

# Trauma-Informed Approaches for Supporting Families with Opioid Misuse

The Illinois  
ACEs Response  
Collaborative

Health & Medicine  
POLICY RESEARCH GROUP

## Introduction

The opioid epidemic is one of the foremost health and social issues in the United States. As the country grapples with the best way to support and treat individuals who misuse opioids, it is critical that attention is also paid to the families affected by the opioid epidemic and particularly to the impact on children. The long-term health, social-emotional, and educational outcomes of these children are all influenced by the trauma of having a parent who misuses opioids. Additionally, current punitive responses to opioid misuse, such as incarceration, forced separation, or termination of parental rights, can result in more trauma for children as they fail to acknowledge the multi-generational and community traumas that contribute to and are perpetuated by opioid misuse.<sup>1</sup> These practices are largely ineffective in stopping current drug use and increase toxic stress in both adults and children, thus increasing the risk for future use.<sup>2</sup>

This paper will provide an overview of trauma and adverse childhood experiences (ACEs), as well as how opioid misuse is both associated with past trauma in the home and community and correlated with increased risk of future poor health and social outcomes. It will also provide practical strategies to implement a trauma-informed response that fosters resilience and supports families impacted by opioid misuse.

## The Opioid Epidemic

Opioid usage in the United States has reached critical levels, with over 2.5 million people suffering from an opioid addiction and nearly 200 people dying from an opioid overdose every day.<sup>3,4</sup>

Opioids are a class of drugs largely derived from the Poppy plant, and include prescription painkillers such as oxycodone or morphine, synthetic opioids such as fentanyl, and the illegal drug heroin.<sup>5</sup> For the

purposes of this paper, “opioids” will be used as a universal name for all of these individual substances, unless otherwise noted. In 2015, 11.5 million people reported “misusing” opioids, a “category that includes taking opioids without a prescription, taking them for a reason other than the condition for which they were prescribed, or taking them at higher doses, more often, or for a longer period of time than prescribed.”<sup>6</sup>

In Illinois, an estimated eight million opioid prescriptions, or 60 prescriptions per 100 people, were filled in 2016. In 2017, the Cook County Health system treated an estimated 4,000 to 5,000 patients whose chief complaint was related to opioids, up from about 1,000 people in 2006. The rate of opioid related deaths in Illinois rose from 3.9 per 100,000 in 1999, to 15.3 per 100,000 in 2016.<sup>7</sup> If current trends hold, the Illinois Department of Public Health projects that by next year, more than 2,700 Illinoisans will fatally overdose annually—a nearly 40% increase from 2016.<sup>8</sup>

While opioid misuse is present in all demographics, there are significant disparities in the outcomes of white opioid misuse versus that of Black and Latino misuse. This disparity is evident when examining the death rate due to opioid overdose. Black Chicagoans make up one-third of the city’s population, but more than half of its overdose deaths.<sup>9</sup> This is echoed throughout the state—in 2017, Black Illinoisans died from opioid overdoses at rate of 28.3 per 100,000 versus 18.6 per 100,000 in whites.<sup>10</sup> Though they are more likely to die from opioids, Blacks are less likely to receive addiction treatment such as methadone. Exacerbating this, drug use that is seen as a medical condition in white communities is often treated like a criminal act in Black ones.

Throughout Illinois and the United States in general, Black and Latino Americans are far more likely to be arrested for drug possession than white Americans,

despite similar rates of use. In fact, Black Americans are 13 times as likely to be arrested for drugs than white Americans, and more likely to be convicted and receive harsher sentencing than whites who are arrested.<sup>11</sup> Receiving incarceration rather than treatment means they have more difficulty quitting, are more likely to begin misusing again, and less likely to seek out medical attention for fear of arrest.<sup>11</sup>

The inequities in treatment contributes to community and historical traumas, and increase the likelihood of adverse childhood experiences. They may also lead to the development, or enhancement, of toxic stress in children and adults alike.

