Working Together with Vulnerable Young People on Substance Use and Sexual and Reproductive Health

13th September 2016

A national resource of expertise on drug issues

www.sdf.org.uk
www.scottishdrugsservices.com
CHAIR

Jo McManus
NHS Greater Glasgow & Clyde
Jennifer Young, University of Stirling

James Taylor, University of the West of Scotland
How To Climb a Mountain Whilst Wearing Flip Flops

AKA how to do life in the context of AC

• Jennie Young University of Stirling
• Dr James Taylor University of The West of Scotland
Trauma knows no boundaries

Regardless of...

- Age
- Culture
- Gender
- Class
ACE’s Too High – No ACE Over 65.....
The Relationship of Adverse Childhood Experiences to Adult Health Status

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.
Overview of Findings

- Adverse Childhood Experiences (ACEs) are very common – over 50% of people have at least one ACE
- ACEs are uncommonly recognized
- Concealed by time, shame, secrecy, social taboos
- ACEs are the strongest predictor of adult disease risk factors, disease and
# Categories of Adverse Childhood Experiences

## Abuse:

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual (by anyone)</td>
<td>24.7%</td>
<td>16.0%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Physical (by parent)</td>
<td>27.0%</td>
<td>29.9%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Emotional (by parent)</td>
<td>13.1%</td>
<td>7.6%</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

## Neglect:

- Emotional: 16.7% 12.4%
- Physical: 9.2% 10.7%
### Categories of Adverse Childhood Experiences (2)

**Household Dysfunction: Women, Men, Total**

<table>
<thead>
<tr>
<th>Category</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse</td>
<td>29.5%</td>
<td>23.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>23.3%</td>
<td>14.8%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Mother treated violently</td>
<td>13.7%</td>
<td>11.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Parental loss (death/div)</td>
<td>24.5%</td>
<td>21.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Imprisonment</td>
<td>5.2%</td>
<td>4.1%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
Adverse Childhood Experiences vs. Current Smoking

![Bar chart showing the relationship between ACE score and current smoking. The x-axis represents the ACE score (0, 1, 2, 3, 4-5, 6 or more), and the y-axis represents the percentage of current smoking. The chart shows an increase in current smoking with an increase in ACE score.](image-url)
Childhood Experiences vs. Adult Alcoholism

The graph shows the percentage of alcoholic individuals categorized by their ACE (Adverse Childhood Experiences) score. The x-axis represents the ACE score, ranging from 0 to 4+. The y-axis represents the percentage of alcoholics, ranging from 0% to 18%. The data indicates that higher ACE scores are associated with a higher percentage of alcoholics.
ACE Score vs. Intravenous Drug Use

N = 8,022
p < 0.001
Adverse Childhood Experiences vs. Likelihood of > 50 Sexual Partners

![Bar Graph]

- **Adjusted Odds Ratio**
  - 0
  - 1
  - 2
  - 3
  - 4 or more

**ACE Score**

- 0
- 1
- 2
- 3
- 4 or more
Adverse Childhood Experiences vs. History of STD

![Graph showing the relationship between ACE Score and the adjusted odds ratio for the history of STDs. The x-axis represents the ACE Score (0, 1, 2, 3, 4 or more) and the y-axis represents the adjusted odds ratio. The bars increase in height as the ACE Score increases, indicating a higher risk of having a history of STDs with a higher ACE Score.]
ACEs HAVE MANY IMPACTS THROUGHOUT THE LIFESPAN - FAMILY POLICY INSTITUTE OF WASHINGTON

**CRITICAL & SENSITIVE DEVELOPMENTAL PERIODS**
- Early childhood, ages 0-3
- Pre-school
- Adolescence and adulthood

**ADVERSE CHILDHOOD EXPERIENCE**
- MORE CATEGORIES – GREATER IMPACT
- Physical Abuse, Sexual Abuse
- Emotional Abuse, Neglect
- Witnessing Domestic Violence
- Depression/Mental Illness in Home
- Incarcerated Family Member
- Substance Abuse in Home
- Loss of a Parent

