National Center on Substance Abuse and Child Welfare

PRESENTATION PACKAGE

Carry the Message: Advancing a Cross-Systems Collaborative Approach to Support Families Affected by Current Substance Use Trends and Ensure Safety in the Home

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Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the presentation package as a resource to help build capacity in the substance use disorder (SUD) treatment and child welfare services workforce to respond efficiently to the safety needs of children and adolescents when there is substance use in their home. The presentation package complements the toolkit contents, including *Brief 1: An Overview of Substance Use Trends and Their Potential Effects on Child Safety,* and *Brief 2: How Substance Use Disorder Treatment Agencies Can Help Child Welfare Agencies Meet the Safety Needs of Children Amid Current Substance Use Trends.* It positions treatment providers—particularly those that offer peer and recovery specialist programs—to *carry the message* to child welfare providers through enhanced collaboration and cross-training partnerships allowing for 1) shared knowledge and understanding of current and emerging substance use trends and their associated effects on parents, children, and family members, and 2) awareness of practice- and systems-level strategies that mitigate risk and improve outcomes for parental recovery, child safety, and family well-being.

Presentation Package Contents

The presentation package contents include a detailed presentation guide, slide deck, comprehensive reference list, and supplemental resources. In addition, detailed talking points have been included to support local capacity and trainer readiness. Treatment providers are encouraged to infuse their own subject matter expertise and practice-level experience, allowing for tailored training presentations based on national, state, or regional trends and their intended audience (e.g., child welfare administrators vs. front line workers). The training presentation can also be delivered in person or virtually. It is estimated to be 2 hours long and can be divided into a two-part series to accommodate workforce schedules as needed.

Frequently Asked Questions

Question: Who can deliver the presentation slide deck?

Answer: SUD treatment professionals, including but not limited to counselors, therapists, social workers, and peer recovery support specialists.

Question: Are there any costs associated with using this presentation slide deck?

Answer: No, the presentation slide deck was developed for the public domain and is available for use at no cost to treatment provider agencies.

Question: Is there a specific way treatment provider agencies should acknowledge or give credit when using the presentation slide deck?

Answer: The presentation slide deck includes an acknowledgement slide with detailed talking points recognizing NCSASW and its key federal funders.

Question: Can the presentation slide deck be branded with local treatment provider agency logos and other identifying information?

Answer: Treatment provider agencies can add logos and other identifying information to any existing or new slides at their discretion.

Question: Can the presentation slide deck be modified or enhanced?

Answer: Yes, treatment professionals are encouraged to adjust based on their local needs. This includes adding, removing, or consolidating slides and adjusting talking points for community-specific trends, practice-level experience, 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 treatment provider agency has questions related to using or implementing the presentation slide deck, who should they contact?

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

Supplemental Online Training Resources

NCSACW Online Tutorial for Treatment Professionals

- This self-paced course focuses on key child welfare and dependency court policies and practices affecting families with substance use and co-occurring disorders. Learners will enhance their collaboration skills and understand effective engagement and treatment methods. They will gain insights into the needs of children to facilitate a holistic, family-centered approach that supports parental recovery, safety, permanency, and family well-being. This course consists of five modules and is eligible for submission to the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) and the Association for Addiction Professionals to earn five continuing education (CE) credits.

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.

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
- Presentation Guide
- Flip Chart Paper
- Pens and Markers

Virtual Training Delivery

- Laptop Computer
- Internet or Wi-Fi Access
- Virtual Meeting Platform (e.g., Zoom)
- Presentation Slide Deck
- Presentation Guide

Presentation Slide Deck and Talking Points

This section of the presentation guide provides detailed information about the contents of each PowerPoint slide. It is organized uniformly throughout the deck to assist with your training preparation. Each slide includes:

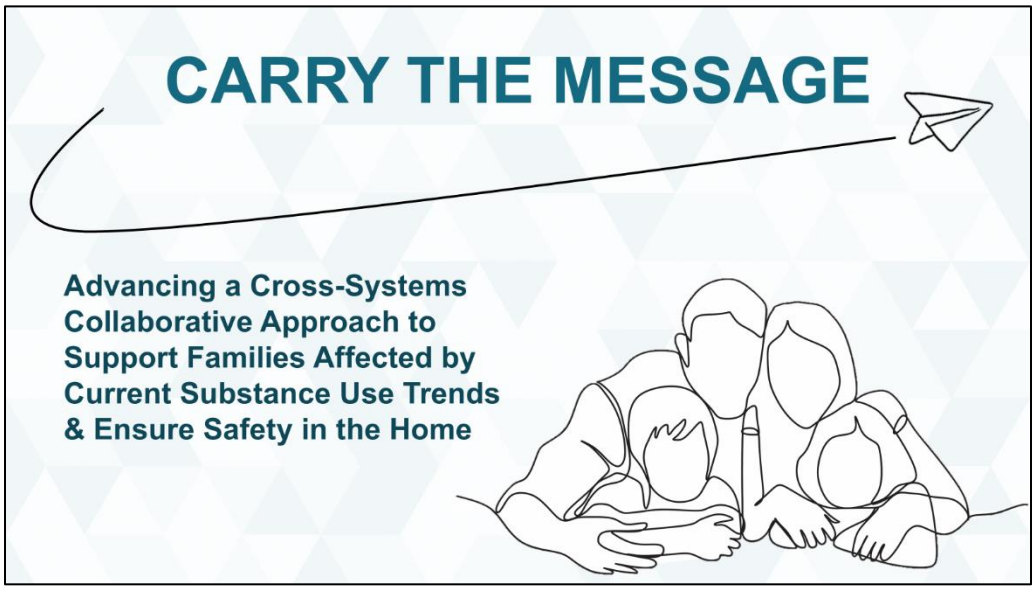
- **Talking Points**: A ready-to-use script that can be used as is or modified based on your subject matter expertise or practice-level experience.

- **Prompts for Participants**: Content-specific questions designed to engage learners in further discussion and application of knowledge or skills. These prompts are **bolded for easy reference**.

- **Trainer Notes**: Additional contextual information to support your understanding of state or regional trends and provide guidance related to the training delivery method. These notes are *italicized for easy reference*.

Slide 1

Carry the Message: Advancing a Cross-Systems Collaborative Approach to Support Families Affected by Current Substance Use Trends & Ensure Safety in the Home

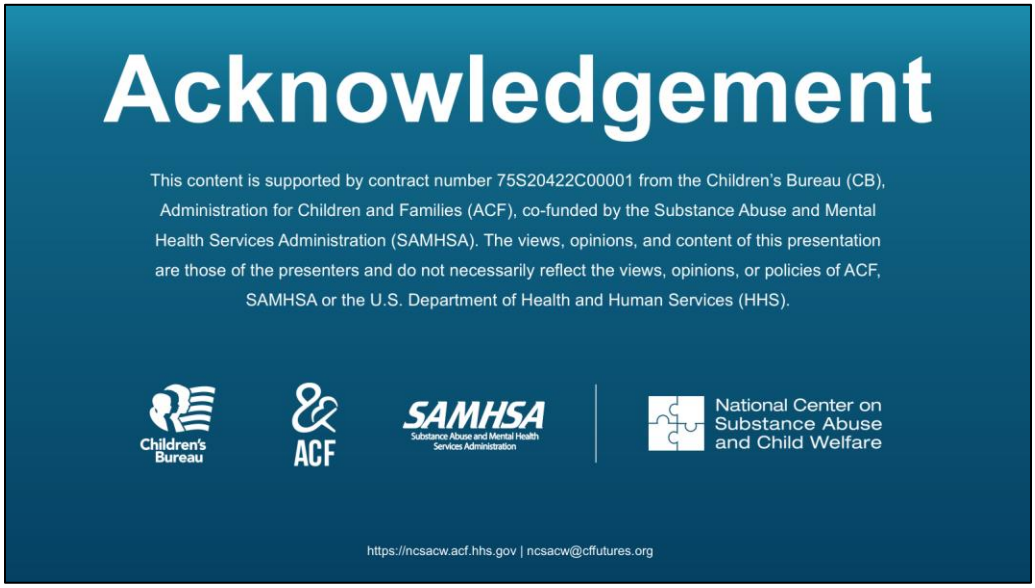


Talking Points

Hello and welcome! Thank you all for the opportunity to be here with you today. My name is [insert name] and I work as a [insert current title or position at your current agency]. I look forward to spending the next [1 or 2 hours depending on selected delivery method] with you, carrying the message on advancing a cross-systems collaborative approach to support families affected by current substance use trends while ensuring safety in the home.

Slide 2

Acknowledgement



Talking Points

Before we begin, we'd like to acknowledge that this training 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

Understanding the Complex Interplay Between Substance Use & Child Safety

Talking Points:

Let's start today's training by recognizing the complex interplay between substance use and child safety.

First, it's important that we (as treatment and child welfare professionals) recognize that recovery occurs within the context of relationships and for many of our shared clients, this will include their role as parents.

We also know that recovery from substance use may involve a lifelong or cyclical process that may include the potential for return to use or other forms of destabilization; and, while parental substance use alone does not warrant child welfare intervention, its associated impairments on parental functioning can lead to effects on child safety and family well-being.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

N/A

Full Citations:

N/A

Slide 4

What the Data Tells Us About Parental Substance Use

Talking Points:

To help us better understand this complex interplay, let's first start with reviewing some important data points about parental substance use.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

N/A

Full Citations:

N/A

Slide 5

Number of Children Affected by Parental Substance Use

Talking Points:

To begin with, an analysis pooling data from the National Survey on Drug Use and Health from 2015-2019 estimated that more than 21 million children lived with a parent who misused substances in the past year, representing 16% of all children in the United States.

Additional Resources:

N/A

Slide Citations:

(Ghertner, 2023)

Script Citations:

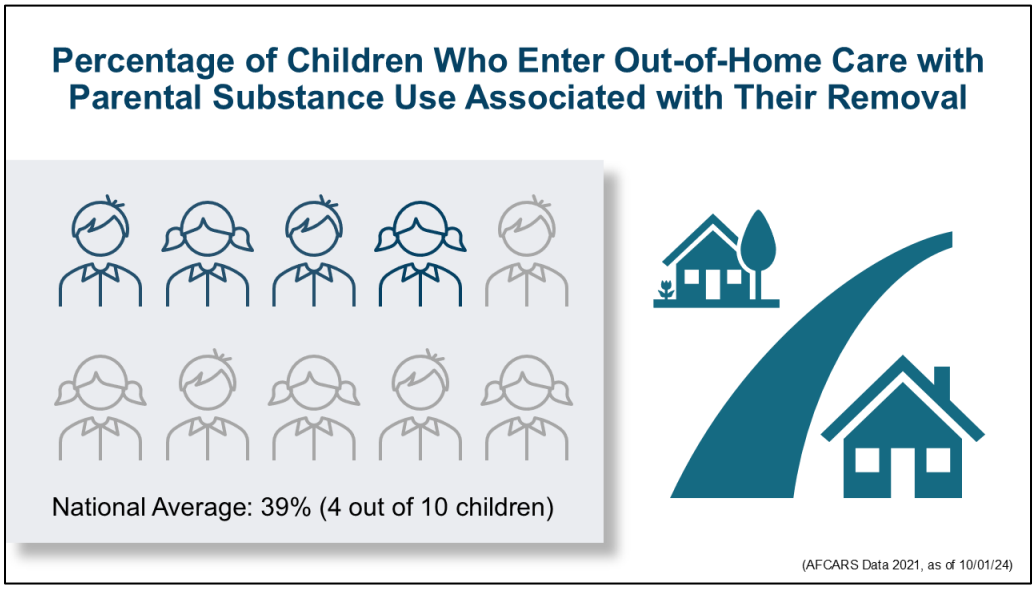
(Ghertner, 2023)

Full Citations:

Ghertner, R. (2023). *U.S. national and state estimates of children living with parents using substances, 2015-2019*. Assistant Secretary for Planning and Evaluation, Office of Human Services Policy. https://aspe.hhs.gov/sites/default/files/documents/faa1b19e66053008e89782914f0aa693/children-at-risk-of-sud.pdf

Slide 6

Percentage of Children Who Enter Out-of-Home Care with Parental Substance Use Associated with Their Removal



Talking Points:

Now, let's take a closer examination of data specific to the percentage of children who enter out-of-home care with parental substance use associated with their removal. According to the Adoption and Foster Care Analysis and Reporting System (also commonly referred to as AFCARS), there were a total of 603,823 children in out-of-home care at some point during the 2021 fiscal year. Of this total, 236,143 had parental substance use listed as a condition associated with their removal (either alone or in combination with another reason)—totaling a national average of 39% or roughly 4 out of 10 children.

Prompts for Participants:

- **Any initial reactions to this data?**
- **Do the state percentages align with what you are experiencing in your frontline practice?**
- **If not, what could be contributing to these discrepancies?**

Additional Resources:

N/A

Slide Citations:

(AFCARS Data 2021, as of 10/01/24)

Script Citations:

(AFCARS Data 2021, as of 10/01/24)

Full Citations:

Center for Children and Family Futures. (2024). *Analyses of the 2021 Adoption and Foster Care Analysis and Reporting System from the National Data Archive on Child Abuse and Neglect* (file number 274) [Data set]. NDACAN. https://www.ndacan.acf.hhs.gov/

Slide 7

Year 2021 Data Listed by State (A-K)

Year 2021 Data Listed by State (A-K)

State	Percentage	Number
AK	67.2%	2768
AL	46.8%	4250
AR	50.3%	3610
AZ	34.3%	7640
CA	11.7%	8379
CO	49.9%	4063
CT	43.4%	2189
DC	15.7%	127
DE	19.6%	142
FL	51.8%	18745
GA	44.7%	7161
HI	35.4%	855
IA	60.0%	4448
ID	41.9%	1130
IL	11.1%	3033
IN	61.7%	13504
KS	35.5%	3654
KY	41.6%	5678

(AFCARS Data 2021, as of 10/01/24)

Talking Points:

Facilitator Notes:

This slide details state-specific data organized alphabetically for the year 2021. Based on where you are training, this presents an opportunity to take a closer review of the data to help provide additional context and increased awareness of state and/or regional data trends.

Additional Resources:

N/A

Slide Citations:

(AFCARS Data 2021, as of 10/01/24)

Script Citations:

N/A

Full Citations:

Center for Children and Family Futures. (2024). *Analyses of the 2021 Adoption and Foster Care Analysis and Reporting System from the National Data Archive on Child Abuse and Neglect* (file number 274) [Data set]. NDACAN. https://www.ndacan.acf.hhs.gov/

Slide 8

Year 2021 Data Listed by State (L-N))

Year 2021 Data Listed by State (L-N)

State	Percentage	Number
LA	1.9%	109
MA	34.5%	4685
MD	31.2%	1715
ME	51.5%	1638
MI	39.3%	5693
MN	51.2%	6187
MO	51.3%	9924
MS	48.0%	2668
MT	39.4%	1984
NC	44.0%	6745
ND	42.6%	1053
NE	36.4%	2003
NH	15.4%	260
NJ	43.6%	2303
NM	43.6%	1319
NV	15.9%	1133
NY	30.9%	6181

(AFCARS Data 2021, as of 10/01/24)

Talking Points:

Facilitator Notes:

This slide details state-specific data organized alphabetically for the year 2021. Based on where you are training, this presents an opportunity to take a closer review of the data to help provide additional context and increased awareness of state and/or regional data trends.

Additional Resources:

N/A

Slide Citations:

(AFCARS Data 2021, as of 10/01/24)

Script Citations:

N/A

Full Citations:

Center for Children and Family Futures. (2024). *Analyses of the 2021 Adoption and Foster Care Analysis and Reporting System from the National Data Archive on Child Abuse and Neglect* (file number 274) [Data set]. NDACAN. https://www.ndacan.acf.hhs.gov/

Slide 9

Year 2021 Data Listed by State (O-W, Puerto Rico)

Year 2021 Data Listed by State
(O-W, Puerto Rico)

State	Percentage	Number
OH	30.9%	7974
OK	52.9%	6088
OR	57.3%	4747
PA	36.8%	7896
RI	38.6%	1113
SC	17.3%	1162
SD	57.9%	1522
TN	40.1%	5843
TX	65.7%	29523
UT	61.3%	2374
VA	33.8%	2562
VT	31.6%	512
WA	44.5%	5944
WI	38.2%	4049
WV	55.2%	6574
WY	50.8%	813
Puerto Rico	17.5%	471
Total US	**39.1%**	**236143**

(AFCARS Data 2021, as of 10/01/24)

Talking Points:

Facilitator Notes:

This slide details state-specific data organized alphabetically for the year 2021. Based on where you are training, this presents an opportunity to take a closer review of the data to help provide additional context and increased awareness of state and/or regional data trends.

Additional Resources:

N/A

Slide Citations:

(AFCARS Data 2021, as of 10/01/24)

Script Citations:

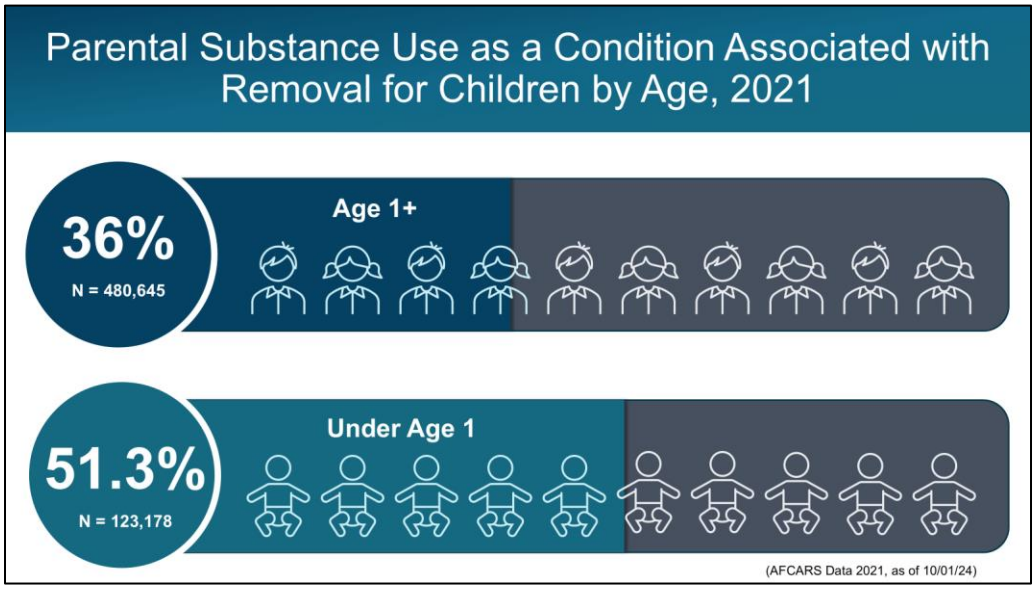
N/A

Full Citations:

Center for Children and Family Futures. (2024). *Analyses of the 2021 Adoption and Foster Care Analysis and Reporting System from the National Data Archive on Child Abuse and Neglect* (file number 274) [Data set]. NDACAN. https://www.ndacan.acf.hhs.gov/

Slide 10

Parental Substance Use as a Condition Associated with Removal for Children by Age, 2021)



Talking Points:

Let's now take this same dataset and adjust for age. On the top, we have national percentages for children ages 1 and older compared to the percentages for children under age 1 below. So, of the 480,645 children aged 1 and older, there were 173,013 with parental substance use listed as an identified condition associated with their removal—totaling a national average of 36%; whereas of the 123,178 children under age 1, there were 63,130 with parental substance use listed—totaling a national average of 51%.