### ACEs, Trauma, and Toxic Stress

Life experiences, particularly experiences in childhood, have a substantial impact on future physical and mental health behaviors and outcomes, including opioid use. The landmark 1998 ACE Study investigated the long-term effects of ACEs on physical, mental, and social-emotional wellbeing. Conducted by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC), researchers surveyed more than 17,000 (largely middle class, educated, and white) patients on ten ACEs occurring before age 18 spanning three domains as well as an array of physical, mental, and social health issues from patients' adolescence to adulthood.<sup>12</sup>

The ACE Study made three notable discoveries: 1) ACEs were common; 2) the more ACEs a person reported, the higher the likelihood they would experience a wide range of more than 40 adverse physical, mental, and social-emotional health outcomes in adulthood, including substance use disorders; and 3) individuals with six or more ACEs were at risk of living 20 years less, on average, than those with zero ACEs.<sup>12</sup>

In the two decades since the original ACE Study, further research has shown additional individual experiences, community contexts, structural factors, and historical experiences—violence, racism, poverty, and genocide—can also lead to adverse health outcomes. This is important to note in the context of the opioid epidemic, which is both a source and outcome of trauma. This macro-level

trauma can be perpetuated by lack of structural resources such as jobs, education, access to healthcare, and safety, and affects not only individuals and families, but entire neighborhoods, towns, and counties.<sup>13</sup>

Adverse experiences can increase the risk of later adverse outcomes through toxic stress. Stress is a normal part of childhood development and life in general. Experiencing stressful situations like a test or minor illness, and then learning healthy methods to cope and reduce that stress, helps people develop buffers to potential adverse health behaviors and outcomes. Toxic stress, however, can occur when a person experiences prolonged, severe, and/or frequent adversity, particularly at sensitive or critical periods of development and without sufficient buffers. When physiologic symptoms of stress continue for prolonged periods, it becomes increasingly difficult for the body to return to baseline. Toxic stress can lead to disruptions in brain development and function, which in turn can lead to damage to the immune system, persistent systemic inflammation, and chronic physical, emotional, and social problems.<sup>12</sup>

### Resilience

While ACEs and trauma can be the precursor to poor health later in life, this does not mean they are destiny. They can be mitigated and prevented through the development of resilience, the ability to adapt or “bounce back” from life's difficulties which includes the development of healthy coping mechanisms to deal with trauma. Resilience can be developed in a child, or indeed any person, by having a strong and stable relationship of support. This can be a parent, other guardian, or trusted figure like a coach or teacher. These relationships provide not only protection from trauma, but also the supportive skills one needs to respond to trauma and regulate one's reaction to it.

Resilience can be supported and developed by practitioners and policymakers as well through the delivery of trauma-informed care.

## **ACEs, Trauma, and Toxic Stress: What's the Connection to Opioid Misuse?**

The ACE Study highlighted two key findings about substance use. First, parental alcohol and drug misuse was very common—of the 17,000 patients surveyed, 26.9% reported substance abuse in the home during their childhood.<sup>14</sup> Second, childhood adversity was associated with an increased risk of substance misuse later in life. Subsequent studies have shown exposure to ACEs is associated with an increased risk of abusing prescription drugs, using alcohol earlier than their peers, and illicit drug use and self-reported addiction. In those who misuse opioids, more than 80% of patients seeking treatment for addiction had at least one ACE.<sup>15</sup>

Compared to other people who use substances, those who misuse prescription opioids are more likely to report a history of trauma. They also report experiencing trauma at a younger age and are more likely to report ACEs, such as childhood abuse or neglect, or to report having witnessed violence. Those who have a history of trauma also have more difficulty discontinuing opioid use and poorer physical health than those with no reported trauma. Among those who misuse opioids, common mental health conditions include depression, anxiety, self-harm, and suicidality.<sup>16</sup>

Those who misuse opioids in the United States are more likely to come from areas that have experienced high rates of poverty. The largest amount of misuse and overdose death are concentrated in communities with few socioeconomic opportunities such as Indian Country in Oklahoma and the Southwest as well as rural Appalachia<sup>17</sup>, while the rate of overdose deaths is rising fastest in non-Hispanic Blacks.<sup>18</sup> Income is not the only factor—overdose deaths are far lower in counties with supportive social resources such as community organizations and religious institutions, as well as secure employment.<sup>19</sup>

### **Families of Those Who Misuse Opioids and Trauma**

#### ***Impact on Children***

The widespread use of opioids in the United States not only impacts individuals, but also shapes the

health and wellbeing of entire families and communities. One in three Americans knows someone who misuses opioids, and 673,400 children have a parent who has opioid usage disorder.<sup>20, 21</sup> Since the root causes of the opioid epidemic remain largely ignored and minimized, many current treatment practices do not address the underlying social and individual traumas that are associated with opioid use, and in many cases, perpetuate these traumas for both those using opioids and their loved ones.

