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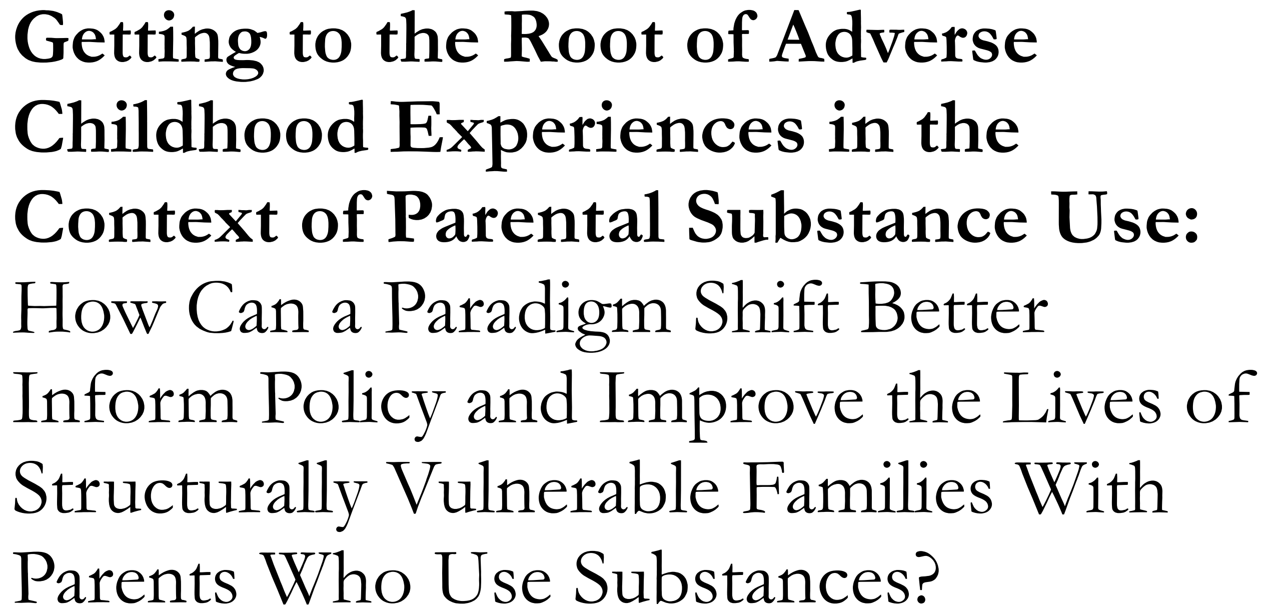

Getting to the Root of Adverse Childhood Experiences in the Context of Parental Substance Use: How Can a Paradigm Shift Better Inform Policy and Improve the Lives of Structurally Vulnerable Families With Parents Who Use Substances?

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ADVERSE CHILDHOOD EXPERIENCES

Potential stressors occuring between the age of 0-18

The term ACEs was coined in the landmark 1998 adverse childhood experiences study that identified 10 forms of childhood adversity to long term negative health outcomes.

ORIGINAL ACES

Abuse:
- Physical
- Emotional
- Sexual

Neglect
- Physical
- Emotionall

Household Dysfunction
- Parental mental illness
- Household Substance use
- Parental incarceration
- losing a parent to death or divorce
- Domestic violence

the more ACEs, the more risk for adversity in adulthood.

1 in 3

adult mental health conditions relate directly to adverse childhood experiences

WHAT'S AT THE ROOT OF ACES?

"ACEs are the major PREVENTABLE pathway to mental illness and substance use disorder*."

Dr. Robert Anda; ACEs Study;Creating Self Healing Communities

Parental substance use is an ACE & increases the risk for experiencing additional ACEs.

1 in 5 youth grow up with a parent's substance use challenges

2-3 times

at risk for poor mental health, substance use challenges, and suicide

STIGMA AS A BARRIER

Barriers to support are common for people who use substances, including parents, who are looking for treatment options.

"Maybe if my parents didnt worry about losing us they could have gotten help".

"It is hard to heal from something when there is so much shame around it. You can't reach out to anybody".

"I wish people new how much criminalization hurts".

Can parents and youth reach out for support without fear of discrimination, criminalization, and family separation?

LOOKING AHEAD

Increase support, decrease risk for adversity

- Anti-oppressive approaches
- Collective action versus household responsibility
- Address social determinants of ACEs

Introduction

“While it is helpful to know which populations need additional support to address ACEs and build resilience among children, it is even more important to know why higher risk conditions exist and to address *root causes of inequities* that increase the risk of ACEs.”
(Camacho, S; Henderson, S.C. 2022)

Over the past three decades, research on Adverse Childhood Experiences (ACEs) has gained widespread recognition, catalyzing policies and programs, and mobilizing knowledge focused on applying a public health approach to understanding and addressing some of society's most pressing social issues.