Prompts for Participants:

- **How about any reactions to these comparison figures?**
- **What thoughts do you have regarding your specific state or region?**
- **Do these figures align with the age breakdown on your caseloads?**

Additional Resources:

N/A

Slide Citations:

(AFCARS Data 2021, as of 10/01/24)

Script Citations:

(AFCARS Data 2021, as of 10/01/24)

Full Citations:

Center for Children and Family Futures. (2024). *Analyses of the 2021 Adoption and Foster Care Analysis and Reporting System from the National Data Archive on Child Abuse and Neglect* (file number 274) [Data set]. NDACAN. https://www.ndacan.acf.hhs.gov/

Slide 11

Year 2021 Data Listed by State, by Age (A-K)

Year 2021 Data Listed by State, by Age (A-K)

State	Under Age 1		Age 1 and Older	
AK	75.00%	565	65.40%	2203
AL	60.80%	1108	43.30%	3142
AR	64.90%	855	47.10%	2755
AZ	47.80%	2166	30.90%	5474
CA	16.70%	2612	10.30%	5767
CO	76.30%	1247	43.20%	2816
CT	54.00%	655	40.10%	1534
DC	27.00%	38	13.30%	89
DE	37.20%	55	15.10%	87
FL	66.00%	5152	47.90%	13593
GA	61.10%	1969	40.50%	5192
HI	48.30%	232	32.20%	623
IA	70.80%	908	57.70%	3540
ID	63.10%	320	37.00%	810
IL	14.00%	907	10.20%	2126
IN	72.50%	3180	59.00%	10324
KS	48.60%	731	33.30%	2923
KY	61.60%	1416	37.60%	4262

(AFCARS Data 2000-2021, as of 10/01/24)

Talking Points:

Facilitator Notes:

This slide details state-specific data organized alphabetically for the year 2021—broken out by age category. Based on where you are training, this presents an opportunity to take a closer review of the data to help provide additional context and increased awareness of state and/or regional data trends.

Additional Resources:

N/A

Slide Citations:

(AFCARS Data 2000-2021, as of 10/01/24)

Script Citations:

N/A

Full Citations:

Center for Children and Family Futures. (2024). *Analyses of the 2021 Adoption and Foster Care Analysis and Reporting System from the National Data Archive on Child Abuse and Neglect* (file number 274) [Data set]. NDACAN. https://www.ndacan.acf.hhs.gov/

Slide 12

Year 2021 Data Listed by State, by Age (L-N)

Year 2021 Data Listed by State, by Age (L-N)

State	Under Age 1		Age 1 and Older	
LA	2.00%	28	1.80%	81
MA	48.50%	1243	31.20%	3442
MD	51.90%	558	26.20%	1157
ME	50.70%	368	51.70%	1270
MI	53.10%	1657	35.50%	4036
MN	65.10%	1372	48.30%	4815
MO	70.50%	2654	46.70%	7270
MS	58.40%	687	45.20%	1981
MT	48.60%	476	37.20%	1508
NC	55.70%	1597	41.30%	5148
ND	67.10%	312	37.00%	741
NE	52.10%	440	33.50%	1563
NH	26.90%	72	13.20%	188
NJ	56.10%	840	38.60%	1463
NM	56.50%	316	40.60%	1003
NV	20.10%	332	14.60%	801
NY	39.20%	1844	28.30%	4337

(AFCARS Data 2000-2021, as of 10/01/24)

Talking Points:

Facilitator Notes:

This slide details state-specific data organized alphabetically for the year 2021—broken out by age category. Based on where you are training, this presents an opportunity to take a closer review of the data to help provide additional context and increased awareness of state and/or regional data trends.

Additional Resources:

N/A

Slide Citations:

(AFCARS Data 2000-2021, as of 10/01/24)

Script Citations:

N/A

Full Citations:

Center for Children and Family Futures. (2024). *Analyses of the 2021 Adoption and Foster Care Analysis and Reporting System from the National Data Archive on Child Abuse and Neglect* (file number 274) [Data set]. NDACAN. https://www.ndacan.acf.hhs.gov/

Slide 13

Year 2021 Data Listed by State, by Age (O-W, Puerto Rico)

Year 2021 Data Listed by State, by Age
(O-W, Puerto Rico)

State	Under Age 1		Age 1 and Older	
OH	47.20%	2256	27.20%	5718
OK	65.30%	2015	48.40%	4073
OR	67.70%	1118	54.70%	3629
PA	53.40%	2284	32.70%	5612
RI	51.60%	320	35.10%	793
SC	30.20%	300	15.10%	862
SD	71.80%	328	55.00%	1194
TN	70.00%	1521	34.90%	4322
TX	76.70%	7564	62.60%	21959
UT	79.40%	540	57.50%	1834
VA	55.30%	591	30.30%	1971
VT	46.90%	123	28.60%	389
WA	66.20%	2324	36.80%	3620
WI	49.10%	1066	35.40%	2983
WV	75.90%	1611	50.70%	4963
WY	70.50%	146	47.80%	667
Puerto Rico	31.10%	111	15.50%	360
Total US	**51.30%**	**63130**	**36.00%**	**173013**

(AFCARS Data 2000-2021, as of 10/01/24)

Talking Points:

Facilitator Notes:

This slide details state-specific data organized alphabetically for the year 2021—broken out by age category. Based on where you are training, this presents an opportunity to take a closer review of the data to help provide additional context and increased awareness of state and/or regional data trends.

Additional Resources:

N/A

Slide Citations:

(AFCARS Data 2000-2021, as of 10/01/24)

Script Citations:

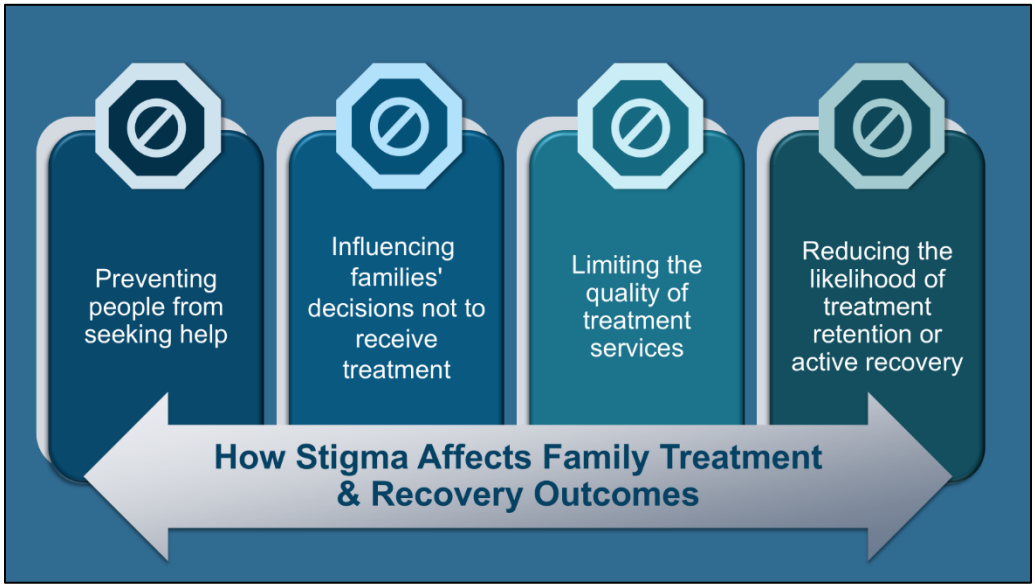
N/A

Full Citations:

Center for Children and Family Futures. (2024). *Analyses of the 2021 Adoption and Foster Care Analysis and Reporting System from the National Data Archive on Child Abuse and Neglect* (file number 274) [Data set]. NDACAN. https://www.ndacan.acf.hhs.gov/

Slide 14

How Stigma Affects Family Treatment & Recovery Outcomes



Talking Points:

In addition to all this contextual data, it is also important for us to understand how stigma affects family treatment and recovery outcomes.

Substance use and child maltreatment remain two of the most highly stigmatized conditions in our society. From a treatment perspective alone, the effects of stigma are alarming:

- Preventing people from seeking help;
- Influencing families' decisions not to receive treatment;
- Limiting the quality of treatment services; and
- Reducing the likelihood of treatment retention or active recovery.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

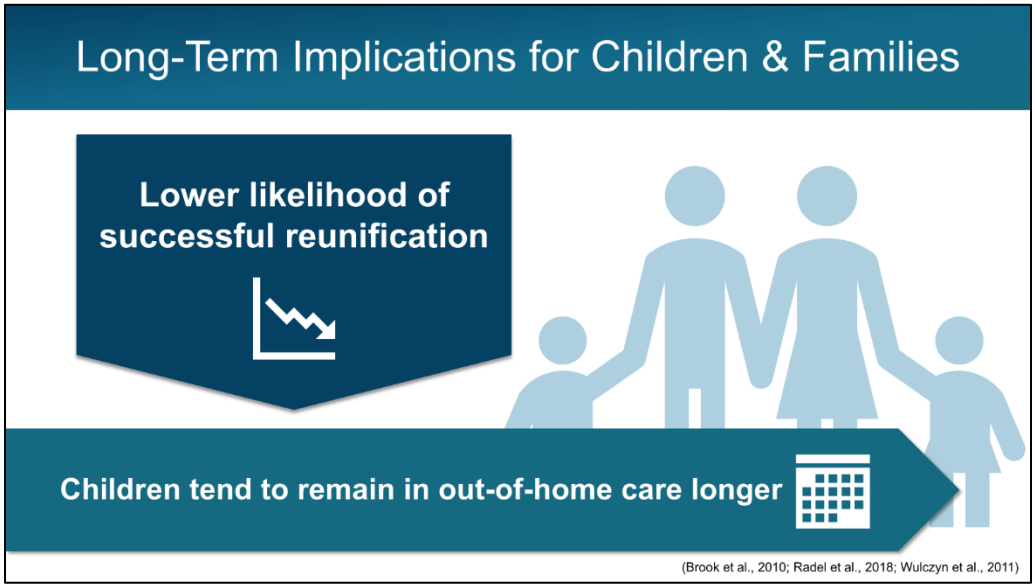
N/A

Full Citations:

N/A

Slide 15

Long-Term Implications for Children & Families



Talking Points:

Now, let's pair this knowledge about the effects of stigma with the reality that cross-system involvement is often involuntary in nature–meaning families are required to participate in treatment and services that they did not actively seek out, which understandably may affect their level of engagement; and for the families that we serve as treatment and child welfare professionals, this can be especially true, and the effects are even more alarming. Data shows:

- At the point of removal and separation, families affected by parental substance use have a lower likelihood of successful reunification; and
- Their children tend to remain in out-of-home care longer than those whose parents are not affected by substance use.

<u>Additional Resources:</u>

N/A

<u>Slide Citations:</u>

(Brook et al., 2010; Radel et al., 2018; Wulczyn et al., 2011)

<u>Script Citations:</u>

(Brook et al., 2010)

(Radel et al., 2018)

(Wulczyn et al., 2011)

Full Citations:

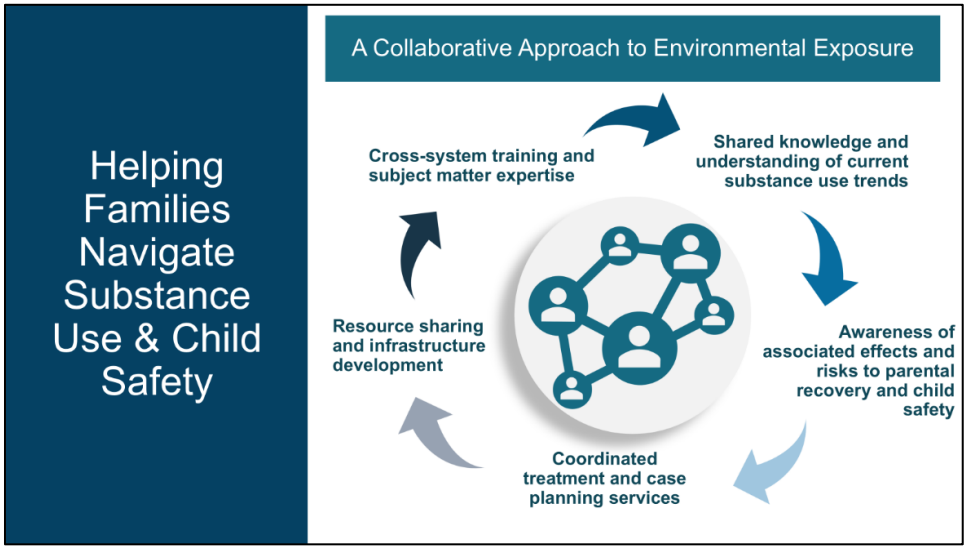
Brook, J., McDonald, T., Gregoire, T., Press, A. & Hindan, B. (2010). Parental substance abuse and family reunification. *Journal of Social Work Practice in the Addictions, 10*(4), 393-412. https://doi.org/10.1080/1533256X.2010.521078

Radel, L., Baldwin, M., Crouse, G., Ghertner, R. & Waters, A. (2018). *ASPE research brief: Substance use, the opioid epidemic, and the child welfare system: Key findings from a mixed methods study*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. https://aspe.hhs.gov/system/files/pdf/258836/SubstanceUseChildWelfareOverview.pdf

Wulczyn, F., Ernst, M., & Fisher, P. (2011). *Who are the infants in out-of-home care? An epidemiological and developmental snapshot.* Chapin Hall at the University of Chicago, The Center for State Child Welfare Data. https://fcda.chapinhall.org/wp-content/uploads/2012/10/2011_infants_issue-brief.pdf

Slide 16

Helping Families Navigate Substance Use & Child Safety



Talking Points:

Families navigating parental substance use and child safety are dynamic with unique and complex underlying needs that require services for the entire family. No single agency is equipped to do this work alone, effectively. A collaborative approach to environmental exposure relies on the expertise and resources of cross-system providers, beyond just treatment and child welfare to deliver individualized and responsive services for parents, children, and family members.

Achieving this standard of collaborative practice begins with:

- Shared knowledge and understanding about current substance use trends;
- Awareness of associated effects and risks to parental recovery and child safety;
- Coordinated treatment and case planning services;
- Resource sharing and infrastructure development; allowing for increased
- Cross-system training and subject matter expertise.

With this said, we are excited to be here today to kick off our collaborative approach to helping families navigate substance use and child safety. Our hope is that this is the first of many collaborations within and between our respective agencies on behalf of the joint families we serve.

<u>Additional Resources:</u>

N/A

<u>Slide Citations:</u>

N/A

<u>Script Citations:</u>

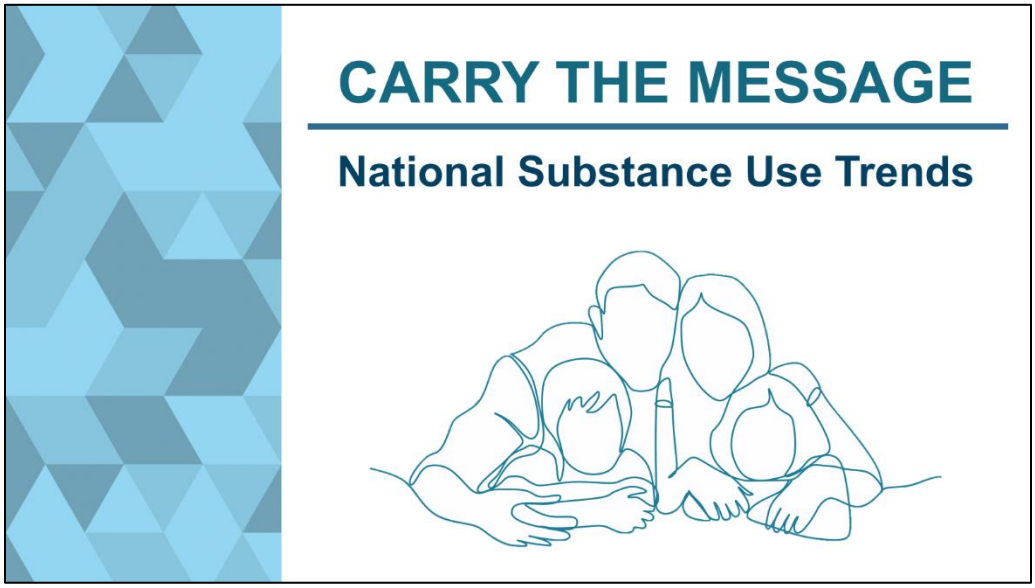
N/A

<u>Full Citations:</u>

N/A

Slide 17

National Substance Use Trends



Talking Points:

Let's first start by reviewing some key substance use trends.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

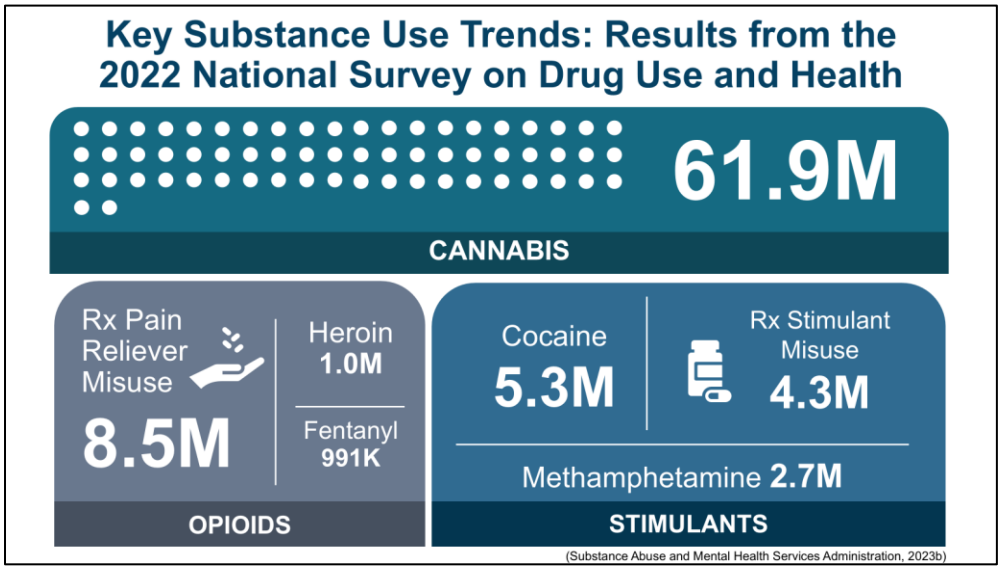
N/A

Full Citations:

N/A

Slide 18

Key Substance Use Trends: Results from the 2022 National Survey on Drug Use and Health



Talking Points:

A review of the 2022 National Survey on Drug Use and Health found that:

- 61.9 million people aged 12 or older reported past year use of cannabis;
- For opioids, 8.5 million reported prescription pain reliever use followed by 1 million for heroin and 991 thousand for fentanyl;
- And finally for stimulants, 5.3 million reported cocaine use followed by 4.3 million for prescription stimulant use and 2.7 million for methamphetamine.