Punitive measures in place prevent many from seeking treatment in the first place. In some states, such as Tennessee, women who test positive for opioids during pregnancy not only have their newborn placed into DCFS custody, they are also charged with assault—further increasing the likelihood of extended separation from their child. These laws place both mother and baby's health at risk by turning the doctor's office into a potential portal for arrest and can harm the child's development by forcibly separating them from their mother.

Traditional opioid misuse recovery methods have demanded complete abstinence and often remove children from the home until an extended period of sobriety has been achieved. The impact of opioid fueled parent-child separation is being seen in the already over-burdened foster care system. The rate of children in the foster care system has increased steadily over the last decade, and there is strong evidence that the growing opioid epidemic is a potential cause. A 2018 report released by the Department of Health and Human Services (HHS) found a strong correlation between the rate of overdose deaths and the rate of foster care entry. Between 2003 and 2016, a 10% increase in overdose death rates corresponded to a 4.4% increase in the foster care entry rate, while a 10% increase in the hospitalization rate due to drug use corresponded to a 3.3% increase in the foster care entry rate. HHS notes that the number of children in foster care has risen to more than 428,000, and parental addiction was cited as the cause in at least 32% of cases.<sup>22</sup> In Illinois, an increase in prescriptions for opioids corresponded with a 37% increase in child removal rate due to parental drug use.<sup>23</sup>

Of note: while parental addiction may be cited, states do not catalog cases by specific substance. Additionally, while HHS attributes the rise in foster care entry to the rise in opioid related deaths, it is important to note the data does not capture children who have left their parents' custody and are living with a relative outside of the foster care system, such as a grandparent or older sibling.

### **Impact on Parents**

It can also be a traumatic experience for adult family members to be separated from their loved one in recovery and take on the extra burdens that their absence might entail.<sup>24</sup>

Parents of those who are struggling with an opioid use disorder often find themselves supporting their adolescent or adult child with opioid use disorder as well as other family members like grandchildren. These parents might have already experienced caring for someone who uses drugs or have a history of use themselves—38% percent of opioid users have a close family member who used drugs—and report feelings of guilt regarding their children's addiction.<sup>24, 25</sup> Parents of opioid users often report symptoms associated with chronic traumatic stress exposure—depression, explosive anger, feelings of helplessness, and dissociation.<sup>26</sup>

Intergenerational exposure to trauma also plays a key role in opioid misuse—families who have suffered for multiple generations under systemic oppressions, such as poverty, community violence, and racism, are more likely to report drug use—an attempt to self-soothe in the face of enormous stress and pain.<sup>16</sup> Additionally, supporting grandchildren impacted by the opioid epidemic can be an added stressor both mentally and financially.<sup>24</sup> As of 2016, an estimated 2.7 million grandparents were raising their grandchildren in the United States, up 7% since 2009, and the AARP attributes this increase to the opioid epidemic.<sup>27</sup>

At the same time, families and communities can also play a buffering role for one another. Having a supportive family member like a grandparent can help children develop the resilience skills they need, such as connecting with others, flexibility, and emotional regulation, even in the aftermath of trauma. Parents of opioid users often form

connections with one another to provide support through community groups, and well-resourced communities can provide a sense of safety for children and their families.<sup>26</sup> These all contribute to the resilience and healing of both children and adults, and allows them to build capacity as families and communities, as well as provide support for their loved ones who are currently struggling.

It is also critical to note that the presence of a caretaker in a child's life is a vital factor in building resilience, which can mitigate the traumatizing effects of parental separation. While a child's life may be disrupted by being placed with a family member, having that caring, supportive, and attuned adult in their life offers protection and helps to buffer the toxic stress that might otherwise develop.

