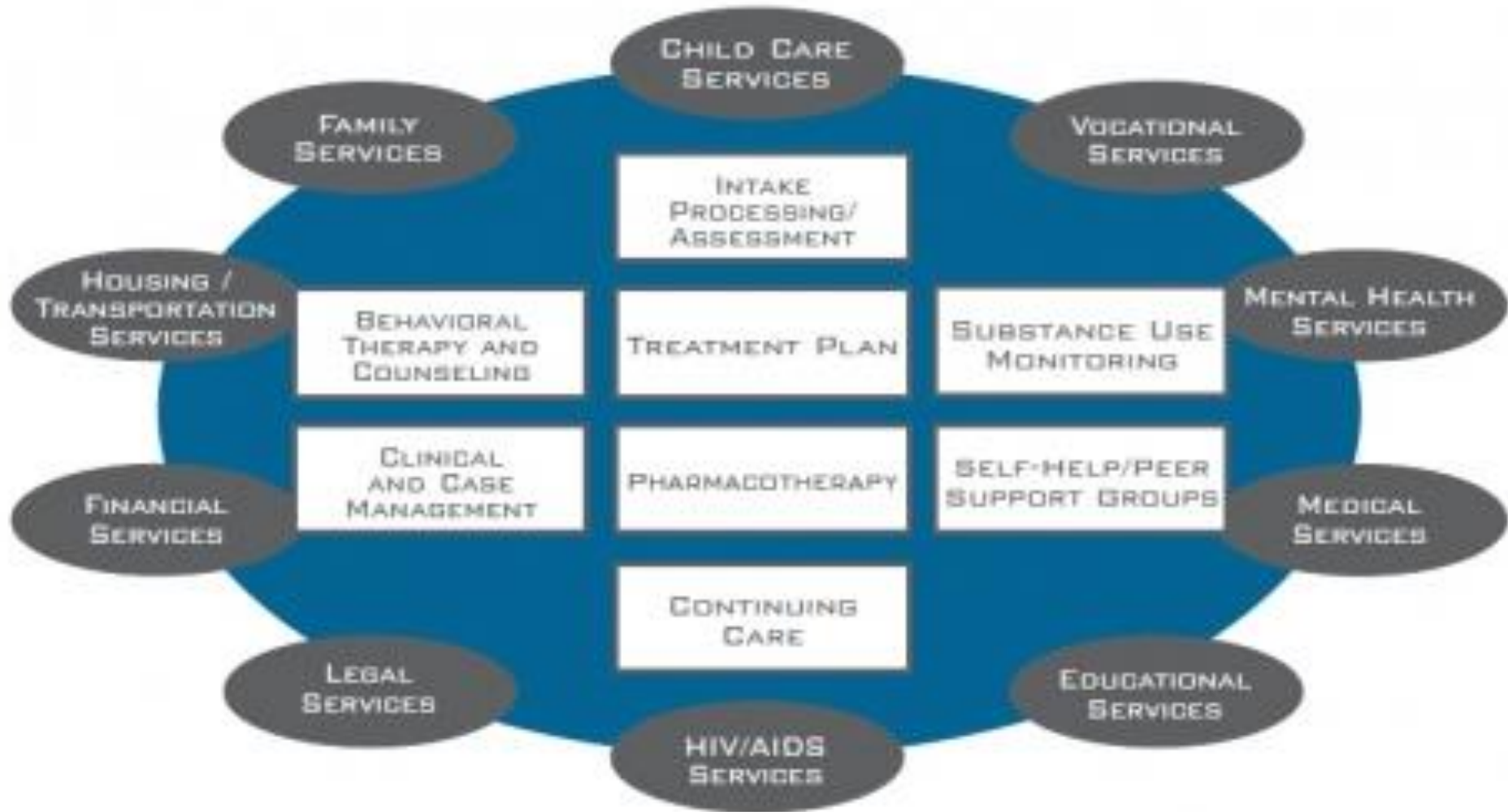
A male child with an ACE score of 6 has a **4,600% increase** in the likelihood that he will become an **IV drug user** later in life

78% of drug injection by women can be attributed to their experience of cumulative kinds of trauma in childhood. (ACES)

How Can We Help the Next Generation?



