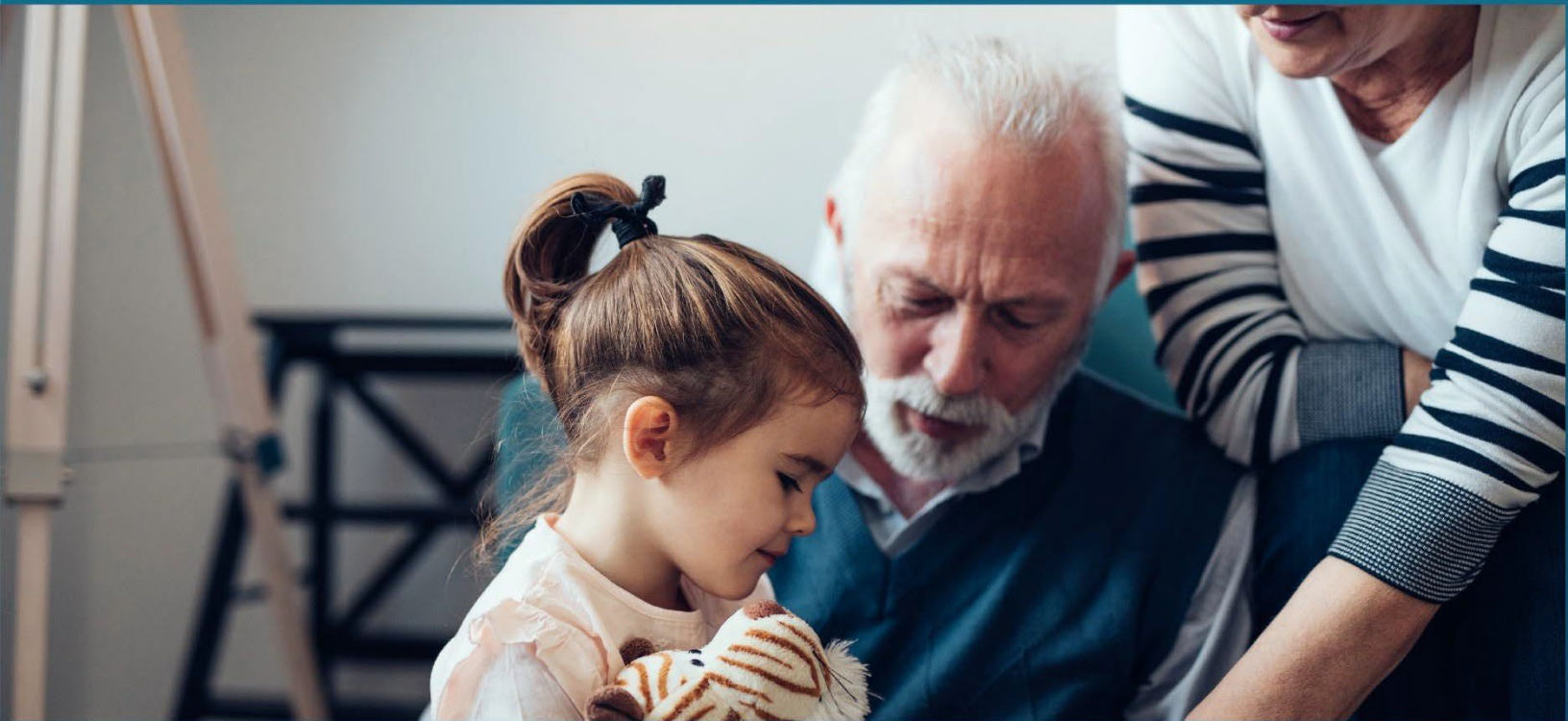
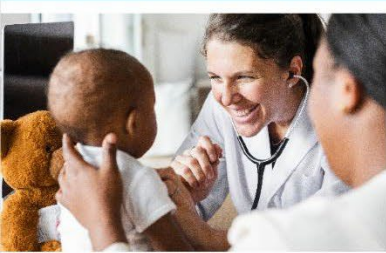


MODULE 9

Special Topic: Considerations for Children & Families Affected by Opioid Use



National Center on
Substance Abuse
and Child Welfare



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Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to enhance child welfare workers knowledge and understanding about substance use and co-occurring disorders among families involved in the child welfare system. The toolkit is designed to provide foundational knowledge and skills to help advance child welfare casework practice.

The toolkit consists of both foundational and special topic modules:

Module 1: Understanding the Multiple Needs of Families Involved with the Child Welfare System

Module 2: Understanding Substance Use Disorders, Treatment & Recovery

Module 3: Understanding Co-Occurring Disorders, Domestic Violence & Trauma

Module 4: Engagement & Intervention of Co-Occurring Substance Use, Mental Disorders & Trauma

Module 5: Case Planning Considerations for Families Affected by Parental Substance Use & Co-Occurring Disorders

Module 6: Understanding the Needs of Children & Adolescents Affected by Parental Substance Use & Co-Occurring Disorders

Module 7: A Coordinated Multi-System Approach to Better Serve Children & Families Affected by Substance Use & Co-Occurring Disorders

Module 8: Special Topic: Considerations for Children & Families Affected by Methamphetamine Use

Module 9: Special Topic: Considerations for Children & Families Affected by Opioid Use

Module 10: Special Topic: Care Coordination Considerations for Children & Families Affected by Prenatal Substance Exposure

NCSACW will add special topic modules to the Child Welfare Training Toolkit to stay ahead of emerging trends. These new modules will cover the latest developments and innovations, ensuring that training resources remain relevant and impactful. Regularly check the NCSACW website for the latest modules and enhancements.

In addition, the Child Welfare Training Toolkit is designed to offer states and local jurisdictions flexibility with delivery methods—the modules can be delivered as a series or as standalone in-person or virtual trainings. Note, each module is equivalent to a half day or 3-hour training which should also account for one 15-minute break for learners during instruction.



Each module contains a detailed facilitator's guide outlining identified learning objectives, a presentation slide deck, a comprehensive reference list, and supplemental resources. To better support state and local training capacity, detailed talking points for each slide's content have been included which can be used as a script or a starting point to help acclimate and support facilitator readiness. As with all training curricula, facilitators are also encouraged to infuse their own subject matter expertise, practice-level experience, and knowledge of state or local policy or practice to help reinforce the toolkit's contents and learning objectives.

Lastly and more importantly, the toolkit is designed with careful attention to adult learning theory and principles to maximize child welfare workers learning experience. Each module considers the diverse learning styles and needs including auditory, visual, kinesthetic techniques, as well as individual, small, or large group transfer of learning activities or exercises.

Intended Audience

The contents of this training toolkit can be applied across the full child welfare services continuum, enriching the practice of alternative (differential) response, investigations, in-home, out-of-home, and ongoing units. State and local jurisdictions may use the toolkit to supplement their current onboarding (pre-service) or ongoing (in-service) workforce learning opportunities. Use of the training toolkit is also highly encouraged for all cross-training needs—promoting collaboration and system-level change within and between child welfare agencies, substance use and mental health treatment providers, the judicial system, and all other family-serving entities.

Facilitator Qualifications

Facilitators should be knowledgeable about substance use disorders, mental health, and child welfare practice. They should also be familiar with the laws and policies that affect child welfare agency decision-making to ensure that the information is presented in the proper context. If a facilitator does not hold knowledge in one of these identified areas, then partnering with a respective community agency is recommended to augment co-facilitation and/or subject matter expertise.

Language & Terminology

Discipline-specific language and terminology are used throughout this training toolkit. A trainer glossary has been incorporated as part of the toolkit to better support knowledge and understanding of the purpose and intended meanings of commonly referenced terms and recommended use of person-first and non-stigmatizing language.



Materials Needed

In-Person Training Delivery

- Laptop Computer
- A/V Projector or Smart Board
- External Speakers (if needed)
- Internet or Wi-Fi Access
- Presentation Slide Deck
- Facilitator's Guide
- Flip Chart Paper
- Pens and Markers
- Training Fidgets

Virtual Training Delivery

- Laptop Computer
- Internet or Wi-Fi Access
- Virtual Meeting Platform (e.g., Zoom)
- Access to Free Online Word Cloud Generator (e.g., Mentimeter)
- Presentation Slide Deck
- Facilitator's Guide

Frequently Asked Questions

Question: Who can deliver the training toolkit modules?

Answer: Child welfare professionals, including but not limited to frontline workers, supervisors, managers, and workforce development specialists; as well as opportunities for partnership with substance use disorder treatment professionals such as counselors, therapists, social workers, and peer recovery support specialists.

Question: Are there any costs associated with using the training toolkit modules?

Answer: No, the training toolkit modules were developed for the public domain and are available for use at no cost.



Question: Is there a specific way child welfare agencies should acknowledge or give credit when using the training toolkit modules?

Answer: Yes, each training toolkit module includes an acknowledgement slide with detailed talking points recognizing NCSASW and its key federal funders.

Question: Can the training toolkit modules be branded with local child welfare agency logos and other identifying information?

Answer: Yes, child welfare agencies can add logos and other identifying information to any existing or new slides at their discretion.

Question: Can the training toolkit modules be modified or enhanced?

Answer: Yes, child welfare agencies are encouraged to adjust based on their local needs. This includes adding, removing, or consolidating slides and adjusting talking points for state or local policies, practice-level experience, community service array, or preferred language and terminology. Please just be sure to honor all original source information in the form of slides, scripts, and full reference citations.

Question: If a child welfare agency has questions related to using or implementing the training toolkit modules, who should they contact?

Answer: All additional inquiries about the training toolkit modules can be addressed to NCSACW@cffutures.org or toll free at 1-866-493-2758.

Supplemental Online Training Resources

NCSACW Online Tutorial for Child Welfare Professionals

This self-paced course provides tailored information on substance use and co-occurring disorders, focusing on the effects on parents, children, and families. Learners will acquire knowledge and skills to improve access to treatment services and implement effective case planning. The course promotes a family-centered approach that supports recovery, enhances safety, and improves overall family well-being through cross-system collaboration. This course consists of five modules and is eligible for submission to the National Association of Social Workers (NASW) to earn five CE credits.

Satisfaction Survey

Please take a moment to complete a [brief survey](#) about your experience with the Child Welfare Training Toolkit. The survey should take no more than five minutes to complete. Participation is voluntary, and all responses are anonymous—no identifying information will be linked to your answers. Your feedback is incredibly important and will help us enhance the quality and effectiveness of the Toolkit.





Module 9 Description & Objectives

The goal of module 9 is to provide in-depth knowledge and understanding about special considerations for children and families affected by opioid use. Child welfare workers will acquire knowledge and skills to help differentiate between different types of opioids and opioid analogs with information on classifications, potency, and effects; identify physical indicators of opioid use including long-term physical and psychological effects; discuss risk factors and signs of opioid overdose with knowledge of current data trends; integrate opioid overdose prevention strategies to mitigate level of risk to children and families; recognize benefits of medication for opioid use disorder with knowledge of historical stigma, supporting evidence base for approved medications, and information on short- and long-term treatment options; and finally, understand special considerations for treatment of opioid use disorders before, during, and after pregnancy.

After completing this training, child welfare workers will:

- Differentiate between different types of opioids and opioid analogs with knowledge of classifications, potency, and effects
- Identify physical indicators of opioid use including long-term physical and psychological effects
- Discuss risk factors and signs of opioid overdose with knowledge of current data trends
- Integrate opioid overdose prevention strategies to mitigate level of risk to children and families
- Recognize benefits of medication for opioid use disorder with knowledge of historical stigma, supporting evidence base for approved medications, and information on short- and long-term treatment options
- Understand special considerations for treatment of opioid use disorders before, during, and after pregnancy



Presentation Slide Deck & Talking Points

This next section of the facilitator guide provides detailed information about the contents of each slide and is organized uniformly throughout the deck to help with your training preparation. These sections include:

- Facilitator Script: ready to use talking points that can be used in its current form or modified based on a facilitator's training capacity and subject matter expertise.
- Facilitative Prompts for Participants: content-specific inquiries developed to engage learners in further discussion and application of knowledge and skills (**bolded for easy reference**).
- Additional Facilitator Notes: contextual information to support the facilitator's knowledge and readiness, or specific mention of supplemental resources available to the learners hyperlinked within the resource section at the end of the presentation slide deck (*italicized for easy reference*).
- Underlined Content: a tool used to draw attention or emphasize specific content within the facilitator script.




Slide 1

Special Topic: Considerations for Children & Families Affected by Opioid Use

**Special Topic:
Considerations for Children &
Families Affected by Opioid Use**

Child Welfare Training Toolkit



National Center on
Substance Abuse
and Child Welfare

Facilitator Script:

Hello and welcome! Thank you for creating time in your schedule for today's training discussion. The next three hours were carefully designed to be a robust learning experience. Your active participation in the various adult learning exercises is encouraged, leading to a more in-depth understanding about special considerations for children and families affected by opioid use.



Slide 2

Acknowledgement

Acknowledgement

This content is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).



National Center on
Substance Abuse
and Child Welfare

<https://ncsacw.acf.hhs.gov> | ncsacw@cffutures.org

Facilitator Script:

Before we begin, I'd like to acknowledge that this training module was developed by the National Center on Substance Abuse and Child Welfare an initiative of the U.S. Department of Health and Human Services and is co-funded by the Children's Bureau, Administration for Children and Families, and the Substance Abuse and Mental Health Services Administration.



