

A Case of Family Addiction – Effects on the Child

Dana S. Hardin, M.D.

Case in a Family Friend

- Jeremy age 10
 - Lives w/ mom, parents separated
 - Very active with cousins, aunts, uncles and grandparents
 - Straight A student, wants to be a lawyer “like my mom”
- Jeremy age 14
 - Parents reunited
 - His parents no longer attend family gatherings
 - Jeremy struggles in school, making C’s
- Jeremy age 16
 - Suspended from school for truancy
 - Later suspended from school for drug use - cannabis
 - Fails Junior year of HS
- Jeremy age 18
 - 2 heroin ODs, 2nd fatal

What led to Jeremy's demise?

Opioid Use in U.S. Teens and Emerging Adults

- 3.6% teens and 7.3% of emerging adults (EA) reported misuse
- 153,000 (0.6%) teens and 392,000 (1.1%) EA met criteria for an OUD
- 0.1 % of teens and 3.5% of EA report use of heroin
- Heroin is the primary opioid used by teens seeking treatment
- Youth prescribed an opioid for any reason before HS graduation are at 33% increased risk for prescription opioid misuse before the age of 23
- 57% obtain opioids from a friend or relative
- 20% HS seniors said they could easily obtain heroin
- In 2017, 9% of the nation's 47,600 opioid overdose deaths occurred in people under the age of 25

Consequences

- Drug dependence
- Poor judgement
- Sexual activity
- Mental health disorders
- Impaired driving
- Changes in school performance
- Health effects

Psychosocial risk factors for Opioid use in Youth

- FH of drug abuse
- A Mental health issue
 - Hx of 1 depressive episode increases risk 1.5%
- Impulsive or risk-taking behavior
 - Those who use to “get high” as first experience with opioid more likely to have affective disorders, personality disorders and conduct disorders
- Low self esteem
- Hx of traumatic events
 - emotional or physical abuse
 - Witnessing trauma

Risks and Protective Factors of Substance Use

Domain	Risk Factor	Protective Factor
Individual	Early Aggressive behavior	Self-control (can be learned)
Family	Lack of parental supervision	Parental monitoring
Peer	Substance abuse	Educational competence
School	Drug availability	Anti-drug use policies and education
Community	Poverty	Strong neighborhood attachment

Substance Use and the Family

- More than 18 million teens and children live with someone is addicted
 - 1 out every 10 children
 - Majority younger than 5 yrs
- Treating only the affected member of a family is short sided.
- Parental addiction often negatively impact a child's emotional growth and development due to lack of stability
 - Economic hardships
 - Parent's legal problems
 - Emotional distress
 - Violence
- There is a marked increase in development of SUD in children of addicted parents

Outcomes of Children

- Neonatal abstinence syndrome
 - Data suggest every 25 min a baby born in withdrawal
- Greater risk for nearly every DSM dx
- Most common: Behavior disorders, PTSD, eating disorders, mood disorders, SUD
- Educational difficulties
- Generational Perpetuation of SUD

How Addiction Affects Children – Attachment Theory

- Regulation of affect is learned from primary attachment figures
- Disruption of attachment
- Negative rituals and routines
- Negative communication and social environment
- Financial problems
- Environment of secrecy and fear
- Role reversal
- Possible violence and abuse
- **The quality of the parent's attachment will affect the child through the rest of life including decreased resiliency

How Addiction Affects Children – Family Systems Theory

- Grew out of the general systems theory
- All relationships are part of a system
- No person can be fully understood or successful until knowing how they fit in with their family and social unit
- Key tenants
 - Homeostasis – keeping the system in balance, even negatively
 - Feedback – circular communication of cause
 - Boundaries – creating a protective barrier
- Uses multisystemic family systems therapy

Separation from Parents

- Children of parents w/ SUD much more likely to be separated from parents
 - Jail, prison
 - Foster care
 - Death
- Separation results in distrust, fear and instability in the child
- Can lead to trauma response
 - Hyperarousal
 - Numbing

Causal reasons for SUD in a child who has a family member w/ SUD

- Genetic
 - Harvard Twin Study – 8000 twin pairs who served in Vietnam
 - Mediated, in part, by subjective effects to drugs (pleasant, unpleasant)
 - Influence transition from use of one type of drug to another
 - Studies show genetic risk assoc. w/ EtOH and w/ nicotine
- Environmental
 - Co-occurrence of depression and SUD more related to environment
 - Phenotypic assoc between conduct disorder and EtOH, marijuana
- Attitudes about substance use

Substance Use and Child Abuse

- Parents w/ SUD are 3X more likely to physically or sexually abuse their children
- 2/3 of incest perpetrators report using EtOH directly before the rape
- Children who have been abused
 - 50% greater chance to be arrested as teens
 - 40% more likely to commit a violent crime
 - Increased externalizing disorders
 - Anger, aggression, ODD, conduct disorder
 - Increase internalizing disorders
 - Depression, anxiety, social withdrawal

Treatment

- Treating only the affected member of a family has limited effectiveness.
 - Ignores devastating effect of addiction on the family member
 - Does not recognize the family as a source of motivation for change and support
- Need to understand the family's development stage to tailor therapy
- Recognized family therapy
 - CRAFT-community reinforcement and family training
 - MAT
 - Al-Anon, Nar-Anon
- Use informed treatment for trauma, attachment, systems based

How to Help

- Provide education on drug abuse to youth
- Educate parents regarding dangers of prescription opioids
- Help parents learn how to parent
 - Establish rules and consequences
 - Set a good example
 - Know the friends
 - Provide support
 - Keep track of prescription drugs
- Create a family friendly treatment center for adults
- Talk about it!