

**Special Topic:  
Considerations for Families in the Child  
Welfare System Affected by Opioids**

***Child Welfare Training Toolkit***



**National Center on  
Substance Abuse  
and Child Welfare**

# Acknowledgment



## National Center on Substance Abuse and Child Welfare

*A program of the Substance Abuse and Mental Health Services Administration (SAMHSA)  
and the Administration for Children and Families (ACF), Children's Bureau*



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# Learning Objectives

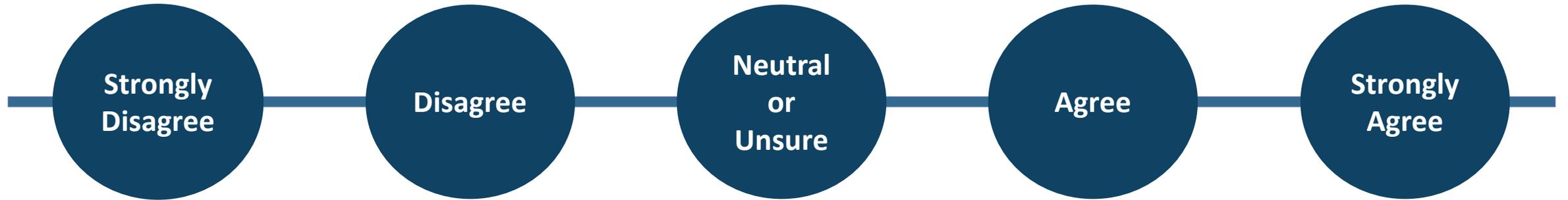
After completing this training, child welfare workers will:

- Discuss the context and prevalence of opioid use
- Identify the effects of opioid use
- Recognize the signs of opioid use in families involved with child welfare
- Understand overdose risk and prevention
- Understand the effects of parental opioid use on the safety of children
- Identify evidence-based and practice-informed strategies to address opioid use disorders and treatment resources, including medication-assisted treatment
- Discuss the principles of family-centered treatment and recovery

# Shared Learning

- What do you want to learn from this training?
- What are you seeing in your community regarding opioids?
- What has been your experience working with parents who are using opioids?
- What has been your experience working with parents in recovery?
- Do you have any case examples you can share?

# Collaborative Values Inventory



- Parents who truly love their children would just stop using opioids.
- Parents should not be allowed visitation with children removed from their care until they demonstrate abstinence from opioids.
- Programs that provide methadone or other medication-assisted treatment (such as buprenorphine/Suboxone) are just substituting one addiction for another.
- Parents with substance use disorders (SUDs) can be effective parents.

# Opioids

# Drug Epidemics of the Decades



# Examples of Opioids

Derived fully or partially from opium:

- Heroin
- Codeine
- Hydromorphone (Dilaudid)
- Oxycodone (OxyContin, Roxicodone, Percodan, Percocet)
- Hydrocodone (Vicodin or Lortab)
- Pentazocine
- Morphine
- Fentanyl (Duragesic, Actiq, Sublimaze)
- Meperidine
- Propoxyphene



# Prevalence of Opioid Use

- Roughly **21%–29%** of patients who are prescribed opioids for chronic pain misuse them; between **8%** and **12%** of these patients will develop an opioid use disorder.
- An estimated **4%–6%** of people who misuse prescription opioids transition to heroin.
- About **80%** of people who use heroin misused prescription opioids prior to using heroin.
- Opioid overdoses increased **30%** from July 2016 through September 2017 in 52 areas in 45 states.
- Drug overdose is the leading cause of accidental death in the United States. More than **70,200** Americans died from drug overdoses in 2017.

# The opioid epidemic by the numbers



**4.4%**

of the population, or 11.5 million people, have an opioid use disorder.



**170**

People die from drug overdoses a day—116 are opioid-related.

