
Preventing Intergenerational Transmission of Substance Use Disorder

On September 22, 2022, AIR presented “Preventing the Intergenerational Transmission of Substance Use Disorder, the sixth webinar in an AIR CARES webinar series focusing on the social determinants of addiction. This brief provides a summary of the framing discussion and panelist remarks. Additional information and references can be found within the webinar presentation. Watch the recording here: <https://www.air.org/webinar-series-social-determinants-addiction#web6>



Framing the Conversation: Amanda Latimore, PhD

Director, AIR CARES

Dr. Latimore shared her personal story about growing up with a mother who used drugs, to underscore that having a strong support network and relationships with caring adults who provide stability and consistency can help children overcome trauma and adversity. Dr. Latimore emphasized the focus of the webinar: helping parents with a substance use disorder (SUD), helping families, and recognizing that if we build safety nets instead of hurdles around families, children can thrive.

One in eight children in the United States has a parent with an SUD, and more than half of children impacted by parental opioid use disorder (OUD) have been separated from a parent or have lost a parent due to opioid overdose. Historically, much more money has been spent on foster care than on prevention and reducing the need for out-of-home placements. However, we are seeing a positive trend toward prioritizing supportive services for families and keeping families together. But punitive policies are still commonplace, and some states explicitly criminalize prenatal substance use or penalize women for accessing medications for OUD. These policies do more harm to families than good; there are more supportive ways to engage parents with SUD that promote health for both the parents and their children.

At present, Black children are overrepresented in the child welfare system due to both a disproportionate need for services and differential treatment based on their race. For instance, community reporters are more likely to report children of color to child protective services. Black families are more likely than white families to have a child removed from the home, even when the families are assessed as lower risk. Black families are exposed to more systemic inequities, are offered fewer in-home services, and experience lower rates of family reunification.

Solutions to prevent the intergenerational transmission of SUD should consider the importance of early life context, the interaction between genes and the environment, and experiences with stigma and racism while acknowledging that these experiences are not deterministic. Caring, consistent adults and strong support networks can buffer trauma and help children excel in the face of challenges. Punitive drug policies are counterproductive, and child removal should be a last resort.



People and Practice: Nikki Tierney, JD, MS

*Peer Recovery Specialist, CPC Behavioral Healthcare
In-Community Clinician, Jersey Innovative Science*

Ms. Tierney shared her personal story to highlight the draconian and punitive systems that exacerbate the challenges that women and parents with SUD face.

One journey to remission

- Ms. Tierney experienced a severe dog attack that led to seven reconstructive surgeries. She coped through drugs and alcohol and ultimately developed an SUD. Her children were taken from her custody and split up, causing significant damage to her children. Ms. Tierney was forced to surrender her law license, and without evidence-based treatment to help her during this troubling time, she became homeless.
- Ms. Tierney faced 7 years in jail after being charged with second-degree endangerment of her child due to intoxication during a supervised visit. She pleaded guilty in drug court but ultimately was able to begin her path to wellness after being offered evidence-based mental health treatment for the first time.

The barriers to wellness

- Ms. Tierney fought to get back on her feet after losing her driver's and law licenses. Yet being branded a felon made it difficult to earn income and prevented her from being a school parent and coaching her children's sports teams.
- Ms. Tierney went back to school and, drawing on her lived experience, earned a Master of Science degree in clinical mental health counseling with a concentration in addiction studies. With the help of the American Civil Liberties Union, her children, and their friends, Ms. Tierney fought for expungement reform, which she finally received this year. Since her expungement, her earned income has increased fourfold.
- Punitive systems are not set up to provide what people need: connection and evidence-based treatment. Ms. Tierney shared that criminalizing addiction will not help people get better, and that reform is needed to avert the grave consequences of punitive policies and the intergenerational impacts of SUD.



Policy and Program: Phyllis Ottley, PhD

Associate Chief of Program in the Prevention Practice and Translation Branch, within the Division of Violence Prevention at the Centers for Disease Control and Prevention

One strategy for addressing the intergenerational transmission of SUD is to prevent adverse childhood experiences (ACEs). ACEs are traumatic experiences that occur in childhood and have lifelong impacts on health experiences, violence, and economic opportunity. ACEs include but are not limited to physical, emotional, and sexual abuse, physical and emotional neglect, other traumatic experiences such as experiencing discrimination or violence, and other challenges including housing insecurity, food insecurity, and living in extreme poverty.

ACEs are common and lead to poor health outcomes.

- ACEs are common. More than 61% of adults report one or more ACEs, and the effects of ACEs can add up over time and lead to outcomes such as the early initiation of substance use, poor mental health, and risky health behaviors.
- Some groups are more likely to have experienced ACEs. These include people of color; people without a high school diploma; people who make less than \$15,000 a year; people who are unemployed; and people who are lesbian, gay, bisexual, or transgender.

Despite their prevalence, ACEs are preventable.

- Strategies to prevent ACEs include strengthening economic supports for families; promoting social norms that protect against violence and adversity; ensuring a strong start for children; connecting youth to caring adults and activities; teaching skills that include communication, problem solving, and emotional regulation; and intervening to provide effective care, support, and treatment for families who already have experienced ACEs.

Congress is investing in research on and prevention of ACEs.

- Congressional investments in research on and prevention of ACEs are intended to enhance surveillance data on ACEs and build knowledge about the impact of ACEs on the development of behavioral health and chronic illness.
- Congress has also allocated funding to transform data into action, implement strategies for preventing ACEs, and build capacity for assessing and responding to ACEs.



Policy and Program: Linda Richter, PhD

Vice President, Prevention Research and Analysis, Partnership to End Addiction

Prevention efforts traditionally have focused on adolescents and used scare tactics to discourage youth from using drugs. We have an opportunity to move beyond scare

tactics and implement comprehensive prevention efforts that take an earlier and broader approach to reducing substance use.

Despite improvements in how we talk about drugs, current prevention efforts have limitations.

- The aim of prevention is to mitigate risk factors and strengthen protective factors within the individual, family, and community.
- Yet traditional approaches focus on adolescents instead of early childhood, when the seeds of risk and resilience are planted. They also focus on reducing risk for children, not on promoting health and resilience among parents, schools, and communities. Because of this limited focus, these approaches address only on a small number of relevant factors that predict substance use.

An earlier and broader approach to prevention is needed.

- An earlier approach will help address risk factors sooner while bolstering protection, relieve the burden of prevention in adolescence, and reduce intergenerational transmission of risk.
- A broader approach to substance use prevention that focuses on the structural factors that shape risk and protection across health conditions will improve outcomes and relieve the burden placed on parents and other caregivers.

We know what works in prevention, and it begins with policy.

- Federal coordination of prevention efforts, implementation of data-reporting requirements that focus on the social determinants, and increased funding for universal prevention are promising strategies for improving prevention efforts.
- We must also improve the provision of direct services to parents that reduce exposure to poverty and other ACEs and that fund supports for parents, parenting skills programs, and home visiting programs.
- Monitoring and documenting the short- and long-term impact of these investments can help make the case for sustained funding and support for substance use prevention.