### **What is Trauma-Informed Care?**

**Trauma-informed care is a system of “organizations, programs, and services that are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.” While this may include specific practices, it is most importantly an overarching philosophy that guides staff in their interactions with children, parents, and each other.**

**The Substance Abuse and Mental Health Services Administration (SAMHSA) lists four key elements to facilitate the transformation into a trauma-informed organization or practice:**

- 1. Realize the impact of trauma**
- 2. Recognize signs and symptoms of trauma in patients, families, and staff within the organization**
- 3. Respond by integrating knowledge about trauma into policies, procedures, and practices**
- 4. Resist re-traumatizing patients and staff**

## Why Trauma-Informed Care is Vital for Families and Communities Impacted by Opioid Use

Given the relationship between trauma and opioid use, all agencies who work with opioid users should adopt a trauma-informed, healing centered approach to best support their clients. Trauma-informed care is an “organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma in order to mitigate the effects of trauma, promote healing, restore a sense of control and autonomy, and reduce the risk of re-traumatization for both clients and staff” even when the provider is unaware of a client or family’s trauma history.<sup>28</sup>

Practitioners are in a critical position to provide trauma-informed interventions for children and families of opioid users. When a person is struggling with an opioid addiction, those who are serving their children and other family members, whether they are teachers, social workers, medical or other professionals, are often unaware or ill-equipped to provide treatment or other methods of intervention. Trauma-informed care, which emphasizes not only the physical safety of clients or patients, but also their emotional and mental safety, can provide a framework for practitioners to assist clients and patients with the effects of having a family member who uses opioids, even if that is not the primary focus of services. This non-punitive framework can also provide a safe space for those who misuse opioids to obtain support for the numerous other potential associated traumas such as poverty, mental health issues, and abuse without having their opioid use disqualify them from services.

A trauma-informed approach to opioid use must acknowledge that not only are children of opioid users currently being exposed to trauma, but also that their parents’ addictions are likely connected with their own histories of trauma. This approach can reframe intervention strategies to address both the opioid usage as well as the underlying trauma that is both the origin and consequence of addiction.

Trauma-informed care can be implemented in numerous settings, and case studies on best practices for children of drug and alcohol users have been conducted both in the United States and abroad. A key element of a trauma-informed

response is prioritizing a harm-reduction strategy over the numerous punitive methods currently in place.<sup>29</sup> Harm reduction is a proven public health approach that focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support. Harm reduction encompasses a range of health and social services and practices that apply to both legal and illegal drugs. To sustainably address opioid usage, it is imperative that providers and policymakers develop a trauma-informed approach and promote and foster resilience.

## Trauma-Informed Opioid Use Response and Prevention Strategies for Families and Children

Policy change on the local, state, and national levels is key to providing wide-reaching, comprehensive trauma-informed care. Stakeholders can utilize the Trauma-Informed Policymaking Tool developed by the Illinois ACEs Response Collaborative, which provides a framework to help policymakers and advocates integrate the science of early adversity into policy; prevent trauma by identifying its sources; avoid retraumatizing people; and address historical trauma and promote resilience and healing.

Working with legislators and government agencies, such as police departments or health departments, to implement widespread trauma-informed interventions for opioid use can heal past trauma and prevent re-traumatization. The recent “Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018,” which was introduced by the Senate Committee on Finance to address the opioid epidemic and is currently awaiting a vote on the floor of the Senate, “includes critical provisions in support of trauma-informed approaches, including prioritizing trauma-informed training, expanding CDC data collection on ACEs, and development of an interagency task force on trauma-informed best practices.”<sup>30</sup> Legislation like this recognizes that widespread opioid usage in the United States cannot be addressed through punitive methods that impact multiple generations of families, and acknowledges that long-term investment in trauma-informed care prevents future usage and trauma.

Policies that address the community origins of trauma and opioid use are also essential. Strengthening economic development in historically oppressed communities through infrastructure support, small business support, and career programming has a preventive effect on drug use. Larger social problems must be addressed as well. Racism, classism, and other forms of oppression have all contributed to opioid use and responses (or lack thereof).<sup>16</sup> These issues must be addressed through a trauma-informed lens as well as through policy change. Practices and policies must increase support for public schools in communities of color, enhance community-led outreach and education, and address disparities in law enforcement involvement for opioid use in African-American and Latino users versus white users.<sup>31</sup> Until equitable, trauma-informed policies and prevention and treatment strategies are enacted, the underlying structural causes of the opioid epidemic will not be dismantled.