Understanding each of these substance use categories including current trends and their associated risks to parental recovery and child safety are critical to our work as treatment and child welfare professionals.

Additional Resources:

N/A

Slide Citation:

(Substance Abuse and Mental Health Services Administration, 2023b)

Script Citation:

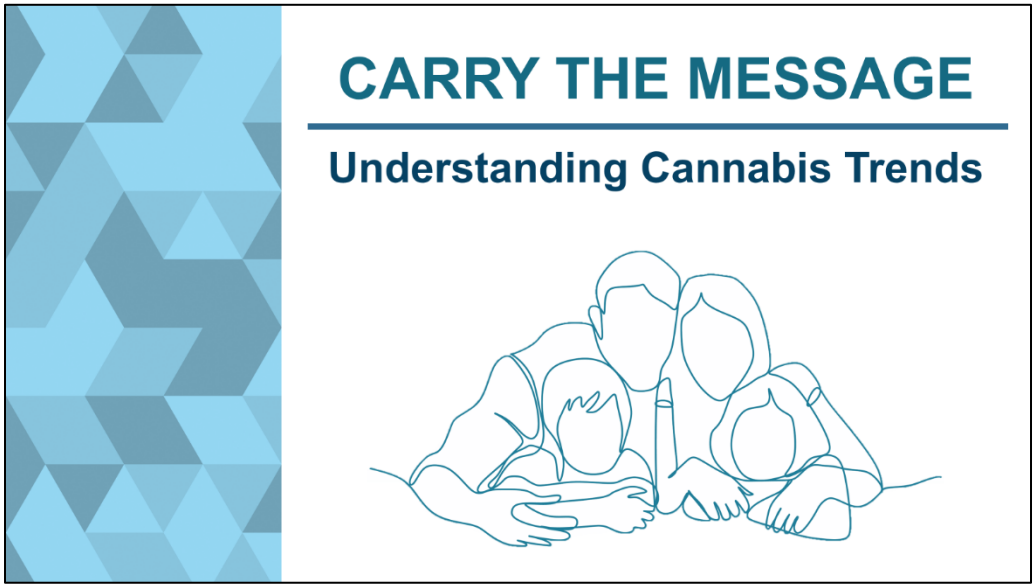
(Substance Abuse and Mental Health Services Administration, 2023b)

Full Citations:

Substance Abuse and Mental Health Services Administration. (2023b). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

Slide 19

Understanding Cannabis Trends



Talking Points:

Let's now spend some time understanding current cannabis use trends.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

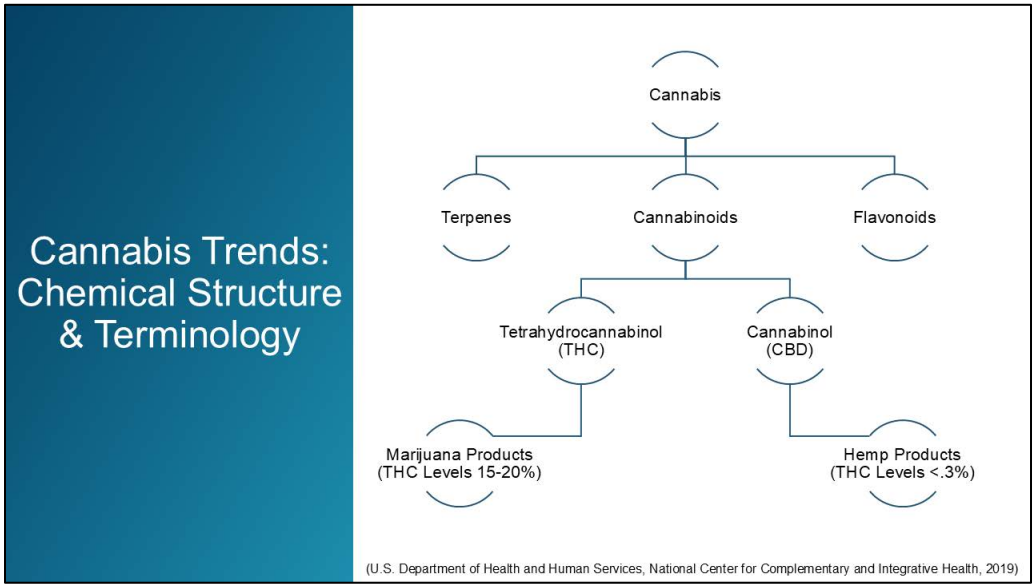
N/A

Full Citations:

N/A

Slide 20

Cannabis Trends: Chemical Structure & Terminology



Talking Points:

As treatment and child welfare professionals, our understanding of current cannabis use trends requires some foundational knowledge about the chemical structure and terminology regarding the vast market of cannabis products available to consumers. Here, we have a helpful diagram highlighting these differences for you.

To begin, we have the broader term, Cannabis which refers to the name of the plant, Cannabis Sativa. The Cannabis Sativa plant is estimated to have over 500 chemical compounds known as terpenes, cannabinoids, and flavonoids. Most cannabis products available in our US market derive from two main cannabinoids—tetrahydrocannabinol (commonly known as THC) and cannabinol (also known as CBD).

Cannabis derived from THC oils are often marketed as marijuana products and contain anywhere between 15-20% THC levels. THC is believed to be the main chemical component known to produce psychoactive effects such as enhanced sensory perception and a euphoric high; whereas cannabis derived from CBD oils are often marketed as hemp products and contain less than 0.3% THC levels and therefore do not contain psychoactive properties.

<u>Additional Resources</u>:

N/A

<u>Slide Citations:</u>

(U.S. Department of Health and Human Services, National Center for Complementary and Integrative Health, 2019)

Script Citations:

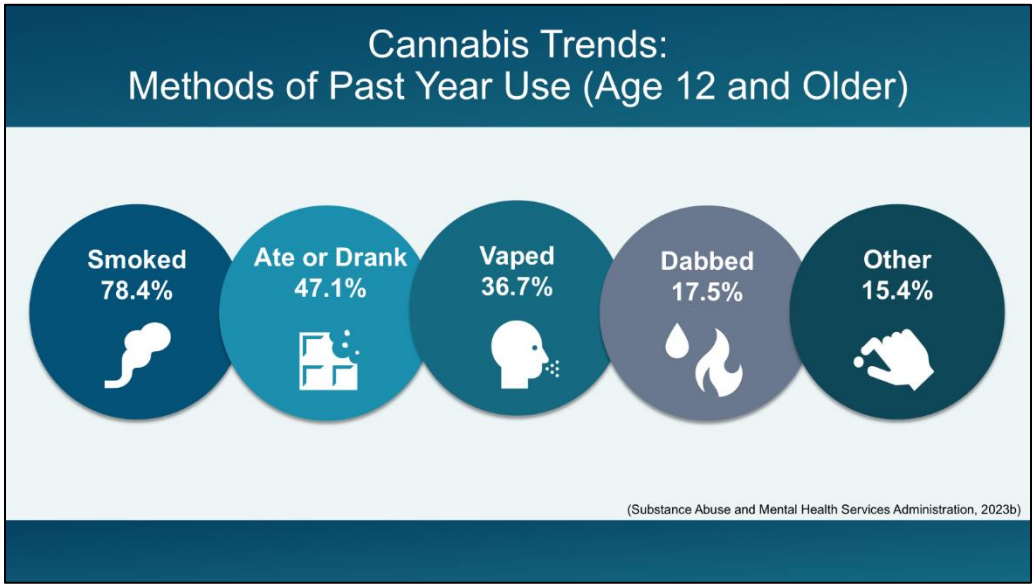
(U.S. Department of Health and Human Services, National Center for Complementary and Integrative Health, 2019)

Full Citations:

U.S. Department of Health and Human Services, National Center for Complementary and Integrative Health. (2019). Cannabis (marijuana) and cannabinoids: What you need to know. https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know

Slide 21

Cannabis Trends: Methods of Past Year Use (Age 12 and Older)



Talking Points:

Cannabis products—both THC and CBD—are now widely available and consumed via many different methods including:

- Smoking;
- Eating or Drinking;
- Vaping;
- Dabbing; and
- Other methods including putting drops, strips, lozenges, or sprays in the mouth or under the tongue; applying lotion, cream, or patches to skin; or taking pills.

When examining methods of past year THC use (not including CBD products) among the 61.9 million people aged 12 or older, the 2022 National Survey on Drug Use and Health found that:

- 78.4% of respondents smoked cannabis; compared to
- 47.1% who ate or drank it;
- 36.7% who vaped;
- 17.5% who dabbed; and
- 15.4% who identified using other methods as described.

We should also note that the listed response categories were not mutually exclusive as respondents were able to indicate multiple methods of use.

<u>Additional Resources:</u>

N/A

<u>Slide Citations:</u>

(Substance Abuse and Mental Health Services Administration, 2023b)

Script Citations:

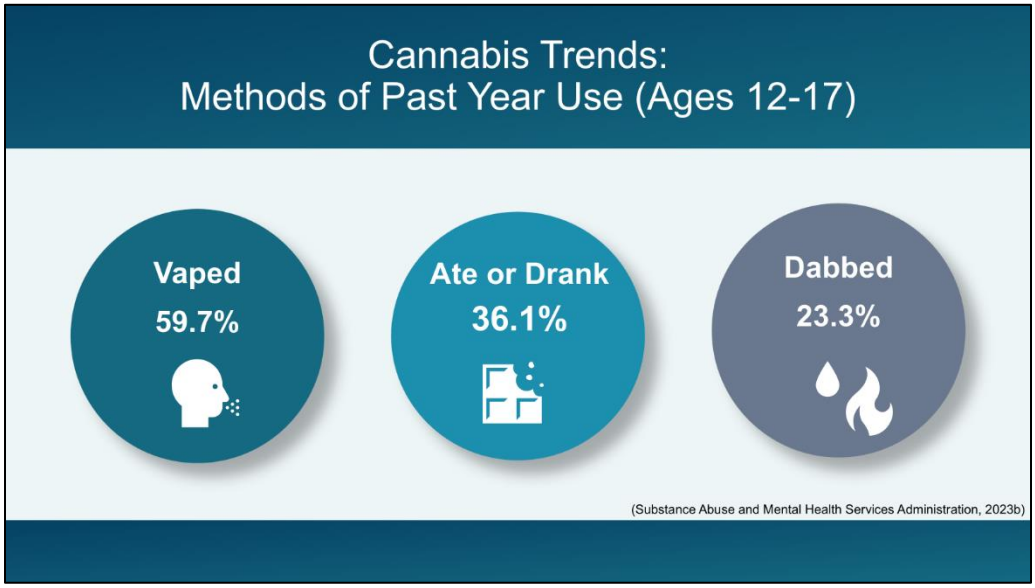
(Substance Abuse and Mental Health Services Administration, 2023b)

Full Citations:

Substance Abuse and Mental Health Services Administration. (2023b). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

Slide 22

Cannabis Trends: Methods of Past Year Use (Age 12-17)



Talking Points:

Now, if we look more closely at past year THC use (again, not including CBD products), the data begins to vary. Here we have data from 2.9 million adolescents aged 12-17 that shows:

- Vaping was the most common method of use at 59.7%;
- Followed by eating or drinking at 36.1%;
- And dabbing at 23.3%.

This data is particularly important as we begin to understand increased potency trends across the cannabis markets and the associated risks involved for young consumers.

Additional Resources:

N/A

Slide Citation:

(Substance Abuse and Mental Health Services Administration, 2023b)

Script Citation:

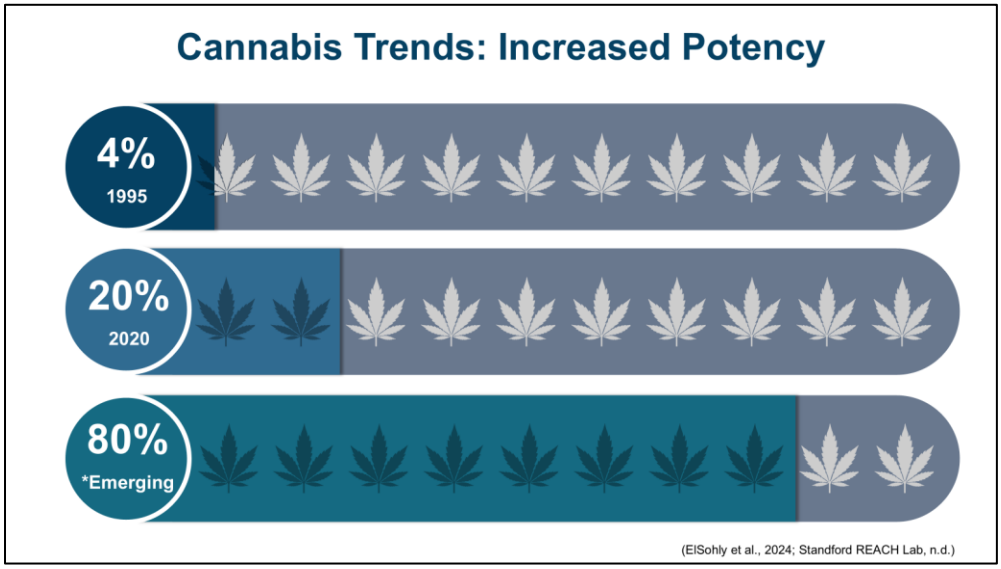
(Substance Abuse and Mental Health Services Administration, 2023b)

Full Citations:

Substance Abuse and Mental Health Services Administration. (2023b). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

Slide 23

Cannabis Trends: Increased Potency



Talking Points:

The potency of THC products has been increasing worldwide including here in the United States. Studies from our country show an upward trend with recorded THC levels as low as 4% back in 1995 and on average as high as 20% in the year 2020 alone.

In addition to these figures, there are also new methods for processing THC oils which are yielding exponentially higher potency extracts—or cannabis products marketed as dabs, wax, shatter, butane hash or honey oil—with recorded THC levels as high as 80%.

Additional Resources:

N/A

Slide Citation:

(ElSohly et al., 2024; Standford REACH Lab, n.d.)

Script Citations:

(ElSohly et al., 2024)

(Standford REACH Lab, n.d.)

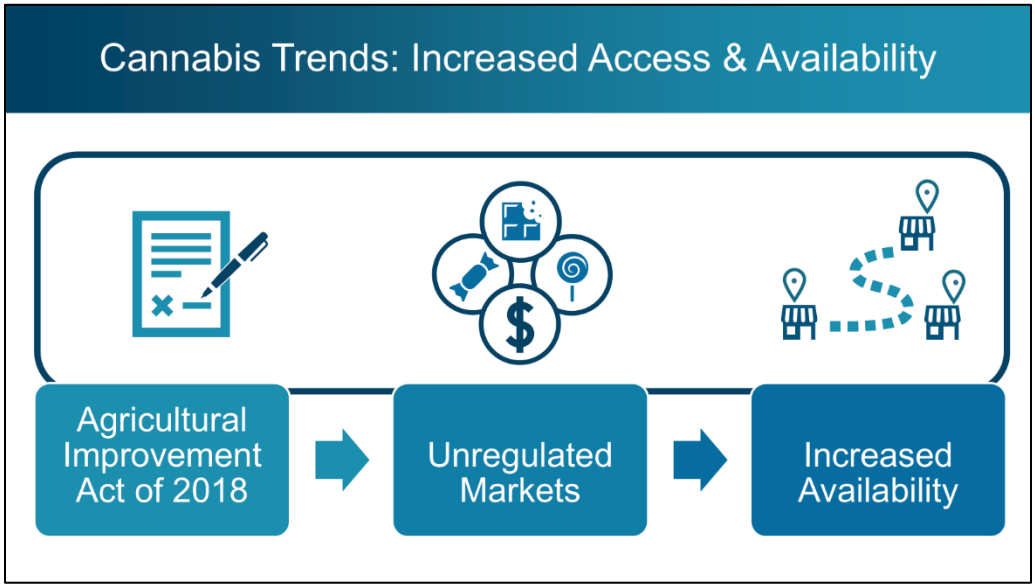
Full Citations:

ElSohly, M. A., Majumdar, C. G., Chandra, S., & Radwan, M. M. (2024). A 10-year trend in cannabis potency (2013-2022) in different geographical regions of the United States of America. *Frontiers in Public Health*, *12*, 1442522. https://doi.org/10.3389/fpubh.2024.1442522

Stanford REACH Lab. (n.d.). *Dabbing* [Fact sheet]. Cannabis Awareness & Prevention Toolkit Division of Adolescent Medicine, Stanford University. https://med.stanford.edu/content/dam/sm/cannabispreventiontoolkit/documents/HealthEffects/MethodsofUse/Dabbing.pdf

Slide 24

Cannabis Trends: Increased Access & Availability



Talking Points:

As some of you might know, cannabis remains a schedule 1 substance under the Controlled Substances Act (or CSA) which means at the federal level it remains illegal. Why this is important to know in the context of cannabis trends and increased access and availability is that this led the federal government to pass legislation in 2018 known as the Agricultural Improvement Act or Farm Bill that amended the definition of cannabis to exclude hemp allowing for its legal sale and production with a delta-9-THC concentration of no more than 0.3%.