**GENETICS**
- Including gender – Remember that experience triggers one

**BRAIN DEVELOPMENT**
- Electrical, Chemical, Cellular Mass

**ADAPTATION**
- Hard-Wired Into Biology

**CHRONIC DISEASE**

**PSYCHIATRIC DISORDERS**
- IMPAIRED COGNITION

**WORK/SCHOOL**
- Attendance, Behavior, Performance

**ALCOHOL, TOBACCO, DRUGS**

**RISKY SEX**

**CRIME**

**POVERTY**

**INTERGENERATIONAL TRANSMISSION, DISPARITY**

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INTERGENERATIONAL TRANSMISSION, DISPARITY
Trauma and Social Location

Adverse Childhood Experiences

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviours
- Social, Emotional, & Cognitive Impairment
- Adverse Childhood Experiences

Historical Trauma/Embodiment

- Early Death
- Burden of disease, distress, criminalization, stigmatization
- Coping
- Allostatic Load, Disrupted Neurological Development
- Complex Trauma/ACE
- Social Conditions/Local Context
- Generational Embodiment/Historical Trauma

Microaggressions, implicit bias, epigenetics

Conception to death

Impact of Trauma over the Life Span

Effects are neurological, biological, psychological and social in nature, including: – Changes in brain neurobiology – Social, emotional & cognitive impairment – Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence) – Severe and persistent behavioural health, health and social problems, and early death (Felitti et al, 1998; Herman, 1992)
"Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might drugs be used for the
A CLASSIC CAUSAL RELATIONSHIP
MORE ACEs = MORE HEALTH PROBLEMS

Dose-response is a direct measure of cause & effect. The “response”—in this case the occurrence of the health condition—is caused directly by the size of the “dose”—in this case, the number of ACE categories.
RISK FOR HIV

Number of ACE Categories

Percent of Population

0 1 2 3 4 or 5 6, 7, or 8

2 3.7 6 5.1 7.3 10.2
How many adults in Wales have been exposed to each ACE?

CHILD MALTREATMENT

- Verbal abuse: 23%
- Physical abuse: 17%
- Sexual abuse: 10%

CHILDHOOD HOUSEHOLD INCLUDED

- Parental separation: 20%
- Domestic violence: 16%
- Mental illness: 14%
- Alcohol abuse: 14%
- Drug use: 5%
- Incarceration: 5%
Compared with people with no ACEs, those with 4+ ACEs are:

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had or caused unintended teenage pregnancy
- 6 times more likely to smoke e-cigarettes or tobacco
- 6 times more likely to have had sex under the age of 16 years
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point in their lifetime

Preventing ACEs in future generations could reduce levels of:

- Heroin/crack cocaine use (lifetime) by 66%
- Incarceration (lifetime) by 65%
- Violence perpetration (past year) by 60%
- Violence victimisation (past year) by 57%
- Cannabis use (lifetime) by 42%
- Unintended teen pregnancy by 41%
- High-risk drinking (current) by 35%
- Early sex (before age 16) by 31%
- Smoking tobacco or e-cigarettes (current) by 24%
- Poor diet (current; <2 fruit & veg portions daily) by 16%
Why Be ACE Aware?

ACES can have lasting effects on:

- **Health** (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)
- **Behaviors** (smoking, alcoholism, drug use)
- **Life Potential** (graduation rates, academic achievement, lost time from work)

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.

*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.*
“What happened to you?”
instead of
“What’s wrong with you?”

Understanding the effects of trauma becomes the Great Integrator

SAMHSA (Substance Abuse and Mental Health Service Administration) www.samhsa.gov
Trauma Informed Engagement

- Trauma - CONTEXT - not Diagnosis
- Trauma informed assessment gives us
  - a compassionate understanding of how someone survived the surviving
  - background to drug misuse, sexual vulnerability and health risk behaviours

  - we create experiences of therapeutic failure, dependency and limited positive outcomes
Specific Focus on Trauma?