If possible, trauma-informed opioid treatment should prioritize development of programs where those in treatment are able to stay with their children or maintain continued contact with them. Integrating mental health and family connections benefits those in recovery and provides support to parents, children, and other family members. Incorporating programming like family therapy and case management services to address the causes and effects of addiction can not only prevent relapse, but also provide the building blocks for recovery from and prevention of trauma by assisting those in treatment with resilience enhancing skills like self-regulation, as well as practical protective factors like employment, housing, and community building.<sup>32</sup>

Initial outcomes of family-centered treatment include reduction in hospital stays for newborns born with neonatal abstinence syndrome decreased rates of depression and anxiety for children, and increased rates of medication and treatment adherence for mothers who were able to keep their children throughout treatment.<sup>33,34</sup> These results show that not only are trauma-informed, family-centered treatment options better for the child, they are more effective in treating addiction and its effects.

Finally, trauma-informed opioid treatment should work to incorporate the lived experiences and expertise of those who have misused opioids. Engaging clients and their families in the treatment or support process, rather than simply telling them what to do, fosters both a sense of trust and commitment.<sup>35</sup>

### **Trauma-Informed Opioid Responses in Action**

There have been some steps made towards integrating trauma-informed practices into the care and support of families affected by the opioid crisis. The HEAL Act stipulates that Medicaid sponsored opioid treatment must include trauma-informed components such as family-focused residential programs. The bill defines a family-focused residential treatment program as “a trauma-informed residential program that primarily provides substance use disorder treatment to pregnant and postpartum women, as well as parents and guardians,” and that “to the extent appropriate and applicable” allows children to reside with such women, their parents, or guardians, during the treatment.<sup>36</sup>

The National Center on Substance Abuse and Child Welfare (NCSACW) is also integrating trauma-informed practices into its support for child welfare agencies and organizations across the United States. Through its Regional Partnership Grant Program, the NCSACW provides technical assistance to agencies, “programs, services, and activities designed to increase the well-being, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as the result of a parent or caregiver’s substance use disorder.”<sup>37</sup> In Illinois, two such programs are Family and Child Treatment Services (FACTS) in St. Claire County and the newly funded Illinois Intact Family Recovery Program (IFR), which will serve Boone, Kankakee, Will, and Winnebago counties, starting in January 2020.

FACTS provides trauma-informed therapy and psychosocial support to children and parents facing substance use disorders. Utilizing screenings and assessments, as well as trauma-informed therapeutic and treatment services, the program aims to

streamline services for families dealing with substance use disorder, with the ultimate goal of keeping children with their parents and preventing the trauma of parental removal. In a pilot program, all 31 children who were initially identified as at risk of being removed from their parents' custody due to substance use were able to remain in the home. There were other strong indicators of the program's success—93% of program participants were screened for mental healthcare needs, with 65% accessing care versus 10.3% and 9.9% respectively for families outside of the program.<sup>38</sup>

In northern Illinois, the Illinois Collaboration on Youth will lead the development of the IFR Program which will provide standard intact family services to children and families facing separation due to parental substance use, as well as specialized case management services from a Recovery Coordinator. The services will also last 18 months versus the standard six months given to families. These enhanced services include trauma-focused behavioral therapy for children and families, substance use treatment, housing support, and parenting classes. The program will not only address the substance use that led to the family's entry into the child welfare system, but also the underlying causes and consequences of the substance use.<sup>39</sup>

While legislation and programming like this is still relatively new, as the reach of the opioid epidemic increases, policymakers and practitioners must work to expand the efforts of trauma-informed substance abuse treatment. Addressing the traumatic effects of previous methods such as family separation will not only prevent trauma in children and families, but also increase the likelihood and sustainability of parental recovery.

## Conclusion

The connection between the opioid epidemic and childhood trauma is clear. There is also a clear pathway for practitioners and policymakers to address this crisis. Opioid misuse must be viewed not only as a potential cause of trauma but also as a symptom of trauma—in individuals, families, and communities. Trauma-informed, socially-just care and the development of trauma-informed, socially-just policies, both organizational and legislative, are

vital to combating the opioid epidemic. These policies are also necessary in supporting children, families, and communities that have been impacted by the epidemic's reach. Addressing opioid misuse through a multi-generational lens is critical for supporting those struggling with opioid use, as well as their families and the communities in which they live.