Slide 3

Learning Objectives

Learning Objectives	After completing this training, child welfare workers will:
	<ul style="list-style-type: none">• Differentiate between different types of opioids and opioid analogs with knowledge of classifications, potency, and effects• Identify physical indicators of opioid use including long-term physical and psychological effects• Discuss risk factors and signs of opioid overdose with knowledge of current data trends• Integrate opioid overdose prevention strategies to mitigate level of risk to children and families• Recognize benefits of medication for opioid use disorder with knowledge of historical stigma, supporting evidence base for approved medications, and information on short- and long-term treatment options• Understand special considerations for treatment of opioid use disorders before, during, and after pregnancy

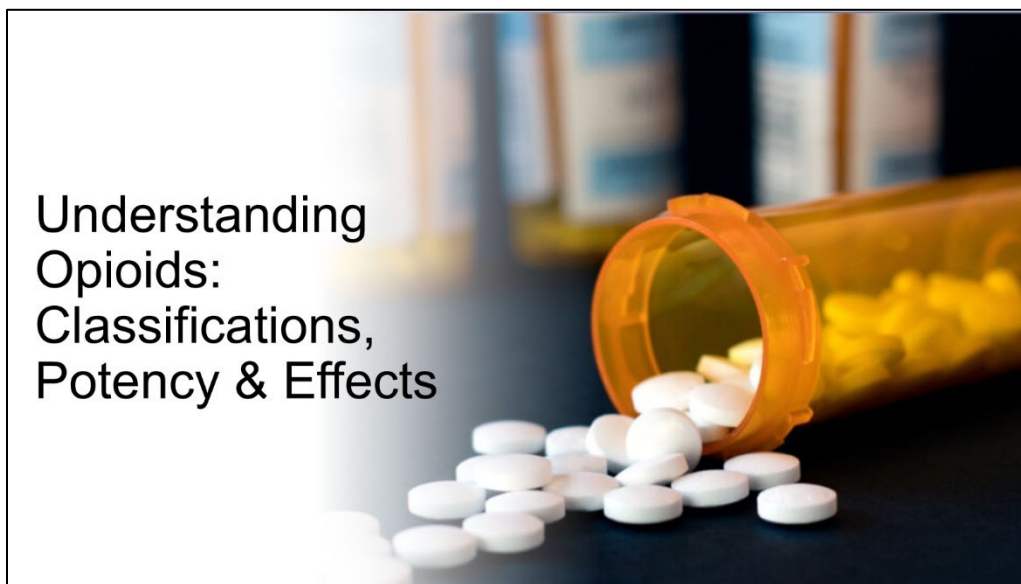
Facilitator Script:

The goal of module 9 is to provide in-depth knowledge and understanding about special considerations for children and families affected by opioid use. Child welfare workers will acquire knowledge and skills to help differentiate between different types of opioids and opioid analogs with information on classifications, potency, and effects; identify physical indicators of opioid use including long-term physical and psychological effects; discuss risk factors and signs of opioid overdose with knowledge of current data trends; integrate opioid overdose prevention strategies to mitigate level of risk to children and families; recognize benefits of medication for opioid use disorder with knowledge of historical stigma, supporting evidence base for approved medications, and information on short- and long-term treatment options; and finally, understand special considerations for treatment of opioid use disorders before, during, and after pregnancy.



Slide 4

Understanding Opioids: Classifications, Potency & Effects



Facilitator Script:

Today's special topic on opioids is both timely and important to the safety and well-being of children, parents, and families across all communities. We'll be covering a breadth of information and resources to support your knowledge and casework practice, but before we begin, let's first start by hearing about what you hope to gain from today's training.

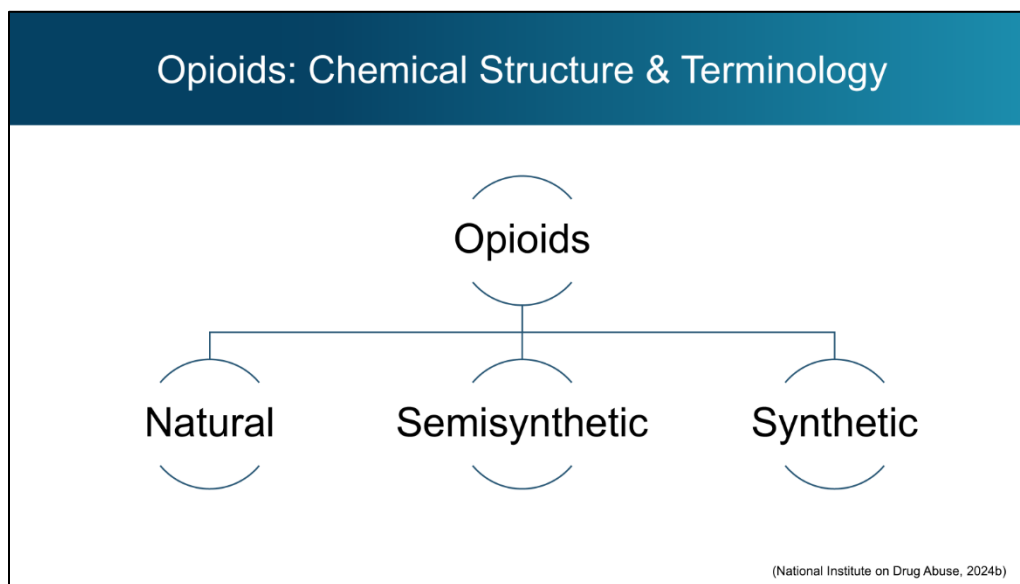
Facilitator Note: [Give learners an opportunity to share before moving the discussion forward]

Great, thank you for sharing. The goal will be to cover as much of this information as possible and for any topics not covered, we can record them on our parking lot (list of questions) for follow up after today's training. Alright, let's jump in...



Slide 5

Opioids: Chemical Structure & Terminology



Facilitator Script:

As child welfare professionals, it's important for us to have foundational knowledge and understanding regarding the different types of opioids affecting parents, children, and families across our communities. Here's a helpful breakdown for you:

Natural opioids (also technically referred to as opiates) are naturally derived medications—meaning nature produces the main ingredient, opium, which is extracted directly from the poppy plant. Examples of natural opiates include morphine, codeine, and thebaine (also known as paramorphine).

Semisynthetic opioids, rather, are manufactured in laboratories by chemically processing natural opioids to produce the same effect. Examples of semisynthetic opioids include oxycodone (brand names like OxyContin and Percocet), hydrocodone (brand names like Vicodin and Norco), hydromorphone (brand names like Dilaudid and Exalgo), as well as the illicit drug heroin—as it is made chemically from the natural opioid, morphine.

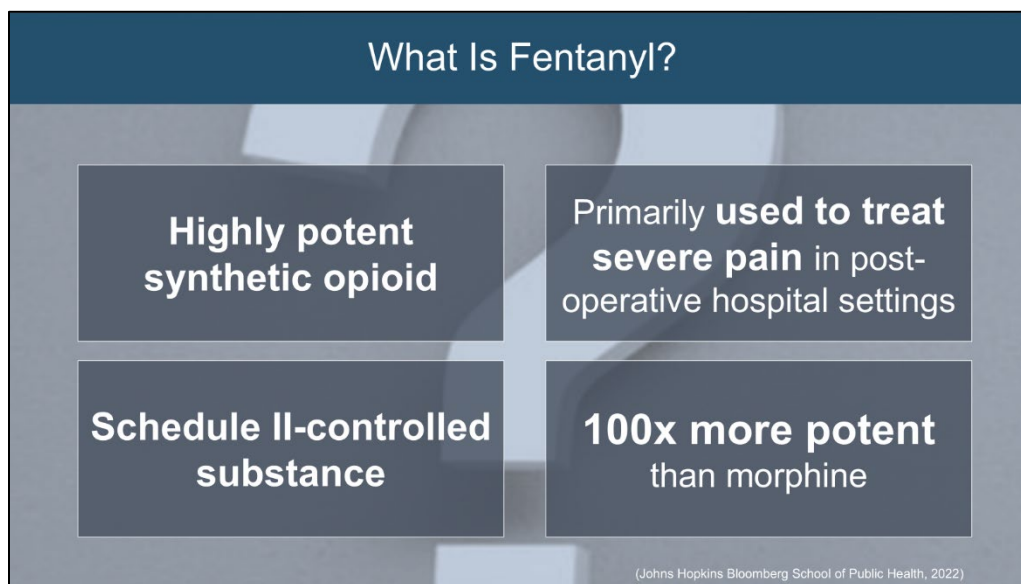
Synthetic opioids then differ from semisynthetic opioids in that they contain no natural opioid ingredients. Common synthetic opioids include buprenorphine, methadone, tramadol, and fentanyl. Let's now spend some time exploring the latter, fentanyl.

Source: (National Institute on Drug Abuse, 2024b)



Slide 6

What Is Fentanyl?



Facilitator Script:

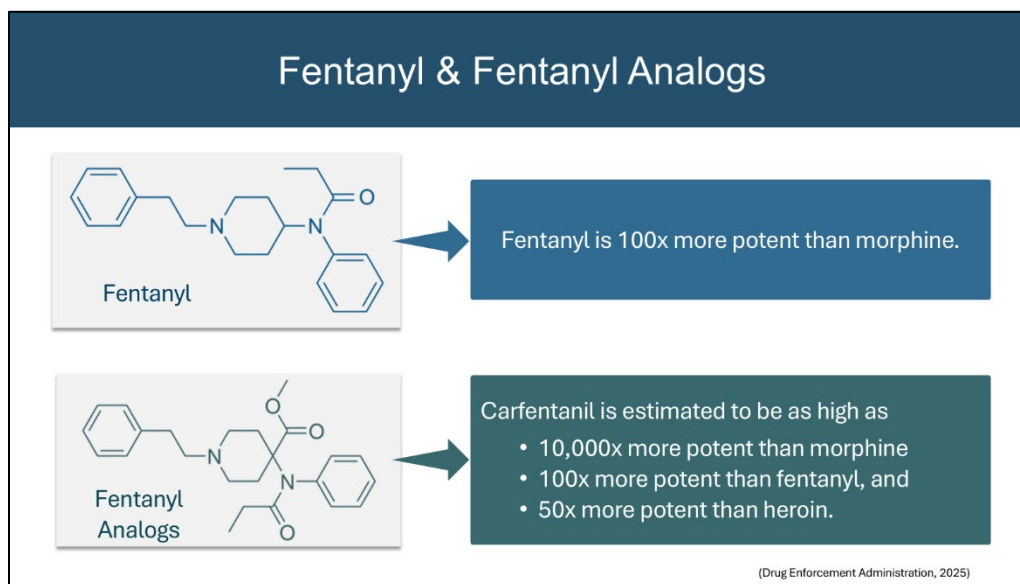
Fentanyl is a highly potent synthetic opioid. It is a schedule II-controlled substance with legitimate use in the medical field—used primarily to treat severe pain in post-operative hospital settings. While similar to morphine, fentanyl is known to be 100x more potent.

Source: (Johns Hopkins Bloomberg School of Public Health, 2022)



Slide 7

Fentanyl & Fentanyl Analogs



Facilitator Script:

In addition to fentanyl, there are also a host of fentanyl analogs that are considered chemical alterations from the original synthetic opioid—meaning they are similar in chemical structure or pharmacologic effect yet are not identical (as depicted in these two examples—the top is fentanyl, and the bottom is the analog, Carfentanil).

Potency rates vary across fentanyl and its various analogs, but current estimates indicate that:

- Fentanyl is 100x more potent than morphine; yet
- Carfentanil (believed to be the most potent fentanyl analog in the US drug market) is estimated to be as high as 10,000x more potent than morphine, 100x more potent than fentanyl, and 50x more potent than heroin.

Analogues are also harder to detect due to requiring specialized toxicology testing.

Sources: (Drug Enforcement Administration, 2025; U.S. Drug Enforcement Administration, 2021; Johns Hopkins Bloomberg School of Public Health, 2022)



Slide 8

Illegal Manufacturing of Fentanyl



Facilitator Script:

Communities across the country are experiencing a rise in the illicit use of fentanyl (and its various analogs). In comparison to other less potent opioids, fentanyl is easier to produce and therefore a more cost-effective option for suppliers. Fentanyl in the U.S. drug market primarily originates from Mexico and China and comes in various forms such as powders, nasal sprays, or pressed into pills to mimic the look of prescription opioids.

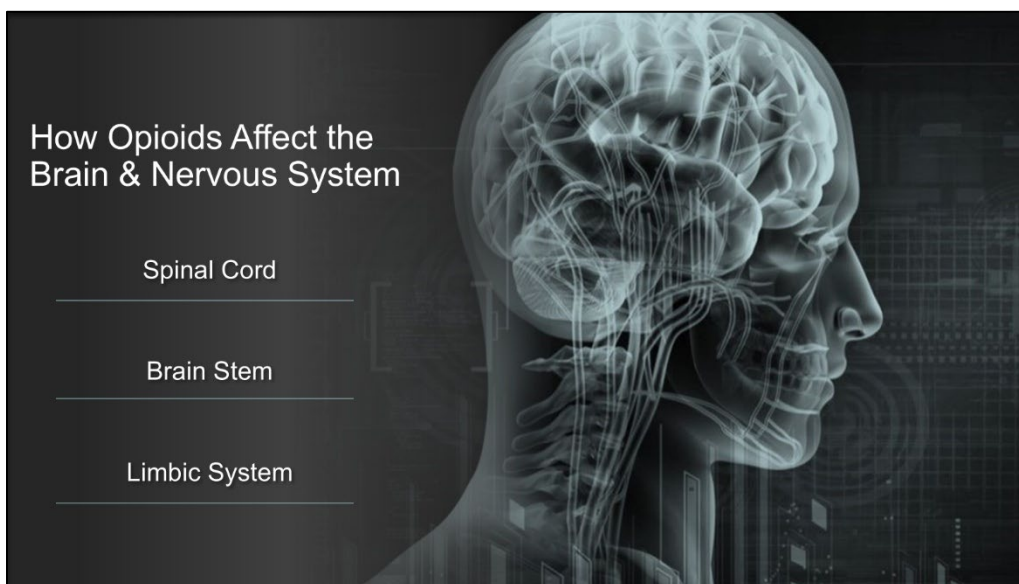
There is also increasingly more evidence pointing to a new supply strategy where dealers are knowingly mixing fentanyl with other drugs (e.g., heroin, cocaine, methamphetamine) to stretch their supply thereby increasing their profits. This intentional contamination presents a significant public health risk for users including accidental overdose and death.

