

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

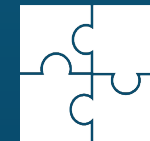
Child Welfare Training Toolkit



National Center on
Substance Abuse
and Child Welfare

Acknowledgement

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National Center on
Substance Abuse
and Child Welfare

Learning Objectives

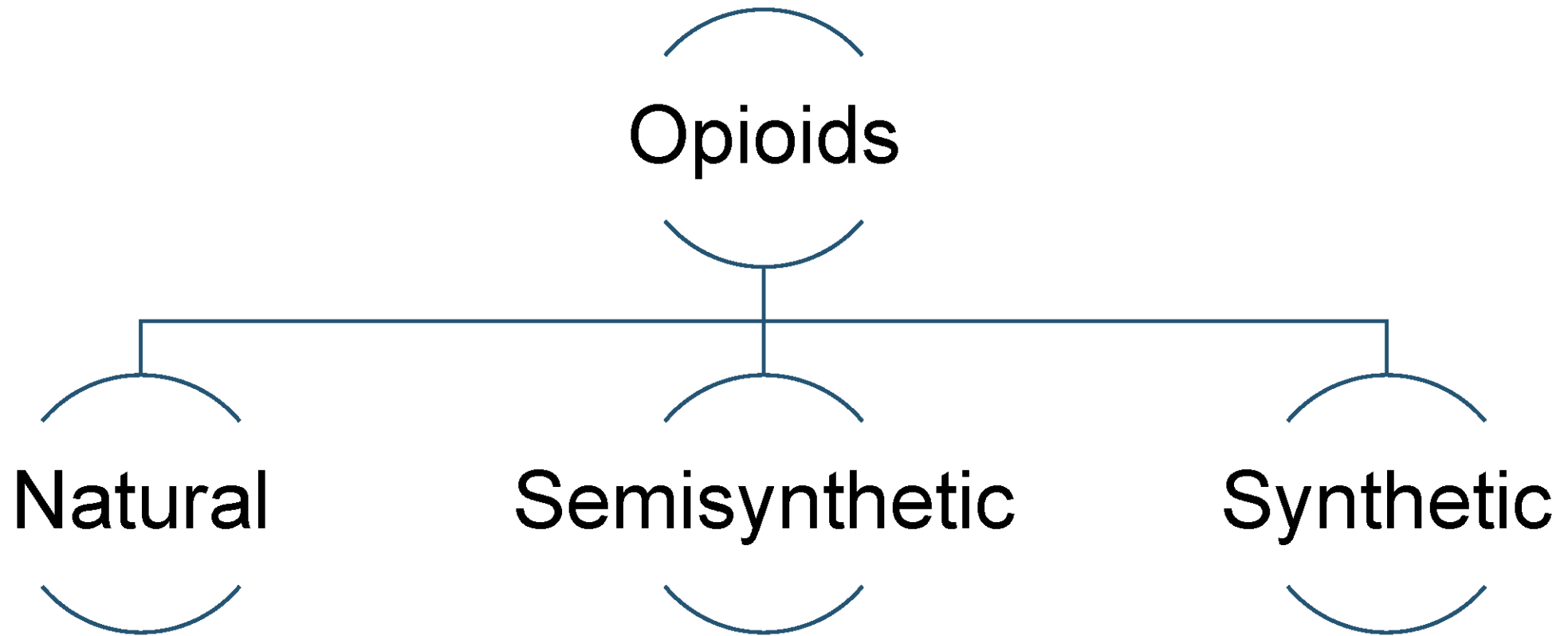
After completing this training,
child welfare workers will:

- 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

Understanding Opioids: Classifications, Potency & Effects



Opioids: Chemical Structure & Terminology



What Is Fentanyl?