## Ways providers and stakeholders can support those impacted by opioids and their families:

- **Take a system- and family-wide approach:** Recognize that both those who misuse opioids and their families have often experienced high rates of trauma and come from communities impacted by poverty, racism, and disinvestment.
- **Utilize trauma-informed care:** Prioritize harm-reduction strategies. If possible, trauma-informed opioid treatment should encourage support for those in treatment to be able to stay with their children or maintain continued, regular contact to benefit those in recovery and provide support to parents, children, and other family members. Integrating programming like family therapy and case management services can not only prevent relapse, but also provide the building blocks for recovery from and prevention of trauma.
- **Advocate for policy change on the local, state, and national levels:** Work with legislators and institutions, like police departments or health departments, to implement widespread trauma-informed interventions for opioids to avoid the disruption and trauma of punitive approaches to opioid use like long prison sentences and family separation. Policies that address the community origins of trauma and opioid use and work to invest in and support these communities are also imperative.
- **Acknowledge and highlight lived experiences as expertise:** Engaging those who have misused opioids in the past, or are currently misusing, in the planning and operationalization of policies is imperative. Not only does it provide a lens of expertise and insight not available from other parties, it can also encourage trust and commitment from a community that has traditionally been left out of the conversations surrounding their health and emotional needs. Fostering an environment where clients and their family members feel safe disclosing opioid misuse and advocating for their needs is crucial in trauma-informed care and policymaking.
- **Craft trauma-informed policies that address the root causes of opioid misuse, as well as work to implement healing-centered, trauma-informed responses.** Guidance for trauma-informed policies can be found in the Illinois ACEs Response Collaborative's Trauma-Informed Policymaking Tool, available at [hmprg.org/resource-library/](https://hmprg.org/resource-library/)



## About the Illinois ACEs Response Collaborative

Established in 2011, the [Illinois ACEs Response Collaborative](#) (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and ACEs on the health and well-being of Illinois families and communities. The Collaborative works to develop education, policies, and responses to assist those who have experienced a high level of adversity, while simultaneously developing strategies to reduce the frequency and impact of ACEs as well as preventing their transmission to the next generation.

## About Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine’s mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region’s “honest broker” on healthcare policy matters. Learn more at [www.hmprg.org](http://www.hmprg.org).

## Acknowledgements

Thank you to Suzanne Carlberg-Racich, PhD for her contribution and support.

## Suggested Citation

Hammett, M., Altman, L., Stillerman, A. & Schaps, M. (2019, November). Trauma-Informed Approaches for Supporting Families with Opioid Misuse. Health & Medicine Policy Research Group. Available at <http://hmprg.org/resource-library/>.

*This policy brief is made possible through the support of the Illinois Children’s Healthcare Foundation and the Telligon Community Initiative. For more information on this report or the Collaborative, contact us at 312.372.4292 or [info@hmprg.org](mailto:info@hmprg.org), or visit [hmprg.org](http://hmprg.org).*

## Endnotes

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<sup>1</sup> An act to amend Tennessee Code Annotated, Title 39, relative to criminal law., H.R. HB1168, House of Representatives- Tennessee General Assembly. (2019).

<sup>2</sup> Pew Charitable Trusts (Ed.). (2018, March). More Imprisonment Does Not Reduce State Drug Problems. Retrieved from <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>

<sup>3</sup> Center for Behavioral Health Statistics and Quality. (2016). 2015 National Survey on Drug Use and Health: Detailed Tables.

Rockville, MD: Substance Abuse and Mental Health Services Administration.

