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Today's Americans are no stranger to the plaguing opioid epidemic. In 2019 alone, 10.1 million people misused prescription opioids and 1.6 million people had an opioid use disorder in the previous year, according to the U.S. Department of Health and Human Services (HHS). From 2000 to 2015, more than half a million people died of an overdose, and currently 91 people a day die from overdoses of prescription or illicit opioids, according to the Centers for Disease Control and Prevention.

Statistics like these are prevalent when discussing the epidemic, as they strikingly demonstrate the vast number of individuals engaging in opioid misuse. However, while we have a lot of numbers surrounding mortality and overdoses in adults, there is little attention paid to how the effects of the opioid epidemic carry over to a much more vulnerable population: children.

According to Dr. Elizabeth Cote, the Chief Health Officer for the National Institute of Children's Health Quality, lack of resources, such as education, money and access to mental health care and alternate pain treatment "predisposes individuals to receiving and misusing addictive prescriptions. And then lack of access to health care and treatment leads to continued opioid-use and continued poverty. Children are neglected or removed from their homes, often losing their

parents permanently. Far too often, those children become the victims of this troubling cycle".

According to research published in the Journal of the American Medical Association (JAMA) Pediatrics, the number of children entering foster care due to parental drug use has doubled between the years of 2000 and 2017. The HHS's Administration on Children and Families reported parental substance use was cited in 32% of foster placements, which is a rise of 10% from 2005.


Having to leave home and enter foster care is a stressful situation for any child. The process can be confusing and may leave children to struggle with several issues, such as blaming themselves and feeling guilty, unwanted and uncertain about their future. According to the American Academy of Child & Adolescent Psychiatry, about 30% of children in foster care have severe emotional, behavioral or developmental problems.

This is compounded for children who are placed in foster care due to a parent's opioid-use disorder, as they face unique and complex traumatic experiences that require special psychological treatment. There are reports of children finding their parents when they overdosed and were tasked with being responsible for finding help or, in worse cases, left to watch a parent die. In these situations, the children are often wondering if and how they could have saved their parents, unfairly placing blame and guilt on themselves. JAMA reports indicate teens who have been a part of these situations can develop substance use disorders themselves.

The Center for Traumatic Stress in Children and

# Intergenerational Recovery

## Treating the Children of the Opioid Crisis



Adolescents at Allegheny General Hospital in Pittsburgh has conducted research that shows the promising effects using Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) to help children process and recover from troubling experiences related to their parents' opioid abuse. TF-CBT for children can involve learning how to process and better understand their trauma, through coping mechanisms to effectively counter the negative feelings and thoughts that arise in response to trauma. Overall, TF-CBT results in a greater ability to control trauma-related symptoms, as children who underwent this treatment were significantly less likely to have their foster placement disrupted.

Other treatments of interest involve outpatient or residential services that incorporate the child's biological parents into the treatment itself, allowing their relationship to be supported. This kind of treatment stimulates a positive attachment between the child and parent. The Ohio State University found that, when treated together, both the parent and child were less likely to use substances than if they were treated individually. Further, children were also less likely to develop behavioral problems, depression or anxiety.

While there are established effective psychological methods to help children and parents cope with substance abuse and promote healthier behavior, there are still many children with needs that still must be addressed. Stigma and fear of judgement are common barriers that keep families from seeking help. These obstacles often arise from inaccurate ideas that addiction is a moral failing and ignores the fact that it is a treatable disease.

Beyond deterring people with substance disorders from seeking treatment, stigmas stereotype these individuals and can lead others to feel fear, anger or an unwillingness to interact with people who have a substance use disorder. These stigmas extend beyond social situations and can even be carried by health care providers, whose perceptions can undermine the care they give.

Changing the stigma associated with substance-use disorders can greatly improve the lives of those who use opioids and their children. This begins with simple actions, such as using language that reflects individuals as people.

People-first language, such as "person with substance

use disorder" or "person in recovery" maintains the concept that these individuals are human beings beyond their conditions. Language that uses conditions as identifiers—such as "addict" or "user"—defines these individuals as inseparable from their condition and carries negative connotations.

Destigmatizing can extend to policymaking. Policies which help to instate treatment or work to remove stigma can provide these families with better help. Such policies could be programs that opt for supervised treatment rather than incarceration for parents with substance use disorders. Incorporating compassion into how we support people who use drugs can help them, and especially their children, to maintain meaningful, autonomous and healthy lives.