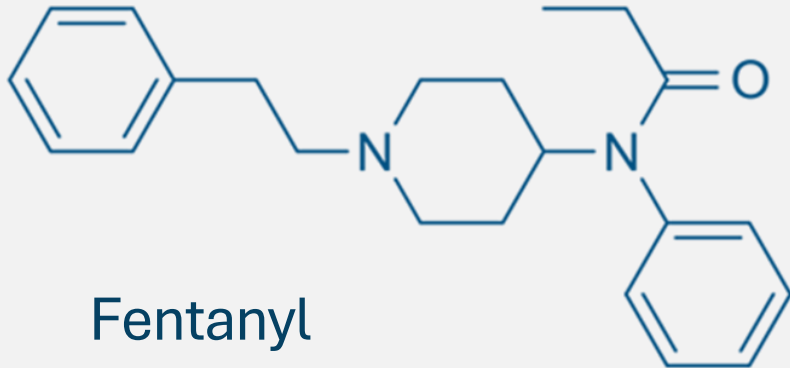
**Highly potent
synthetic opioid**

**Primarily used to treat
severe pain** in post-operative hospital settings

**Schedule II-controlled
substance**

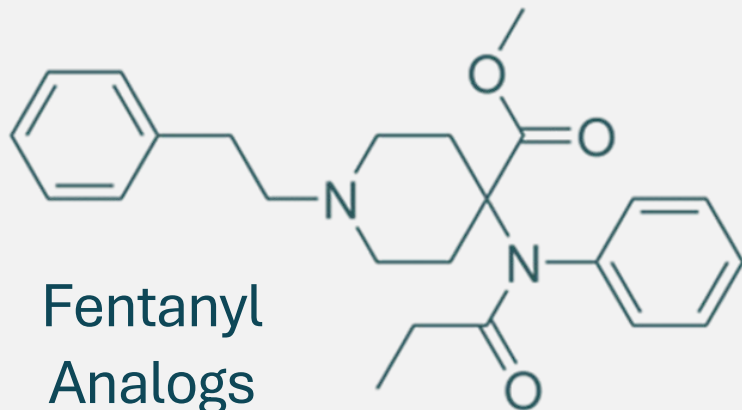
**100x more potent
than morphine**

Fentanyl & Fentanyl Analogs



Fentanyl

Fentanyl is 100x more potent than morphine.



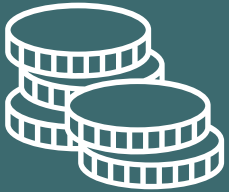
Fentanyl
Analog

Carfentanil is estimated to be as high as

- 10,000x more potent than morphine
- 100x more potent than fentanyl, and
- 50x more potent than heroin.