<sup>4</sup> Lopez, G. (2018). 2017 was the Worst Year Ever for Drug Overdose Deaths in America. Vox News. Retrieved from <https://www.vox.com/science-and-health/2018/8/16/17698204/opioid-epidemic-overdose-deaths-2017>

<sup>5</sup> National Institute on Drug Abuse. (2019). Opioids: Brief Description. National Institute of Health. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids>

- 
- <sup>6</sup> Han B, Compton WM, Blanco C, Crane E, Lee J, Jones CM. (2016). Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. *Annals of Internal Medicine*, 167, 293–301. doi: 10.7326/M17-0865
- <sup>7</sup> National Institute on Drug Abuse. (2018). Illinois Opioid Summary: Opioid-Related Overdose Deaths. Rockville, MD: National Institute of Health.
- <sup>8</sup> Schorsch, K. (2018). What it costs hospitals to reverse an opioid overdose. Retrieved from <https://www.chicagobusiness.com/article/20180216/ISSUE01/180219915/heroin-opioid-overdoses-cost-illinois-hospitals>
- <sup>9</sup> Kennedy, O. (2019). The Opioid Crisis in Black Communities: Who is Paying Attention? Health Policy Hub: Community Catalyst. Retrieved from <https://www.communitycatalyst.org/blog/the-opioid-crisis-in-black-communities-who-is-paying-attention#.XZtTAUZKiUk>
- <sup>10</sup> Kaiser Family Foundation (2019). State Health Facts: Opioid Overdose by Race/Ethnicity- 2017. State Health Facts: Kaiser Family Foundation, Retrieved from <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/?dataView=2&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- <sup>11</sup> Griffith, C. et al, (2018) The Effects of Opioid Addiction on the Black Community. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 10:2, 843-850
- <sup>12</sup> Health and Medicine Policy Research Group. (2018). Adverse Childhood Experiences: Understanding Health Risks Across Generations in Illinois and Chicago. Retrieved from [http://www.hmprg.org/assets/root/ACEs/2013%20IL%20BRFSS%20Report\\_IL%20ACEs%20Response%20Collaborative%20Final.pdf](http://www.hmprg.org/assets/root/ACEs/2013%20IL%20BRFSS%20Report_IL%20ACEs%20Response%20Collaborative%20Final.pdf)
- <sup>13</sup> National Public Radio, Robert Wood Johnson Foundation & Harvard T.H. Chan School of Public Health. (2018). Discrimination in America: Final Survey. Retrieved from [https://www.rwjf.org/content/dam/farm/reports/surveys\\_and\\_polls/2018/rwjf443620](https://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2018/rwjf443620)
- <sup>14</sup> Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.
- <sup>15</sup> CTIPP Opioids and ACEs Workgroup. (2017). Trauma-Informed Approaches Need to be Part of a Comprehensive Strategy for Addressing the Opioid Epidemic. Campaign for Trauma-Informed Policy and Practice. Retrieved from [http://ctipp.org/Portals/0/xBlog/uploads/2017/7/17/CTIPP\\_OPB\\_No1.pdf](http://ctipp.org/Portals/0/xBlog/uploads/2017/7/17/CTIPP_OPB_No1.pdf)
- <sup>16</sup> Lawson, K. M., Back, S. E., Hartwell, K. J., Moran-Santa Maria, M., & Brady, K. T. (2013). A Comparison of Trauma Profiles Among Individuals with Prescription Opioid, Nicotine, or Cocaine Dependence. *The American Journal on Addictions*, 22(2), 127-31.
- <sup>17</sup> Monnat, S. (2018). Factors Associated With County-Level Differences in U.S. Drug-Related Mortality Rates. *The American Journal of Preventative Medicine*, 54(5), 611-619.
- <sup>18</sup> Moran, M. (2018, April 27). How the Opioid Addiction Crisis Was Rendered 'White'. Retrieved from <https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2018.5a14>
- <sup>19</sup> NIDA. (2017). Addressing the Opioid Crisis Means Confronting Socioeconomic Disparities. Retrieved from <https://www.drugabuse.gov/about-nida/noras-blog/2017/10/addressing-opioid-crisis-means-confronting-socioeconomic-disparities>
- <sup>20</sup> American Psychiatric Association. (2018). Public Opinion Poll-Annual Meeting 2018. Retrieved from <https://www.psychiatry.org/newsroom/apa-public-opinion-poll-annual-meeting-2018>
- <sup>21</sup> Lipari, R.N. and Van Horn, S.L. (2017). Children Living With Parents Who Have a Substance Use Disorder. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.
- <sup>22</sup> Radel, L., Baldwin, M., Crouse, G., Ghertner, R., Watters, A. (2018). Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed Methods Study. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <https://aspe.hhs.gov/system/files/pdf/258836/SubstanceUseChildWelfareOverview.pdf>
- <sup>23</sup> Quast, T. (2018). State-level variation in the relationship between child removals and opioid prescriptions. *Journal of Child Abuse and Neglect*, 86 (2018), 306-313. Retrieved from <https://www.tacfs.org/resources/Documents/State-level%20variation%20in%20the%20relationship%20between%20child%20removals%20and%20opioid%20prescriptions.pdf>
- <sup>24</sup> Guza, M. (2018). Amid Opioid Crisis, Grandparents Take on Parenthood Again. U.S. News and World Report. Retrieved from <https://www.usnews.com/news/best-states/pennsylvania/articles/2018-10-27/amid-opioid-crisis-grandparents-take-on-parenthood-again>
- <sup>25</sup> Comptom, W. et al. (2002). The Specificity of Family History of Alcohol and Drug Abuse in Cocaine Abusers. *American Journal of Addictions*, 11(2):85-94
- <sup>26</sup> Fleming, A. (2018). Opioid Addiction and Overdoses in Children Devastate Their Parents. *The Washington Post*. Retrieved from [https://www.washingtonpost.com/national/health-science/opioid-addiction-and-overdoses-in-children-devastate-their-parents/2018/06/29/5603a28a-3820-11e8-9c0a-85d477d9a226\\_story.html?utm\\_term=.bdef63739c42](https://www.washingtonpost.com/national/health-science/opioid-addiction-and-overdoses-in-children-devastate-their-parents/2018/06/29/5603a28a-3820-11e8-9c0a-85d477d9a226_story.html?utm_term=.bdef63739c42)
- <sup>28</sup> Huang LN, Sharp CS, Gunther T. It's Just Good Medicine: Trauma-Informed Primary Care (webinar). August 6, 2013. [https://www.integration.samhsa.gov/about-us/CIHS\\_TIC\\_Webinar\\_PDF.pdf](https://www.integration.samhsa.gov/about-us/CIHS_TIC_Webinar_PDF.pdf)
- <sup>29</sup> Collier, L. (2018). Young Victims of the Opioid Crisis. *American Psychological Association*, 49:1. 17-20.