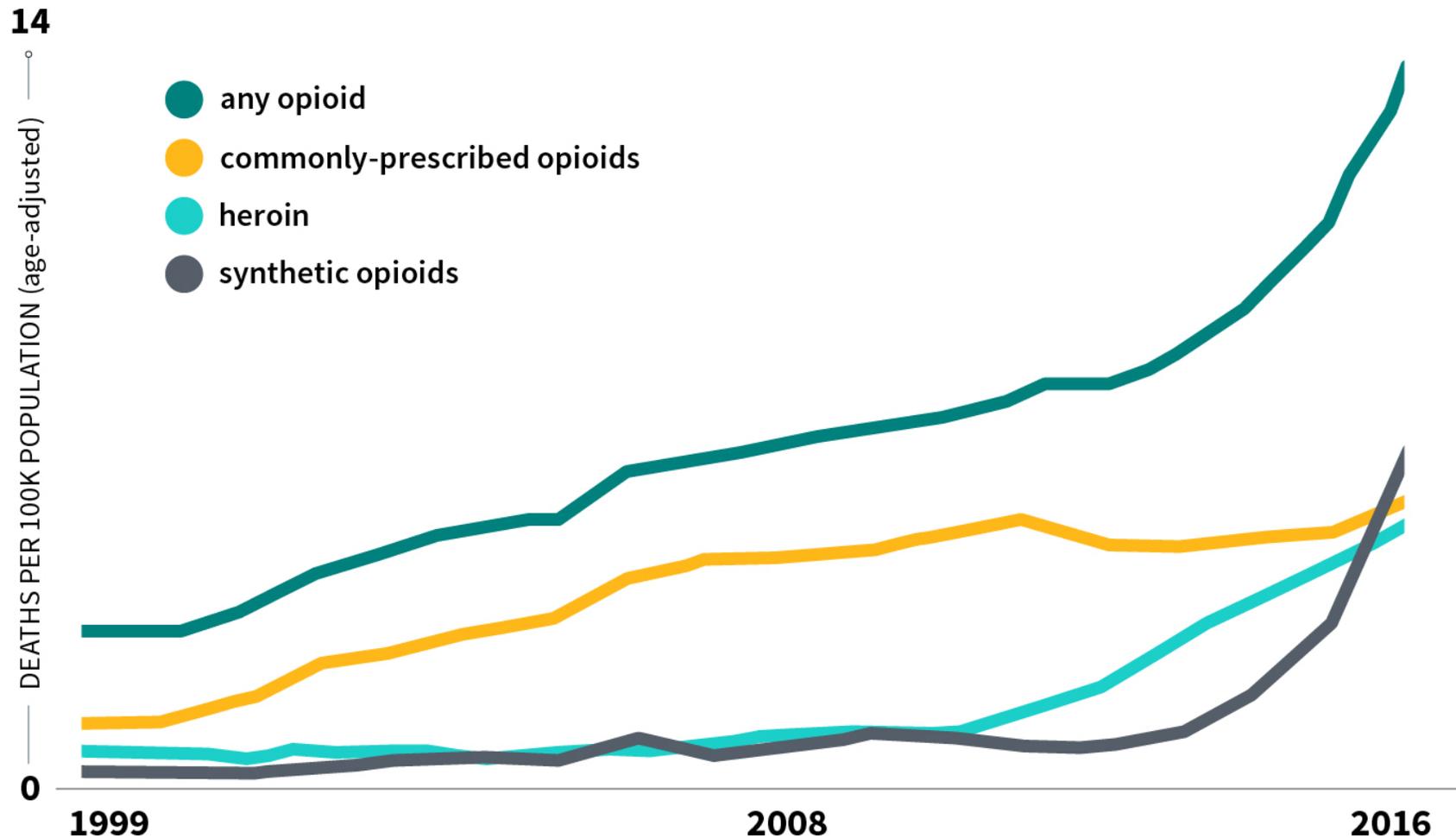


**13%**

Increase in overdose deaths 2016–2017

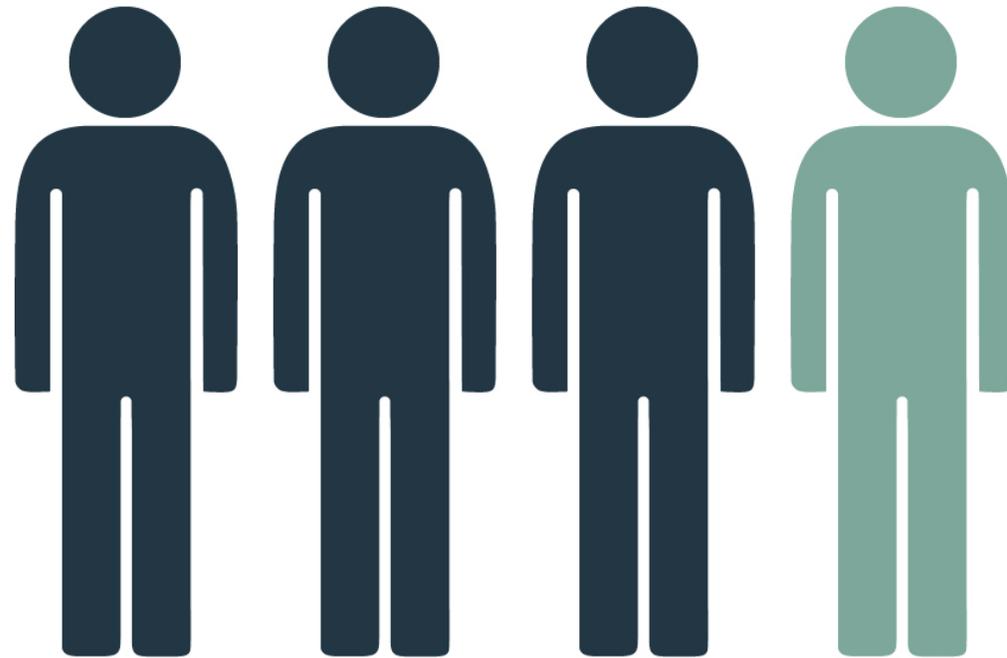
# The crisis in context

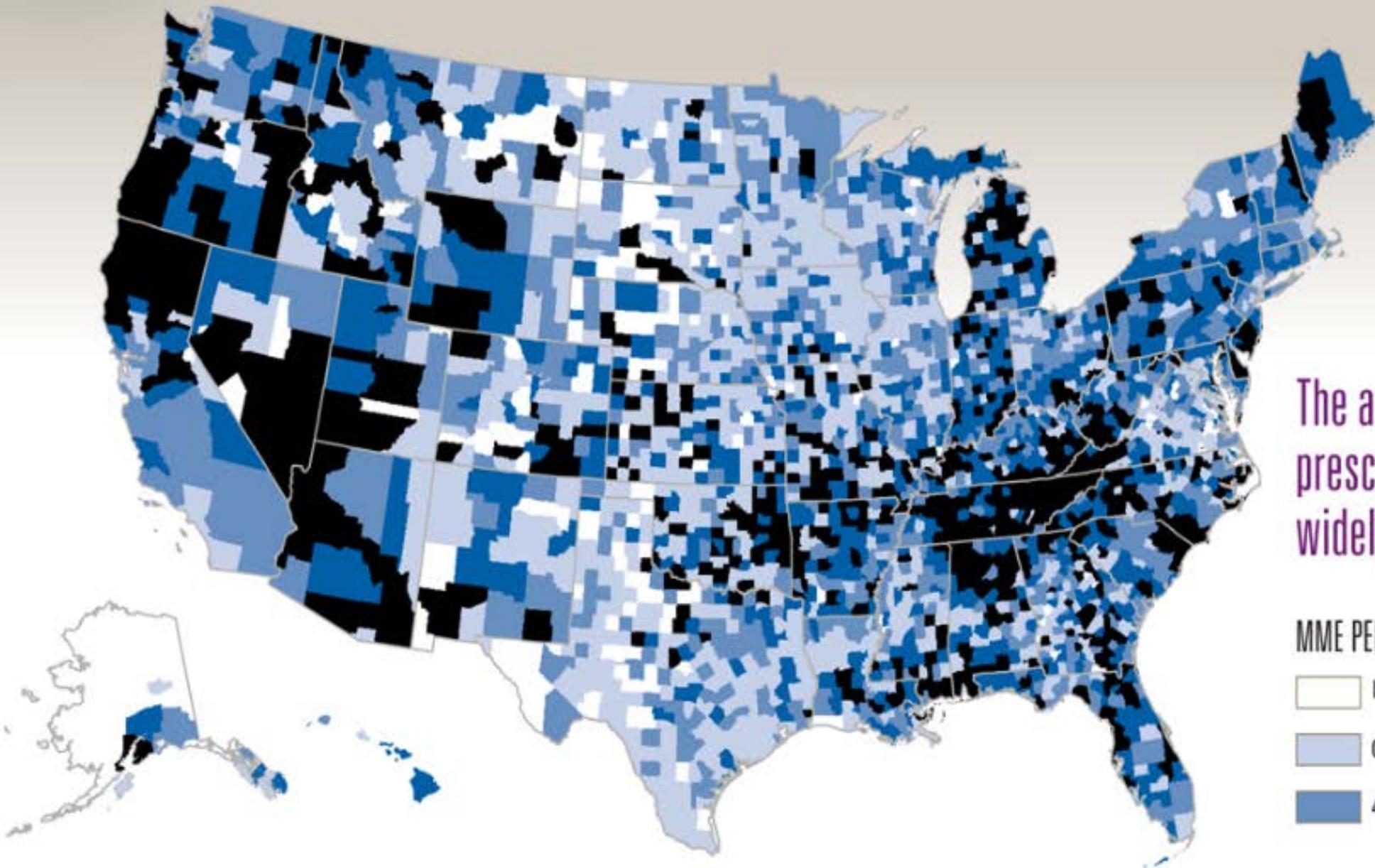
# Opioid overdose deaths are at historically high levels



# Risk factors for misuse

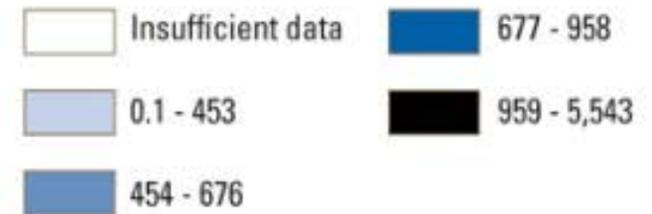
3 out of 4 people who  
used heroin in the past  
year misused  
**prescription opioids first**





The amount of opioids prescribed per person varied widely among counties in 2015.

MME PER PERSON



# Trends in Opioid Use

## Initiates

- The overall rate of heroin initiation increased for women from 0.06% between 2002–2004 to 0.10% between 2009–2011.
- These percentages correspond with an estimated 43,000 women between 2002–2004 to 77,000 women between 2009–2011.

## Dependence

- There has been an increase of more than 100% of people ages 12 and older who are dependent on heroin.
- The number of people who are dependent on heroin has increased from 180,000 in 2007 to 370,000 in 2011.

## Deaths

- There has been over a 400% increase in opioid pain reliever overdose deaths among women since 1999.
- Approximately 18 women overdose and die every day from opioid pain relievers.
- Among women, opioid overdose surpasses motor vehicle accidents as a leading cause of death.

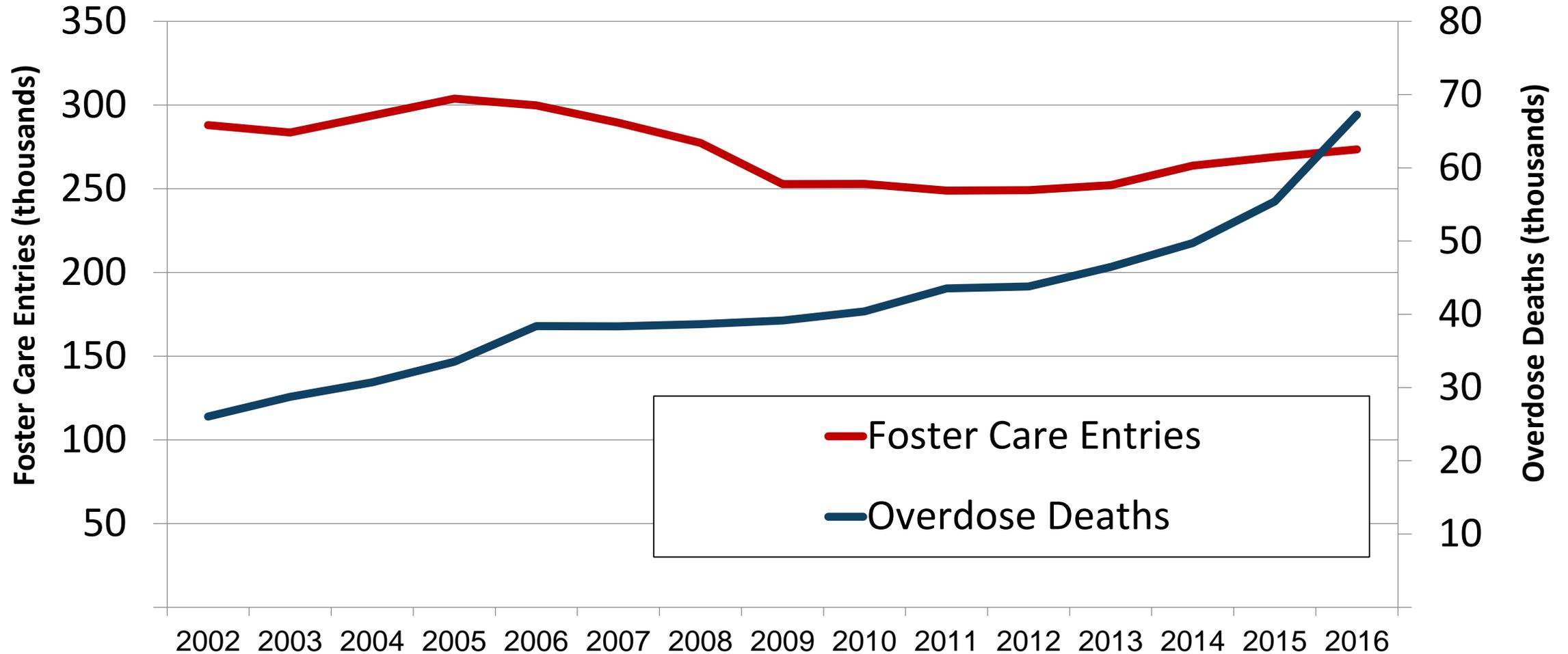
# ASPE Study on Substance Use and Child Welfare