Source: (Johns Hopkins Bloomberg School of Public Health, 2022)



Slide 9

How Opioids Affect the Brain & Nervous System



Facilitator Script:

Opioids work by binding to and activating nerve cell receptors in the brain and central nervous system. They work by reducing nerve excitability thereby altering the sensation of pain beginning in the spinal cord leading to the brain.

Upon reaching the brain stem, opioids block nerve cell receptors leading to slowed breathing (also known as respiratory depression), cough suppression, and further reduction in pain sensation.

Opioids also affect the limbic system—the area of the brain that controls our emotions. This is commonly referred to as the euphoric high described as feelings of intense pleasure, relaxation, and contentment. This response is due to large amounts of dopamine being released through the body, triggering a natural reward system that can lead to misuse, overdose, or death.


Now that we have this foundational neurobiological understanding, let's review some physical and behavioral signs of opioid use.

Source: (Anderson, 2023)



Slide 10

Physical Signs of Opioid Use

 Physical Signs of Opioid Use				
Euphoria	Elation	Sedation	Drowsiness	Nodding Off
Dry Mouth	Warm Flushing of the Skin	Heavy Sensation in Arms and Legs	Decelerated Breathing	Upset Stomach/ Diarrhea
Severe Itching	Scabs, Sores, Puncture Wounds	Depression (from drug wearing off)	Clouded Mental Functioning	Weight Loss/ Poor Hygiene

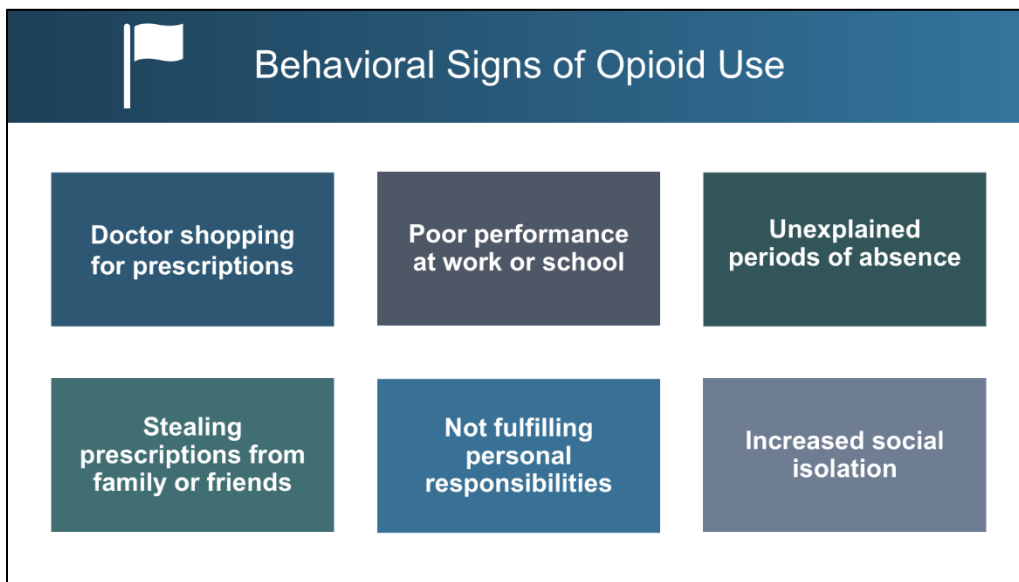
Facilitator Script:

Facilitator Note: Review the list of physical signs of opioid use.



Slide 11

Behavioral Signs of Opioid Use



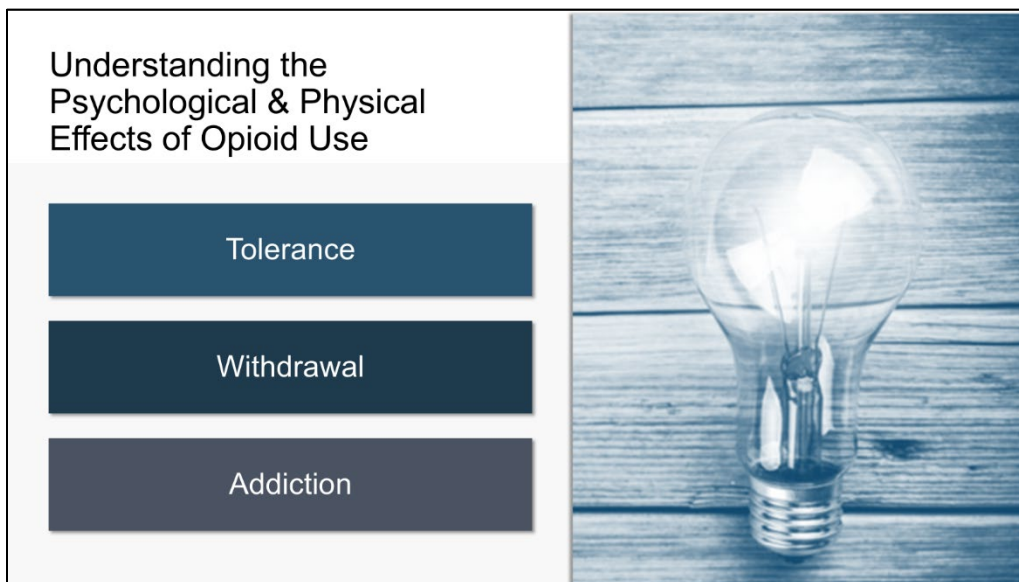
Facilitator Script:

Facilitator Note: Review list of behavioral signs or indicators of opioid use; inquire about other examples of behavioral indicators before moving onto the psychological and physical effects.



Slide 12

Understanding the Psychological & Physical Effects of Opioid Use



Facilitator Script:

In addition to knowing the physical and behavioral signs of opioid use, it's also important for us to understand that tolerance and withdrawal are not the same as addiction.

By definition, tolerance occurs when the body undergoes physiologic changes that thereby reduces the effectiveness of the medication or drug requiring a higher dose to achieve the same effect. Withdrawal encompasses the physical and emotional symptoms that occur when decreasing or discontinuing use of the medication or drug after tolerance has been developed.

Opioid withdrawal is an extremely unpleasant experience for individuals and may include worsening pain, chills, sweats, anxiety, restlessness, insomnia, rapid heartbeat, diarrhea, nausea, and intense cravings.

The distinction between tolerance, withdrawal, and addiction is important due to the potency of opioid medications—both in regard to legitimate and illicit use. According to the literature, opioid tolerance and withdrawal can occur in as little as 5-7 days with some evidence pointing to changes in brain circuitry and initial signs of withdrawal after just one dose. As the body becomes more dependent on opioids it is even more difficult to stop, leading some individuals to continue using to avoid the worsening withdrawal process altogether. This negative pattern of reward and relief can lead to an addiction when the level of dependence significantly interferes with a person's daily life.

Sources: (Das et al., 2022; Teater, n.d.)



Slide 13

Risk Factors for Opioid Overdose



Facilitator Script:

As child welfare workers, we play an important role in raising awareness among children and families about the dangers of opioids including the risk of overdose. This begins with our own understanding of the factors that can increase a person's risk of overdosing. These include:

- Changes in tolerance levels from periods of abstinence including medically supervised withdrawal, inpatient hospitalization, or incarceration
- Mixing opioids with respiratory depressants or “downers” such as alcohol or benzodiazepines
- Mixing opioids with stimulants such as cocaine or methamphetamine—we covered the risks associated with this type of concurrent use in module 8
- Having chronic health conditions such as cardiovascular or respiratory diseases
- And lastly, a history of past overdoses including acute intoxication or accidental poisoning

Source: (Substance Abuse and Mental Health Services Administration, 2025)



Slide 14

Signs of an Opioid Overdose

Signs of an Opioid Overdose

- Unconsciousness
- Slow or shallow breathing
- Faint heartbeat
- Vomiting
- Inability to speak
- Very small pupils
- Limp arms and legs
- Pale skin
- Purple lips and fingernails

(Substance Abuse and Mental Health Services Administration, 2025)

Facilitator Script:

As professionals charged with working and supporting parents with either known or suspected opioid use, it is important for us to be able to recognize the signs of an opioid overdose as a critical first step to administering life saving measures. If you observe a parent exhibiting any of these listed symptoms—unconsciousness, slow or shallow breathing, faint heartbeat, vomiting, inability to speak, restricted pupils, limp arms and legs, pale skin, purple or blueish coloring of the lips and fingernails—it is imperative that you call 9-1-1 immediately and follow any specific overdose-related protocols as outlined by your agency or organization.

Source: (Substance Abuse and Mental Health Services Administration, 2025)



Slide 15

Opioid Overdose Death Rates & Emerging Trends



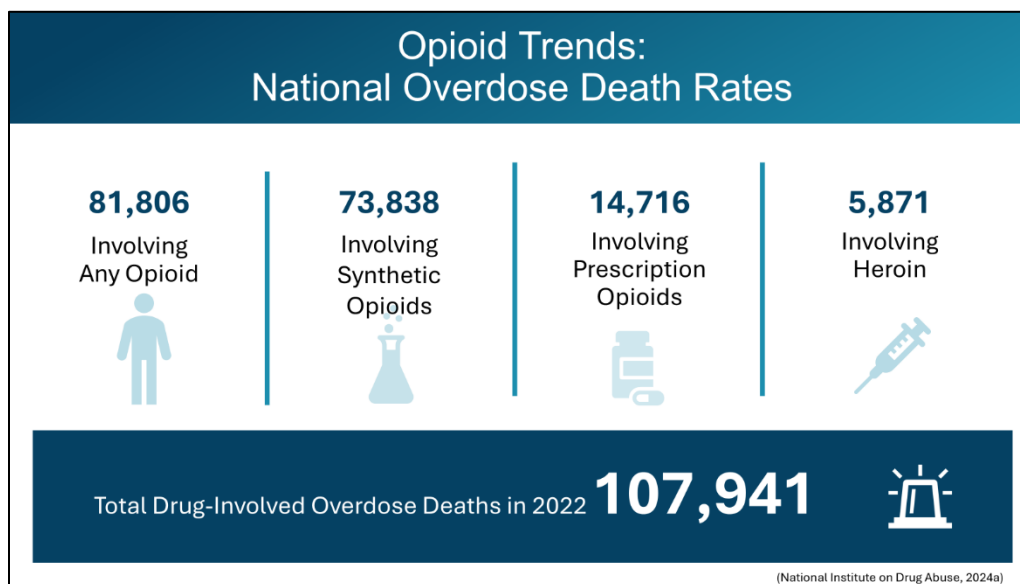
Facilitator Script:

Let's now spend some time reviewing the national drug overdose death rates related to the current opioid epidemic from the National Institute on Drug Abuse (or NIDA).



Slide 16

Opioid Trends: National Overdose Death Rates



Facilitator Script:

To help put the opioid epidemic into perspective, we pulled together comparison data from the National Institute on Drug Abuse. In year 2022 alone, there were 107,941 total drug-involved overdose deaths with:

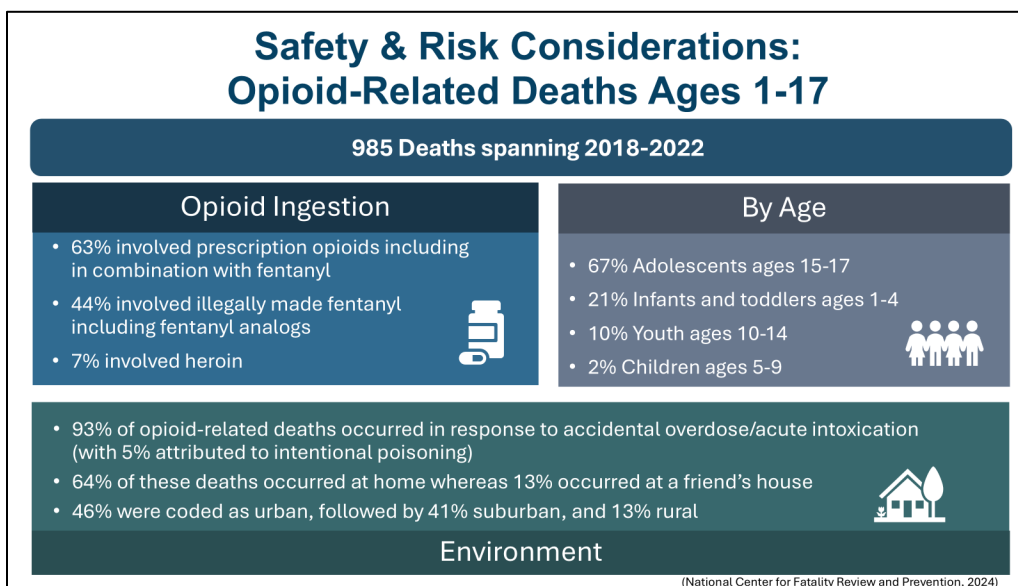
- 81,806 involving any opioid (with more than 70% of these deaths occurring in males);
- 73,838 involving synthetic opioids (other than methadone, primarily fentanyl);
- 14,716 involving prescription opioids (with more than 56% of these deaths involving the combination of prescription and synthetic opioids other than methadone, primarily fentanyl); and
- 5,871 involving heroin (with nearly 80% of these deaths involving the combination of synthetic opioids, primarily fentanyl).