This last piece, specifically the naming of delta-9-THC concentration in its statutory definition has resulted in unregulated markets for the sale and advertising of hemp products containing other synthetic cannabinoids such as delta-8-THC (among many other variations) which can be produced in large amounts and added to cannabis products such as edibles and vapes under the guise of legal hemp. In addition, delta-8-THC products are not required to have FDA approval which can lead to inaccurate labeling and targeted marketing to minors such as enticing flavors, bright colors, and packaging that mimics both the design and labeling of popular and mainstream candies (for example, Tittels versus Skittles).

Again, as these cannabis products are often sold under the guise of legal hemp, they are permitted to be sold in places such as gas stations, corner stores, smoke shops, and other online platforms, often without specific age requirements. Out of growing concern for the health and well-being of all consumers, particularly children and adolescents, a total of 26 states and territories have since enacted laws to ban, restrict, or regulate the sale and production of delta-8-THC.

<u>Additional Resources:</u>

N/A

Slide Citation:

N/A

Script Citations:

(U.S. Food and Drug Administration, 2022)

(Drug Enforcement Administration, 2020)

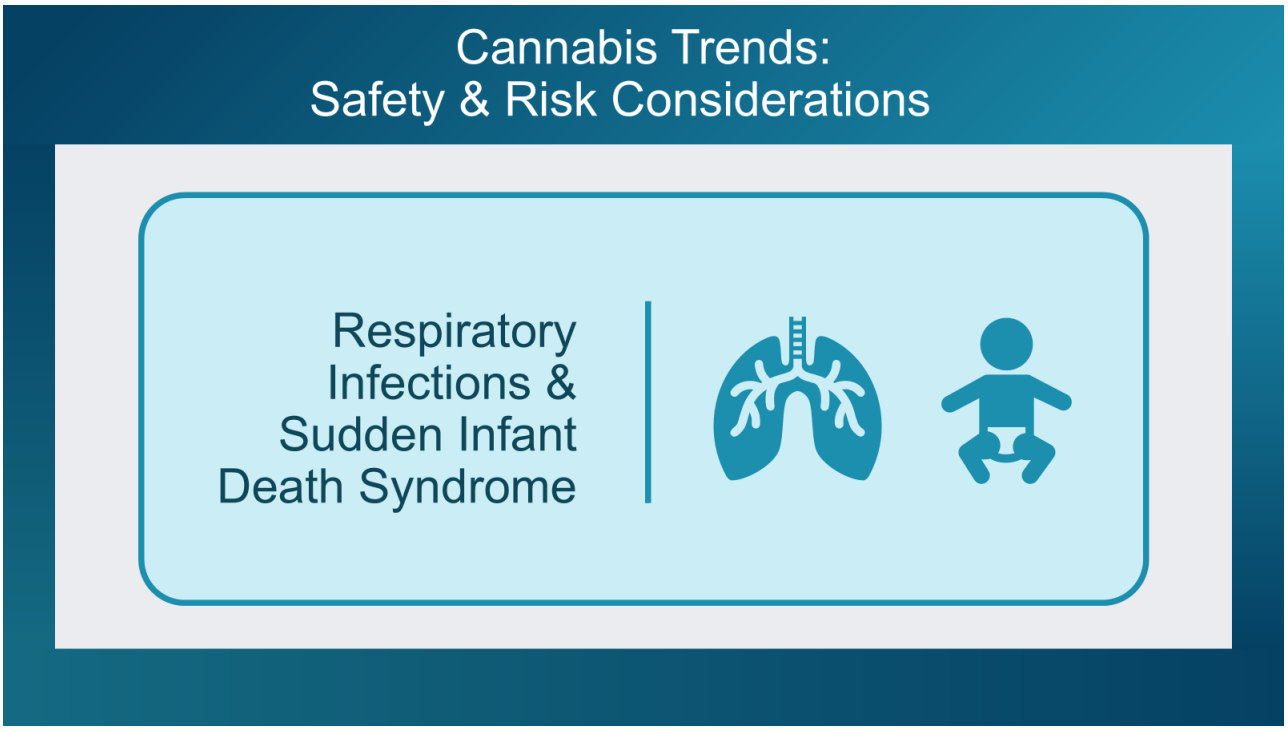
Full Citations:

U.S. Food and Drug Administration. (2022). *5 things to know about delta-8 tetrahydrocannabinol – delta-8 THC.* https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc

Drug Enforcement Administration. (2020). *Implementation of the Agriculture Improvement Act of 2018.* https://www.regulations.gov/comment/DEA-2020-0023-0001

Slide 25

Cannabis Trends: Safety & Risk Considerations



Talking Points:

There are several safety and risk considerations involving cannabis use that are important for both treatment and child welfare professionals to be aware of in their work with parents, children, and families. First, while cannabis use typically decreases during pregnancy, it tends to increase during the postnatal or postpartum period; with this comes an infant's exposure to secondhand cannabis smoke (including vaping aerosols) which have been found to increase the risk for respiratory infections (such as asthma, bronchitis, and pneumonia) and sudden infant death syndrome (also commonly known as SIDS).

Additional Resources:

N/A

Slide Citation:

N/A

Script Citations:

(Forray et al., 2015)
(Centers for Disease Control and Prevention, 2022b)
(Johnson et al., 2021)
(Posis et al., 2019)
(National Institute on Drug Abuse, 2020)

Full Citations:

Forray, A., Merry, B., Lin, H., Prah Ruger, J., and Yonkers, K. A. (2015). Perinatal substance use: A prospective evaluation of abstinence and relapse. *Drug and Alcohol Dependence, 150*, 147-155. https://doi.org/10.1016/j.drugalcdep.2015.02.027

Centers for Disease Control and Prevention. (2022b). *Health problems caused by secondhand smoke.* https://www.cdc.gov/tobacco/secondhand-smoke/health.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ftobacco%2Fdata_statistics%2Ffact_sheets%2Fsecondhand_smoke%2Fhealth_effects%2Findex.htm

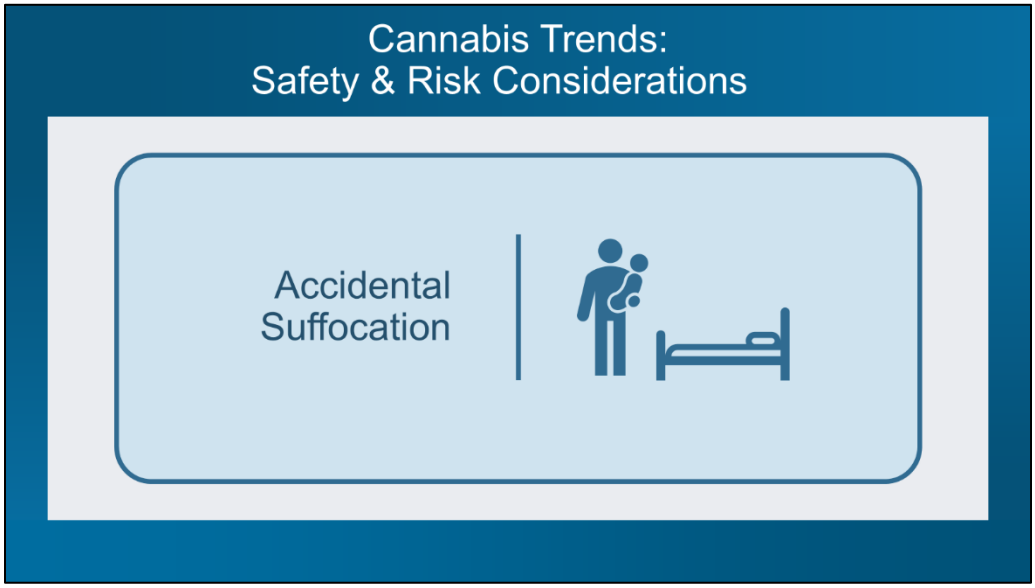
Johnson, A. B., Wang, G. S., Wilson, K., Cline, D. M., Craven, T. E., Slaven, S., Raghavan, V., & Mistry, R. D. (2021). Association between secondhand marijuana smoke and respiratory infections in children. *Pediatric Research, 91*, 1769-1774. https://doi.org/10.1038/s41390-021-01641-0

Posis, A., Bellettiere, J., Liles, S., Alcaraz, J., Nguyen, B., Berardi, V., Klepeis, N.E., Hughes, S.C., Wu, T., & Hovella, M.F. (2019). Indoor cannabis smoke and children's health. *Preventative Medicine Reports, 14*, 100853. https://doi.org/10.1016/j.pmedr.2019.100853

National Institute on Drug Abuse. (2020). *Cannabis (marijuana) research report. What are the effects of secondhand exposure to marijuana smoke?* https://nida.nih.gov/publications/research-reports/marijuana/what-are-effects-secondhand-exposure-to-marijuana-smoke

Slide 26

Cannabis Trends: Safety & Risk Considerations



Talking Points:

Another important safety and risk consideration involving cannabis use involves infant safe sleep practices, as risks for accidental suffocation from co-sleeping increases tenfold for infants co-sleeping with a parent or caregiver under the influence of substances including cannabis products. Infant sleep-related deaths, specifically accidental suffocation from co-sleeping and SIDS, are two of the top five leading causes of infant mortality in the United States.

Additional Resources:

N/A

Slide Citation:

N/A

Script Citations:

(Centers for Disease Control and Prevention, 2023a)

(Ely & Driscoll, 2023)

(Moon, 2023)

Full Citations:

Centers for Disease Control and Prevention. (2023a). *Data and statistics for sudden unexpected infant death and sudden infant death syndrome: Data and statistics.* Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/sids/data.htm

Ely, D. M., & Driscoll, A. K. (2023). Infant Mortality in the United States, 2021: Data From the Period Linked Birth/Infant Death File. *National Vital Statistics Reports, 72*(11). https://dx.doi.org/10.15620/cdc:112078

Moon, R.Y., MD, FAAP. (2023). *How to keep your sleeping baby safe: AAP policy explained.* Healthy Children. American Academy of Pediatrics. https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx

Slide 27

Cannabis Trends: Safety & Risk Considerations

Talking Points:

Accidental ingestion of cannabis products presents another safety and risk consideration in our work with parents, children, and families. As we just mentioned during our discussion of increased access and availability, manufacturers are packaging and labeling cannabis products that appeal largely to children and adolescents. This includes the full range of edibles including brownies, cookies, chocolates, candies, and gummies. The presence of these products in the home can inadvertently lead to unintentional exposures due to the close resemblance to non-cannabis foods with risks increasingly higher for infants and toddlers who are prone to placing objects in their mouths.

Additional Resources:

N/A

Slide Citation:

N/A

Script Citations:

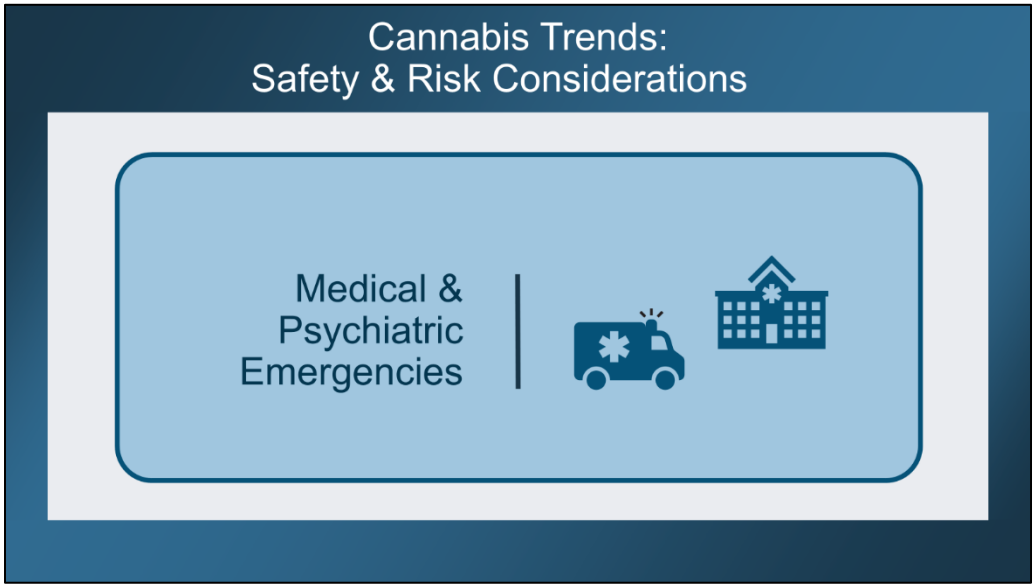
N/A

Full Citations:

U.S. Food and Drug Administration. (2022). *5 things to know about delta-8 tetrahydrocannabinol – delta-8 THC.* https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc

Slide 28

Cannabis Trends: Safety & Risk Considerations



Talking Points:

The consequences of accidental ingestion of cannabis products, particularly those containing delta-8-THC, has led to an increase in medical and psychiatric emergencies. Data from the Food and Drug Administration (or FDA) recorded 104 adverse events from patients who consumed delta-8-THC products between December 2020 and February 2022. Of these adverse event reports:

- 77% involved adults and 8% involved children;
- 55% required medical intervention including evaluations by emergency medical services or hospital admissions; and
- Details of these adverse events included (but were not limited to) cannabis-induced psychosis, hallucinations, vomiting, tremors, anxiety, dizziness, confusion, and loss of consciousness.

Additionally, data from the National Poison Control Centers for the period of January 2021 through February 2022 identified 2,362 exposure cases for delta-8-THC products. Of these cases:

- 40% involved accidental ingestion with 82% involving young children;
- 70% required medical evaluations with 45% being pediatric patients with 8% admitted to critical care units; with
- One pediatric case being coded with a medical outcome of death.

<u>Additional Resources:</u>

N/A

<u>Slide Citation:</u>

N/A

Script Citations:

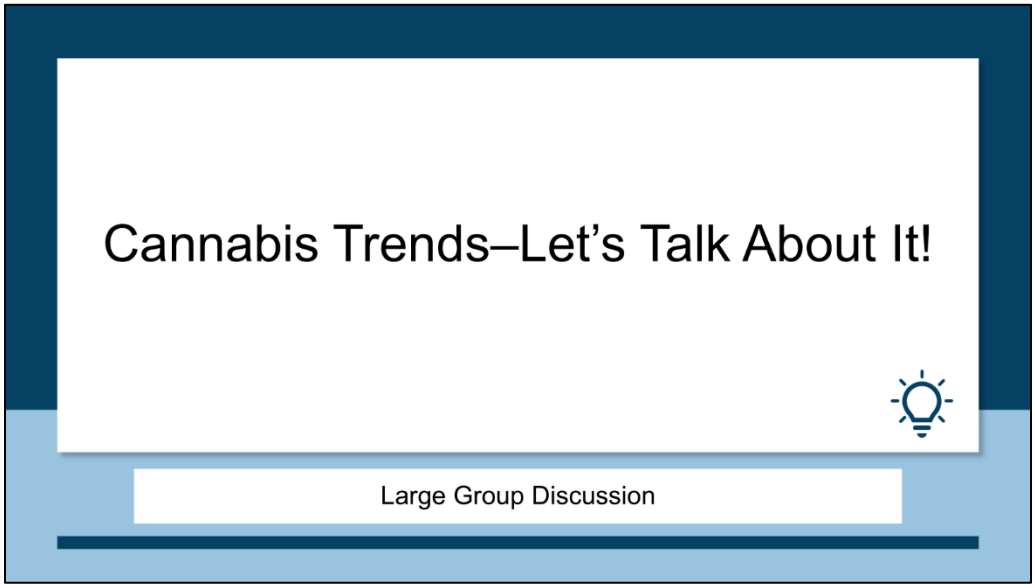
(U.S. Food and Drug Administration, 2022)

Full Citations:

U.S. Food and Drug Administration. (2022). *5 things to know about delta-8 tetrahydrocannabinol – delta-8 THC.* https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc

Slide 29

Cannabis Trends–Let's Talk About It!



Talking Points:

Now that we are informed on national cannabis trends, let's talk about how it is affecting our local communities.

Prompts for Participants:

- **How does the public perception of cannabis use align with what we have learned today?**
- **Are you observing an increase in parental and/or adolescent cannabis use on your caseloads?**
- **Has your child welfare agency experienced any critical incidents involving accidental exposures, including medical or psychiatric emergencies?**
- **And finally, how does this new information about cannabis potency, unregulated markets, and increased availability change how you view assessment of safety and risk when cannabis is present in the home?**

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

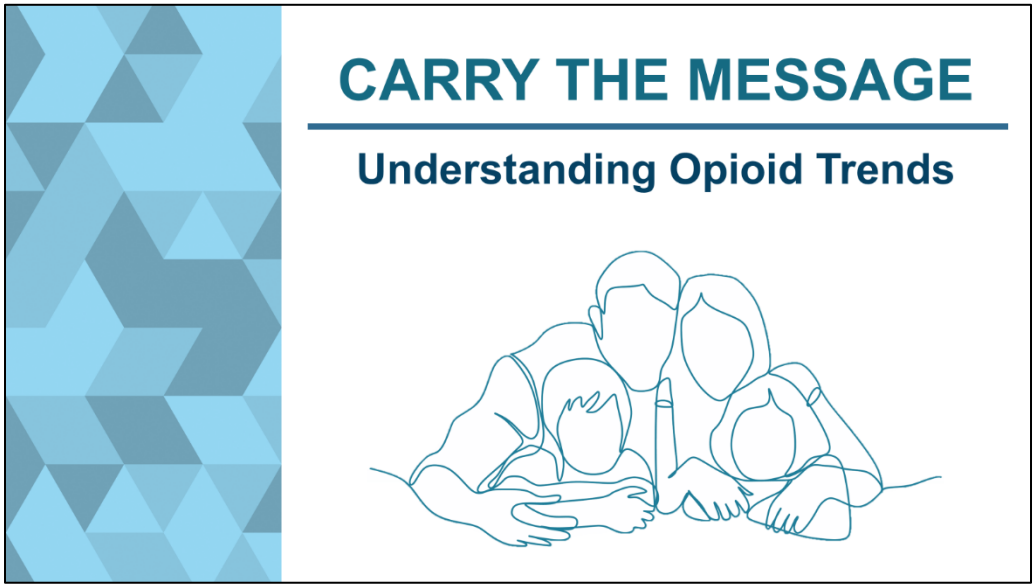
N/A

Full Citations:

N/A

Slide 30

Understanding Opioid Trends



Talking Points:

Let's now turn our attention to understanding current opioid use trends.