The purpose of this study was to:

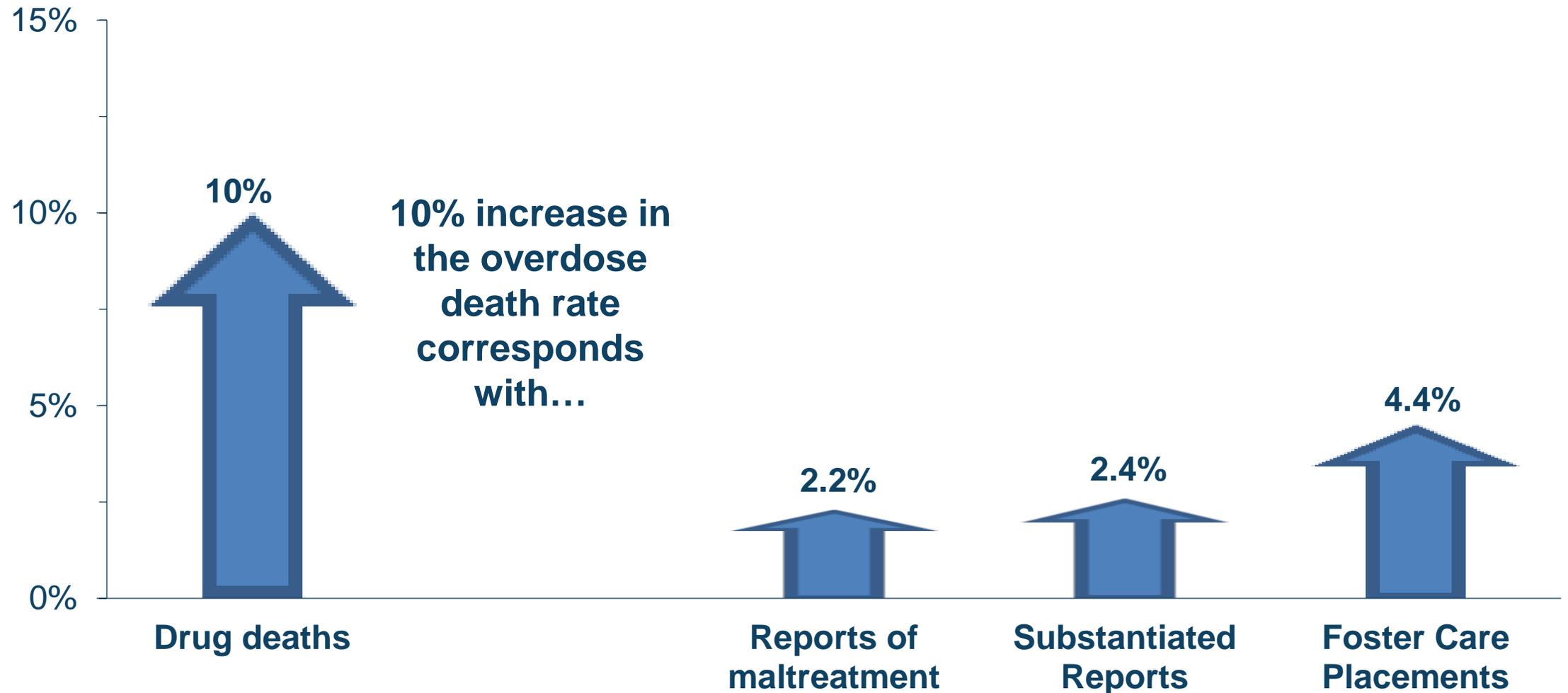
- Identify the effect of substance use prevalence and drug death rates on child welfare caseloads, including:
  - Total reports of child maltreatment
  - Substantiated reports of child maltreatment
  - Foster care entries
- Gather perspectives from local experts to better understand:
  - How substance use disorders affect child welfare systems
  - What child welfare agencies, partner organizations, and community factors contribute to this relationship



# ASPE Study Findings: Overdose Deaths and Foster Care Caseloads, 2002 to 2016



# ASPE Study Findings: Drug Overdose Deaths and Child Welfare Case Rates, 2011–2015



# Effects of Opioid Use

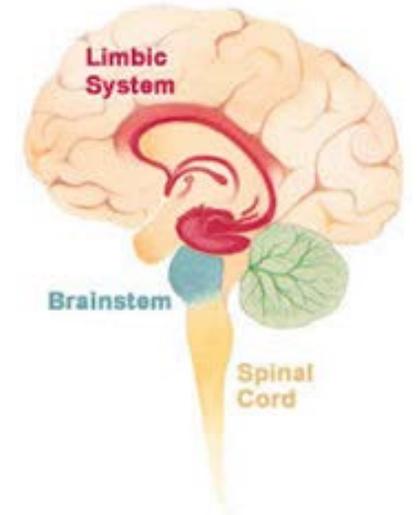
# Opioids

- All opioids are chemically related and interact with opioid receptors on nerve cells in the body and brain.
- Prescribed opioid pain relievers are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.
- Regular use—even as prescribed by a doctor—can lead to dependence and, when misused, opioid pain relievers can lead to addiction, overdose incidents, and death.

# Effects of Opioids on the Body

Opioids act on many places in the brain and nervous system, including:

- **Limbic system:** Controls emotions
  - Opioids create feelings of pleasure, relaxation, and contentment.
- **Brain stem:** Controls things your body does automatically, like breathing
  - Opioids can slow breathing, stop coughing, and reduce feelings of pain.
- **Spinal cord:** Receives sensations from the body before sending them to the brain
  - Opioids decrease feelings of pain, even after serious injuries.



# Signs of Opioid Use: Physical

- Evident elation/euphoria
- Sedation/drowsiness
- Misperception
- Decelerated breathing
- Intermittent nodding off, or loss of consciousness
- Dry mouth
- Warm flushing of the skin
- Heavy feeling in the arms and legs
- Digestive problems such as nausea, vomiting, diarrhea, or constipation
- Weight loss and/or poor hygiene
- Severe itching
- Clouded mental functioning
- Scabs, sores, or puncture wounds suggestive of IV drug use

**If these signs are present, it does not necessarily mean that the person is using opioids or other drugs.**

# Signs of Opioid Use: Behavioral

- Doctor shopping (making appointments with multiple doctors to receive multiple prescriptions for opioids)
- Poor performance in school or work
- Unexplained periods of absence
- Failure to fulfill personal responsibilities
- Social isolation
- Restlessness
- Lethargy
- Stealing medications from friends and family

**If these signs are present, it does not necessarily mean that the person is using opioids or other drugs.**

# Signs of Opioid Use: Psychosocial

- Mood swings
- Outbursts
- Irritability
- Depression
- Paranoia
- Delusions
- Forgetfulness
- Increased symptoms of mental illness

**If these signs are present, it does not necessarily mean that the person is using opioids or other drugs.**

# Follow-up Questions

Engage in a non-judgmental conversation. Parents may feel overwhelming shame and guilt about how their substance use affects their children. Engage the parent about observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use “person first” language and avoid using labels such as “addict.” Use a conversational approach with open-ended questions, such as the following:

- “Tell me more about . . .”
- “As part of our work with families, we ask all families about . . .”
- “I’m noticing that . . .”
- “How can I help you with . . .”
- “I’m concerned about you because . . .”