Components of Comprehensive Drug Abuse Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

Strategies for Working with Youth

- Awareness of personal biases around addiction
- Recognizing that youth may be using themselves as a way to cope
- Connection with services and care
- Groups for youth in shelters
- Thinking of the long-term health and wellbeing of youth, rather than only acute care



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THANK YOU!!

Margie Skeer
Margie.Skeer@Tufts.edu



harm reduction
COALITION

***Effectively Applying Harm
Reduction Strategies to address
Substance Use with DV Survivors
and their Families***

Tanagra M. Melgarejo, MSW
Capacity Building Manager-West

Harm Reduction Coalition

- Founded in 1993 by needle exchange providers, advocates, and drug users
- Challenge the persistent stigma faced by people who use drugs
- Advocate for policy and public health reform

POLICY &
ADVOCACY

TRAINING &
CAPACITY
BUILDING

OVERDOSE
PREVENTION &
ADVOCACY

NATIONAL &
REGIONAL
CONFERENCES

RESOURCES &
PUBLICATIONS

Harm Reduction

- A set of practical strategies that reduce the negative consequences associated with drug use and sex work.
- In relation to drug use, it incorporates a spectrum of strategies including *safer use, managed use, abstinence*.
- Harm reduction strategies meet people "*where they're at*" (*but don't leave them there*).

Risk Reduction, too

- Employs various strategies and approaches to reduce individual physical and social harms associated with risk-taking behaviors.
- Applies a holistic approach.
- The degree of harm associated with a risk behavior may vary based upon numerous factors, including drug, set, and setting.

The Need for Harm Reduction



Respond to disproportionate disease and fatality rates

Reach vulnerable populations

Keep individuals engaged if they relapse or are not abstinent from drugs or sex

Benefits of Harm Reduction



Challenge Stigma



Increase Trust with Clients and Foster Engagement



Improve Public Health with Individuals and Community-wide

Harm Reduction and Sex?

- Safer sex work + Safer sex
- PWUD and sex work populations may share networks
- Or one person could be both
- Offer all participants condoms
- Share STI prevention + Tx supplies and updates with everyone no one has to feel singled out for being offered safe sex information

What Harm Reduction is **Not**

Harm reduction **does not** mean “anything goes.”

Harm reduction **does not** enable drug use or high risk behaviors.

Harm reduction **does not** condone, endorse, or encourage drug use or sex work.

Harm reduction **does not** exclude or dismiss abstinence-based substance use treatment models as viable options.

Contributing Factors & Harms

Physical

- Poor health outcomes
- Violence
- OD

Psychological

- Depression
- Isolation
- Stigma

Social

- Relationship issues
- Lack of community
- Isolation from community

Spiritual

- Isolation
- Not connecting to life

Economic

- \$ to acquire drugs
- Loss of housing
- Loss of or trouble finding jobs

Legal

- Discrimination
- Arrest
- Incarceration

Principles of Harm Reduction

- ❖ Health and Dignity
- ❖ Participant-Centered Services
- ❖ Participant Involvement
- ❖ Participant Autonomy
- ❖ Sociocultural Factors
- ❖ Pragmatism/Realism

(1) Focus on Health and Dignity

Establishes **quality of individual and community life and well-being** as the criteria for successful interventions and policies.



foto by George Hodan

(2) Participant-Centered Services

Non-judgmental and **non-coercive** provision of services and resources.



(3) Participant Involvement

Ensures people have a **real voice in the creation of programs and policies** designed to serve them.



(4) Participant Autonomy

Affirms people who use drugs, and people who engage in sex work as their own **primary agents of change**.