- Outcomes may be improved by adapting practices to incorporate more focus on trauma
  - Use ACE questions as a screen for who needs more intensive services
  - Educate parents about ACE so they understand the impact on their life course and parenting
  - Use understanding of ACE to develop community resources and supports for families
- “The ACE questionnaire is a tool to help clients understand their own lives and to inspire them to make decisions to protect their children from having a high ACE score.”
  
  Quen Zorrah, NFP PHN
What can we do – (ALL of us!!)

- Accept that Trauma is ALL of our business and the role Adverse Childhood Experience plays in future health and wellbeing is not exclusively the business of Mental Health Services.
- Could YOU incorporate a Trauma informed approach to your initial contact with patient? Routinely seek a history of adverse childhood experiences from all patients? “What happened to you?” accept THEIR reality –”How has this affected you?” – PARADIGM shift.
- Change your practise, including the environment to become “Safer”.
- Apply “Harm Reduction” in a new domain.
- Lose the judgements – That’s HARD!!
DO NO
HARM>>>>>>>

>>>>>>DO “KNOW” HARM !!!!
“Walk a mile in my shoes and tell me your feet don’t have blisters!” (Mags 2015)
ACE Study slides are from:

– Robert F. Anda MD at the Center for Disease Control and Prevention (CDC)

– September 2003 Presentation by Vincent Felitti MD “Snowbird Conference” of the Child Trauma Treatment Network of the Intermountain West

– “The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare” Book Chapter for “The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease” Lanius & Vermetten, Ed)
Felicity Snowsill – Cool2Talk
Linzi McKerrecher – NHS Tayside
What do young people ask and what do they REALLY mean?

Felicity Snowsill
Linzi Mckerrecher
Digital interventions

NHS Tayside
Parties, drunk, sex, problems, arguments, domestic abuse, confidence, wild, fun, exciting, dangerous, good time, risks, no condom, stupid things, regret, mistakes, consent, health, jealousy, volatile, sober sex, addiction, bad, chill out, freer, trust, ruin relationships, problems
A safe space to ask questions
Expanding the service

121 online chat with a counsellor
YOUNG PEOPLE’S VOICES
Last 16 months

- 3657 questions posted
- 75 feedback comments.
- 29,988 sessions on the site, 52% of which were returning visitors
- The split between boys and girls remains 3:1
- The site is reaching young people from all areas across Tayside and the Western Isles (equity of access)
- Highest usage in 14-16 year age bracket
Themes & Feelings

- Isolation & Loneliness
- Anger, sadness, depression
- Confusion
- “Different”
- Worthless or insignificant
“I needed someone to talk to coz I can’t talk to anyone else. I was staying at a friends house and her boyfriend was there too…we all fell asleep….there was a pillow separating me and her boyfriend. I woke up & something didn’t feel right….her boyfriend was jerking off so I’m there freaking out. And the next thing I know he’s on his feet leaning right over me. I absolutely freeze, I couldn’t move and then I have the idea to role over so I do and he leaps away. I’m still really freaked out”
"I feel so.. idk... helpless? Its just that i smoke a little and i wanna stop. But i cant. I wanna have a great life but i cant achieve that while i smoke... am scared shitless of getting found out but at the same time everytime i get told to not do something, for example, smoke or drink energy drinks, i do it. Mainly to show my parents they dont own me. I feel like when u smoke with other smokers i belong somewhere. But i wanna belong to someone without having to smoke. Idk... i will admit i am "trying to be cool" Then i feel more worthless and self harm."
“I am so fed up! I just want to die! The last year, I ruined my life. I met some stupid boy and let him change me! My grades dropped, I did drugs, I drank alcohol, I lost my virginity, I lost all my friends, I started smoking, my parents hate me and I hate who he made me become. I just want to die because I'm worthless”
Hi. I was just wondering if you would answer a few questions I have about sex etc. I'm still a Virgin but I was just wondering, 1) when you have sex does your vagina need to be shaved? 2) How do you know if ur hole isn't big enough for sex 3) how do you have sex, 4) will it hurt? 5) what's the best way to go about? 6) should I have a one night stand in case it's embarrassing 7) how do you do a blow job and a teabag? Please answer these thanks in advance
Risk & Protective Factors