Source: (National Institute on Drug Abuse, 2024a)



Slide 17

Safety & Risk Considerations: Opioid-Related Deaths Ages 1-17



Facilitator Script:

Here we have data from the National Center for Fatality Review and Prevention which collects information about opioid-related deaths in the National Fatality Review Case Reporting System (or NFR-CRS). The data points being highlighted span from 2018-2022 and include 985 deaths from opioid ingestion for children and adolescents ages 1-17. Of these deaths:

- 63% involved prescription opioids including in combination with fentanyl;
- 44% involved illegally made fentanyl including fentanyl analogs; while
- 7% involved heroin.

In terms of age breakdown:

Adolescents ages 15-17 made up 67% of the opioid-related deaths;

- Followed by infants and toddlers ages 1-4 at 21%;
- Youth ages 10-14 at 10%; and
- Children ages 5-9 at 2%.

Further environmental analysis included:

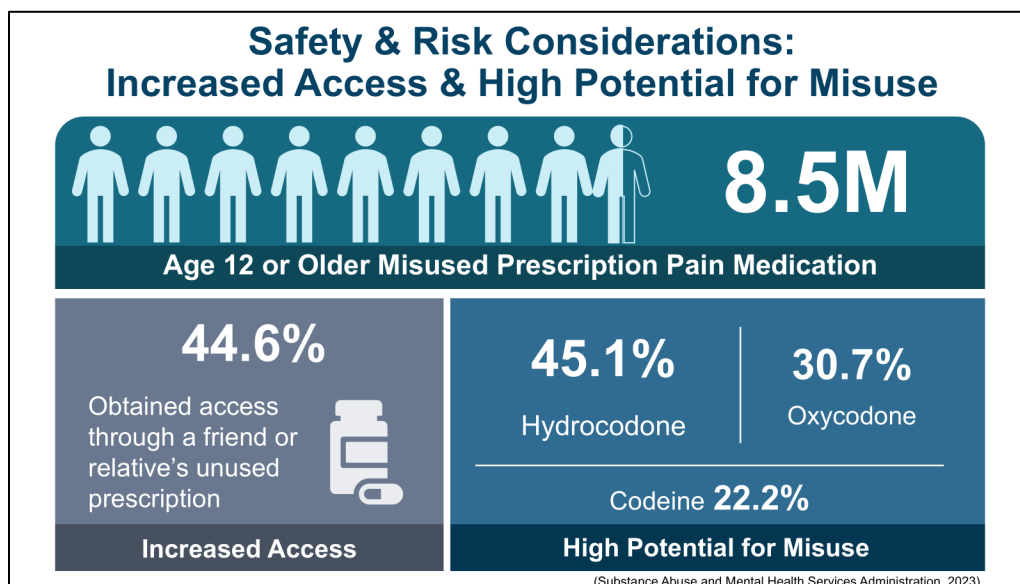
- 93% of opioid-related deaths occurred in response to accidental overdose/acute intoxication (with 5% attributed to intentional poisoning);
- 64% of these deaths occurred at home whereas 13% occurred at a friend's house; and
- 46% were coded as urban, followed by 41% suburban, and 13% rural.

Source: (National Center for Fatality Review and Prevention, 2024)



Slide 18

Safety & Risk Considerations: Increased Access & High Potential for Misuse



Facilitator Script:

As we've seen from the data, opioids carry a high potential for misuse or abuse including overdose and death.

To help put this all into perspective, the results from the 2022 National Survey on Drug Use and Health found:

- 8.5 million people aged 12 or older misused prescription pain medication in the past year (with 406k of those being adolescents aged 12-17);
- Of the 8.5 million who misused prescription pain medication in the past year, 44.6% obtained access through a friend or relative's unused prescription (including being given, purchasing, or taking them without asking);
- Additionally, hydrocodone products (generic and name brand) were the most misused prescription pain medication at 45.1%, followed by oxycodone at 30.7% and codeine at 22.2%; this is important information to note as these traditionally are the most commonly prescribed opioids in the healthcare setting which adds to the potential for misuse.

Source: (Substance Abuse and Mental Health Services Administration, 2023)




Slide 19

Opioid Trends: Fentanyl Combined with Xylazine

Opioid Trends: Fentanyl Combined with Xylazine

- Xylazine is a powerful sedative
- Fentanyl-related deaths with xylazine detected increased by 276% between 2019-2022
- Prompting executive designation authority for the first time in U.S. history



(The White House, 2023)

Facilitator Script:

A new and more deadly combination of illicit drugs involves fentanyl mixed with xylazine. Xylazine is an extremely powerful sedative (often referred to by its street names tranq or tranq dope) approved by the FDA for veterinary use in large animals such as horses, cattle, and other large non-human mammals.

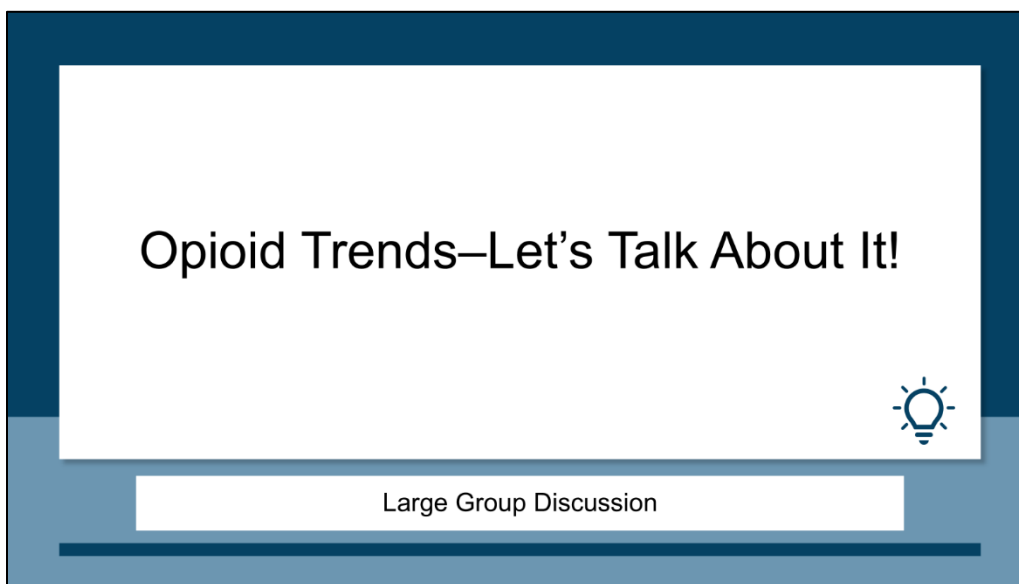
Fentanyl mixed with xylazine has emerged on the illegal drug market in recent years with detection now in every state and according to recent data released by the CDC had a 276% increase in its monthly percentage of overdose-related deaths up from 2.9 to 10.9%. These alarming figures prompted the White House to use executive designation authority for the first time in U.S. history declaring fentanyl combined with xylazine an emerging threat.

Source: (The White House, 2023)



Slide 20

Opioid Trends—Let's Talk About It!



Facilitator Script:

Let's also pause here and reflect on how opioid trends are affecting our local communities.

Prompts for Participants:

- Does the data on national opioid overdose death rates align with what we are experiencing here locally in our communities?
- What about the data on opioid-related deaths for children ages 1-17? Has your child welfare agency experienced any critical incidents or child fatalities related to accidental exposure or acute intoxication?
- And finally, what are we observing in relation to the emerging threat of xylazine mixed with fentanyl?



Slide 21

Opioid Overdose Prevention Strategies



Facilitator Script:

SAMHSA defines opioid overdose prevention as a multifaceted, person-centered approach that prioritizes reducing harm, expanding access to evidence-based treatment, and fostering education and awareness across communities. These strategies are designed to address the full continuum of care—from preventing the start of opioid misuse to ensuring timely, life-saving interventions during an overdose, and providing access to substance use disorder treatment and recovery-oriented supports following an overdose. Together, these efforts help facilitate long-term recovery and reduce opioid-related harm.

While individuals affected by substance use disorders remain central to opioid overdose prevention efforts, this training module broadens the lens to include the larger family system—particularly in relation to child well-being. By expanding the focus, we aim to highlight the overall impact of substance use and overdose on families and emphasize the importance of supportive, family-centered approaches in prevention and recovery.

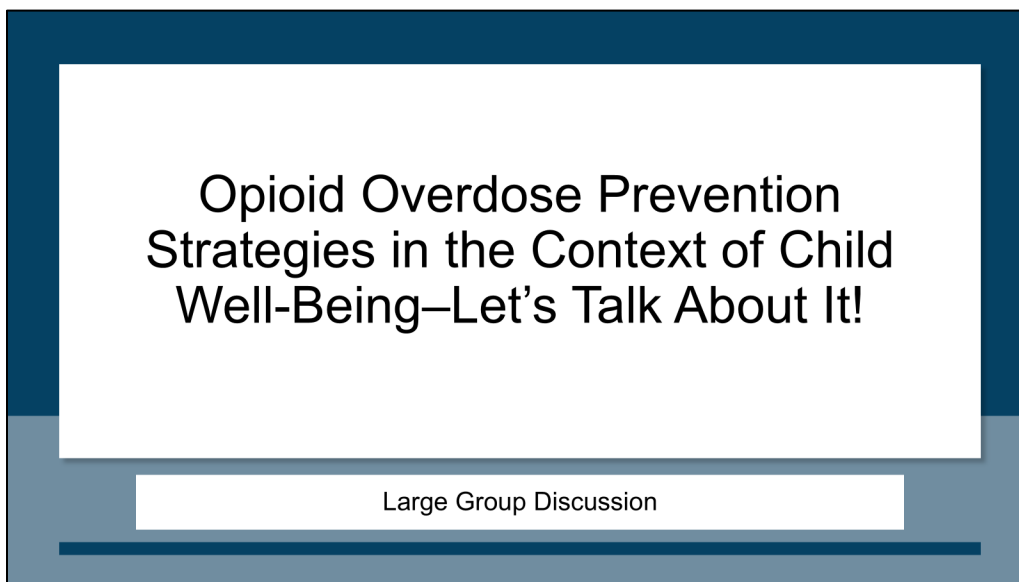
Facilitator's Note: An additional resource is available for more information on this topic: [SAMHSA's Overdose Prevention and Response Toolkit](#).

Sources: (Substance Abuse and Mental Health Services Administration, 2025; National Center on Substance Abuse and Child Welfare, 2024a)



Slide 22

Opioid Overdose Prevention Strategies in the Context of Child Well-Being–Let’s Talk About It!



Facilitator Script:

So, opioid overdose prevention strategies in the context of child well-being. This is such an important topic for our field, so let’s spend some more time talking about it together as a large group.

Prompts for Participants:

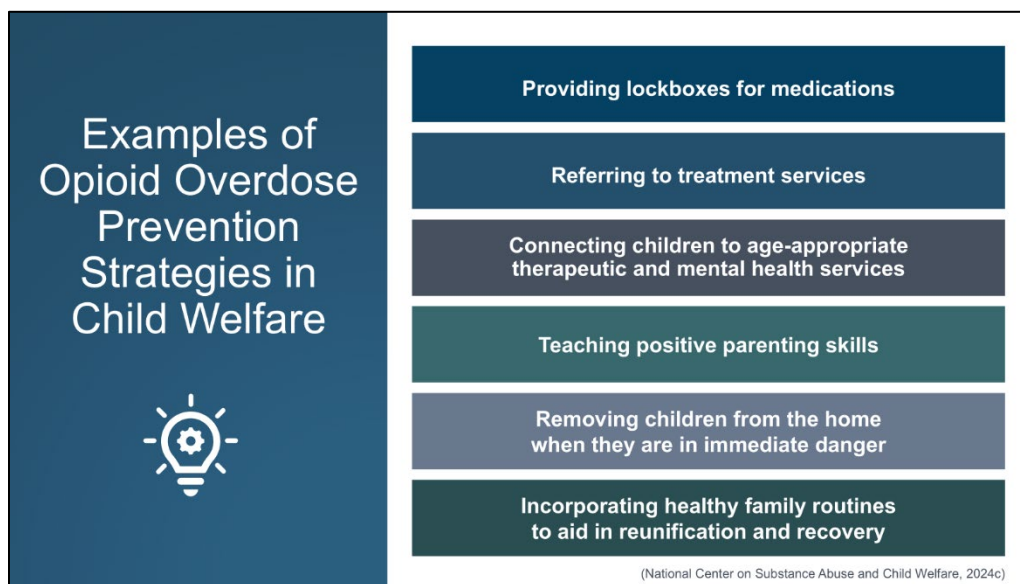
- **What does opioid overdose prevention strategies in child welfare mean to you? And is this any different than the treatment field?**
- **Does the concept of overdose prevention strategies contradict child welfare policies on safety and risk? Or messaging about building on protective factors, parental capacities, and family strengths?**
- **Is there a way to reconcile these differences? Or, has your agency found a way to move forward with implementing opioid overdose prevention strategies or approaches?**

Source: (National Center on Substance Abuse and Child Welfare, 2024b)



Slide 23

Examples of Opioid Overdose Prevention Strategies in Child Welfare



Facilitator Script:

As our large group discussion just illuminated, there are many examples of opioid overdose prevention strategies already in place in child welfare settings across our communities. In some instances, they may not be labeled directly as such but are indeed mitigating the level of risk while also increasing the safety and well-being of families affected by substance use disorders. These include:

- Providing lockboxes for medications
- Referring to treatment services
- Connecting children to age-appropriate therapeutic and mental health services
- Teaching positive parenting skills
- Removing children from the home when they are in immediate danger
- Incorporating healthy family routines to aid in reunification and recovery

Prompt for Participants:

- **Are there other strategies that come to mind?**

This was great. Let's now spend a little more time on a few emerging opioid overdose prevention strategies that can also support our knowledge and casework practice with children and families affected by opioid use disorders.