(5) Sociocultural Factors

Recognizes the various **social inequalities** which affect both **people's vulnerability to** and **capacity for** effectively **dealing with potential harm**.




foto by Peter Griffin



(6) Pragmatism and Realism

Does **not** attempt to minimize or ignore the **real and tragic harm and danger** associated with licit and illicit drug use.





**Harm Reduction when working
with DV survivors who also use
or may have used substances**



Before They Enter

Intake Process

- Are we asking the right questions to assess whether the person used or is using substances?

First Impression

- Does our DV program demonstrate that we are willing to talk and support folks that use drugs through our materials, language, and narrative?

While they are at shelter



- Motivational Interviewing



- Trauma Informed Care




- Overdose Prevention Education (Lapse and Relapse)

Overdose Prevention and Harm Reduction

Naloxone (also known as Narcan) is a medication called an “opioid antagonist” used to counter the effects of opioid overdose, for example morphine and heroin overdose.


Naloxone is used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally




Naloxone only works if a person has opioids in their system and the medication has no effect if opioids are absent.

Naloxone can be administered by minimally trained laypeople, which makes it ideal for treating overdose in people who have been prescribed opioid pain medication and in people who use heroin and other opioids.


Naloxone has no potential for abuse. It is a temporary drug that wears off in 20-90 minutes.





States across the country have different laws and regulations when it comes to prescribing and/or administering Naloxone.

If you are interested in becoming trained to administer Naloxone as well as exploring what the regulations of your particular state are You can contact Eliza Wheeler, National Opioid Strategist at wheeler@harmreduction.org.



Before they leave



What tools we want to make sure folks leave with?



Review overdose prevention information



Active Linkages to supportive Harm Reduction Services



harm reduction
COALITION

**HRC thanks you for
participating in this
workshop!**

www.harmreduction.org

Getting Help with Domestic Violence

- National Domestic Violence Hotline
1-800-799-7233
- National Teen Dating Abuse Helpline
1-866-331-9474
- National Sexual Assault Hotline (RAINN)
1-800-656-4673

<http://www.acf.hhs.gov/programs/fysb/resource/help-fv>

**Free and confidential
help is available for
victims of domestic
violence 24 hours a day**



FVPSA's National and Special Issue Resource Centers

- National Health Resource Center on Domestic Violence (HRCDV) – www.futureswithoutviolence.org
- Resource Center on Domestic Violence, Child Protection and Custody (RCDVCC) – www.ncjfcj.org/dept/fvd
- National Resource Center on Domestic Violence (NRCDV) – www.nrcdv.org and www.vawnet.org
- Battered Women's Justice Project: Criminal and Civil Justice Center (BWJP) – www.bwjp.org
- National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) – www.nationalcenterdvtraumamh.org

FVPSA's Culturally Specific Special Issue Resource Centers

- National Indigenous Women's Resource Center – www.niwrc.org
- Asian Pacific Institute on Gender-Based Violence (API-GBV) www.api-gbv.org
- Institute on Domestic Violence in the African American Community (IDVAAC) – www.idvaac.org
- National Latina Network for Healthy Families and Communities
 - Casa de Esperanza www.casadeesperanza.org
- Ujima, Inc. – www.ujimacommunity.org

FVPSA's Institutes and Capacity-Building Centers

- National LGBTQ Institute on Intimate Partner Violence
 - Northwest Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse – www.lgbtqipv.org
- Capacity Center to Expand Services to Children, Youth, and Abused Parents (ESCYAP) –
www.promisingfutureswithoutviolence.org
- Capacity Technical Assistance Project
 - National Network to End Domestic Violence – www.nnedv.org



December 12, 2017

Conducting a Thoughtful Needs Assessment: A Comprehensive Approach to Program Design for Adult and Children Survivors of DV



Please take a moment to take a short survey regarding today's webinar and future webinars.

<https://www.surveymonkey.com/r/39B5SCC>

This training is supported by Grant Number 90EV0434-01-00 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Points of view in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.

**Futures Without Violence
contact (Mie):
mfukuda@futureswithoutviolence.org**