# Opioid Overdose

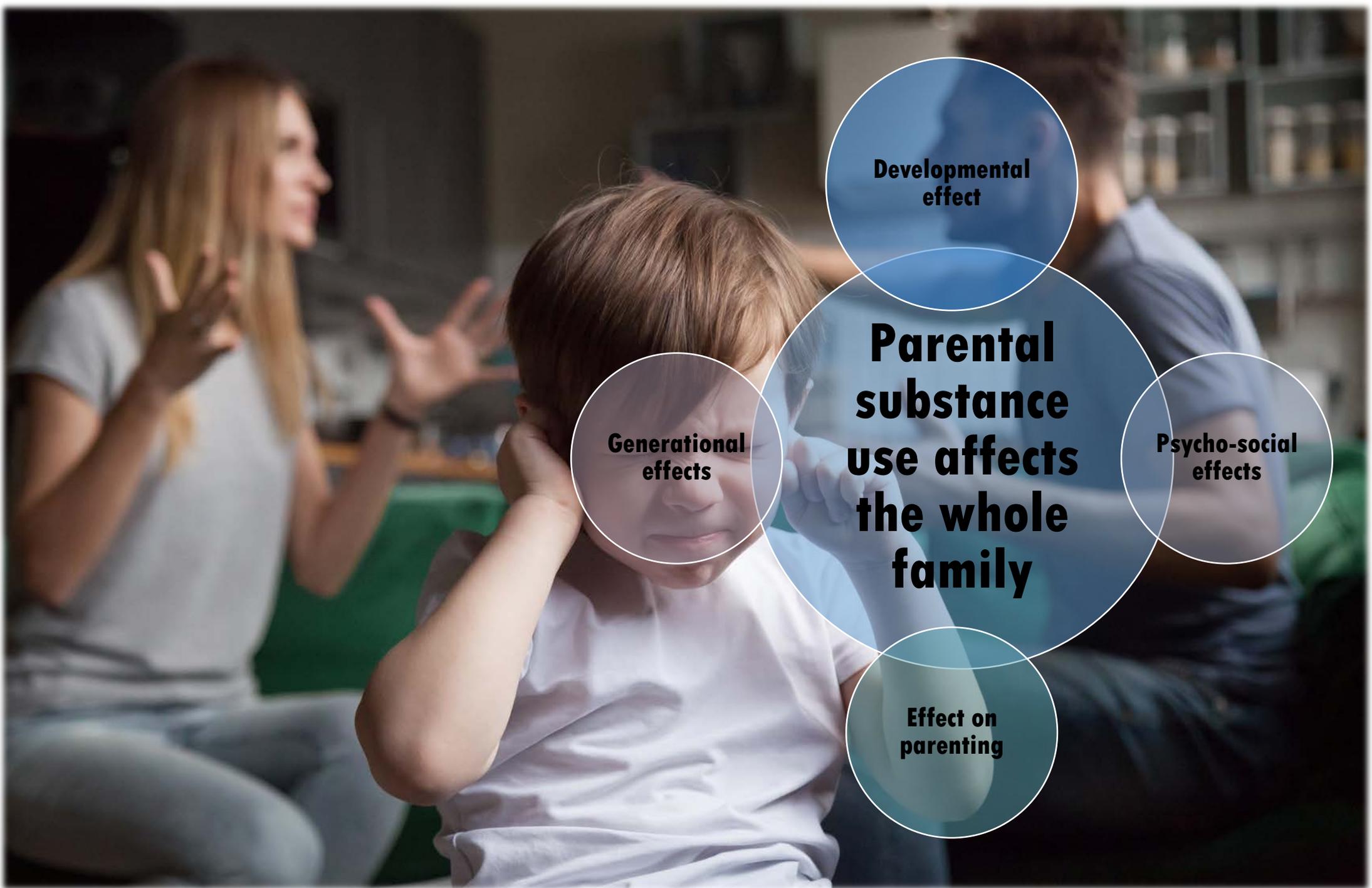
When a person uses too much of an opioid, they can experience a diminished level of consciousness, depressed or slowed breathing, and a resulting lack of oxygen to the brain known as an overdose.

- Overdose risk factors include:
  - Receiving rotating opioid medication regimens (and thus being at risk for incomplete cross-tolerance)
  - Being discharged from emergency medical care following opioid intoxication or poisoning
  - Having a medical need for analgesia, coupled with a suspected or confirmed substance use disorder, or non-medical use of prescription or illicit opioids
  - Completing mandatory opioid detoxification or being abstinent for a period of time (and presumably having reduced opioid tolerance and high risk of relapse to opioid use)
  - Being recently released from incarceration and having a history of opioid use disorder (and presumably having reduced opioid tolerance and high risk of relapse to opioid use)

# Strategies to Address Overdose

- Prevention and education—particularly for family members
- Treatment
- Prescription monitoring programs
- Drug take-back programs
- Naloxone
  - Naloxone is a medicine that can treat an opioid overdose when given right away. It works by rapidly binding to opioid receptors and blocking the effects of heroin and other opioid drugs.
    - More than one dose may be needed.
    - Naloxone does not have the potential for misuse.

# Opioid Use Disorders: Effects on Families



**Developmental  
effect**

**Generational  
effects**

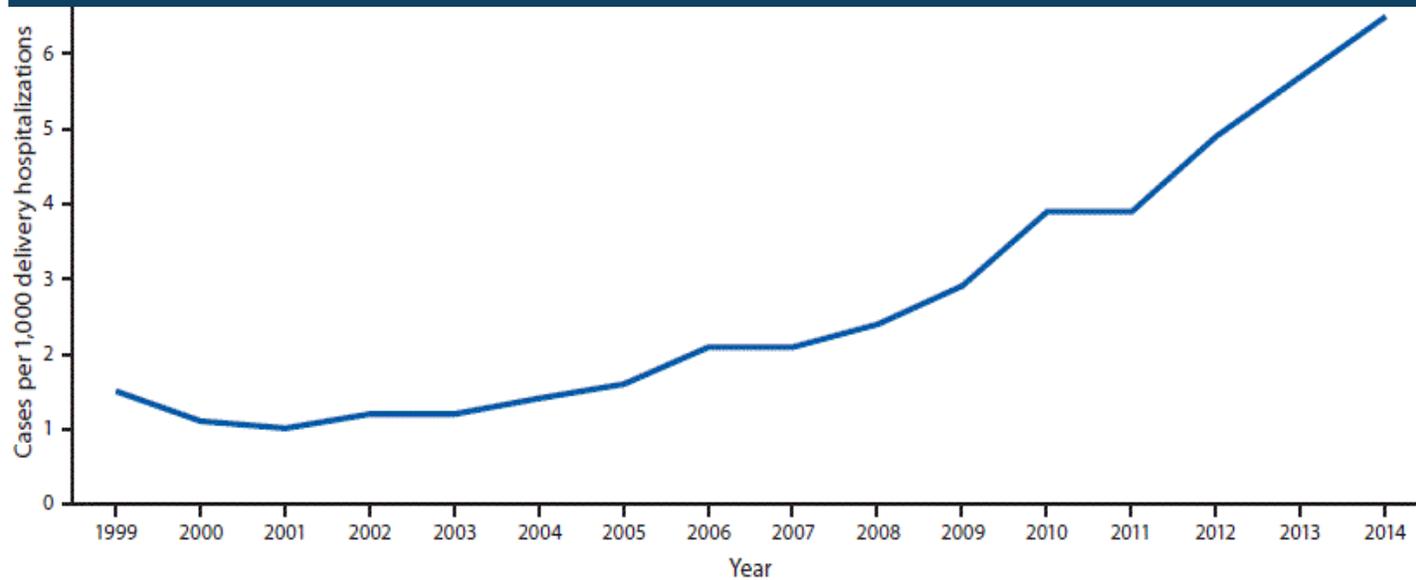
**Parental  
substance  
use affects  
the whole  
family**