Illegal Manufacturing of Fentanyl

Higher potency and cheaper to produce compared to other opioids



Increase in **intentional contamination** with other illicit drugs



How Opioids Affect the Brain & Nervous System

Spinal Cord

Brain Stem

Limbic System





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



Behavioral Signs of Opioid Use

**Doctor shopping
for prescriptions**

**Poor performance
at work or school**

**Unexplained
periods of absence**

**Stealing
prescriptions from
family or friends**

**Not fulfilling
personal
responsibilities**

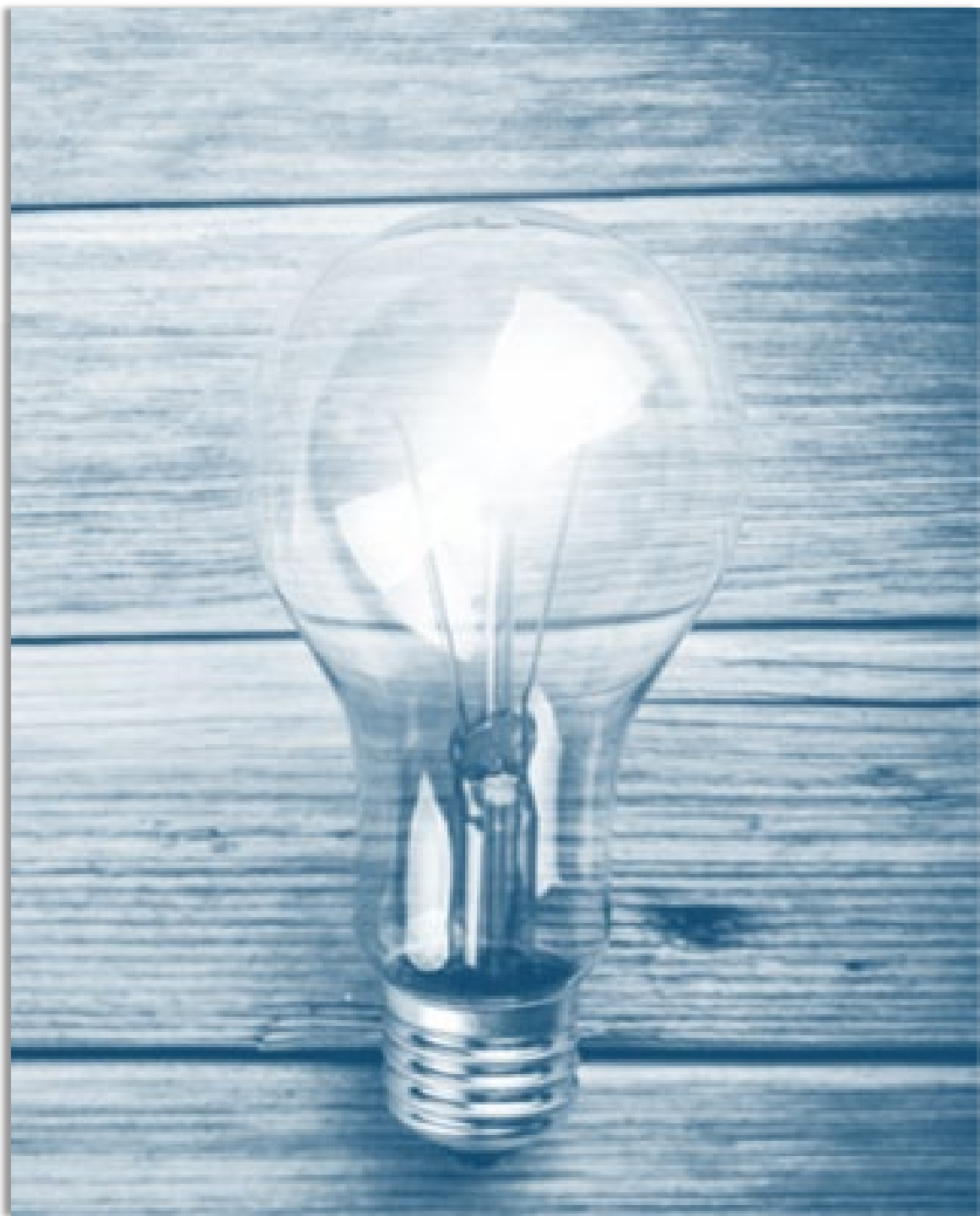
**Increased social
isolation**

Understanding the Psychological & Physical Effects of Opioid Use

Tolerance

Withdrawal

Addiction



Risk Factors for Opioid Overdose

Changes in tolerance levels

Mixing opioids with respiratory depressants

Mixing opioids with stimulants

History of chronic health conditions

History of past overdoses



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

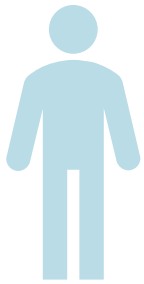
Opioid Overdose Death Rates & Emerging Trends



Opioid Trends: National Overdose Death Rates

81,806

Involving
Any Opioid



73,838

Involving
Synthetic
Opioids



14,716

Involving
Prescription
Opioids



5,871

Involving
Heroin



Total Drug-Involved Overdose Deaths in 2022

107,941



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

985 Deaths spanning 2018-2022

Opioid Ingestion

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



By Age

- 67% Adolescents ages 15-17
- 21% Infants and toddlers ages 1-4
- 10% Youth ages 10-14
- 2% Children ages 5-9



Environment

- 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
- 46% were coded as urban, followed by 41% suburban, and 13% rural



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



8.5M

Age 12 or Older Misused Prescription Pain Medication

44.6%

Obtained access
through a friend or
relative's unused
prescription



Increased Access

45.1%

Hydrocodone

30.7%

Oxycodone

Codeine **22.2%**

High Potential for Misuse

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



Opioid Trends—Let's Talk About It!



Large Group Discussion



Opioid Overdose Prevention Strategies

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

Large Group Discussion

Examples of Opioid Overdose Prevention Strategies in Child Welfare



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**

Safe Storage & Proper Disposal of Opioids

Steps to Ensure In-Home Safety:



Lock Box



Pharmacy
Drop Off Box



Mail Back
Programs



FDA Flush List



Trash Disposal



Fentanyl Test Strips

Benefits

- + 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

Drawbacks

- 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

Naloxone



Opioid antagonist

Rapidly reverses an opioid overdose

Restores normal breathing

Administered as an injectable
or nasal spray

Jessica's Story

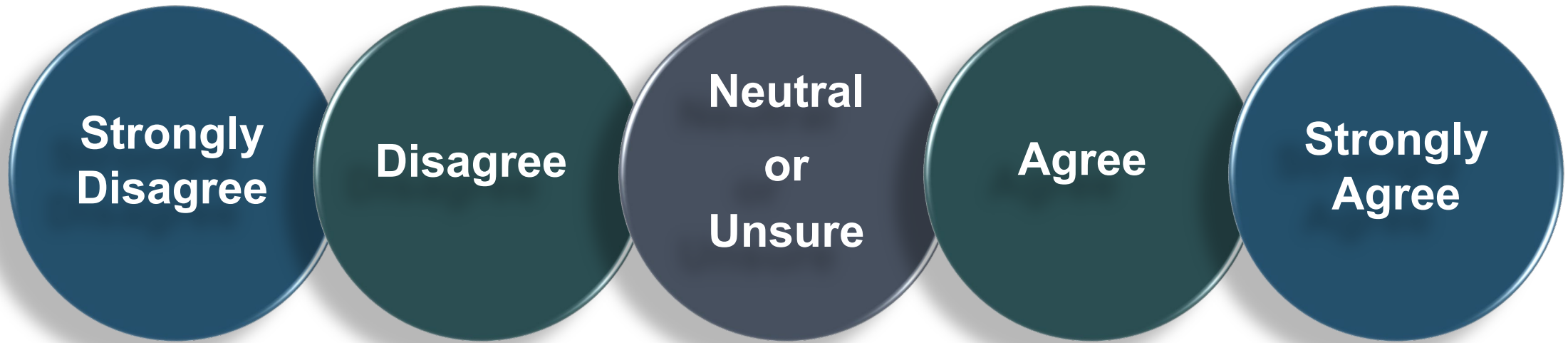
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[Digital Story on Narcan Opioid Overdose Reversal](#)

Medications for Opioid Use Disorder (MOUD)



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).

MAT or MOUD: Why This Matters

Medication-assisted treatment (MAT) implies that medication plays a secondary supportive role to other forms of OUD treatment

MOUD reinforces that medication is its own form of OUD treatment



Reducing MOUD Stigma

MOUD is safe and effective
when taken as prescribed

MOUD treatment
is considered recovery



What Are These Medications & How Do They Work?

- Reduce or eliminate opioid withdrawal symptoms
- Reduce risk of opioid overdose or death