Risk factors
- Parental influence
- Family-School-Community
- Aspirations
- Peers

Protective Factors
- Parental influence
- Family-School-Community
- Aspirations
- Peers

Low income, poor housing availability of substances, appearing older, family history of problem behaviour, drug use & normalisation

Fairness, closeness, belonging, feeling wanted, positive conflict resolution, peer influence, parental involvement in school & social life

Not Static
Response: The person not the topic
- Listening to feelings, counselling response
- Building of confidence
- Reassurance on what is normal & what isn’t
- Stepping stone to other services (partnership work)
- Child Protection
- Resource
The reply I got from this site has made me feel so much better. Just knowing that someone is out there that would listen to my problem and try to help, helped me in itself. This site is wonderful. Thank you so much.
Thanks for your help, cool 2 talk. I recently asked about how to cope with my anxiety, depression and self harm. Your help was fantastic and it felt great to have people to rely on when times got too tough. I am very thankful to have this service.
Felicity Snowsill
fsnowsill@nhs.net
Linzi McKerrecher
lmckerrecher@nhs.net
Questions and Discussion
REFRESHMENT BREAK

11:15 – 11:35
Working with Young Men: Young males’ experiences of loss, trauma and bereavement

Nina Vaswani, Research Fellow, Centre for Youth and Criminal Justice
Gender-informed practice
Bereavement among young people involved in offending
Bereavement in Polmont YOI

91%
Bereavement in Polmont YOI
Bereavement in Polmont YOI

67%
Bereavement in Polmont YOI

77%
I was thinking about like ‘how many more people do I have to see die? Am I gonnae grow up and see everybody die off?’ know what I mean? That was the way I kinda felt, I’m only 19 and that’s five people died already and I keep thinking to myself ‘are the rest of them gonna die?’ know what I mean then I’ll grow up alone.
A catalogue of losses

• A range of losses:
  • Loss of relationships
  • Loss of status
  • Loss of stability
  • Loss of future
• Ambiguous losses
• Disenfranchised Grief
Young men’s words

…my daughter dying and my brother dying…my sister getting raped…being in care my whole life, just lots of stuff, my mental health…

Obviously my father’s been in prison for nearly five years and I’ve got nobody to follow by, no role model so I had nobody…I’ve got a Mum but I don’t class her as a mum because I don’t feel like I’ve had a mum.
The impact of loss and bereavement on behaviour

- Sadness, shock, anger, numbness
- Common reactions
- Resilience
- Problematic scenarios
  - Substance misuse
  - Risky sexual behaviour
  - Self-harm / suicide
  - Increased risk-taking
Young men’s words

I just didnae bother with anything, even the police they didn’t scare me, they didn’t bother me anymore.

I’d no been in prison before but after my Gran died everything got worse just from there, I just started drinking a lot more and I drink every day now basically.
Young men’s words

the more I drank the more I wouldnae think of him basically …Not to forget about him, but forget about that [the bereavement]. The good things you obviously remember and then the bad things kinda take over.

when ma Grandad passed away any time I was feeling low about it I used to smoke a lot of cannabis so and then I found [my stepdad dead], after that I just started using different drugs, like cocaine and ecstasy and stuff like that so that was basically my way of dealing with it all.
What can cause a problematic scenario?