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30 Nash, M. (2018). Op-Ed: Opioid Treatment Plans Must Include a Trauma-Informed Approach. The Hill. Retrieved from <https://thehill.com/opinion/healthcare/392199-opioid-treatment-plans-must-include-a-trauma-informed-approach>

31 Griffith, C. et al. (2018). The Effects of Opioid Addiction on the Black Community. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 10:2, 843-850.

32 Jackson V. Residential Treatment for Parents and Their Children: The Village Experience. *Journal of Science & Practice Perspectives*, 2(2):44-53.

33 Holmes, A.V. et al. (2018). Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost. *Journal of Pediatrics*, 147(6): e1-e9. Retrieved from <http://opioidjusticeteam.com/wp-content/uploads/2018/06/Treating-NAS.pdf>

Ingredients for Successful Trauma-Informed Implementation. Center for Healthcare Strategies. Retrieved from [https://www.chcs.org/media/ATC\\_whitepaper\\_040616.pdf](https://www.chcs.org/media/ATC_whitepaper_040616.pdf)

36 Hatch, O. and Open Executive Session to Consider an Original Bill Entitled Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018, S.3120, 116<sup>TH</sup> Cong. (2018).

37 National Center for Substance Abuse and Child Welfare (2018). Regional Partnership Grant Program. Retrieved from <https://ncsacw.samhsa.gov/technical/rpg.aspx>

38 National Center for Substance Abuse and Child Welfare (2018). Regional Partnership Grant Program: Family and Child Treatment Services (FACTS). Retrieved from [https://ncsacw.samhsa.gov/files/Childrens\\_Research\\_Triangle\\_CRT\\_IL\\_508.pdf](https://ncsacw.samhsa.gov/files/Childrens_Research_Triangle_CRT_IL_508.pdf)

38 National Center for Substance Abuse and Child Welfare (2019). Regional Partnership Grant Program: Illinois Intact Family Recovery Program. Retrieved from [https://ncsacw.samhsa.gov/files/rpg\\_iv\\_grantee\\_profile\\_il.pdf](https://ncsacw.samhsa.gov/files/rpg_iv_grantee_profile_il.pdf)