**Psycho-social  
effects**

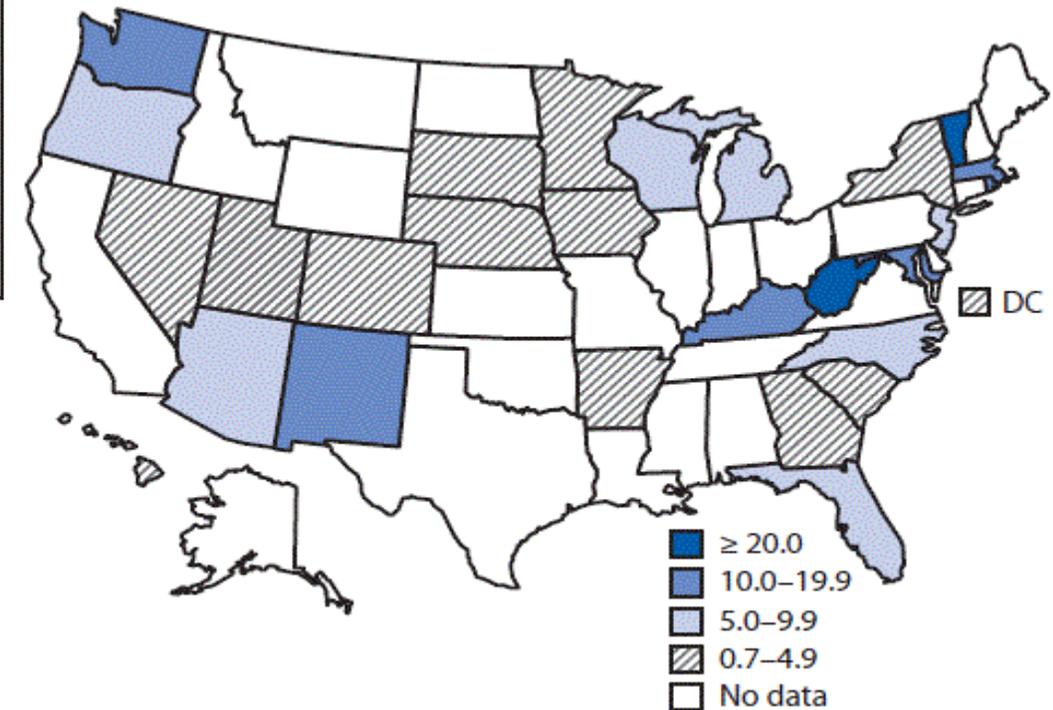
**Effect on  
parenting**

# Pregnant Women With Opioid Use Disorders

15-Year Trend in National Prevalence of Opioid Use Disorder for Pregnant Women at Delivery, 1999–2014



State Variation in National Prevalence of Opioid Use Disorder for Women at Delivery, 1999–2014



(Haight et al., 2018)

# Neonatal Abstinence Syndrome and Neonatal Opioid Withdrawal Syndrome\*

## **Neonatal abstinence syndrome:**

- Refers to withdrawal symptoms resulting from exposure to a variety of substances, including opioids, nicotine, benzodiazepines, and certain serotonin reuptake inhibitors

## **Neonatal opioid withdrawal syndrome:**

- Refers to withdrawal from opioid exposure

*\* These terms are sometimes used interchangeably.*



# The reporting of neonatal abstinence syndrome has increased over the past 15 years

A number of data sources have looked at the incidence of neonatal abstinence syndrome. While it appears that the incidence is rising due to the opioid epidemic, it is unclear whether this rise is due to increased attention to neonatal abstinence syndrome and improvements in identification, or an increase in infants being born with neonatal abstinence syndrome.

In 2000, 1.2 per 1,000 hospital births were diagnosed as having neonatal abstinence syndrome.

(Patrick et al., 2012)

In 2016, data from 23 hospitals in the U.S. pediatric system indicated that 20 per 1,000 live births were diagnosed as having neonatal abstinence syndrome.

(Milliren et al., 2017)

# Neonatal Abstinence Syndrome and Neonatal Opioid Withdrawal Syndrome

- Neonatal abstinence syndrome occurs with notable variability, with **50%–80%** of exposed infants developing symptoms.
- Of those infants who develop symptoms, approximately **50%** receive treatment.
- Neonatal opioid withdrawal syndrome is an expected and treatable condition that follows prenatal exposure to opioids.
- Symptoms generally begin within 1–3 days after birth but may take 5–10 days to appear.

(American College of Obstetricians and Gynecologists, 2017; National Institutes of Health, 2014; Hudak & Tan, 2012; Jansson et al., 2009; Substance Abuse and Mental Health Services Administration, 2018; Jones et al., 2012)



# Unique Risks of Neonatal Abstinence Syndrome



## Cues from babies are difficult to interpret because of:

- Escalation of neonatal abstinence syndrome display
- Use of medication
- Prolonged hospital stay



## Inaccurate interpretation of cues by parents leads to:

- Decreases in parenting confidence
- Inappropriate response



## Lack of training and protocols among hospital staff can lead to:

- Over- or under-medication
- Premature hospitalization discharge
- Re-hospitalization

# Postpartum Period

- The postpartum period can be a challenging time for mothers using opioids and for those with substance use disorders.
- Women who use opioids during pregnancy are at increased risk of depression, anxiety, and maternal death compared to those not using opioids.
- Recent studies indicate that nearly half of maternal deaths in the postpartum period may be related to substance use, with 1 in 5 specifically related to overdose.
- Women with opioid use disorders are more susceptible to overdose between 7 and 12 months postpartum than at any other time during pregnancy or the first year postpartum.
- Women are more likely to overdose during pregnancy and throughout the first year postpartum if they are not on pharmacotherapy to treat their opioid use disorder.

# Adverse Effects of Substance Use Disorders on Families

- Child development
- Household safety
- Psychosocial impact
- Parenting
- Intergenerational effects

# Identifying Families With Opioid Use Disorders

- Prescriptions from multiple doctors
- Prescriptions in other people's names
- Shifting or dramatically changing moods
- Social withdrawal/isolation
- Sudden financial problems
- Recent arrest or legal trouble
- Signs of drug paraphernalia
- Unusual smells
- Reluctance to allow home visits
- Unexplained visitors in and out of the home

# Screening: The Role of Child Welfare Workers

## **Screening and Assessment**

- Conduct initial screening of parents during the child abuse and neglect screening and assessment process.
- Provide ongoing assessment throughout the life of a child welfare case, as new concerns may arise.

## **Referral**

- Refer parent to a substance use disorder treatment provider for further assessment.
- The substance use disorder treatment provider may refer the parent to a treatment program.

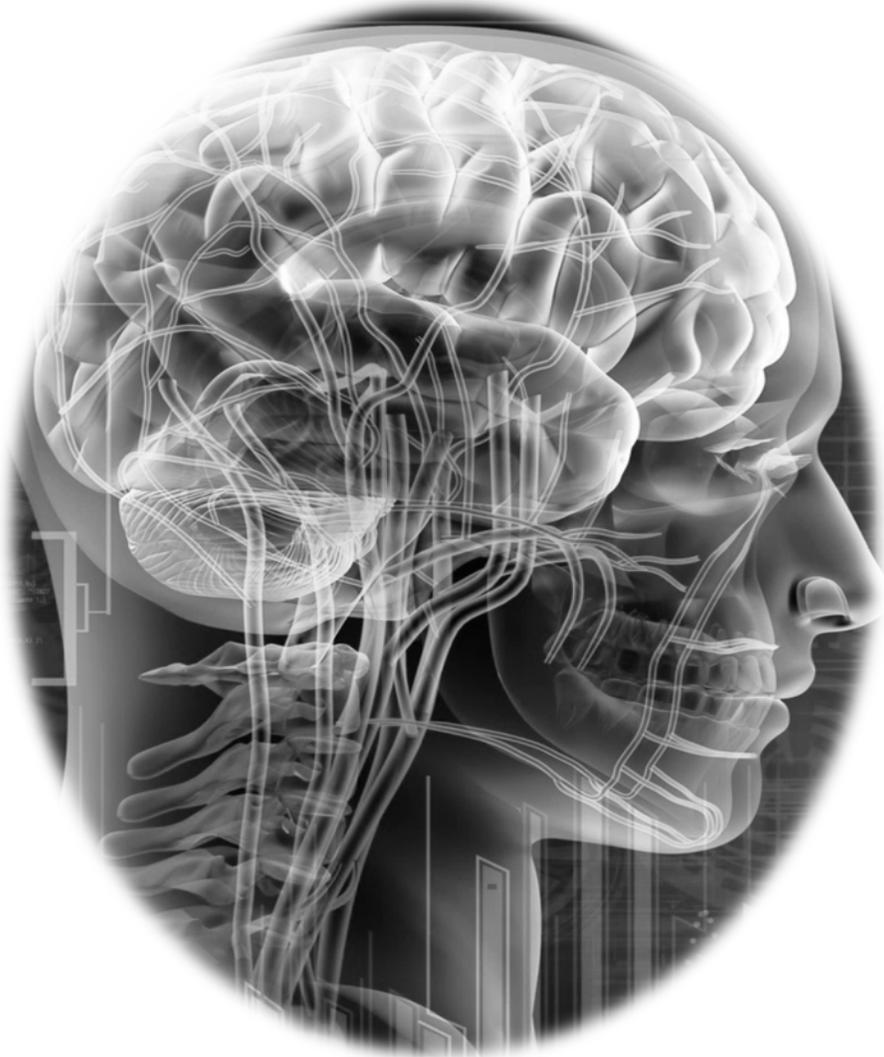
# Case Study

Your agency receives a report that Molly (6 years old) has been missing school frequently and that her mother has been unresponsive when the school tries to reach out to her. When Molly does attend school, she is often hungry and very tired. Molly disclosed to her teacher that her mother sleeps most of the day and her father leaves for work early in the morning before Molly gets up. Molly's family has only been living in the town for two months.