Additional Resources:

N/A

Slide Citation:

N/A

Script Citations:

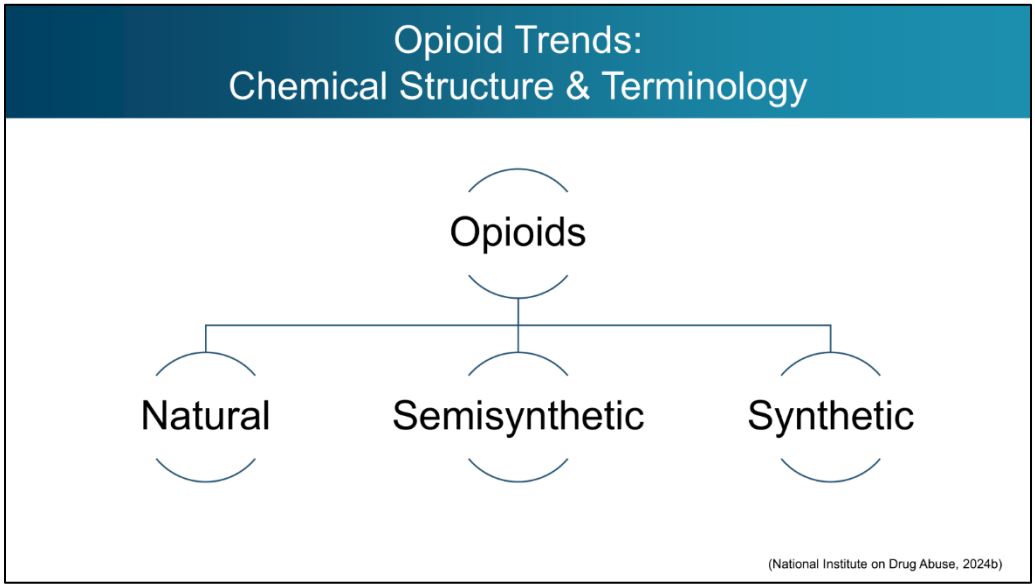
N/A

Full Citations:

N/A

Slide 31

Opioid Trends: Chemical Structure & Terminology



Talking Points:

Like cannabis, it's also important for treatment and child welfare professionals 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.

<u>Additional Resources:</u>

N/A

<u>Script Citation:</u>

(National Institute on Drug Abuse, 2024b)

<u>Slide Citation:</u>

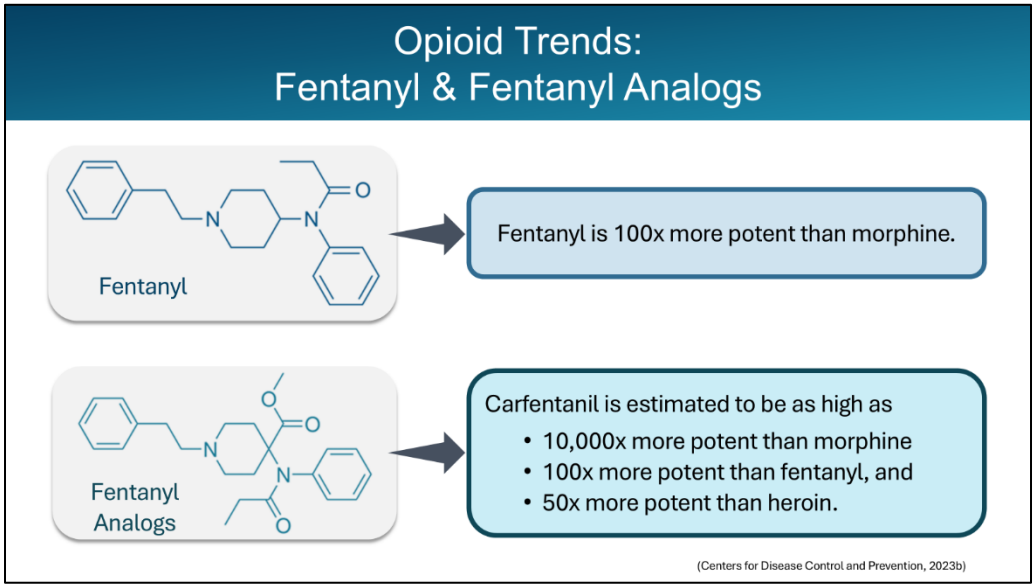
(National Institute on Drug Abuse, 2024b)

Full Citations:

National Institute on Drug Abuse. (2024b). *Opioids*. National Institutes of Health. https://nida.nih.gov/research-topics/opioids

Slide 32

Opioid Trends: Fentanyl & Fentanyl Analogs



Talking Points:

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.

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

<u>Additional Resources:</u>

N/A

<u>Slide Citation:</u>

(Centers for Disease Control and Prevention, 2023b)

<u>Script Citations:</u>

(Centers for Disease Control and Prevention, 2023b)

(U.S. Drug Enforcement Administration, 2021)

(Johns Hopkins Bloomberg School of Public Health, 2022)

Full Citations:

Centers for Disease Control and Prevention. (2023b). *Opioid overdose*. National Center for Injury Prevention and Control, U.S. Department of Health and Human Services. https://www.cdc.gov/drugoverdose/deaths/opioid-overdose.html#synthetic

U.S. Drug Enforcement Administration. (2021b). *Facts about fentanyl*. U.S. Department of Justice. https://www.dea.gov/resources/facts-about-fentanyl

Johns Hopkins Bloomberg School of Public Health. (2022). *Fentanyl 101: What everyone should know*. https://opioidprinciples.jhsph.edu/fentanyl-101-what-everyone-should-know/

Slide 33

Opioid Trends: Rise in Illegally Made Fentanyl

Talking Points:

Communities across the country are experiencing a rise in illegally made 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 suppliers are knowingly mixing fentanyl with other drugs such as heroin, cocaine, and methamphetamine to stretch their products thereby increasing their profits. This intentional contamination presents a significant public health risk for users including accidental overdose and death.

Additional Resources:

N/A

Slide Citation:

(Johns Hopkins Bloomberg School of Public Health, 2022)

Script Citation:

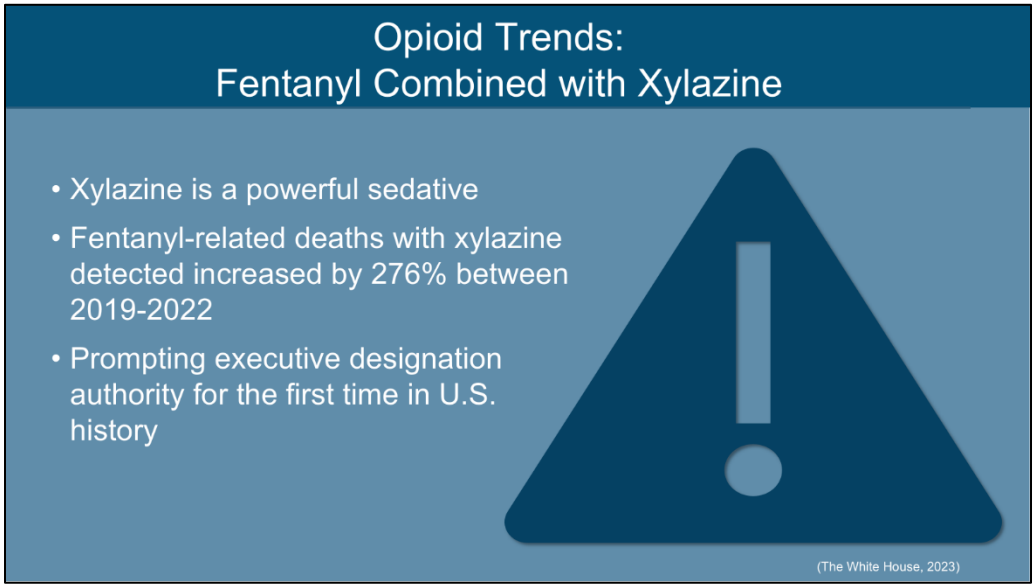
(Johns Hopkins Bloomberg School of Public Health, 2022)

Full Citations:

Johns Hopkins Bloomberg School of Public Health. (2022). *Fentanyl 101: What everyone should know*. https://opioidprinciples.jhsph.edu/fentanyl-101-what-everyone-should-know/

Slide 34

Opioid Trends: Fentanyl Combined with Xylazine



Talking Points:

An emerging threat contributing significantly to current opioid overdose data includes the deadly combination of fentanyl mixed with xylazine. Xylazine (often referred to by its street names, tranq or tranq dope) is approved by the FDA for veterinary use in large animals such as horses, cattle, and other large non-human mammals.

Fentanyl combined 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 has experienced 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, with the Office of National Drug Control Policy (ONDCP) issuing a National Response Plan committing to six pillars of action:

- Testing;
- Drug Collection;
- Evidence-Based Prevention, Harm Reduction, and Treatment;
- Supply Reduction;
- Scheduling; and
- Research

<u>Additional Resources:</u>

N/A

<u>Slide Citation:</u>

(The White House, 2023)

Script Citation:

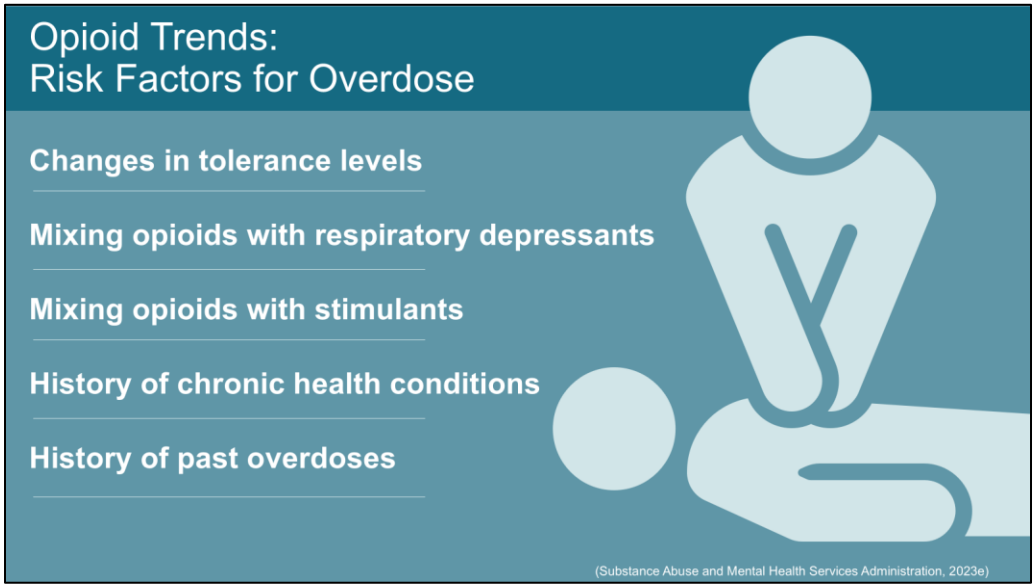
(The White House, 2023)

Full Citations:

The White House. (2023). *Fact sheet: In continued fight against overdose epidemic, the White House releases national response plan to address the emerging threat of fentanyl combined with xylazine*. https://www.whitehouse.gov/briefing-room/statements-releases/2023/07/11/fact-sheet-in-continued-fight-against-overdose-epidemic-the-white-house-releases-national-response-plan-to-address-the-emerging-threa

Slide 35

Opioid Trends: Risk Factors for Overdose



Talking Points:

As treatment and child welfare professionals, we all play an important role in raising awareness among parents, 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 medical 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;
- Having chronic health conditions such as cardiovascular or respiratory diseases; and
- Lastly, a history of past overdoses including acute intoxication or accidental poisoning

Additional Resources:

N/A

Slide Citation:

(Substance Abuse and Mental Health Services Administration, 2023e)

Script Citation:

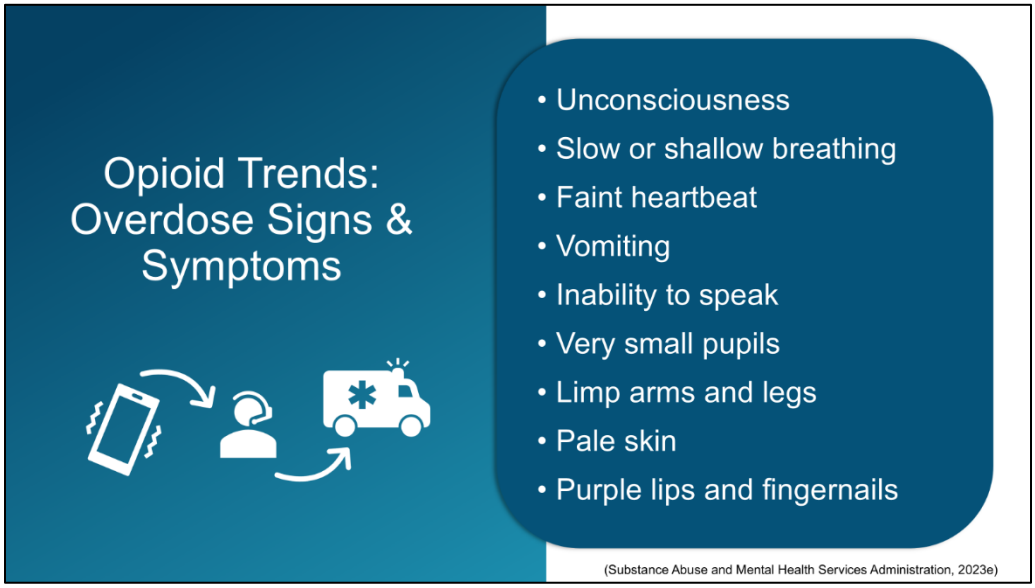
(Substance Abuse and Mental Health Services Administration, 2023e)

Full Citations:

Substance Abuse and Mental Health Services Administration. (2023e). *SAMHSA overdose prevention and response toolkit*. Publication No. PEP23-03-00-001. U.S. Department of Health and Human Services. https://www.samhsa.gov/resource/ebp/opioid-overdose-prevention-toolkit

Slide 36

Opioid Trends: Overdose Signs & Symptoms



Talking Points:

In our work with parents, children, and families it is also important that we can recognize the signs and symptoms of an opioid overdose as a critical first step to administering life saving measures. If you observe someone exhibiting 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 or 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.

Additional Resources:

N/A

Slide Citation:

(Substance Abuse and Mental Health Services Administration, 2023e)

Script Citation:

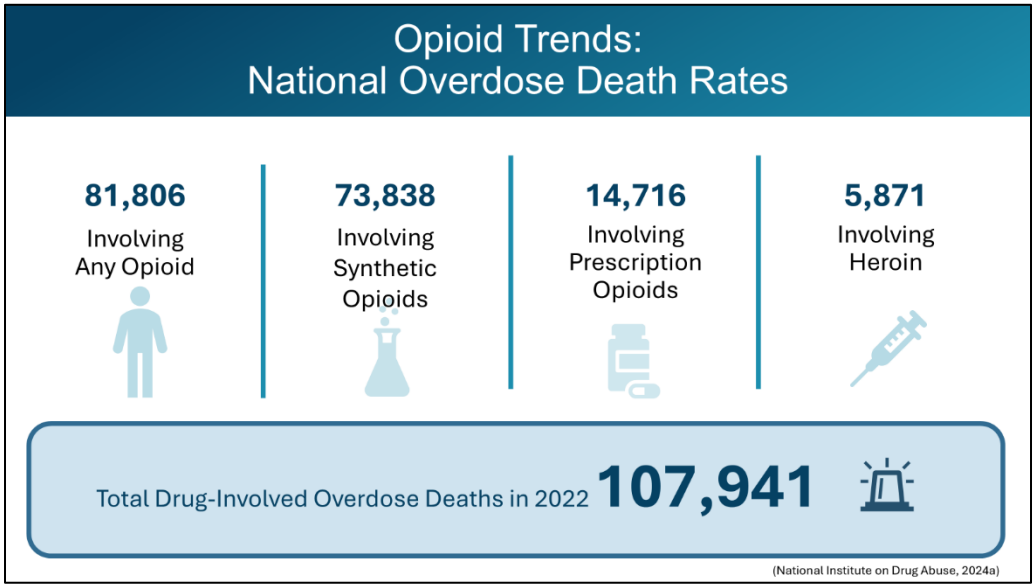
(Substance Abuse and Mental Health Services Administration, 2023e)

Full Citations:

Substance Abuse and Mental Health Services Administration. (2023e). *SAMHSA overdose prevention and response toolkit*. Publication No. PEP23-03-00-001. U.S. Department of Health and Human Services. https://www.samhsa.gov/resource/ebp/opioid-overdose-prevention-toolkit

Slide 37

Opioid Trends: National Overdose Rates



Talking Points:

Now to help put this all 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).

Additional Resources:

N/A

Slide Citation:

(National Institute on Drug Abuse, 2024a)

Script Citation:

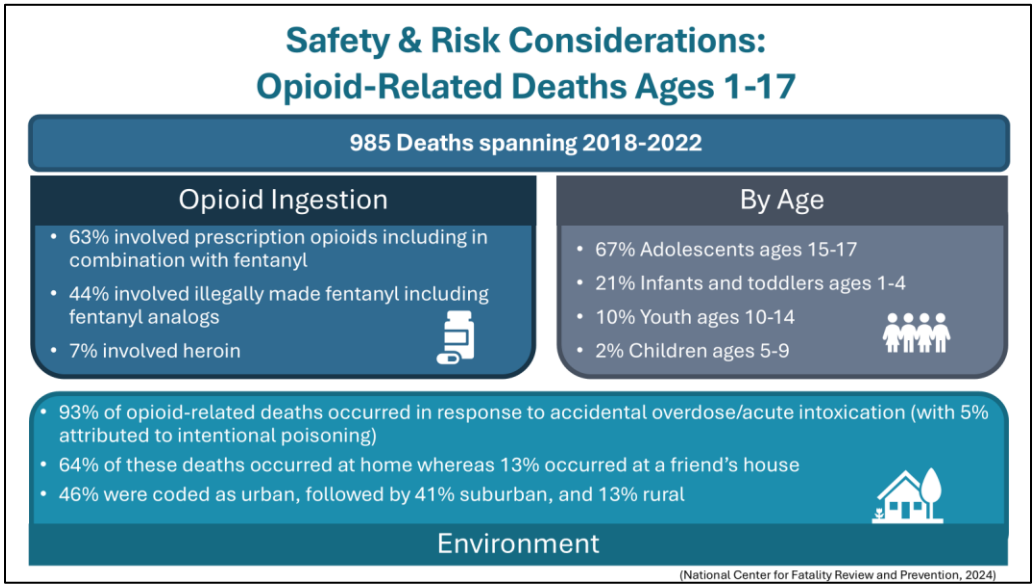
(National Institute on Drug Abuse, 2024a)

Full Citations:

National Institute on Drug Abuse. (2024a). *Drug overdose death rates.* National Institutes of Health, U.S. Department of Health and Human Services. https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates

Slide 38

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



Talking Points:

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.