ADVERSE CHILDHOOD EXPERIENCES

Stressors that occur in childhood between the age of 0-18 that can negatively affect adult health outcomes

Original 10 ACEs 1998:

Abuse:
- physical
- emotional
- Sexual

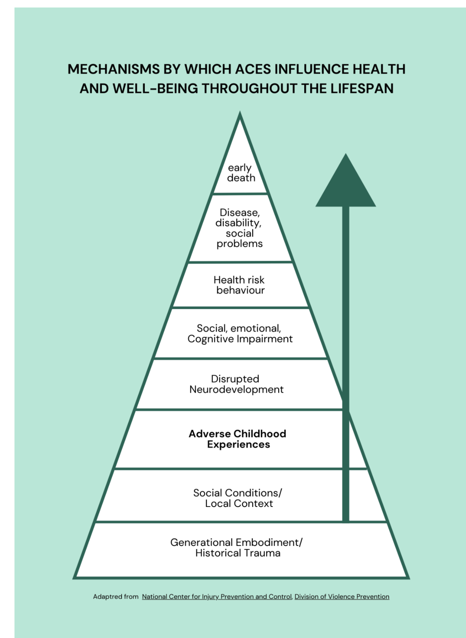
Neglect
- physical
- emotional
- Sexual

Household Dysfunction
- parental mental illness
- household Substance use disorder
- parental incarceration
- losing a parent to death or divorce
- domestic violence

Additional ACEs added 2015+
- Poverty
- Racism
- Foster system

The original 1998 ACEs study identified a crucial finding that has been reiterated through empirical validation over the past 30 years. It reveals that having a parent with a substance use disorder (SUD), classified as "household dysfunction," is considered an ACE, a potential trigger of stress, which subsequently increases the risk of experiencing additional ACEs. This cumulative effect, in turn, puts impacted youth at an increased risk of facing adverse health outcomes such as poor mental health, substance use challenges, and suicide (Felitti et al., 1998).

While evidence shows an intricate relationship between parental SUDs, ACEs, and the resulting harm and vulnerability in youth, the reasoning used to establish this underlying assumption of the ACE questionnaire does not address a pressing question: *if parental SUDs were the main source of harm-associated with ACEs, why is it that systemic harm can also be experienced by parents and their children while seeking support for substance use, and root causes of substance use challenges?*



Although systemic barriers have been acknowledged in emerging ACE research as a contributing factor for risk, we

believe that ACE research continues not to be leveraged adequately. In particular, this approach has not been utilized to identify or address the social conditions to which the well-being of parents who use substances and their children can be actualized.

Contextualizing Parental SUD and Risk for Stress to Children

The literature has identified that ACEs, like substance use challenges, are a consequence of social inequities, and like the social determinants of health (SDOH), are connected to the societal conditions that impact a family's access to health-promoting resources and support (Camacho & Henderson, 2022).

Despite the intersecting societal conditions that can contribute to a SUD in individuals, the literature continues to isolate individual ACEs, such as parental substance use, under the umbrella of *"household challenges"*. By reducing ACEs to a single issue, we decontextualize the environment a child is being raised in, omitting important details that can perpetuate harm.

Social Determinants of Health and ACEs

Substance use challenges have been acknowledged as an issue rooted in the SDOH. However, parents who use substances and with intersecting identities and experiences continue to experience barriers to health and well-being. These barriers include the risk of experiencing racism, discrimination, criminalization, and family separation when seeking out support for substance use challenges or root causes of substance use challenges, such as trauma, poor mental health, racism, and poverty (Camacho & Henderson, 2022).

Starlings Community believes that ACEs literature can contribute to the barriers parents and their children experience when the dialogue continues to isolate individual ACEs (e.g., parental substance use and its associated stressors under the umbrella of "household challenges"). By defining parental substance use as a household problem, the literature omits the role that societal conditions play in the experiences and health outcomes of youth exposed to these ACEs and can unjustly perpetuate a stigma that blames parents and families (Grummitt et al., 2022). This stigma is not only manifested in the shame that prevents parents and families from accessing resources, but additionally, in the continued presence of oppressive approaches to "support", particularly for Black, Indigenous, and other ethnocultural families.