On your first home visit, you have to knock on the door several times before Kate (Molly's mother) opens the door. She looks like she has just been asleep. There are large piles of clothes throughout the downstairs. Dishes are piled in the sink, and you notice many medication bottles on the kitchen counter.

# Medication-Assisted Treatment (MAT)

# Medication-Assisted Treatment



As part of a comprehensive treatment program, medication-assisted treatment has been shown to:

- Increase retention in treatment
- Decrease illicit opioid use
- Decrease criminal activities, re-arrest, and re-incarceration
- Decrease drug-related HIV risk behavior
- Decrease pregnancy-related complications
- Reduce maternal craving and fetal exposure to illicit drugs

**It is important to remember that medication is just one part of medication-assisted treatment.**

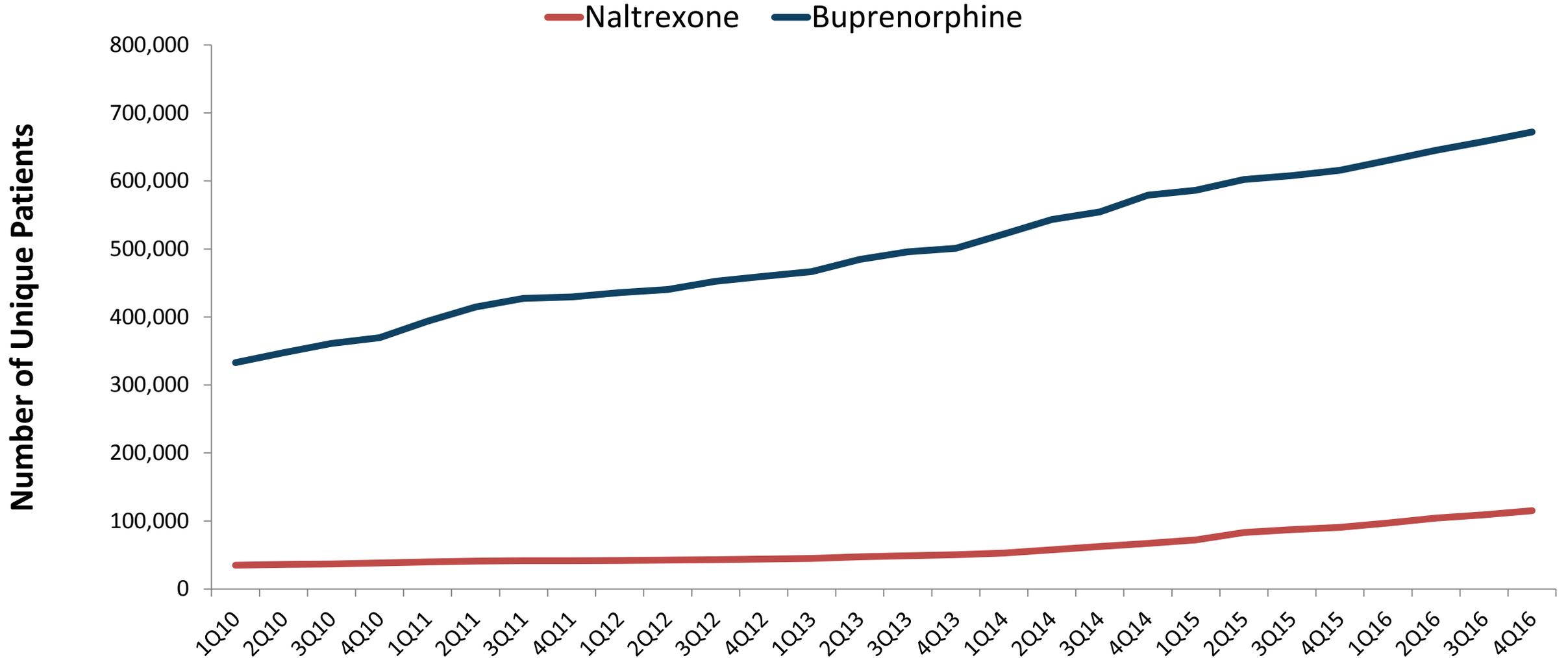
# Medications Used to Treat Opioid Use Disorders

Medication	Primary Use	Formulation	Treatment Setting	Maximum Client Capacity	Administration	Use In Pregnant Women
Methadone (Dolophine®, Methadose®)	<ul style="list-style-type: none"> <li>• Agonist— Suppresses cravings and withdrawals</li> <li>• Detoxification</li> <li>• Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>• Liquid</li> <li>• Tablet/diskette</li> <li>• Powder</li> </ul>	<ul style="list-style-type: none"> <li>• SAMHSA Certified Opioid Treatment Program (OTP)</li> </ul>	----	<ul style="list-style-type: none"> <li>• Daily at Opioid Treatment Program (OTP)</li> <li>• Some individuals may qualify for take-home prescriptions lasting up to 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• In use for over 40 years</li> <li>• National Institutes of Health consensus panel recommended methadone as the standard of care for pregnant women</li> </ul>
Buprenorphine (Subutex®)	<ul style="list-style-type: none"> <li>• Partial Agonist— Suppresses cravings and withdrawals; partial stimulation of brain receptors</li> <li>• Detoxification</li> </ul>	<ul style="list-style-type: none"> <li>• Tablet</li> </ul>	<ul style="list-style-type: none"> <li>• Physicians or psychiatrists granted a DATA waiver (CARA 2016 expanded to NP and PAs)</li> <li>• Some SAMHSA Certified OTPs</li> </ul>	<ul style="list-style-type: none"> <li>• 100*</li> </ul> <p>*CARA 2016 expanded to 275 patients for some physicians</p>	<ul style="list-style-type: none"> <li>• Daily</li> <li>• Individuals can be prescribed a supply to be taken outside of the treatment setting</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal Opioid Treatment Human Experimental Research (MOTHER) study: No significant difference between buprenorphine and methadone regarding serious maternal or neonatal adverse events</li> </ul>
Buprenorphine-Naloxone Combination (Suboxone®; Zubsolv®)	<ul style="list-style-type: none"> <li>• Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>• Sublingual tablets</li> </ul>	<ul style="list-style-type: none"> <li>• Prescription</li> </ul>	----	<ul style="list-style-type: none"> <li>• Daily</li> </ul>	<ul style="list-style-type: none"> <li>• Buprenorphine without naloxone recommended</li> </ul>