<u>Additional Resources:</u>

N/A

Slide Citation:

(National Center for Fatality Review and Prevention, 2024)

Script Citation:

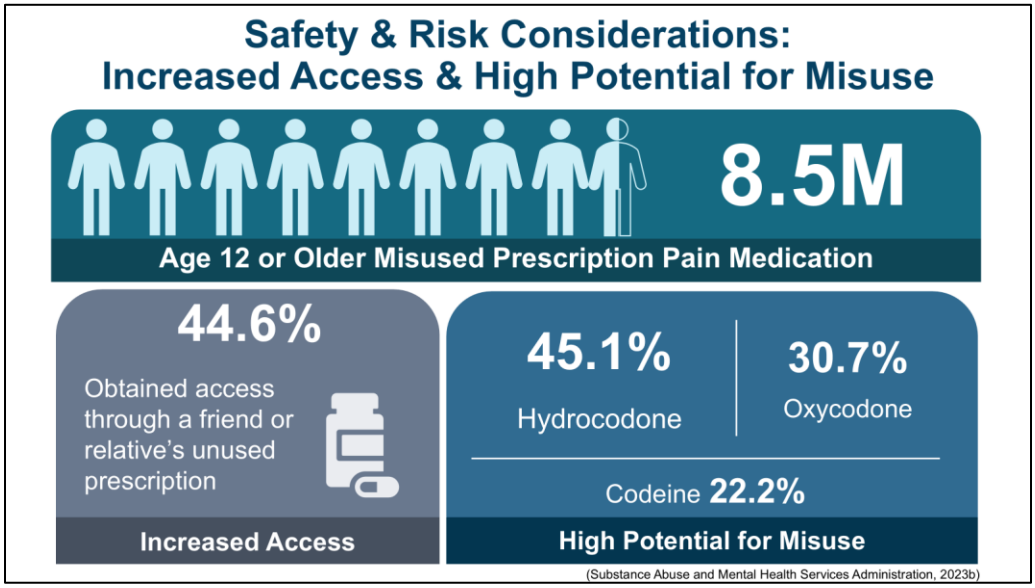
(National Center for Fatality Review and Prevention, 2024)

Full Citations:

National Center for Fatality Review and Prevention. (2024). *Opioid-related deaths in children ages 1 to 17.* https://ncfrp.org/center-resources/quick-looks/opioid-related-deaths-in-children-ages-1-to-17/

Slide 39

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



Talking Points:

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.

<u>Additional Resource:</u>

N/A

<u>Slide Citation:</u>

(Substance Abuse and Mental Health Services Administration, 2023b)

<u>Script Citation:</u>

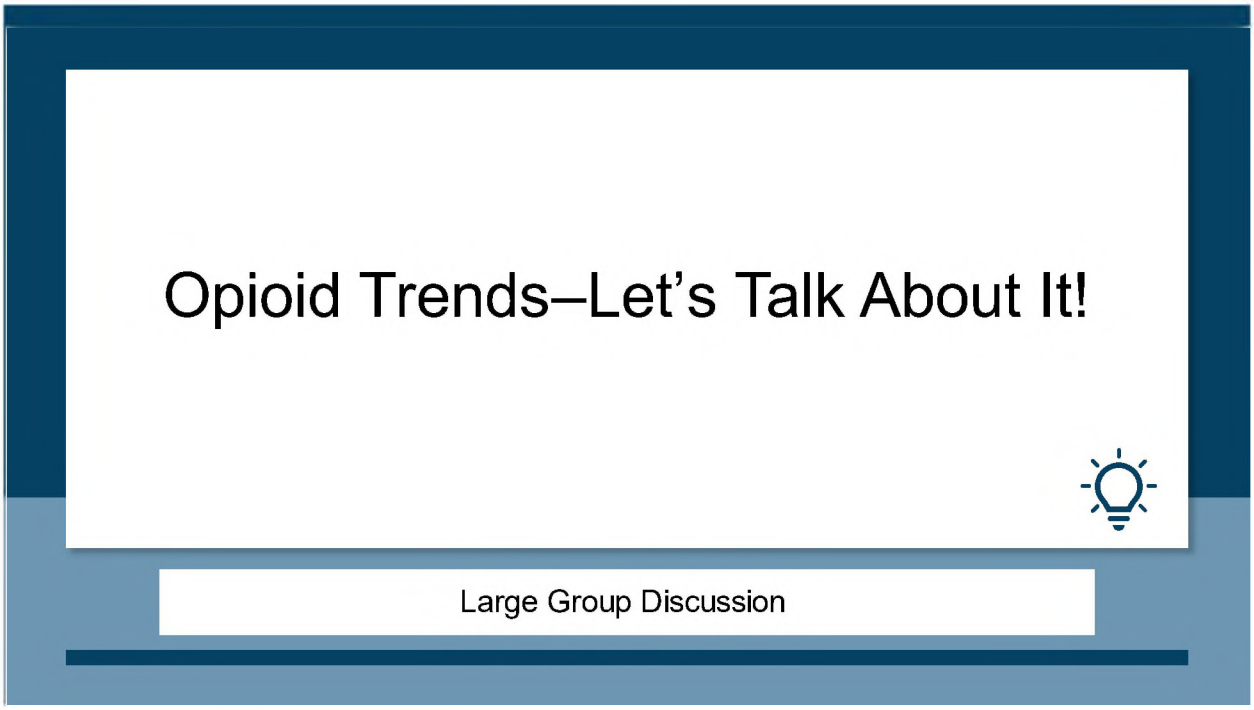
(Substance Abuse and Mental Health Services Administration, 2023b)

Full Citations:

Substance Abuse and Mental Health Services Administration. (2023b). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf

Slide 40

Opioid Trends–Let's Talk About It!



Talking Points:

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?**

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

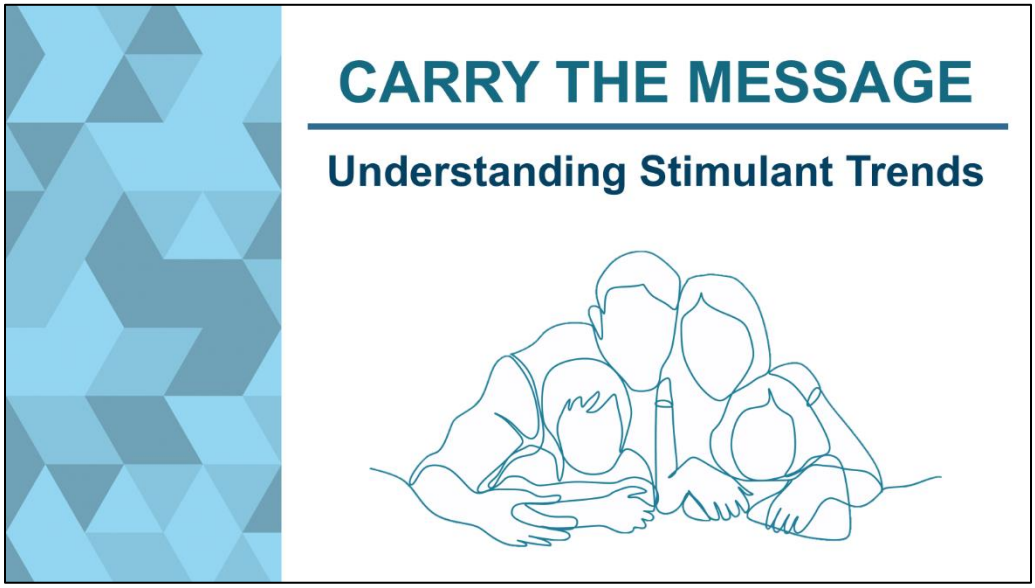
N/A

Full Citations:

N/A

Slide 41

Understanding Stimulant Trends



Talking Points:

Let's keep all this information about opioids in mind as we transition to understanding current stimulant use trends.

Additional Resources:

N/A

Slide Citation:

N/A

Script Citations:

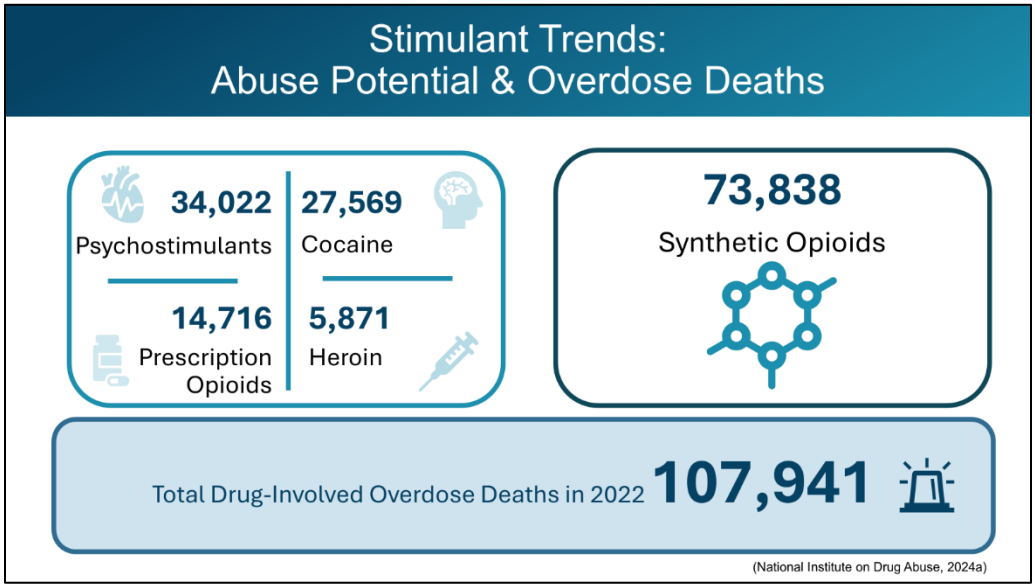
N/A

Full Citations:

N/A

Slide 42

Stimulant Trends: Abuse Potential & Overdose Deaths



Talking Points:

Keeping with our discussion of opioid abuse potential and overdose deaths, let's now fold in relevant data on the use of stimulants.

Here we have a comparison of U.S. overdose deaths by select drug categories for the year 2022. Following synthetic opioids other than methadone (primarily fentanyl) with 73,838 deaths was:

- Psychostimulants with abuse potential (primarily methamphetamine) at 34,022 deaths;
- Cocaine at 27,569 deaths;
- Prescription opioids (including natural, semisynthetic, and methadone) at 14,716 deaths; and
- Heroin at 5,871 deaths.

Overall, drug overdose deaths continue to trend upwards for specific drug categories such as synthetic opioids (primarily fentanyl), methamphetamine, and cocaine. For the purposes of this training, we will be focusing our remaining attention on the resurgence of methamphetamine and its relation to opioid dependency—a reality often referred to as the twin epidemics.

Additional Resources:

N/A

Slide Citation:

(National Institute on Drug Abuse, 2024a)

Script Citation:

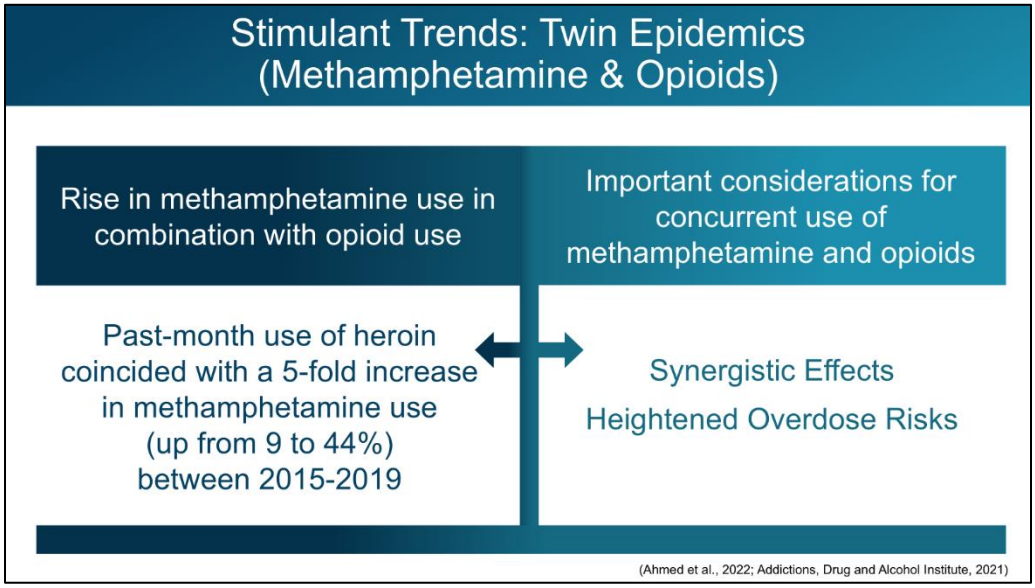
(National Institute on Drug Abuse, 2024a)

Full Citations:

National Institute on Drug Abuse. (2024a). *Drug overdose death rates.* National Institutes of Health, U.S. Department of Health and Human Services. https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates

Slide 43

Stimulant Trends: Twin Epidemics (Methamphetamine & Opioids)



Talking Points:

Data trends increasingly point to a surge in methamphetamine use among individuals affected by moderate to severe opioid use disorders. A review of data from the National Surveys on Drug Use and Health (NSDUH) from 2015-2019 highlighted that past-month use of heroin coincided with a 5-fold increase in methamphetamine use—up from 9 to 44%. Important considerations for the steady rise in concurrent use begins first with understanding the reported synergistic effects:

- The combination of a stimulant (in this case methamphetamine) and an opioid produces greater effects than just one drug alone—examples being a greater high or greater rush
- Use of one drug can offset the negative side effects that the other drug may cause—examples include using methamphetamine to level or ward off opioid-induced sedation or using opioids to take the edge off stimulant-induced anxiety or irritability.
- But as we've seen in the data presented today, both drugs alone present significant overdose risks and when combined those risks only increase. It is reported that the first 90 minutes of co-ingestion presents the most potent effects with the potential for overdose or death due to respiratory depression and cardiac arrest.

Additional Resources:

N/A

Slide Citations:

(Ahmed et al., 2022; Addictions, Drug and Alcohol Institute, 2021)

Script Citations:

(Ahmed et al., 2022)

(Addictions, Drug and Alcohol Institute, 2021)

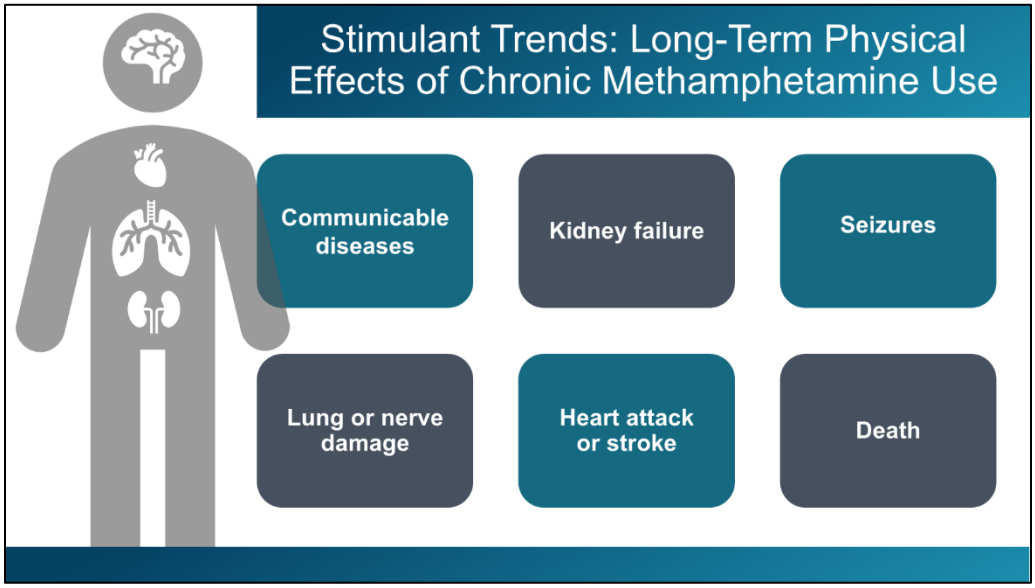
Full Citations:

Ahmed, S., Sarfraz, Z., & Sarfraz, A. (2022). Editorial: A changing epidemic and the rise of opioid-stimulant co-use. *Frontiers in Psychiatry*, *13*, 918197. https://doi.org/10.3389/fpsyt.2022.918197

Addictions, Drug and Alcohol Institute, University of Washington. (2021). *Meth 2.0 and opioid use disorder: A collision of epidemics* [Video]. YouTube. https://www.youtube.com/watch?v=hZEiIz2e9GE

Slide 44

Stimulant Trends: Long-Term Physical Effects of Chronic Methamphetamine Use



Talking Points:

Part of understanding those synergistic effects requires having more knowledge about the long-term physical effects of chronic methamphetamine use.

So, in addition to common physical signs of methamphetamine use such as rapid weight loss, skin lesions, and tooth decay, there are also a host of adverse health conditions including a propensity for communicable diseases such as hepatitis, HIV, and STIs; along with other serious health implications such as lung or nerve damage, kidney failure, heart attack or stroke, seizures, and in some cases death.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

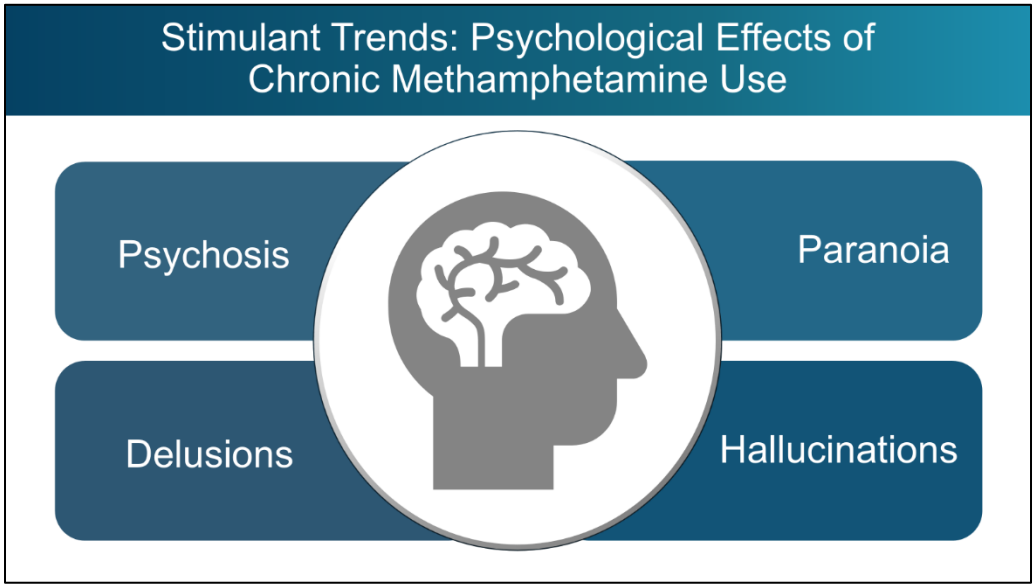
(Substance Abuse and Mental Health Services Administration, 2023c)

Full Citations:

Substance Abuse and Mental Health Services Administration. (2023c). *Know the risks of meth.* U.S. Department of Health and Human Services. https://www.samhsa.gov/meth

Slide 45

Stimulant Trends: Psychological Effects of Chronic Methamphetamine Use



Talking Points:

In addition to adverse physical effects, chronic methamphetamine use is also associated with increased rates of insomnia and mood disturbances, including the onset of significant anxiety, severe agitation, and violent behavior.