An important consideration is that a 2022 intersectional analysis found that demographic factors are rarely discussed in ACE literature and in two studies which did, the role of policies and systems in promoting stigma and ACEs was not addressed (Camacho & Henderson, 2022). The present-day consequences of racism and colonialism include the continued overrepresentation of Indigenous, Black, and ethnocultural parents in prison who have experienced trauma, who are poor, and who are criminalized on charges related to substances (Bernard, Ataullahjan, & Cordy,

> "Discrimination, in and of itself, impacts individuals' health through psychosocial stress, access to health and social resources, and violence and bodily harm, subsequently denying people of colour access to resources, dignity, and a high quality of life. Research further illustrates that experiences of discrimination affect health care–seeking behaviours and adherence to medical regimens."
>
> - Lanier, 2020

2018). 80% of individuals entering Correctional Service Canada institutions are identified as being involved in the justice system on charges related to substance use or themselves having substance use challenges (Sorenson, 2010). Drug prohibition laws have historically targeted these communities resulting in disproportionate arrests with harsher sentencing and the separation of families. These factors can have incredibly detrimental, long-term impacts on parents with SUDs and their families (Cohen, Vakharia, Netherland, & Frederique, 2022; Cummings & Ramirez, 2022). As showcased, not only do these parents face stigma when seeking support due to their SUD, but this is further compounded by stigma and discrimination related to their race.

Further, the classical notion of ACEs fails to acknowledge how behaviour can be a byproduct of the systems and institutions that individuals are subjected to. By simply looking at the behaviour (i.e., substance use), systemic stressors of substance use challenges might not always be adequately addressed, leading to ongoing health challenges with substances. For instance, the literature indicates that up to 85% of people relapse within the first year of abstinence-based treatment for substance use, suggesting that current approaches to recovery do not always meet a person's needs (Brandon, Vidrine, & Litvin, 2007).

Current literature has shown that the presence of **protective factors** including healthy familial relationships and community support can be a sufficient means of buffering the negative impacts associated with ACEs. Family cohesion, mental health support, and community resources are known to offer protection to children experiencing adversity (Chen & Ouellette, 2022). However, in today's society, children who seek out support are at risk of being removed from their homes, their parents being criminalized, and whole families marginalized, as indicated by the over-representation of impacted youth within the child welfare system, the number of impacted parents within the criminal justice system, and the many stories of youth and adults who shared their fears with us (Chen & Ouellette, 2022). The belief is that by allowing policies that lessen these support systems to proliferate, long-term harm to families can become increasingly difficult to avoid.

Ensuring that the systems we implement are policy-based is crucial, but this task can only be properly executed when adequate levels of evidence are available to us and utilized. We believe that the current evidence focuses on individual behaviours, and not on the systemic harm that can

prevent individuals from accessing support. By prioritizing collective action that addresses systemic harm, versus individual behaviour, we can aim to get to the root of the issue.

The lack of comprehensive literature on this topic may not only hinder the quantity and type of information accessible to researchers but also contribute to how societies conceptualize social issues, such as the intergenerational risk for SUDs. As a result, the knowledge gap can widen and the extent to which policymakers and others are informed lessens.

Substance Use Related Discrimination (Stigma) as an Adverse Childhood Experience?

> "Reducing stigma is key to effectively addressing problematic substance use, and is a critical step in recognizing the fundamental rights and dignity of all Canadians, including those who use substances."
>
> - Dr. Theresa Tam, Chief Public Health Officer of Canada, Government of Canada, 2018

Despite substance use challenges long being tied to health issues, substance use stigma poses a significant challenge, particularly when its roots are tied to the criminal justice system. This societal bias translates into healthcare settings, where individuals with substances may encounter judgement and discrimination (Knaak, Livingston, Stuart, & Ungar, 2020). The pervasive stigma surrounding substance use can deter individuals from seeking the necessary help, as the fear of societal rejection or discrimination becomes a formidable barrier to treatment. Furthermore, the criminalization of substance use, particularly in structurally vulnerable communities, often overshadows a more compassionate and public health-oriented approach. Further, the values, beliefs, and ideologies that those in power hold are often reflected in the policies, practices, and systems that are put in place at the community level.

In a 2022 study, 25% of respondents expressed their unwillingness to have an individual with "a lot of ACEs" as a close co-worker and 65.2% believed that parents were very much to blame for the consequences of ACEs (Purtle, Nelson, & Gollust, 2022). Research has also found that when individuals hold more stigma towards people with mental illness, they are less likely to support government interventions that would improve access to services (Barry et al., 2014; McGinty et al., 2017; Purtle et al., 2019). What makes this even more worrisome is the cyclic nature of intergenerational ACEs– much public and news media discourse about ACEs implies parental blame (Purtle, Nelson, & Gollust, 2022), which may be due to the majority of ACEs relating to experiences that occur in the home, as well as the original ACE study describing ACEs as

indicators of "household dysfunction" (Felitti et al., 1998).