# Medications Used to Treat Opioid Use Disorders

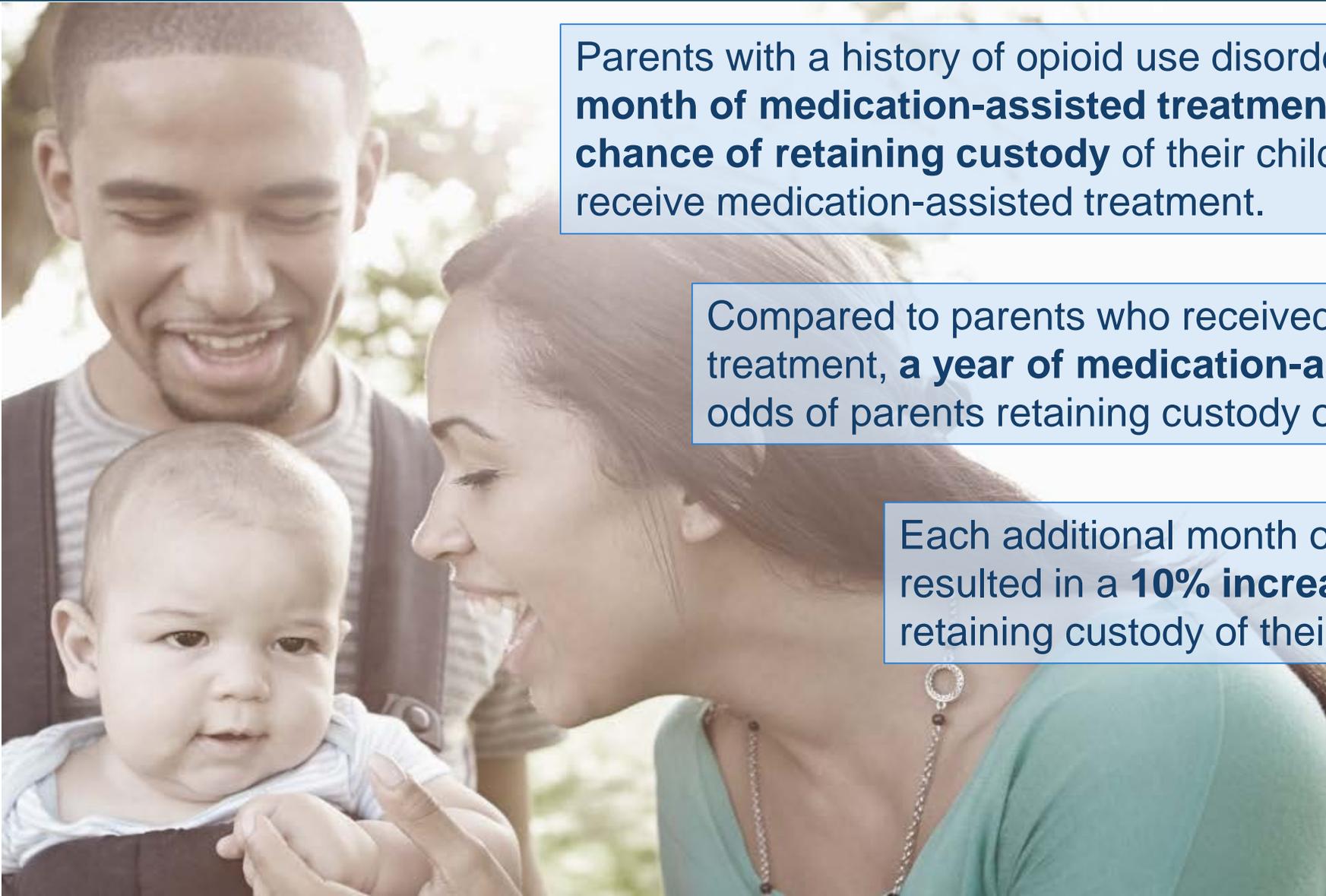
Medication	Primary Use	Formulation	Treatment Setting	Maximum Client Capacity	Administration	Use In Pregnant Women
Naltrexone Extended-Release (Vivitrol®)	<ul style="list-style-type: none"> <li>• Antagonist— Blocks effects of opioids</li> <li>• Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>• Injection (primarily)</li> </ul>	<ul style="list-style-type: none"> <li>• Any healthcare provider licensed to prescribe medications</li> </ul>	----	<ul style="list-style-type: none"> <li>• Monthly, following medically-supervised detoxification</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient research to support use</li> </ul>
Naloxone (Narcan®)	<ul style="list-style-type: none"> <li>• Antagonist— Displaces opiates from brain receptors and reverses respiratory depression</li> <li>• Reverse overdose</li> </ul>	<ul style="list-style-type: none"> <li>• Injection</li> </ul>	<ul style="list-style-type: none"> <li>• First responders, family members</li> </ul>	----	<ul style="list-style-type: none"> <li>• When overdose is suspected or signs of overdose are observed</li> </ul>	

# Increasing Receipt of Medication-Assisted Treatment From 2010 to 2016



(U.S. Department of Health and Human Services, 2018)

# Medication-Assisted Treatment for Parents

A photograph of a man and a woman smiling and looking at a baby in a carrier. The man is on the left, and the woman is on the right, looking towards the baby. The background is a soft-focus outdoor setting.

Parents with a history of opioid use disorders who received at least **one month of medication-assisted treatment** had a **significantly higher chance of retaining custody** of their children than those who did not receive medication-assisted treatment.

Compared to parents who received no medication-assisted treatment, **a year of medication-assisted treatment** increased the odds of parents retaining custody of their children by **120%**.

Each additional month of medication-assisted treatment resulted in a **10% increase** in the odds of parents retaining custody of their children.

# Family-Centered Treatment and Recovery

# A Family-Centered Approach



Recognizes that substance use disorders are a **brain disease** that affect the entire **family**, and that recovery and well-being occurs **in the context of the family**.

# Levels of Family-Centered Treatment



## INDIVIDUAL

**Parent**—Substance use, employment, health or mental health status

**Child**—Developmental progress, educational performance, improved resiliency

**Other family members**—Substance use, employment, health or mental health status

## RELATIONAL

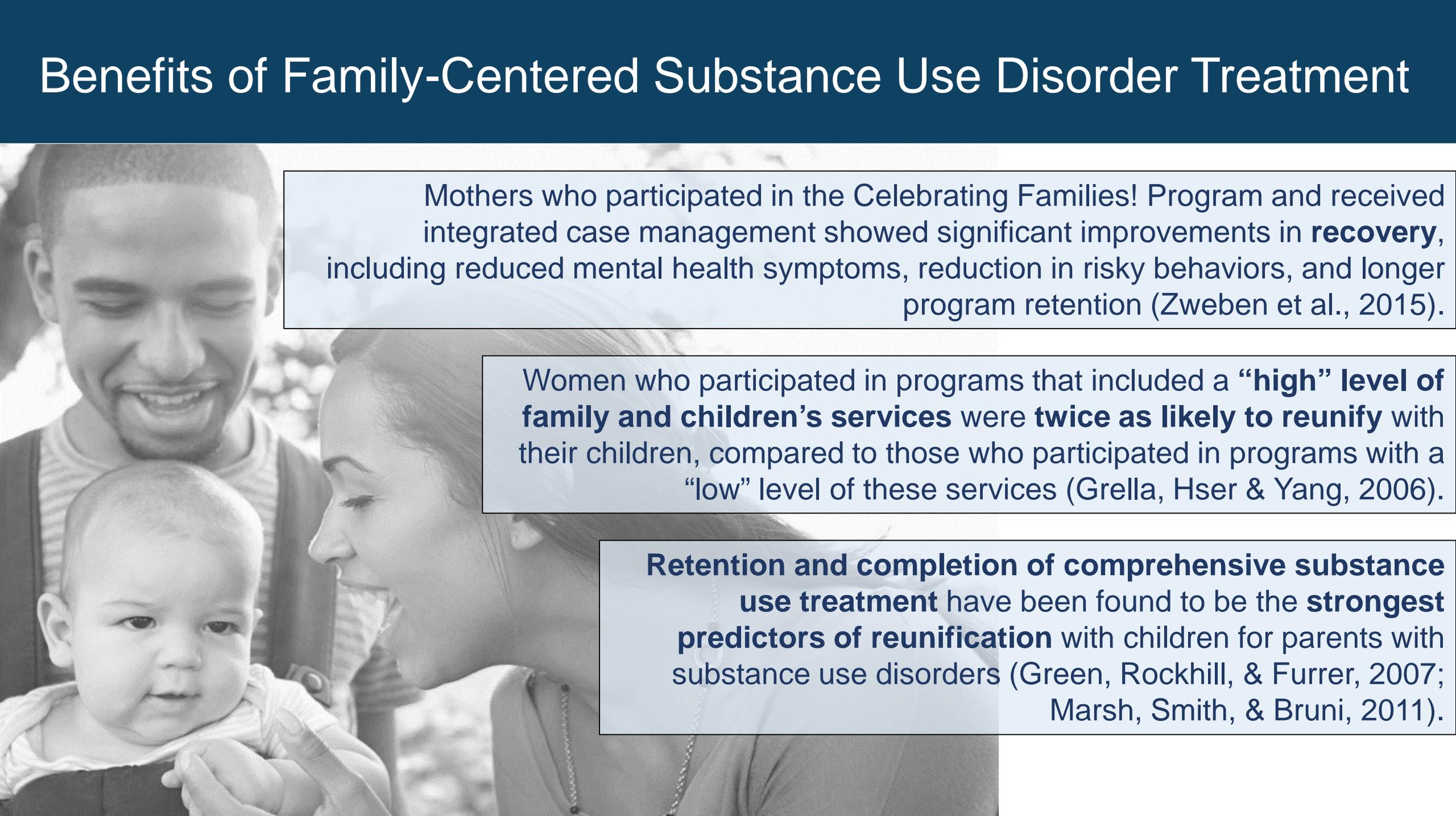
**Whole families**—Family stability, reduced violence, healthy communication, and parenting improvement

**Between family members**—Parent-child relationship, attachment, relationship satisfaction, reunification

## SYSTEM-SOCIETAL

**Community**—Cost savings and increased tax base from improved employment, cost savings from reduced criminal recidivism, improved prenatal and birth outcomes, reduced school problems, future health costs

# Benefits of Family-Centered Substance Use Disorder Treatment



Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in **recovery**, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Women who participated in programs that included a “**high**” level of **family and children’s services** were **twice as likely to reunify** with their children, compared to those who participated in programs with a “low” level of these services (Grella, Hser & Yang, 2006).