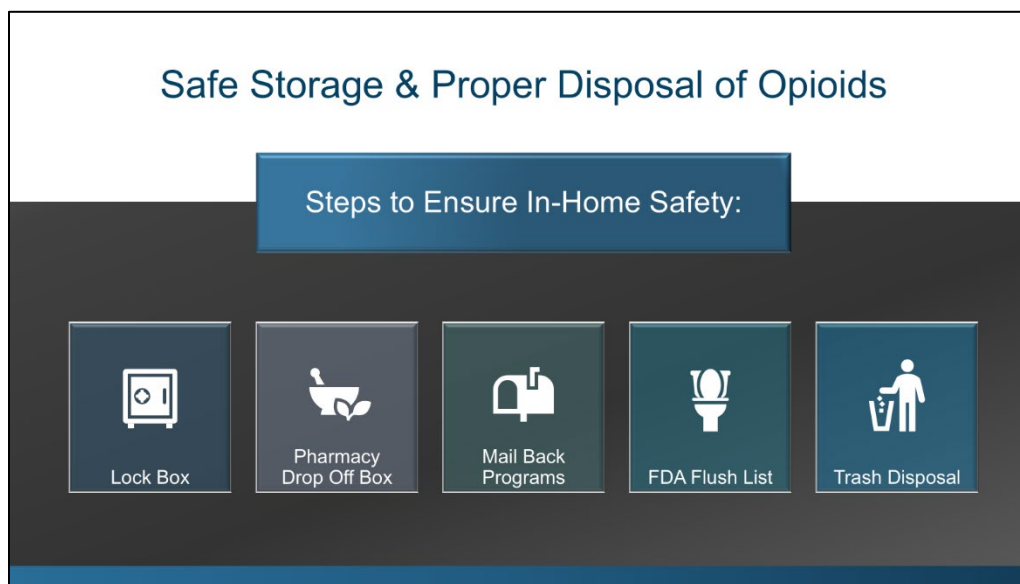
Facilitator Note: An additional resource is available for more information on this topic: [Harm Reduction in the Context of Child Well-Being Tip Sheet Series](#).

Source: (National Center on Substance Abuse and Child Welfare, 2024c)



Slide 24

Safe Storage & Proper Disposal of Opioids



Facilitator Script:

Let's first start with safe storage and proper disposal of opioids.

Opioid overdose prevention requires ongoing discussions about safe storage and proper disposal of opioids to ensure in-home safety. According to Children's Hospital of Philadelphia (CHOP), more than half of all fatal poisonings for children ages 0-5 are due to accidental ingestion of opioids. Researchers reviewed data from 40 states spanning 13 years totaling 731 deaths—in 2005 opioids accounted for 24.1% of child fatalities which more than doubled by 2018 at 52.2%. These figures alone speak to the importance of safe storage of opioids, preferably in a locked box, stored out of reach or made inaccessible to children and adolescents.

Just as important as safe storage is proper disposal of any unused prescription opioid medications albeit in pill, liquid, or patch form. The American Medical Association Task Force to Reduce Opioid Abuse reports that more than 70% of people misusing prescription opioids gain access through a family member's or friend's old prescription—a situation all too familiar that directly contributes to the overall risk, harm, and potential for overdose and death. The Food and Drug Administration (FDA) response to the opioid overdose epidemic included the release of their "Remove the Risk" Safe Opioid Disposal Outreach Toolkit—providing access to numerous materials raising awareness on the serious dangers of mishandling any unused prescription opioid medications. In this toolkit you'll find information to support your work with children and families affected by opioid use disorders—detailing drug take-back programs including options such as designated drop off boxes at neighborhood pharmacies and in some cases local police departments; information on select mail back options; and detailed lists providing guidance on which opioid medications require flushing versus those that can be safely discarded via trash disposal.

Despite all the prevention efforts, we know (especially from the data from CHOP) that accidental opioid-related poisonings continue to occur among young children and so it is also important that we are talking to parents and families about how to be prepared for this potential scenario.



Information about immediate steps to take such as accessing appropriate medical care and guidance through local poison control, first responders and/or emergency medical care with emphasis on honest and transparent dialogue about the type and amount of opioids ingested will help facilitate the most timely and effective life-saving treatment


Facilitator Note: An additional resource is available for more information on this topic: [Safe Opioid Disposal - Remove the Risk Outreach Toolkit](#).

Sources: (American Medical Association, 2017; Center for Drug Evaluation and Research, 2021; The Children's Hospital of Philadelphia, 2023)



Slide 25

Fentanyl Test Strips

 Fentanyl Test Strips	
Benefits	Drawbacks
<ul style="list-style-type: none">+ Detect the presence of fentanyl and fentanyl analogs+ Effective with all different types and forms of illicit drugs+ Cost effective method for reducing harm and saving lives	<ul style="list-style-type: none">- Do not provide any information about the quantity or potency of the fentanyl detected- Can not detect the presence of any other harmful substances- Remain illegal in some states due to drug paraphernalia laws

(Davis, 2023; Centers for Disease Control and Prevention, 2024)

Facilitator Script:

An additional strategy for opioid overdose prevention involves the use of fentanyl test strips. These small strips of paper detect the presence of fentanyl (including fentanyl analogs) in all different types (cocaine, meth, heroin, etc.) and forms (pills, powders, injectables) of illicit drugs. It's important to note that while these test strips can save lives by detecting contamination prior to use, they do not provide any specific information about the quantity or potency of the fentanyl detected (or the presence of any other harmful substances such as xylazine).

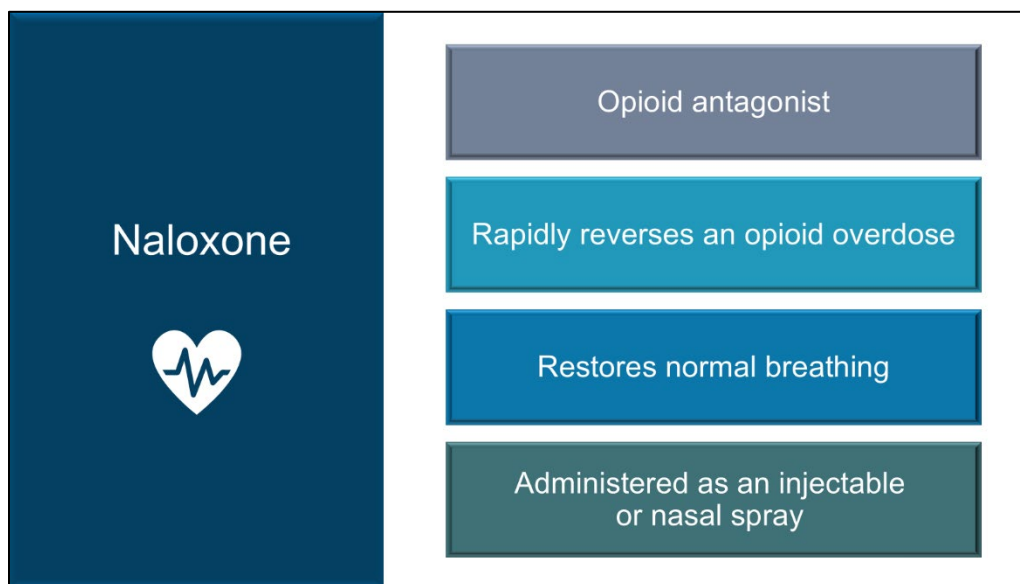
Developed over a decade ago, fentanyl test strips weren't formally endorsed as an opioid overdose prevention strategy until early 2021 at which time the CDC and SAMHSA announced federal funding opportunities available to grant programs supporting state and local efforts to combat the opioid epidemic. This purchase approval created pathways for community-based organizations to not only purchase fentanyl test strips to increase accessibility but also advance knowledge and awareness about their efficacy. The latter being especially important in influencing legislative proposals to exclude fentanyl test strips from state-specific drug paraphernalia laws allowing for the legal sale, distribution, and possession—ultimately resulting in more lives saved from the dangers of the uncontrolled drug market involving synthetic opioids.

Source: (Davis, 2023; Centers for Disease Control and Prevention, 2024)



Slide 26

Naloxone



Facilitator Script:

Naloxone is an FDA approved medication for the treatment of an opioid overdose. It works as an opioid antagonist which means it attaches to opioid receptors in the brain and rapidly reverses and further blocks the effects of the other opioids in a person's system—including quickly restoring a person's slowed or stopped breathing. As it is specifically designed for opioid overdose reversal, Naloxone does not have the ability to reverse the fatal effects of other combinations of substances such as what we covered earlier in the module with the emerging threat of xylazine in combination with fentanyl.

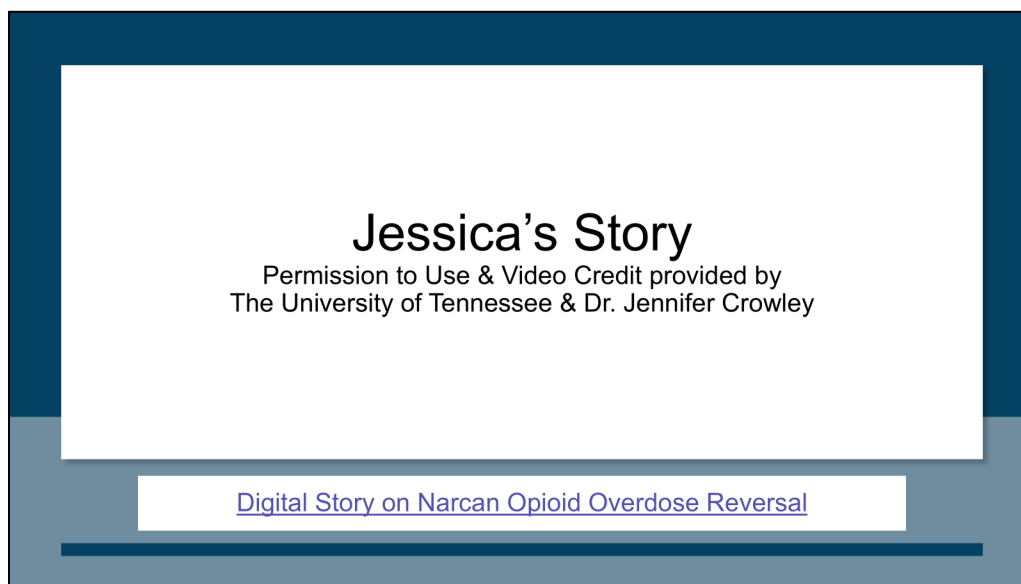
Currently, there are two approved formulations for Naloxone—injectables and pre-packaged nasal sprays. Injectables typically need to be drawn from a vial and are injected into muscle, veins, or under the skin. Pre-packaged nasal sprays commonly referred to as its brand name, Narcan, are administered directly into one nostril while the person is laying on their back. While both delivery methods are highly effective in reversing suspected opioid overdoses there are some important considerations involving their use. First, it is always important to receive training on how and when to administer Naloxone. Second, it is important to know that Naloxone works to reverse opioid overdose for a period of about 30-90 minutes. Therefore, depending on the acute toxicity and level of opioid dependence, some individuals may still experience (or re-experience) the effects of the overdose once the Naloxone dose has worn off. This is why it is important to also contact 9-1-1 so that individuals can receive immediate medical care and monitoring after receiving the initial Naloxone dose.

Source: (National Institute on Drug Abuse, 2022)



Slide 27

Jessica's Story



Facilitator Script:

Facilitator Notes: Internet or Wi-Fi permitting, follow the hyperlink for a brief digital story about Narcan opioid overdose reversal. Proceed with facilitating a large group discussion using the following prompts.

Let's pause here and watch Jessica's story on the effects of Narcan opioid overdose reversal made possible by the University of Tennessee and Dr. Jennifer Crowley in partnership with the Rural Communities' Opioid Response Program—East Tennessee Consortium (RCORP-ETC) and Project Hope.

[after viewing the digital story proceed with the participant prompts listed below]

Let's start by recapping the digital story.

Prompts for Participants:

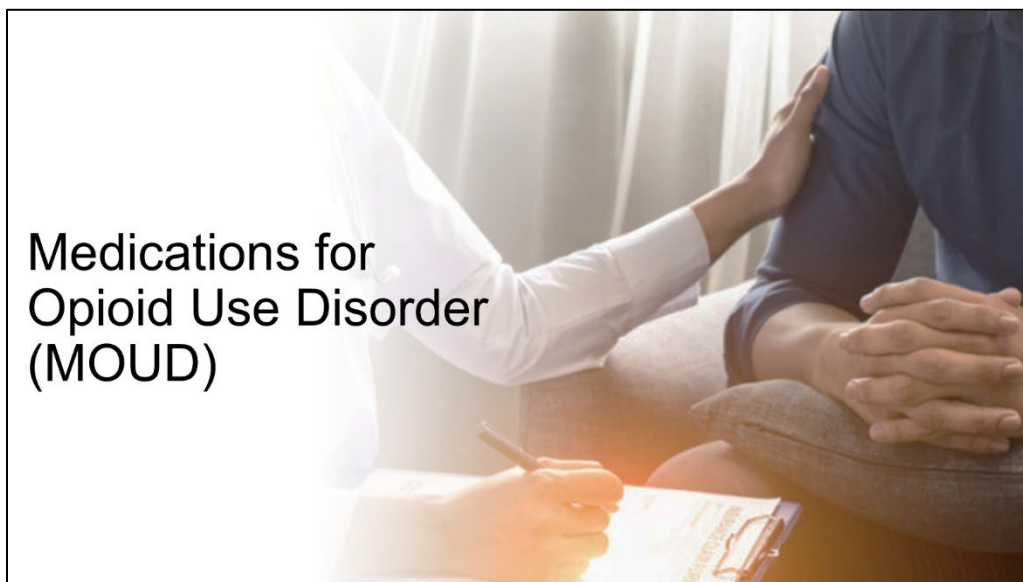
- **Any initial reactions to Jessica's story?**
- **How was Jessica and her family affected by the opioid epidemic?**
- **We heard Jessica reference several times that her life was worth saving. We know Naloxone (or Narcan) saves lives, but let's talk about how stigma is preventing its use and accessibility in our communities. Would anyone like to share?**

Video Source: The University of Tennessee & Dr. Jennifer Crowley



Slide 28

Medications for Opioid Use Disorder (MOUD)



Facilitator Script:

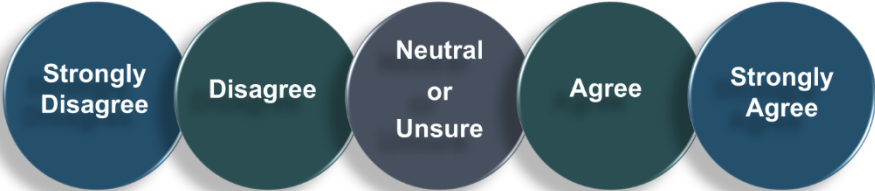
Let's now segue our discussion to the topic of medications for opioid use disorder (or MOUD).