Methadone

+

Buprenorphine

Methadone

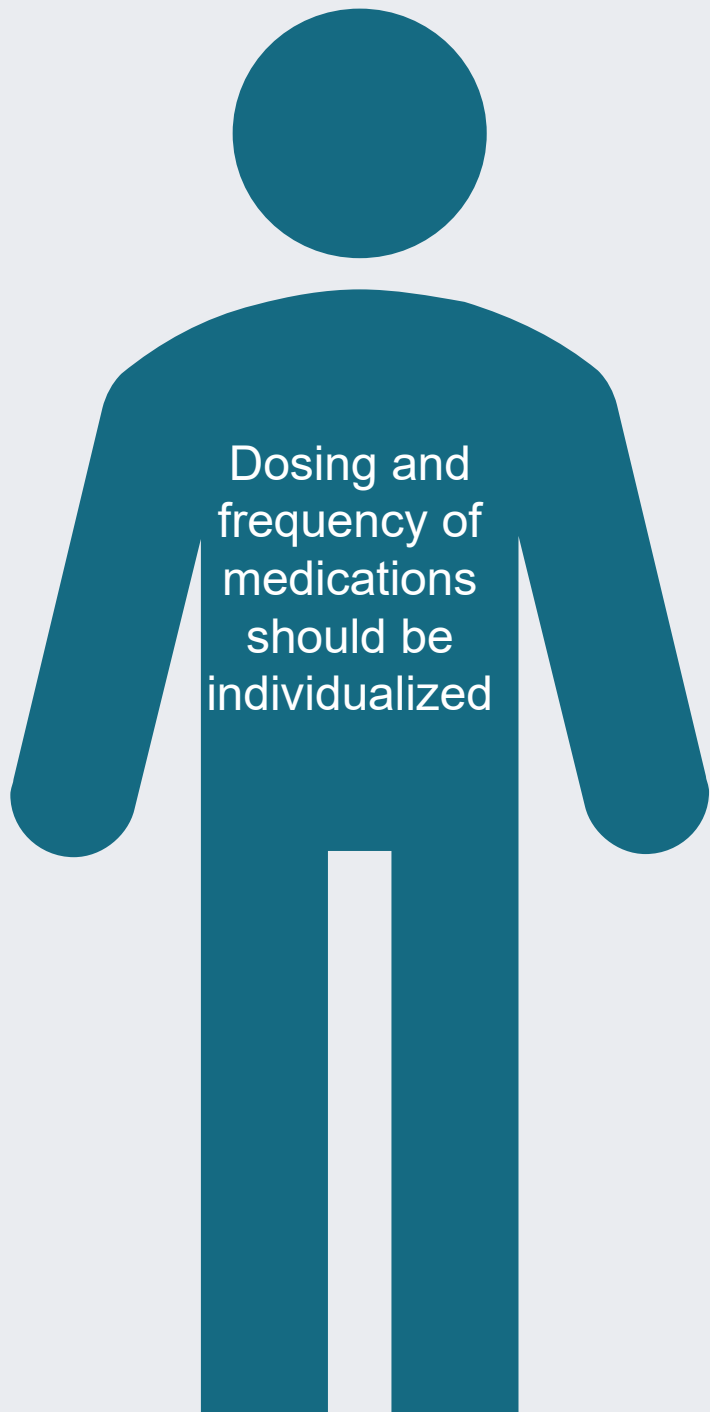
+

Buprenorphine

+

Naltrexone

- Blunt or block effects of illicit opioids
- Reduce or eliminate opioid cravings



Dosing and
frequency of
medications
should be
individualized

MOUD Treatment

Length of treatment includes both short-term and long-term options:

Medically Supervised Withdrawal

Medication Tapering

Maintenance Treatment





MOUD Benefits



Reduces illicit opioid use



Retains individuals in treatment



Reduces risk of opioid overdose and death



Lessens healthcare usage and treatment costs

Treatment for Opioid Use Disorder Before, During & After Pregnancy





MOUD During Pregnancy

Guidance from ACOG and SAMHSA:

Methadone or Buprenorphine

Behavioral Therapies

Medical Services



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

NAS is a treatable condition that infants may experience as a result of prenatal exposure to certain substances including opioids

NOWS is a related term referring to the symptoms that infants may experience as a result of exposure to opioids specifically

NAS/NOWS symptoms may include



Severe irritability



Difficulty feeding



Gastrointestinal
issues



Respiratory
problems



Neurological
seizures

Treatment Options for NAS/NOWS



Non-Pharmacological



Pharmacological



Important
Considerations for
NAS/NOWS
Treatment:

Type of infant prenatal substance exposure

Infant's overall health
(including length of mother's pregnancy term)



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

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



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

Unique Risks of Neonatal Abstinence Syndrome



Difficult to interpret cues from infants



Parenting challenges caused by difficult to interpret cues



Consequences of lack of training and protocols among hospital staff

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

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



**Recovery
Is Possible!**



Doorway Recovery Videos

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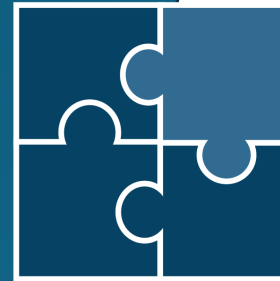
[Fay's Story: Learning to Love Herself All Over Again](#)

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

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Resources

Resources, 1 of 2

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- American Academy of Pediatrics: [*State and National Opioid Fact Sheets*](#) (2022)
- The American College of Obstetricians and Gynecologists: [*Committee Opinion No. 711: Opioid Use and Opioid Use Disorder in Pregnancy*](#) (2017)
- California Health Care Foundation: [*Opioid Safety Toolkit: Emerging Options for Neonatal Abstinence Syndrome \(NAS\)*](#) (2019)
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- Health Resources and Services Administration - Maternal and Child Health: [*Addressing the Opioid Epidemic in Maternal and Child Health Fact Sheet*](#) (2019)
- Health Resources and Services Administration - Maternal and Child Health: [*HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome*](#) (2018)
- National Association of State Alcohol and Drug Abuse Directors: [*Opioids Fact Sheet-Version V*](#) (2018)
- National Center on Substance Abuse and Child Welfare: [*A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers*](#) (2016)
- National Center on Substance Abuse and Child Welfare and the Office of Civil Rights, Video Series: [*Part 1: Civil Rights Protections for Individuals with a Disability: The Basics*](#); [*Part 2: Civil Rights Protections for Individuals with an Opioid Use Disorder*](#); [*Medication-Assisted Treatment and Common Misconceptions*](#); [*Child Welfare Case Staffing: Social Worker and Supervision*](#); and [*Child Welfare Case Staffing: Child Welfare Court Case*](#) (2021)

Resources, 2 of 2

- 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)
- National Center on Substance Abuse and Child Welfare: [Tip Sheet #2 Harm Reduction in the Context of Child Well-Being: Key Considerations for Policymakers](#) (2024)
- National Center on Substance Abuse and Child Welfare: [Tip Sheet #3 Harm Reduction in the Context of Child Well-Being: Practice Recommendations for Child Welfare Workers](#) (2024)
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