Table 3
Research Findings on the Effects of Stigma on Parents With SUDs

Effect	Study	Year
Negative beliefs about the care they deserve and their ability for healthier substance use	Crapanzano et al.	2018
Decreased health-seeking behaviour and less engagement in their care	Stangl et al.	2021
Feelings of shame, worthlessness, and lack of self-esteem	CCSA & CAPSA	2019
Decreased likelihood to acknowledge consequences of problematic substance use, less likely to begin treatment, and more likely to drop out of treatment prematurely	Corigan et. al. O'Shay-Wallace Stangl et al.	2006 2019 2019
Decreased capacity to challenge discrimination they experience and to advocate for themselves	Stangl et al.	2019
Decreased lifetime opportunities, including social, financial, and employment opportunities	Corrigan et al.	2009

Moving Forward with Evidence and Knowledge Equity

Addressing substance use stigma requires concerted efforts in education, advocacy, and reshaping societal attitudes to foster a supportive environment. Healthcare professionals, in particular, play a crucial role in challenging and addressing stigmatizing practices within their realms, promoting an evidence-based public health approach to substance use that addresses individual needs and disrupts systemic barriers. Furthermore, the justice system may play a role in substance-use stigma by perpetuating punitive measures that often criminalize individuals struggling with addiction instead of prioritizing an upstream approach. Policies that emphasize punishment over social support contribute to the belief that substance use challenges are a moral failing and criminal issue, fostering an environment where individuals may be hesitant to seek help due to fear of legal consequences. This punitive approach not only fails to address the underlying issues contributing to substance use but also exacerbates the societal stigma associated with addiction.

Stigma as an ACE:

The attitudes, actions, and regulations influencing an individual's connections with systems, family, community, and self are not solely *perceived* as outcomes of stigma; they are

manifestations of discrimination. This substance use-related discrimination can be understood as an ACE, a major stressor that can lead to toxic stress, in and of itself. In recent years, discourse about ACEs and the SDOH at large has broadened in scope to discuss the role of discriminatory practices related to race, gender, sexual orientation and beyond. Likewise, we must acknowledge the harm that can be done to children and intergenerational families by discriminating based on substance use. It is well-established that ACEs are highly correlated with substance-use disorders. What is seldom discussed is the role of substance-use-based discrimination and a lack of social support in contributing to this relationship. It's important to note that this updated understanding is not enough to support families; it must be coupled with a change in our actions.

Conclusion: Looking Beyond ACEs: A Paradigm Shift

As of 2023, ACE studies have not *adequately* and consistently defined how the environment, including resources, policies and practices, impacts risk for youth exposed to parental substance use disorder. A shift in how we discuss parental SUDs and ACEs would allow for evidence-based policies that factor in potential harm to families associated with implementing various strategies. The understanding and acknowledgement of the root causes of ACEs and parental SUDs enables researchers to adequately inform their audience, including policymakers, to be proactive when implementing their systems. Identifying the role of stigma in a child's risk for adverse health outcomes can ensure further research, policies, and practices aim to decrease barriers to support and resources for parents, and ultimately their children.

We believe that to effectively tackle ACEs associated with parental SUD and its risks to youth, ACE literature must promote an upstream approach to policy by not only identifying but also consistently acknowledging how environments play a pivotal role in shaping the high-risk conditions in which youth are exposed. Inevitably, this would mean removing the label of "household dysfunction/challenges", and consistently identifying how societal conditions perpetuate harm and increase risk in families. Furthermore, the presence of stigma is so ubiquitous that it should be considered the ACE itself, which intersects with experiences of racism. **This approach is essential for reaching the very core of the issue: reducing carceral approaches to support that lead to the stigmatization, discrimination, criminalization, separation, and blame of parents when a public health approach is necessary.**

This also includes addressing the role of stigma in how policy-makers, health professionals, educators, advocates, social workers and a plethora of others involved in the well-being of children and youth go about addressing parental SUDs in their respective fields of work. It can not be guaranteed that the implementation of research, policies, or practices related to any issue is unbiased. This is especially true in the case of anything as heavily stigmatized as parental SUDs and ACEs.

A note from Starling's Founding Director:

At Starlings Community, our mission is to strengthen the ecosystem of support for youth by increasing their access to safer resources that promote health, healing, and overall well-being. Through our Starlings Initiatives, we aim to empower hope and healing in individuals affected by the stress and stigma of a parent's substance use through evidence-informed approaches that address the social determinants of health. Ultimately, this means being critical of current literature, policies and practices that inadvertently decrease access to resources and support for parents, and ultimately their children. Through peer-led solutions grounded in lived experience, our training, workshops, and resources are equipping a new generation of stigma disrupters and community builders.

Agnes Chen, RN. Founder/ Executive Director at Starlings Initiatives.

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