- High rates of traumatic and multiple death
- Ambiguous loss and disenfranchised grief
- Poor coping strategies and a lack of support / help
The gender gap in help-seeking

- Emotional distress
- Substance use
- Health symptoms
- Common low level issues
Young men’s words

I tried putting a brave face on for my mum and that and at the time it felt good but after the visit I went up to the cell...when you’re on remand you’re stuck in all day...and just worrying

I mean I’ve never seen my dad cry...when ma Granda died I didn’t see him greet, when ma Gran died I didn’t see him greet...I spose I’ve just always held myself back as well, rather than talk about things
Young men’s words

…I couldn’t talk to anyone, I couldn’t open up... if I was angry I would just explode, start smashing things up, start fighting with people...

I didn’t even know what grieving was...

I felt a lot of things, a lot of things I hadnae felt before. And I didnae know how to deal with them so I just didnae deal with them. I forgot about them.
Why are males vulnerable to reduced help-seeking?

- Gender Role Theory
- Social Psychology
- Emotional literacy
- Lack of social support
- Poor coping strategies
  - Avoidance
  - Acting out
  - Self-medication
  - Misinterpretation of behaviour
going to that group I realised I wasn’t the only one that had bad things happen to them in their life, and that’s being honest with you, cos I thought generally only the bad things were happening to me ken what I mean, and that’s why I was the way I was eh. But just listening to other people telling me what happened to their family an’ that, aye, was like, it was really like opening, eye-opening, you’d never think that.
What can we conclude?

- High levels of traumatic and multiple bereavements
- Childhood characterised by other losses
- Young men have reduced help-seeking and a lack of social support
- Young men with poor coping strategies
  - Unresolved grief
  - Pain and distress for the young men
  - Acting out and challenging behaviour
- System responds to this behaviour by creating additional losses and disrupting coping strategies and support
The outcome

- Hazardous alcohol use
- Self-injury and self-harm doubled
- Mental illness more common
- Violence – as perpetrators and victims
- Suicide
What can we do?

- Universal grief and death education
- Awareness-raising and understanding
- Ensure availability of bereavement support in the community
- Help-seeking: role modelling and education
- Ensure services are responsive to males
- Try not to let the system make things worse
- Where necessary minimise the impact of institutions on loss, trauma and grief
Young men’s words

I was sad, that was the only time I ever cried over her at the funeral…I think that’s when I came to reality that she wouldn’t be coming back…and everyone else was greeting

I had a cuff on which is the big long chain plus I had 2 handcuffs on so I was like triple cuffed. And I was saying ‘can you not take one off so I can give people a hug’ because people were hugging me and I just had to lean in to them. It was so horrible man...
It’s not all doom and gloom

I’ve never been able to open up and express myself at all, and express my feelings an’ that. I’ve never been able to do it for all my life. And just daein’ that was like weight was falling off my shoulders, ken what I mean? It felt like I had a bar, a weight bar with about four tonne on it, trying to lift it every day. But see every time I was letting it oot it felt like that bar, the weights were just falling off it.

I’ve started to act totally differently since I've got it all off my chest. I think I was maybe a bit angrier and that before I'd actually spoke about it all and I think that was probably what had led me to being in here as well.
Reports

• Persistent Offender profile: Focus on bereavement

• What works with vulnerable young males: a review of the literature
  https://www.glasgow.gov.uk/CHttpHandler.ashx?id=1613&p=0

• Encouraging help-seeking behaviour among young men
  http://www.glasgow.gov.uk/chtthandler.ashx?id=5252

• The ripples of death: the bereavement experiences and mental health of young men in custody

• A catalogue of losses

• Trauma, bereavement and loss in Polmont (forthcoming)
...and what about women?

• Why do we lock up young women? Is it to protect other people or to protect the young women themselves?

• What does this say about society’s values and attitudes to young vulnerable young women?

• How might we work with young women in a more positive way?

• What forces stop us doing this and what do we as workers need to do to change this?
LUNCH

12:45 – 13:40
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Find drug services in your area:
www.scottishdrugservices.com

Hepatitis Scotland
www.hepatitisscotland.org.uk

Take Home Naloxone
www.naloxone.org.uk