For some individuals, this may also include an episode of methamphetamine-induced psychosis, characterized by any combination of paranoid thoughts (such as everyone is out to get me), delusions (or grandiose beliefs such as possessing superpowers), or hallucinations (including false perceptions about bugs crawling on or underneath their skin).

The onset of methamphetamine-induced psychosis is heightened both during and in the immediate hours or days following methamphetamine use with level of dependence and history of other psychiatric disorders, such as schizophrenia, playing a key factor in both the short- and long-term effects of psychotic symptoms.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

(Glasner-Edwards & Mooney, 2014)

(National Center on Substance Abuse and Child Welfare, 2021)

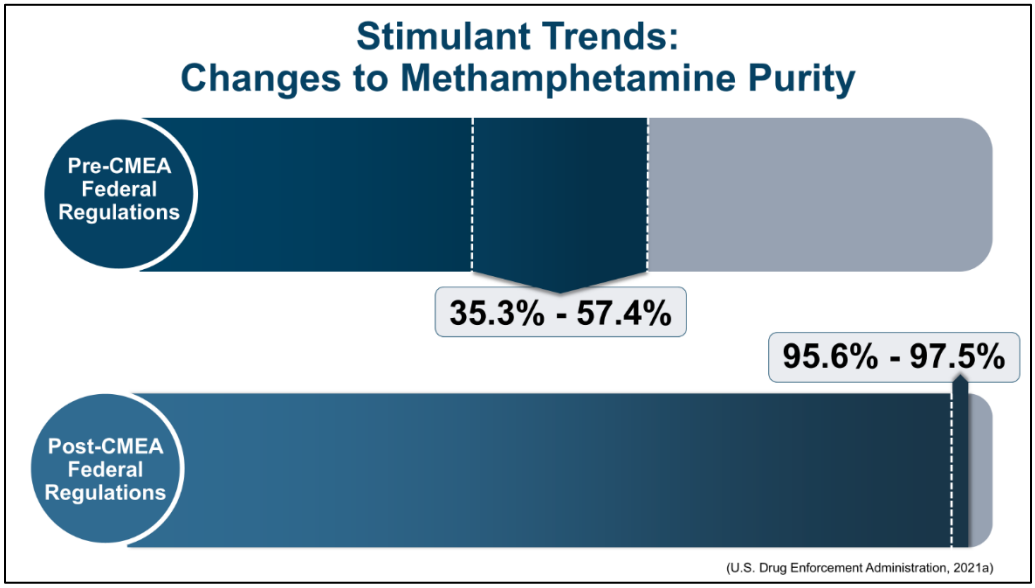
Full Citations:

Glasner-Edwards, S., & Mooney, L. J. (2014). Methamphetamine psychosis: Epidemiology and management. *CNS Drugs*, *28*(12), 1115–1126. https://doi.org/10.1007/s40263-014-0209-8

National Center on Substance Abuse and Child Welfare. (2021). *Supporting children affected by parental methamphetamine use.* Administration for Children and Families, Substance Abuse and Mental Health Services Administration. https://ncsacw.acf.hhs.gov/topics/stimulants/supporting-children-affected-parental-methamphetamine-use/

Slide 46

Stimulant Trends: Changes to Methamphetamine Purity



Talking Points:

The resurgence of methamphetamine is very much linked to changes in its purity over the years.

If you recall, the Combat Methamphetamine Epidemic Act (or CMEA) of 2006 restricted the sale and purchase of over-the-counter medications containing ephedrine, pseudoephedrine, or phenylpropanolamine—all common ingredients found in cough, cold, and allergy products—as an attempt to curb the production and supply of methamphetamine in the United States.

ata from the ru g Enforcement Administration's National rug Threat Assessment Profiling Program has estimated that purity of methamphetamine prior to CMEA federal regulations trended between 35.3 to 57.4% where it remained steady for nearly a decade before a sudden resurgence beginning in 2014 with purity rates as high as 95.6-97.5%, where it remains today.

Additional Resources:

N/A

Slide Citation:

(U.S. Drug Enforcement Administration, 2021a)

Script Citation:

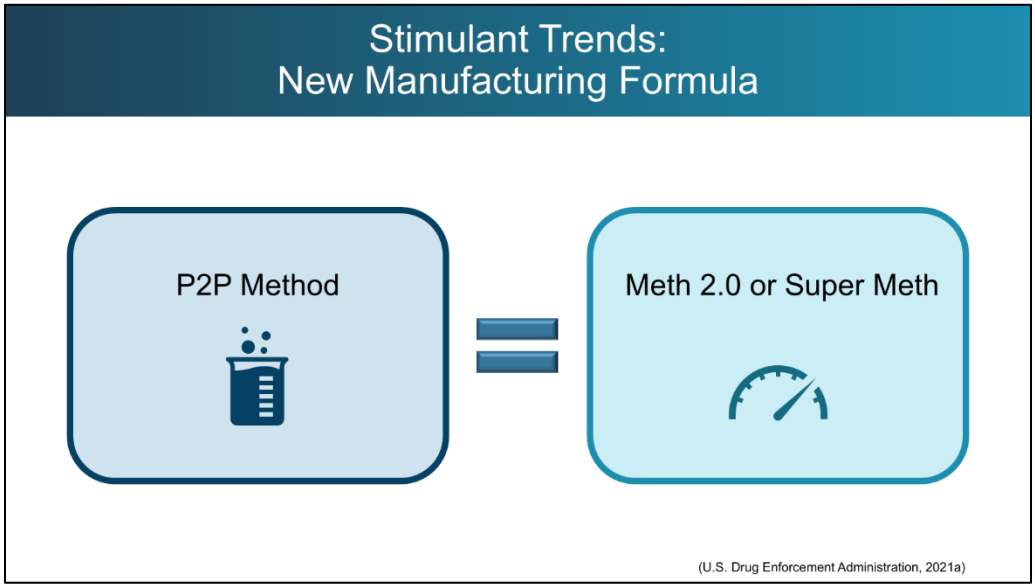
(U.S. Drug Enforcement Administration, 2021a)

Full Citations:

U.S. Drug Enforcement Administration. (2021a). *2020 National drug threat assessment* (DIR-008-21). U.S. Department of Justice. https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment_WEB.pdf

Slide 47

Stimulant Trends: New Manufacturing Formula



Talking Points:

This new and highly pure form of methamphetamine is often referred to as Meth 2.0 or Super Meth and is made distinguishable from other less-pure forms by the type of manufacturing formula used for its production—referred to as the P2P method.

The P2P method is known for eliminating the use of pseudoephedrine (due to federal regulations both in the United States and Mexico) and replacing with 1-phenyl-2-propanone—an altered chemical ratio contributing to its extremely high potency and addictive potential.

This change in manufacturing formula has drastically reduced manufacturing costs leading to mass production in super labs resulting in the drug being more readily available and accessible due to its relative affordability compared to other drugs. This new form of manufacturing has also coincided with the uptick of severe psychiatric and physical effects, including cardiotoxicity, overdose, and death.

Additional Resources:

N/A

Slide Citation:

(U.S. Drug Enforcement Administration, 2021a)

Script Citation:

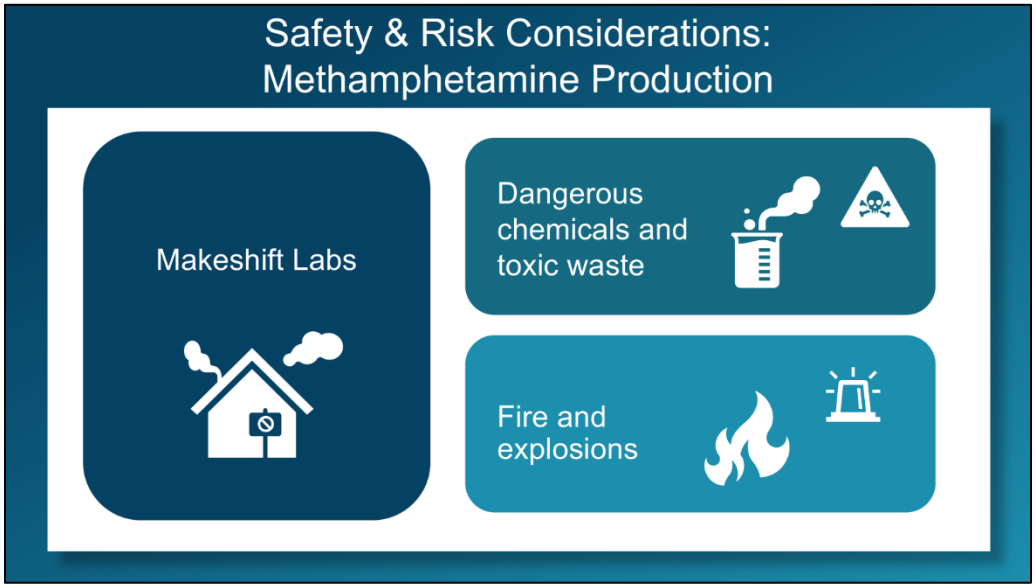
(U.S. Drug Enforcement Administration, 2021a)

Full Citations:

U.S. Drug Enforcement Administration. (2021a). *2020 National drug threat assessment* (DIR-008-21). U.S. Department of Justice. https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment_WEB.pdf

Slide 48

Safety & Risk Considerations: Methamphetamine Production



Talking Points:

The resurgence of methamphetamine also raises environmental health and safety concerns due to the possible increase of makeshift lab manufacturing consistent with what is found in homes, vacant or abandoned buildings, buses, or vans.

Methamphetamine production involves dangerous chemicals such as solvents, metals, salts, strong acids, and bases—all presenting with their own chemical toxicity and routes of exposure including inhalation, ingestion, direct skin contact, or possible injection through a skin puncture. Degree of exposure risks will vary depending on the specific makeshift lab production, type and quantity of chemicals used, and other exposure factors related to the physical property.

By proxy of these dangerous chemicals, methamphetamine production releases toxic gasses such as hydrochloric acid, hydrogen chloride, and ammonia during the 'cooking' process which can pose serious health issues including the risk of fire or explosions due to a combination of unsafe manufacturing methods and improper handling of the dangerous chemicals and toxic waste.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

(USDA Forest Service Law Enforcement and Investigations, n.d.)

(National Institute on Drug Abuse, 2019)

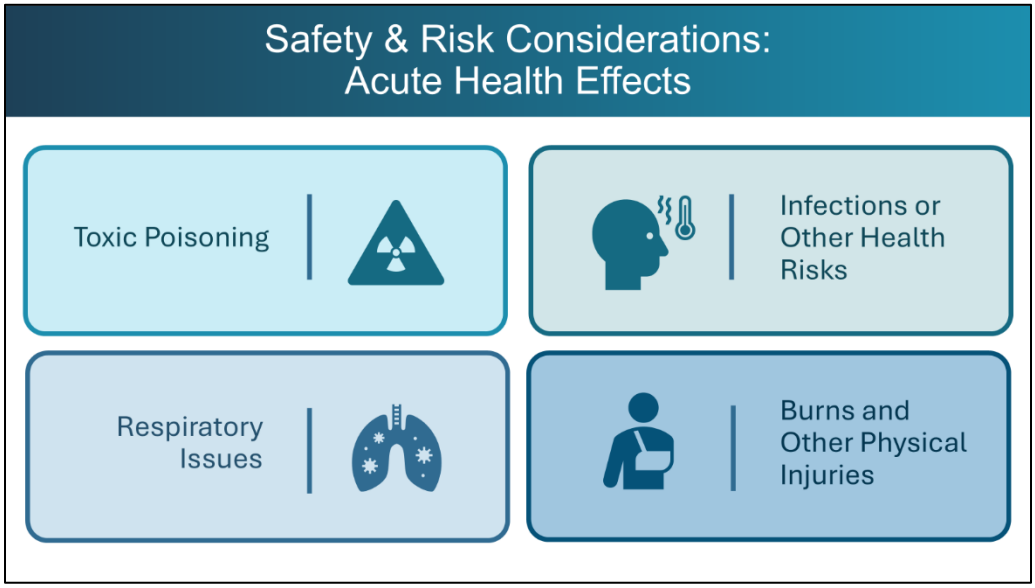
Full Citations:

USDA Forest Service Law Enforcement and Investigations. (n.d.). *Dangers of meth labs.* United States Department of Agriculture. https://www.fs.usda.gov/lei/dangers-meth-labs.php#:~:text=One%20pound%20of%20meth%20produces,closed%2C%20chemical%20residue%20still%20remains

National Institute on Drug Abuse. (2019). *How is methamphetamine manufactured?* U.S. Department of Health and Human Services, National Institutes of Health. https://nida.nih.gov/publications/research-reports/methamphetamine/how-methamphetamine-manufactured

Slide 49

Safety & Risk Considerations: Acute Health Effects



Talking Points:

Exposure to methamphetamine production also increases the risk of acute health effects for children especially when illegal manufacturing is taking place within the family home.

The most common forms of exposure for children are inhalation and absorption through the skin with the most dangerous form of exposure being ingestion. Children who ingest methamphetamine may exhibit agitation, inconsolability, tachycardia, respiratory problems (such as asthma or pneumonia), nausea, protracted vomiting, hyperthermia, ataxia, roving eye movements, seizures, and headaches—which can result in multi-organ damage and other neurological conditions.

In addition to these risks, children are also susceptible to burns and other physical injuries caused by fires or explosions during and immediately following the 'cooking' process.

[Facilitator Notes for 2-hour training delivery: pause here and resume after a 10-minute break]

This wraps up our section on understanding current substance use trends and safety risks. Let's go ahead and take a 10-minute break before resuming with part two of the training presentation.

[Facilitator Notes for two-part training delivery: wrap up part-one of the training presentation and pick back up for part-two at the next scheduled date]

This wraps up part-one of our training presentation. We look forward to resuming our discussion on harm reduction and overdose prevention strategies on [x date and time].

<u>Additional Resources:</u>

N/A

Slide Citations:

N/A

Script Citations:

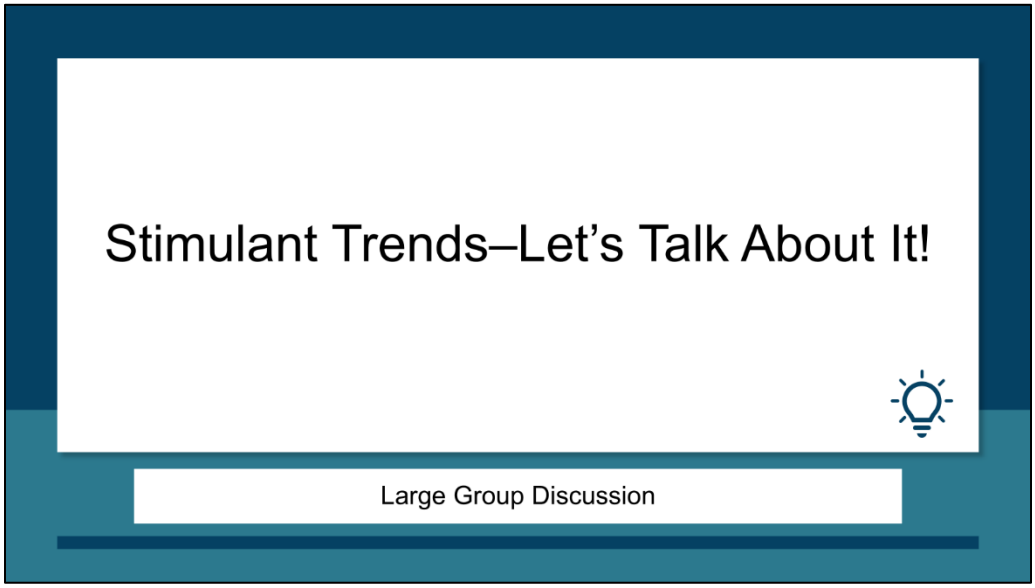
(National Center on Substance Abuse and Child Welfare, 2019)

Full Citations:

National Center on Substance Abuse and Child Welfare. (2019). *Strategies to support parents with methamphetamine use disorder and their families.* Administration for Children and Families, U.S Department of Health and Human Services. https://ncsacw.acf.hhs.gov/files/meth-tip-sheet-children.pdf

Slide 50

Stimulant Trends–Let's Talk About It!



Talking Points:

Let's now spend some time talking about how stimulant trends are affecting our local communities.

Prompts for Participants:

- **Are we experiencing a resurgence of methamphetamine here in our local communities? What are you noticing in your work with parents, children, and family members?**
- **Have there been any critical incidents involving methamphetamine exposure related to makeshift lab manufacturing in the home? And does your child welfare agency have exposure protocols in place to increase field safety during your in-home contacts?**
- **And lastly, are current overdose prevention efforts including the discussion of psychostimulants (primarily methamphetamine) or have these efforts been concentrated solely on combating the opioid epidemic?**

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

N/A

Full Citations:

N/A

Slide 51

Harm Reduction & Overdose Prevention Strategies

Talking Points:

Alright, let's pick back up with a timely and important discussion about harm reduction and overdose prevention strategies.

Additional Resources:

N/A

Slide Citation:

N/A

Script Citations:

N/A

Full Citations:

N/A

Slide 52

What Is Harm Reduction?

Talking Points:

Harm reduction is an evidence-based strategy that promotes critical awareness and resource availability for individuals in active drug use. It can be a set of services, a type of organization, or an approach.

The Substance Abuse and Mental Health Administration (commonly referred to as SAMHSA) defines harm reduction as “a practical and transformative approach that incorporates community-driven public health strategies—including prevention, risk reduction, and health promotion—to empower people who use drugs and their family with the choice to live healthy, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of people who use drugs [within the] strategies and the practices that flow from them.”