**Retention and completion of comprehensive substance use treatment** have been found to be the **strongest predictors of reunification** with children for parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2011).

# Recovery Occurs in the Context of the Family

- Substance use is a disease that affects the family.
- Adults (who have children) primarily identify themselves as parents.
- The parenting role and parent-child relationship cannot be separated from treatment.
- Adult recovery should have a parent-child component, including prevention for the child.

# A Family Focus

## Parent Recovery

Parenting skills and competencies  
Family connections and resources  
Parental mental health  
Medication management  
Parental substance use  
Domestic violence

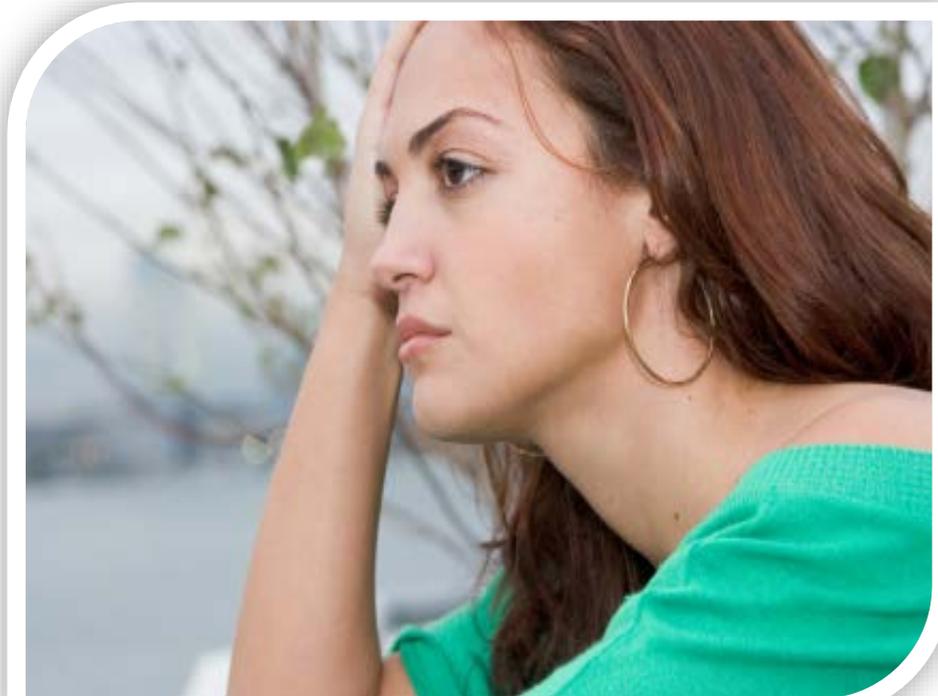
## Family Recovery and Well-Being

Basic necessities  
Employment  
Housing  
Childcare  
Transportation  
Family counseling  
Specialized parenting

## Child Well-Being

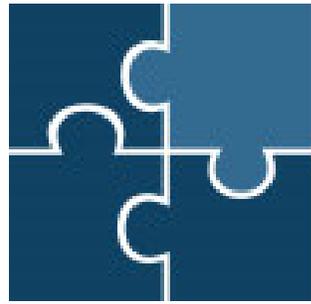
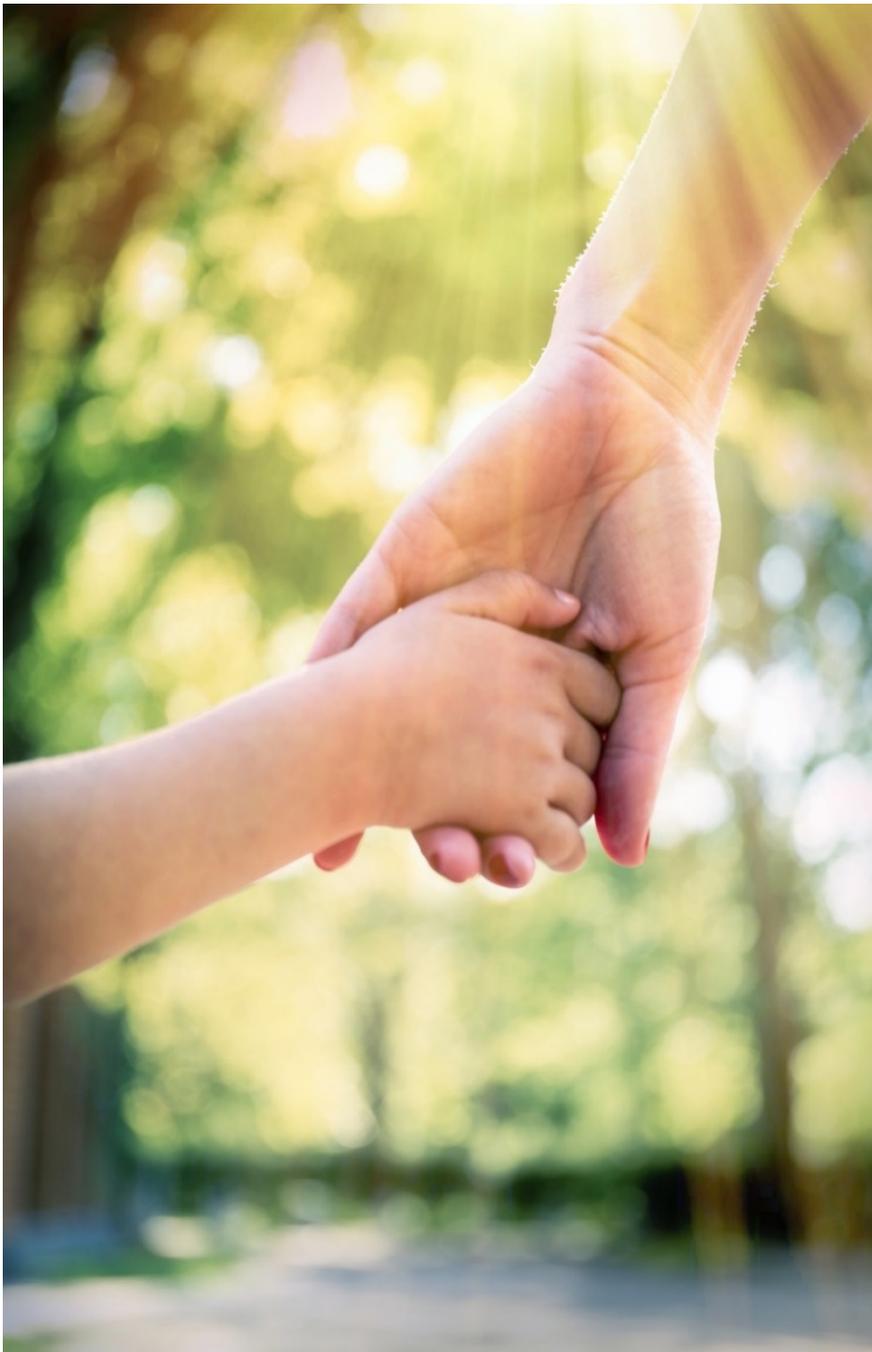
Well-being/behavior  
Development/health  
School readiness  
Trauma  
Mental health  
Adolescent substance use  
At-risk youth prevention

# Focusing Only on the Parent's Recovery Without Addressing the Needs of Children...



Can threaten the parent's ability to achieve and sustain recovery and establish a healthy relationship with their children, thus risking:

- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained recovery
- Additional infants with prenatal substance exposure
- Additional exposure to trauma for the child/family
- Prolonged and recurring effect on child's well-being



# National Center on Substance Abuse and Child Welfare

**A Program of the**

Substance Abuse and Mental Health Services  
Administration

Center for Substance Abuse Treatment

and the

Administration on Children, Youth and Families

Children's Bureau

Office on Child Abuse and Neglect

[www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)

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