Slide 29

MOUD Values Discussion

MOUD Values Discussion



- Treatment programs that provide medication for opioid use disorders are just substituting one addiction for another.
- The stigma associated with medication for opioid use disorders prevents parents from seeking treatment.
- Medication for opioid use disorders should be made available to pregnant women.
- Opioid-exposed newborns and their parents should be referred for child welfare intervention regardless if the exposure was illicit or provider-prescribed (as in treatment for medication for opioid use disorders).

(Children and Family Futures, 2017)

Facilitator Script:

Before we dig in, let's first start with an important values discussion.

Prompts for Participants:

- **With a show of hands, how many of us have heard someone in our personal or professional lives describe medication for opioid use disorders as just substituting one addiction for another? In your opinion, what is contributing to this ongoing belief about this treatment option?**
- **Now ask yourself how you'd respond to the next prompt—the stigma associated with medication for opioid use disorders prevents parents from seeking treatment? Now think about how the parents you work with would respond. Would there be alignment in your responses? And what role do we play in stigma reduction?**
- **Next, how has our understanding of medication for opioid use disorders specifically for pregnant women changed over time?**
- **And have these advancements shaped or reshaped the beliefs and values that drive decision-making in our work with opioid-exposed newborns and their parents?**

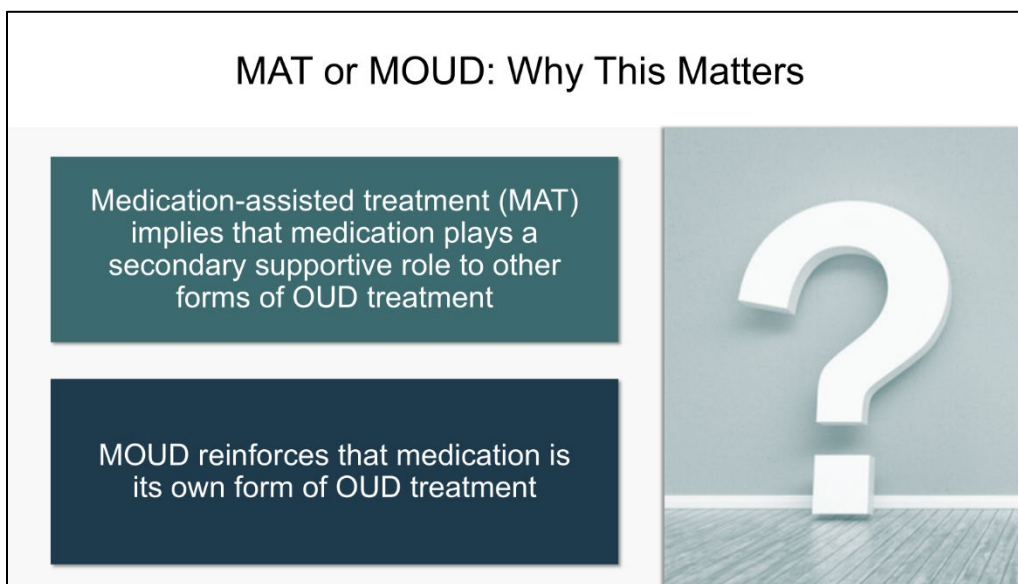
Facilitator Note: Values discussion questions were pulled/adapted from Children and Family Future's Collaborative Values Inventory.

Source: (Children and Family Futures, 2017)



Slide 30

MAT or MOUD: Why This Matters



Facilitator Script:

Facilitator Note: [Take a poll of the room]

Prompts for Participants:

With a show of hands...

- **How many of you still currently use the term medication-assisted treatment or MAT in your daily work or interactions?**
- **How many of you use the terms MAT and MOUD interchangeably?**
- **For those who didn't raise their hand, when did you shift to using the term MOUD in place of MAT, and why?**

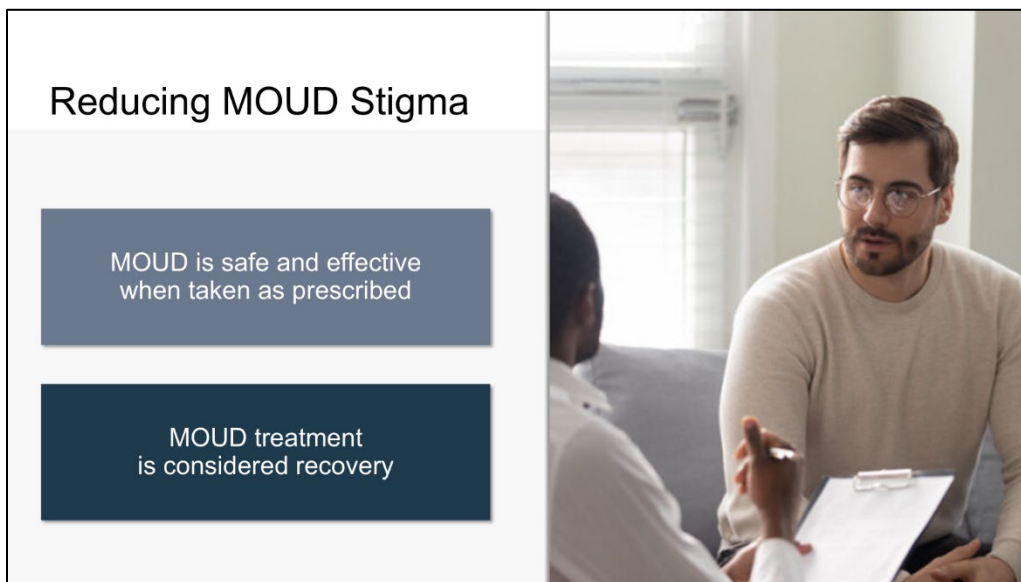
Great, thanks for sharing! So, SAMHSA has issued guidance recommending replacing the term medication-assisted treatment or MAT with medications for opioid use disorders (MOUD)—the reason being the term MAT implies that medication plays a secondary supportive role to other forms of OUD treatment. This in part is believed to contribute to the ongoing stigma and systemic barriers limiting access and utilization of OUD medications. MOUD on the other hand, reinforces that medication is its own form of OUD treatment and ideally this shift in language and terminology will help move our communities toward more responsive forms of treatment.

Source: (Substance Abuse and Mental Health Services Administration, 2021)



Slide 31

Reducing MOUD Stigma



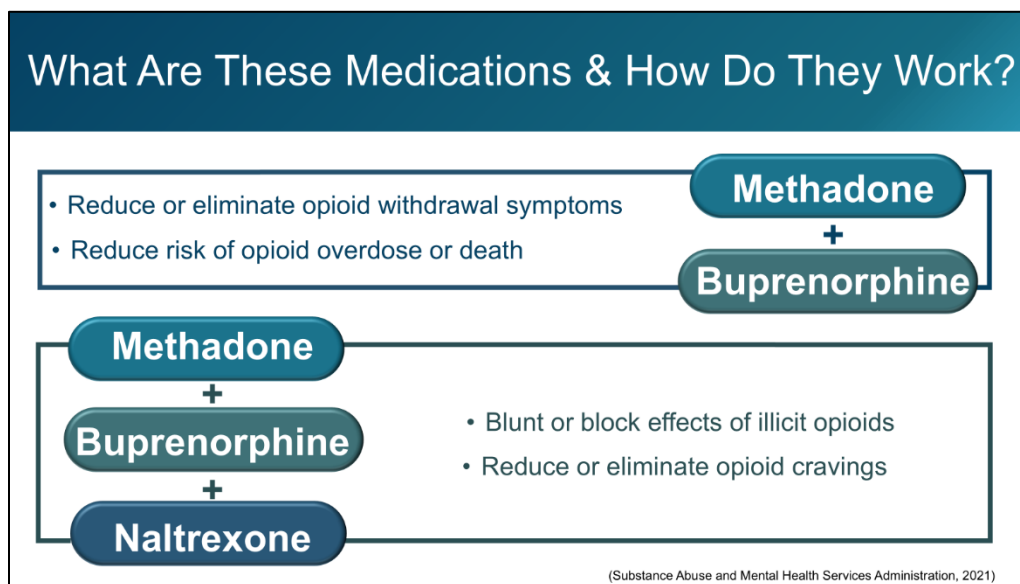
Facilitator Script:

The language we use to discuss OUDs including our beliefs about individuals on MOUD matters greatly. MOUD offers individuals a safe and effective way to recover from their substance use disorder. Contrary to some public opinion, taking OUD medications does not mean taking the easy way out or replacing one drug for another; rather, it means finding a treatment strategy that works for the individual and for many this will include the addition of medication to support their long-term recovery goals.



Slide 32

What Are These Medications & How Do They Work?



Facilitator Script:

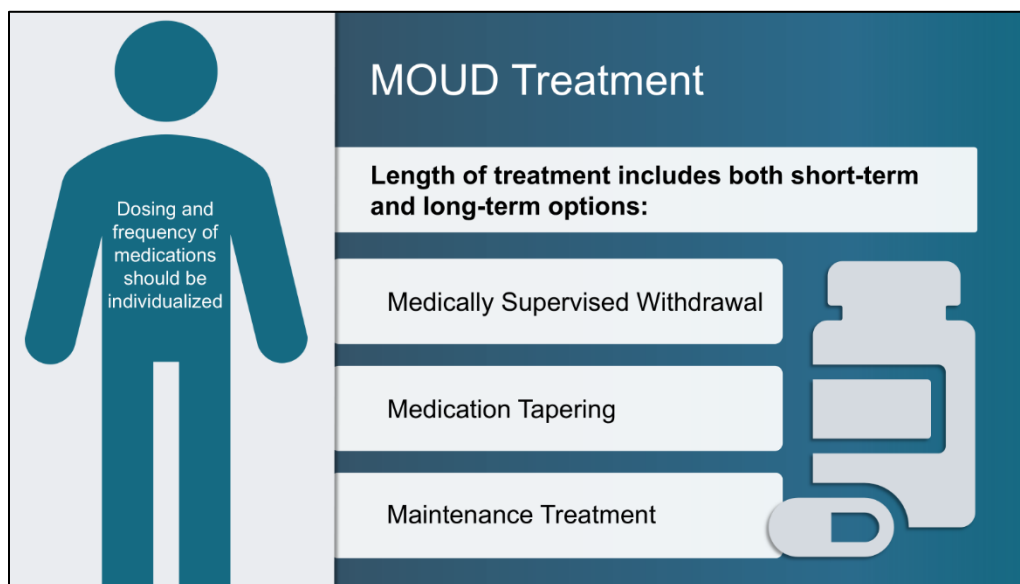
There are three FDA-approved medications for treatment of OUDs; these include methadone, buprenorphine, and naltrexone. The evidence base for all three medications is strong—methadone and buprenorphine have been proven to reduce or eliminate opioid withdrawal symptoms while also reducing risk of opioid overdose or death; whereas all three have also shown evidence of blunting or blocking the effects of illicit opioids, in addition to reducing or eliminating opioid cravings.

Source: (Substance Abuse and Mental Health Services Administration, 2021)



Slide 33

MOUD Treatment



Facilitator Script:

Treatment for OUDs is not a one size fits all approach—MOUD treatment plans including details specific to dosing and frequency should be tailored to each individual seeking treatment for their OUD. As with all acute and chronic conditions, we all respond to and benefit differently to prescribed medications and treatment of OUD is no different.

Individuals will have varying lengths of treatment—some will be on a short-term basis, others long-term, while some may benefit from lifelong treatment. Generally, MOUD treatment falls into three categories of duration—medically supervised withdrawal, medication tapering, and maintenance treatment.

With medically supervised withdrawal (previously referred to as detoxification or detox for short), providers prescribe methadone or buprenorphine on a short-term basis with the goal of reducing withdrawal symptoms. This happens by gradually reducing the dosage until the medication is discontinued altogether—a process that typically spans across a period of days or weeks. Medically supervised withdrawal is a requirement for individuals starting Naltrexone—as the medication requires a 7-day abstinence from short-acting opioids and 10-14 days without long- acting opioids.

Medication tapering is an option for individuals seeking to eventually stop opioid agonist pharmacotherapy. Individuals choosing this option should be closely monitored during and after each dosage tapering and encouraged to participate in psychosocial and recovery support services.


Maintenance treatment, on the other hand, is guided by the belief that MOUD is prescribed for as long as it provides a benefit to the individual. The benefit of MOUD maintenance is that it allows individuals the time and ability to build their recovery capital therefore supporting their long-term recovery goals.

Source: (Substance Abuse and Mental Health Services Administration, 2021)



Slide 34

MOUD Benefits



MOUD Benefits

- ✓ Reduces illicit opioid use
- ✓ Retains individuals in treatment
- ✓ Reduces risk of opioid overdose and death
- ✓ Lessens healthcare usage and treatment costs

Facilitator Script:

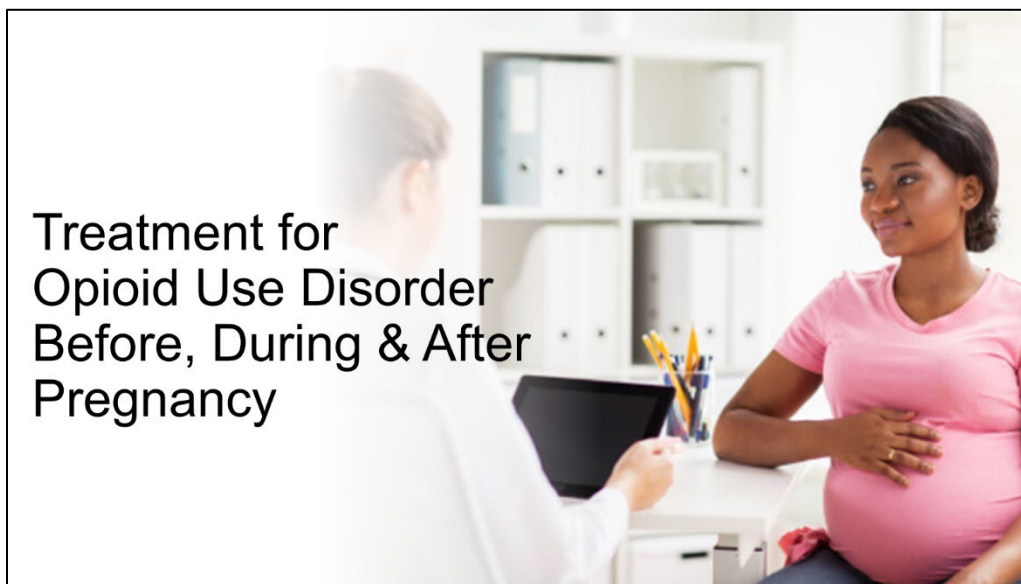
The benefits of MOUD treatment are expansive. In addition to the neurobiological benefits already mentioned, OUD medications also reduce illicit opioid use, retain individuals in treatment, and reduces the risk of opioid overdose and death in comparison to treatment with a placebo or no medication at all. Treatment with all three medications discussed in this module (methadone, buprenorphine, naltrexone) are also associated with lower healthcare usage and treatment costs when compared to individuals receiving treatment with no medication.

Source: (Substance Abuse and Mental Health Services Administration, 2021)



Slide 35

Treatment for Opioid Use Disorder Before, During & After Pregnancy



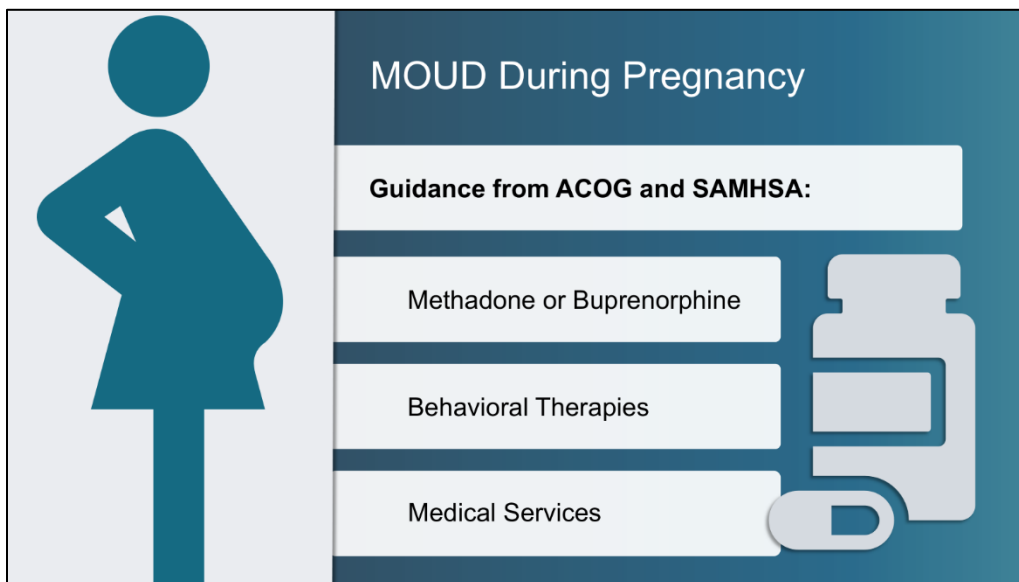
Facilitator Script:

When supporting women with opioid use disorders it's important to consider treatment options that are available to any current or future childbearing plans thereby increasing the chances of a healthy pregnancy. In this next section we will focus more heavily on treatment options for OUDs during and after pregnancy.



Slide 36

MOUD During Pregnancy



Facilitator Script:

A common question that gets raised is whether medication for opioid use disorder is safe during pregnancy. The American College of Obstetricians and Gynecologists (also known as ACOG) and the Substance Abuse and Mental Health Services Administration (commonly referred to as SAMHSA) issued clinical guidance for treatment of pregnant and parenting women affected by OUDs in 2018. Both entities endorsed MOUD as safe during pregnancy while also raising awareness about the dangers of medically supervised withdrawal both during and after pregnancy—including pre-term labor, fetal distress, miscarriage, and higher rates of return to use.

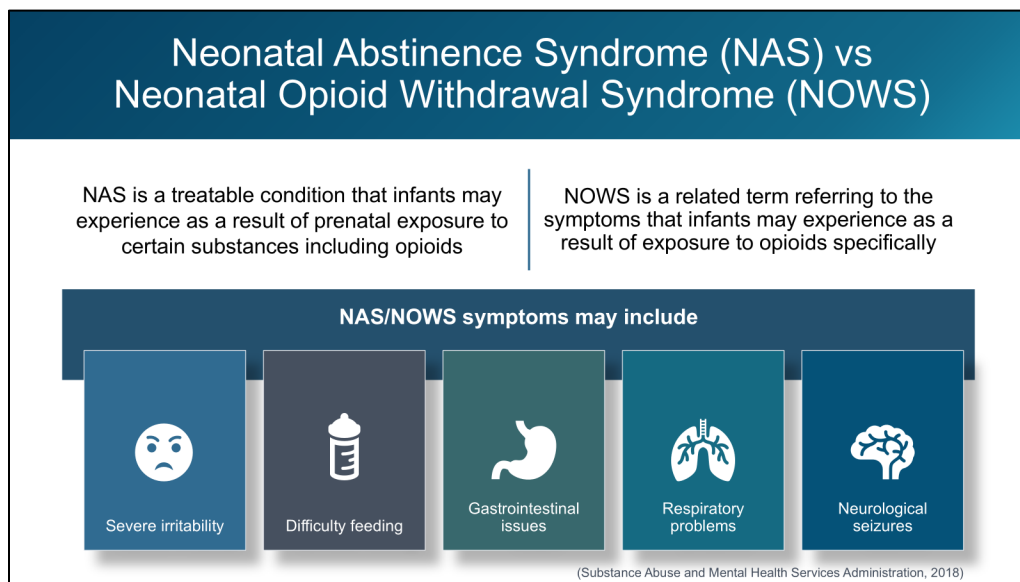
Alternatively, ACOG and SAMHSA recommend either methadone or buprenorphine as first-line pharmacotherapy treatment options for pregnant or parenting women with OUDs. Behavioral therapies are also highly recommended in conjunction with MOUD to maximize support for long-term recovery. As with all medications taken during pregnancy, especially MOUD, it is imperative to have a healthcare team that can provide appropriate medical services and advise on all the risks and benefits, develop a safe course of treatment, monitor, and make any necessary dosing adjustments brought on by the body's physiological changes during pregnancy. In most cases, this will look like a team of prenatal care providers and specialists with expertise in treating pregnant and parenting women with OUDs.

Sources: (Substance Abuse and Mental Health Services Administration, 2018; American College of Obstetricians and Gynecologists, 2017)



Slide 37

Neonatal Abstinence Syndrome (NAS) vs Neonatal Opioid Withdrawal Syndrome (NOWS)



Facilitator Script:

Neonatal abstinence syndrome (NAS) is a withdrawal condition that may result from an infant's prenatal exposure to certain substances whereas neonatal opioid withdrawal syndrome (NOWS) is a subset of NAS and is specific to opioids only. It is important to emphasize that NAS/NOWS can result from a mother's licit or illicit use of substances including mothers who are prescribed MOUD under the guidance of healthcare professionals and SUD practitioners.

Factors influencing NAS expression in infants vary with a reported 50-80% of infants developing symptoms. Among opioid-exposed infants, onset of NAS symptoms will also depend on the type of opioid exposure. For infants exposed to heroin and other short-acting opioids, symptoms typically appear within 2-3 days after birth versus infants exposed to methadone or buprenorphine (as seen in treatment of MOUD), symptoms typically appear within the first four days.

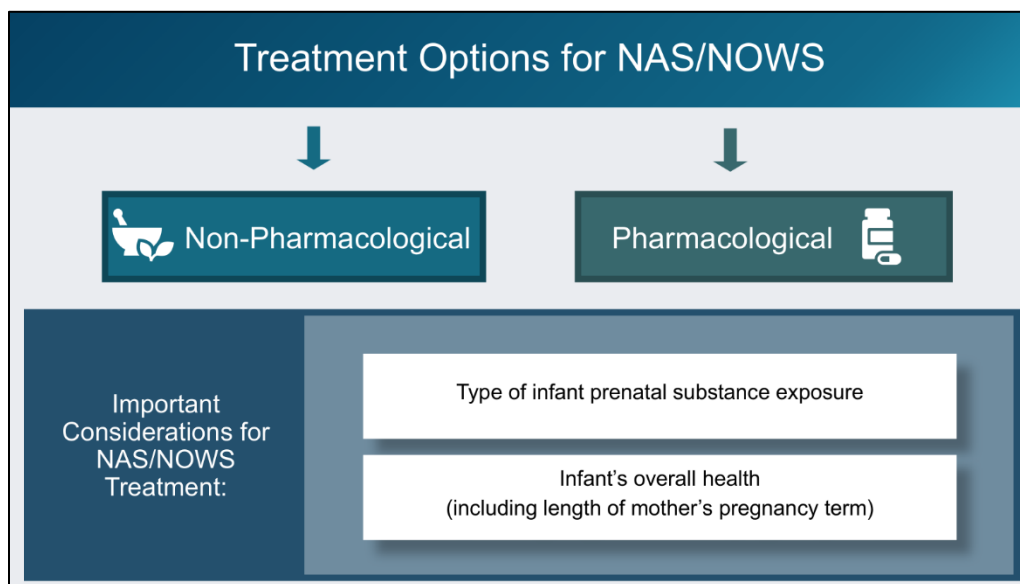
NAS/NOWS consist of physiologic signs and behaviors that indicate dysregulation of the central and autonomic nervous systems in affected infants. Symptoms may include severe irritability, difficulty feeding, gastrointestinal issues such as diarrhea, respiratory problems and in some cases neurological seizures.

Source: (Substance Abuse and Mental Health Services Administration, 2018)



Slide 38

Treatment Options for NAS/NOWS



Facilitator Script:

There are generally two forms of treatment for NAS (including NOWS) which include non-pharmacological strategies and when indicated pharmacological therapy in the form of medications. Infants' individualized treatment plans for NAS will depend on several factors including the type of substance exposure while in-utero, the length of the mother's pregnancy term (full-term or premature), and the infant's overall health at time birth.



Slide 39

Non-Pharmacological Treatment Strategies for NAS/NOWS



Non-Pharmacological Treatment Strategies for NAS/NOWS

- Allowing infant to stay in the same room as mother
- Encouraging skin-to-skin contact, swaddling, gentle rocking, and other positioning methods to increase infant's comfort
- Providing frequent feedings of high calorie formula or breast milk in small quantities to help improve infant's feeding habits
- Limiting sound and light exposure to help reduce over stimulation

(Centers for Disease Control and Prevention, 2025; Substance Abuse and Mental Health Services Administration, 2018)

Facilitator Script:

For mild cases of NAS, non-pharmacological treatment is recommended as the first line of intervention. Strategies that put the mother and infant at the center of intervention for increased support are critically important. These strategies include allowing the infant to stay in the same room as the mother; encouraging skin-to-skin contact, swaddling, rocking, and other positioning methods to help increase the infant's comfort; providing frequent feedings of high calorie formula or breast milk in small quantities to help improve the infant's feeding habits; and limiting sound and light exposure to help reduce over stimulation.


Sources: (Centers for Disease Control and Prevention, 2025; Substance Abuse and Mental Health Services Administration, 2018)



Slide 40

Use of Pharmacological Treatment for NAS/NOWS

Use of Pharmacological Treatment for NAS/NOWS



Medications can be used to treat moderate to severe withdrawal symptoms

First-line medications include liquid oral morphine or liquid oral methadone

Adjuvants for severe NAS relief also include clonidine or phenobarbital

Benefits of medication use include control and prevention of seizures, reduced agitation, improved feeding, and digestive health

(Centers for Disease Control and Prevention, 2025; Substance Abuse and Mental Health Services Administration, 2018)

Facilitator Script:

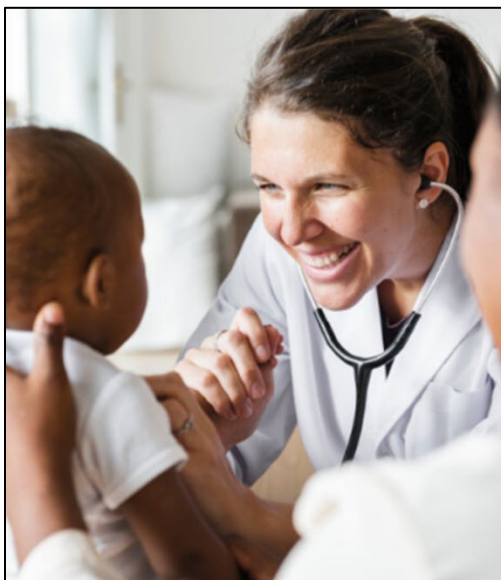
Pharmacological treatment can be used in conjunction with non-pharmacological strategies to treat moderate to severe cases of NAS. First-line medications for infants affected by NAS include liquid oral morphine or liquid oral methadone. In addition, adjuvants such as clonidine or phenobarbital can be used in instances where symptoms from severe NAS are not relieved by the first-line medications. As the medication begins to stabilize the infant's withdrawal symptoms, dosing should be gradually decreased. Benefits of medication use include control and prevention of seizures, reduced agitation, improved feeding and digestive health.

Sources: (Centers for Disease Control and Prevention, 2025; Substance Abuse and Mental Health Services Administration, 2018)



Slide 41

Post Discharge Care for Infants Treated for NAS



Post Discharge Care for Infants Treated for NAS

Referral and Linkage:

- Home visiting programs
- Case management services
- Access to specialized health care providers

Best Practice Example:

- Plans of Safe Care

Facilitator Script:

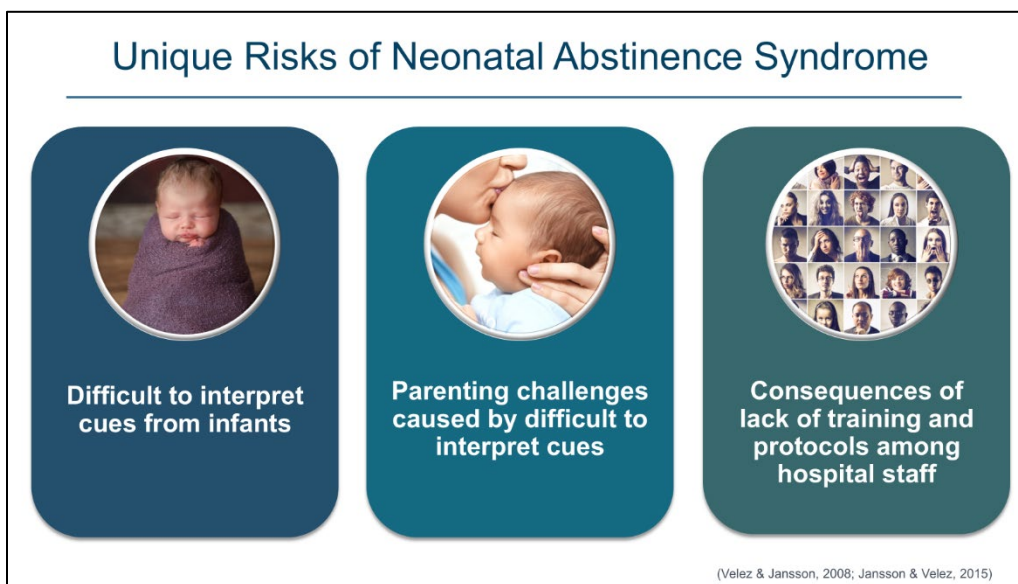
Discharge planning for infants treated for NAS should include services and resources to support the infant and mother's health and well-being long after leaving the hospital. This may include referral and linkage to home visiting programs focused on early intervention, comprehensive case management services, and access to specialized health care providers. A best practice example of this includes Plans of Safe Care (or POSC)—a supportive, preventative practice designed to address the health and SUD treatment needs of infants and their affected family or caregiver. More detailed information on POSC can be accessed in the final module of the Child Welfare Training Toolkit (Care Coordination Considerations for Children and Families Affected by Prenatal Substance Exposure).

Sources: (National Center on Substance Abuse and Child Welfare, n.d.; Substance Abuse and Mental Health Services Administration, 2018)



Slide 42

Unique Risks of Neonatal Abstinence Syndrome



Facilitator Script:

There are a variety of reasons that neonatal abstinence syndrome presents risks to the parent-infant dyad, including:

- Difficult to interpret cues from infants due to their neonatal abstinence syndrome which may result in a heightened display of NAS symptoms.
- These difficult to discern cues present challenges for parents, particularly among first-time parents, as they struggle to understand what their infant needs resulting in decreased confidence in their parenting ability and in some instances inappropriate responses to their infant's needs.
- In addition, a lack of training and protocols among hospital staff can lead to both the overuse or underuse of medication, the possibility of prolonged hospitalization, premature discharge, including re-hospitalization.

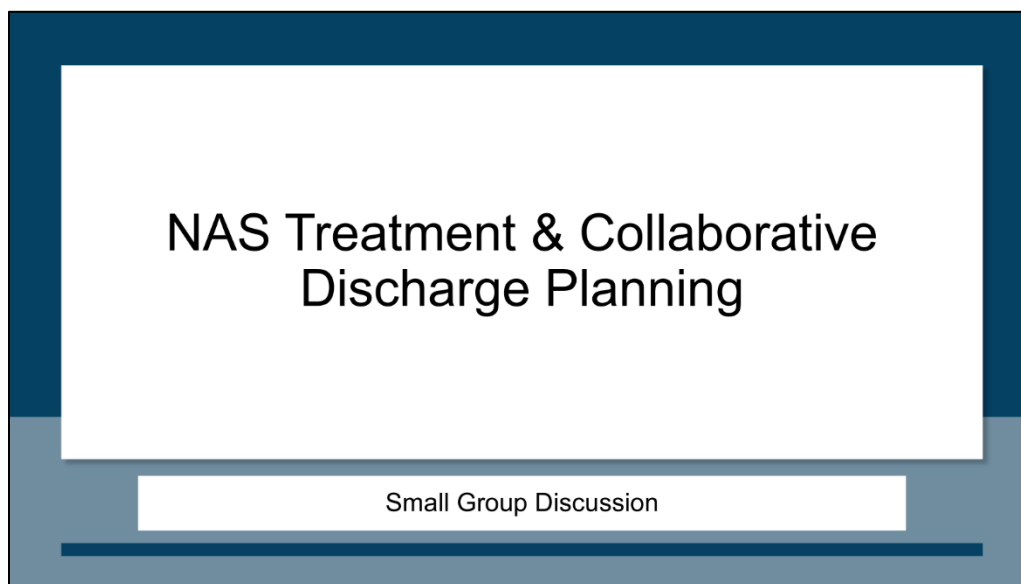
As child welfare workers, it's important that we consider these challenges when creating case plans for infants diagnosed with NAS to ensure that their parents and caregivers are receiving services that address their ability to bond and care for infants with these unique challenges. For parents and caregivers affected by substance use disorders, this will often also consist of treatment and supports to enhance their capacity to safely parent while in early recovery.

Sources: (Velez & Jansson, 2008; Jansson & Velez, 2015; Centers for Disease Control and Prevention, 2025; Substance Abuse and Mental Health Services Administration, 2018)



Slide 43

NAS Treatment & Collaborative Discharge Planning



Facilitator Script:

Alright, let's go ahead and meet in our small groups for a discussion about NAS treatment and collaborative discharge planning. Let's plan to spend the next [x] minutes discussing this at our tables before coming back together for a large group debrief.

Prompts for Participants:

- **Do your local community birthing hospitals universally screen for infant prenatal substance exposure (or IPSE) including NAS?**
- **What types of non-pharmacological strategies are being used for treatment of NAS infants and their mothers?**
- **What role does child welfare play in the treatment and collaborative discharge planning for NAS infants and their mothers?**
- **Are there any current initiatives in place in your local communities to support improved collaborative practice for prenatally exposed infants and their families?**
- **Have agencies or organizations in your community implemented Plans of Safe Care?**



Slide 44

NAS Treatment & Collaborative Discharge Planning Small Group Discussion

- Do your local community birthing hospitals universally screen for infant prenatal substance exposure (or IPSE) including NAS?
- What types of non-pharmacological strategies are being used for treatment of NAS infants and their mothers?
- What role does child welfare play in the treatment and collaborative discharge planning for NAS infants and their mothers?
- Are there any current initiatives in place in your local communities to support improved collaborative practice for prenatally exposed infants and their families?
- Have agencies or organizations in your community implemented Plans of Safe Care?

Small Group Discussion Questions

Facilitator Script:

Facilitator Notes: In-person training: ask learners to identify a scribe for their small group discussion to support readiness for large group debrief. After [x] minutes, bring the learners back for a large group debrief asking for volunteers to share highlights or key takeaways from their table discussions.

Virtual training: proceed with facilitating a large group discussion.




Slide 45

Postpartum Treatment Considerations for Opioid Use Disorders

Postpartum Treatment Considerations for Opioid Use Disorders

- Increased risk for overdose 7-12 months post birthing event
- May require MOUD dosing adjustments due to physiological changes
- All plans for discontinuation of MOUD should be made with the mother's healthcare team



(Substance Abuse and Mental Health Services Administration, 2018)

Facilitator Script:

Women with OUDs are more susceptible to overdose between 7-12 months after giving birth than at any other time during the pregnancy and postpartum period. This may be in part due to their increased risk of depression and anxiety coupled with the sensitive transition period of balancing parenting an infant with their own recovery goals. For this reason, ACOG and SAMHSA strongly advise against the discontinuation of MOUD for mothers immediately following giving birth.

They also emphasize the importance of healthcare teams closely monitoring mothers during the postpartum periods to allow for appropriate adjustments to dosing given the physiologic changes that occur in a women's body after pregnancy. Generally, MOUD is encouraged until mothers and babies are considered stable—well bonded with safe living and social environments. Any plans to discontinue should be made with the mother's healthcare team with important considerations to purposeful and monitored tapering to prevent withdrawal with a conditional safety plan in place in the event of mother's potential return to use.

Source: (Substance Abuse and Mental Health Services Administration, 2018)



Slide 46

Recovery Is Possible!



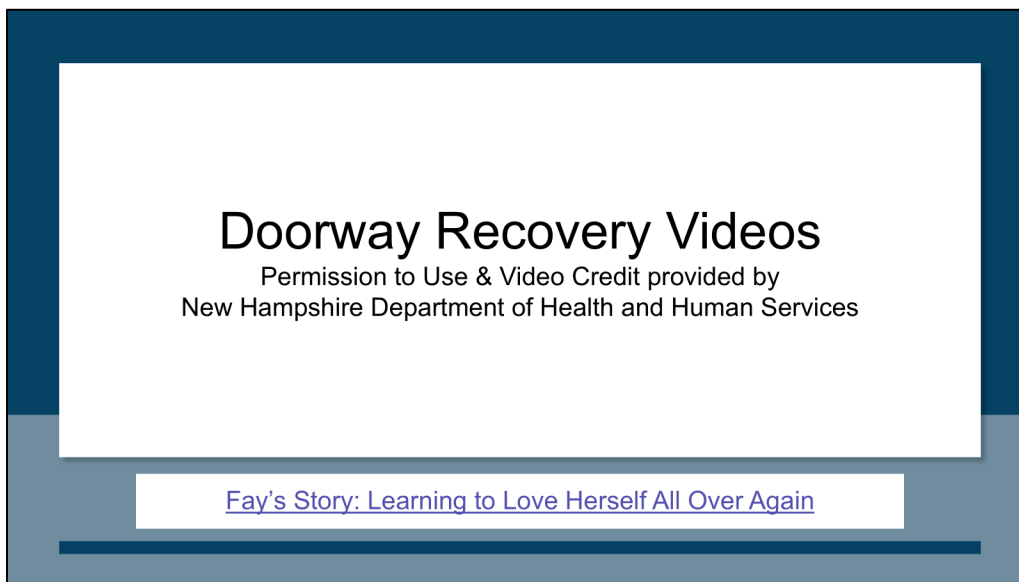
Facilitator Script:

We covered a lot of detailed information on such an important topic affecting children and families across all communities. Recovery from an opioid use disorder is complex, but with the right combination of treatment and supports, it absolutely remains possible.



Slide 47

Fay's Story: Learning to Love Herself All Over Again



Facilitator Script:

Let's now close out today's training session with a real-life reminder about this possibility—with Fay's story on learning to love herself all over again; a video made possible by Doorway Recovery and the New Hampshire Department of Health and Human Services.

Prompts for Participants to Close Out Today's Training Discussion:

- **What part of Fay's story resonated with you the most?**
- **Fay's story amplifies the dangers of prescription pain reliever misuse. What lessons can we learn from her story to help inform our casework practice with children, parents, and family members affected by opioid use disorders?**

Video Source: Doorway Recovery Videos and New Hampshire Department of Health and Human Services



Slide 48


Contact the NCSACW TTA Program

Contact


Contact the NCSACW TTA Program


Connect with programs that are developing tools and implementing practices and protocols to support their collaborative


Training and technical assistance to support collaboration and systems change



National Center on Substance Abuse and Child Welfare

 <https://ncsacw.acf.hhs.gov/>

 ncsacw@cffutures.org

 Toll-Free @ 1-866-493-2758

Facilitator Script:

Well, this wraps up the instructional content for module nine. If you have any follow up questions from today's training, feel free to reach out to the National Center on Substance Abuse and Child Welfare at ncsacw@cffutures.org or toll free at 1-866-493-2758. Thank you all for our rich discussion today and for your continued work on behalf of children, parents, and families affected by opioids. Have a great day, everyone!



References

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- National Center on Substance Abuse and Child Welfare: [Tip Sheet #1 Harm Reduction in the Context of Child Well-Being: An Overview for Serving Families Affected by Substance Use Disorders](#) (2024)
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