While individuals affected by substance use disorders largely remain at the center of harm reduction efforts, for the purposes of this training module, we’ll be expanding this focus to the larger family system, specifically in the context of child well-being.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

(Substance Abuse and Mental Health Services Administration, 2023a)

(National Center on Substance Abuse and Child Welfare, 2024a)

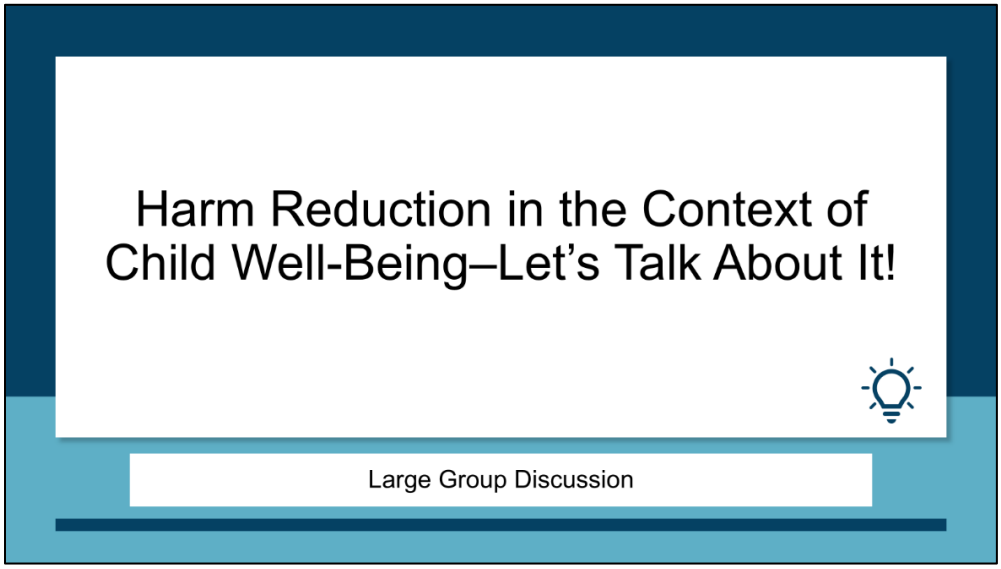
Full Citations:

Substance Abuse and Mental Health Services Administration. (2023a). *Harm reduction*. U.S. Department of Health and Human Services. https://www.samhsa.gov/find-help/harm-reduction

National Center on Substance Abuse and Child Welfare. (2024a). *Tip sheet #1 Harm reduction in the context of child well-being: An overview for serving families affected by substance use disorders.* Administration for Children and Families, Substance Abuse and Mental Health Services Administration. https://ncsacw.acf.hhs.gov/files/harm-reduction-part1.pdf

Slide 53

Harm Reduction in the Context of Child Well-Being–Let's Talk About It!



Talking Points:

So, harm reduction in the context of child well-being. This is such an important topic, especially from a cross-training perspective, so let's spend some more time talking about it together as a large group.

Prompts for Participants:

- **What does harm reduction in child welfare mean to you? And is this any different than harm reduction in the treatment field?**
- **Does the concept of harm reduction contradict child welfare policies on safety and risk?**
- **Is there a way to reconcile these differences? Or, has your agency found a way to move forward with implementing harm reduction and overdose prevention strategies?**

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

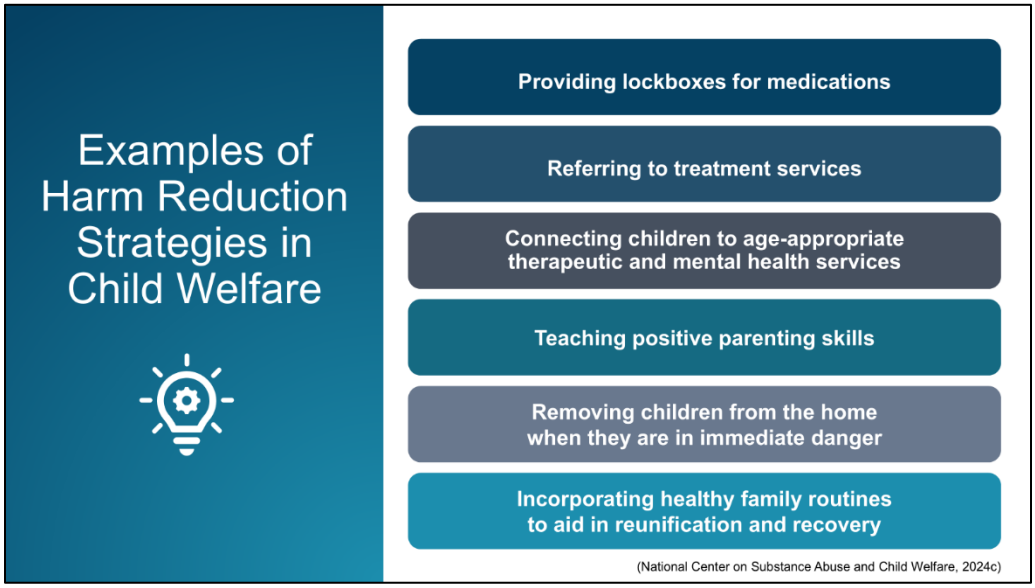
(National Center on Substance Abuse and Child Welfare, 2024b)

Full Citations:

National Center on Substance Abuse and Child Welfare. (2024b). *Tip sheet #2 Harm reduction in the context of child well-being: Key considerations for policymakers.* Administration for Children and Families, Substance Abuse and Mental Health Services Administration. https://ncsacw.acf.hhs.gov/files/harm-reduction-part2.pdf

Slide 54

Examples of Harm Reduction Strategies in Child Welfare



Talking Points:

As our large group discussion just illuminated, there are many examples of harm reduction 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 transition to talking about a few emerging harm reduction and overdose prevention strategies that can also support our work with children and families.

Additional Resources:

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)

Slide Citations:

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

Script Citations:

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

Full Citations:

National Center on Substance Abuse and Child Welfare. (2024c). *Tip sheet #3 Harm reduction in the context of child well-being: Practice recommendations for child welfare workers.* Administration for Children and Families, Substance Abuse and Mental Health Services Administration. https://ncsacw.acf.hhs.gov/files/harm-reduction-part3.pdf

Slide 55

Safe Storage & Proper Disposal

Talking Points:

Let's first start with safe storage and proper disposal of controlled substances including prescription medications and cannabis products—both legal and medicinal.

As we've learned today, accidental ingestion involving cannabis, opioids, or stimulants can result in serious medical and psychiatric emergencies including acute toxicity and death. The figures we reviewed (both individually and collectively) speak to the importance of safe storage, 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 medications albeit in pill, liquid, or patch form. The Food and Drug Administration (FDA) response to the opioid overdose epidemic included the release of their "Remove the Risk" Safe Opioid i sposal 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.

Additional Resources:

U.S. Food and Drug Administration: *Safe Opioid Disposal - Remove the Risk Outreach Toolkit* (2021)

Slide Citations:

N/A

Script Citations:

(American Medical Association, 2017)

(Center for Drug Evaluation and Research, 2021)

(The Children's Hospital of Philadelphia, 2023)

Full Citations:

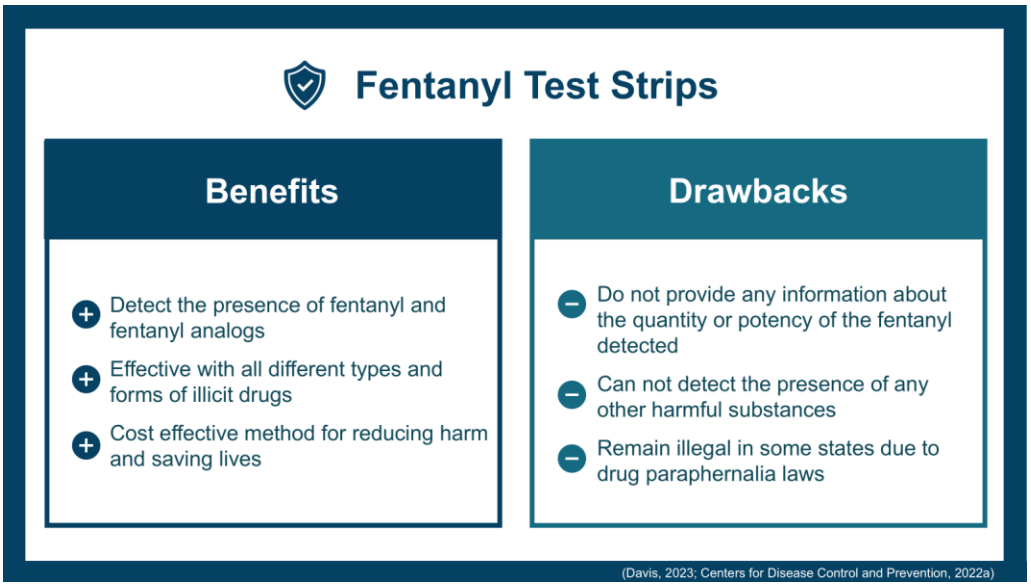
American Medical Association. (2017). *Promote safe storage and disposal of opioids and all medications.* American Academy of Addiction Psychiatry. https://www.aaap.org/wp-content/uploads/2017/04/opioid-safe-storage-and-disposal.pdf

Center for Drug Evaluation and Research. (2021). *Safe opioid disposal - Remove the risk outreach toolkit*. U.S. Food and Drug Administration. https://www.fda.gov/drugs/safe-disposal-medicines/safe-opioid-disposal-remove-risk-outreach-toolkit

Children's Hospital of Philadelphia. (2023). *CHOP researchers find rate of fatal opioid poisonings among children more than doubled over 13-year span*. https://www.chop.edu/news/chop-researchers-find-rate-fatal-opioid-poisonings-among-children-more-doubled-over-13-year

Slide 56

Fentanyl Test Strips



Talking Points:

An additional strategy for harm reduction and 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).

ev eloped over a decade ago, fentanyl test strips weren't formally endorsed as a harm reduction and 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 in harm reduction efforts.

Additional Resources:

N/A

Slide Citations:

(Davis, 2023; Centers for Disease Control and Prevention, 2022a)

Script Citations:

(Davis, 2023)

(Centers for Disease Control and Prevention, 2022a)

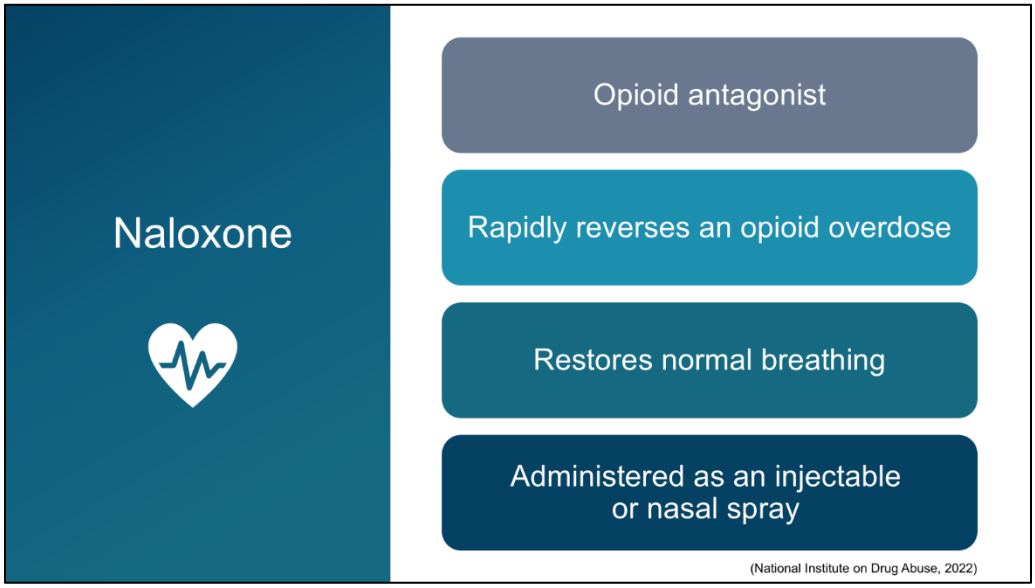
Full Citations:

Davis, C. (2023). *Legality of drug checking equipment in the United States*. Network for Public Health Law. https://www.networkforphl.org/resources/legality-of-drug-checking-equipment-in-the-united-states/

Centers for Disease Control and Prevention. (2022a). *Fentanyl test strips: a harm reduction strategy.* National Center for Injury Prevention and Control, Division of Drug Overdose Prevention. https://www.cdc.gov/stopoverdose/fentanyl/fentanyl-test-strips.html

Slide 57

Naloxone



Talking Points:

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.

Naloxone is specifically designed for opioid overdose reversal and therefore does not have the ability to reverse the fatal effects of other combinations of substances such as what we covered earlier regarding the emerging threat of xylazine mixed with fentanyl.

Currently, there are two approved formulations for Naloxone—injectables and pre-packaged nasal sprays. Injectables typically need to be drawn from a vile 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.

<u>Additional Resources:</u>

N/A

Slide Citations:

(National Institute on Drug Abuse, 2022)

Script Citations:

(National Institute on Drug Abuse, 2022)

Full Citations:

National Institute on Drug Abuse. (2022). *Naloxone drugfacts*. National Institutes of Health, U.S. Department of Health and Human Services. https://nida.nih.gov/publications/drugfacts/naloxone

Slide 58

Jessica's Story: Digital Story on Narcan Opioid Overdose Reversal

Talking Points:

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.

Talking Points:

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 59

Recovery Management Plans

Talking Points:

Jessica's story highlights an important area in our shared work with children and families affected by parental substance use—that of return to use and child safety. Preparing for these critical events requires a clear plan and response, along with open communication among all members of the child and family team, including:

- Parents,
- Child welfare workers,
- Substance use treatment providers,
- Peer recovery specialists, and
- Any other child and family service providers

It's important for everyone to understand that return to use is a common part of an individual's recovery process and does not have to automatically result in removing a child from their parent's care. The latter is made possible through helping parents plan for their child's safety in the event that a return to use occurs, often referred to as recovery management or contingency plans.

We all share a collective responsibility in these planning efforts. For example, treatment providers work with parents on increasing their awareness of and ability to identify activators or triggers for their cravings or use, including corresponding thoughts or behaviors so that they can interrupt past patterns of decision-making. This level of behavioral change is reinforced by identified recovery supports and services that serve as alternative adaptive options in place of the preferred substance or steps to immediately engage in, should a return to use transpire.

These plans often include the following types of information and rely on collaboration with other child and family service providers—particularly child welfare professionals:

- Personal sensitivities for return to use;
- Red flags or potential indicators of an impending return to use;
- People, places, and things to avoid, often referred to as activators or triggers;
- Supports to call if or when struggling with maintaining active recovery, such as a recovery sponsor, recovery-oriented network, or treatment provider;
- Self-help meetings or other recovery-oriented activities to attend for increased support;
- Specific steps to carry out to protect and ensure child safety, such as contacting the identified supportive caregiver, child welfare worker, or peer recovery specialist;
- Immediate and subsequent increase in parent and family contacts for crisis stabilization;
- Time sensitive family team meeting, also referred to as a shared decision-making meeting, to revisit the child safety plan and parent recovery management plan; and
- Signatures of child and family team members for increased transparency and accountability.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

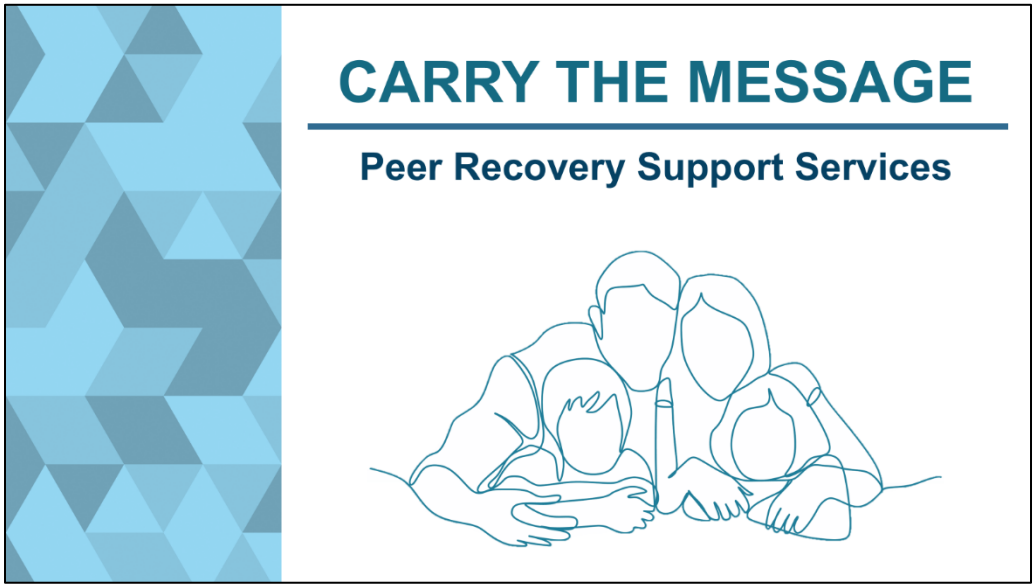
(National Center on Substance Abuse and Child Welfare, 2022b)

Full Citations:

National Center on Substance Abuse and Child Welfare. (2022b). *Understanding engagement of families affected by substance use disorders: Child welfare practice tips*. Administration for Children and Families, Substance Abuse and Mental Health Services Administration. https://ncsacw.acf.hhs.gov/files/tips-engagement-families-508.pdf

Slide 60

Peer Recovery Support Services



Talking Points:

As we just touched on, peer recovery support plays an integral role in family recovery and treatment outcomes. So, let's spend some time talking about these important services.

Additional Resources:

N/A

Slide Citation:

N/A

Script Citations:

N/A

Full Citations:

N/A

Slide 61

Value of Lived Experience

Talking Points:

So, what exactly do we mean by Peer Recovery Support Services?

Peer recovery support services is an umbrella term that encompasses a variety of peer positions held by persons with lived expertise in a multitude of settings and its importance has been recognized in the mental health and substance use treatment fields for many years including more recently in child welfare settings.

There are a variety of different names, models, and titles for peer support. Some are more experiential, some offer extra training, and some positions involve personal experience plus certification. Let's spend some time understanding these distinctions within our shared work with children and families affected by substance use disorders.

Additional Resources:

Peer Recovery Center of Excellence: Peer Recovery Now (2023)

Slide Citations:

(Substance Abuse and Mental Health Services Administration, 2023d)

Script Citations:

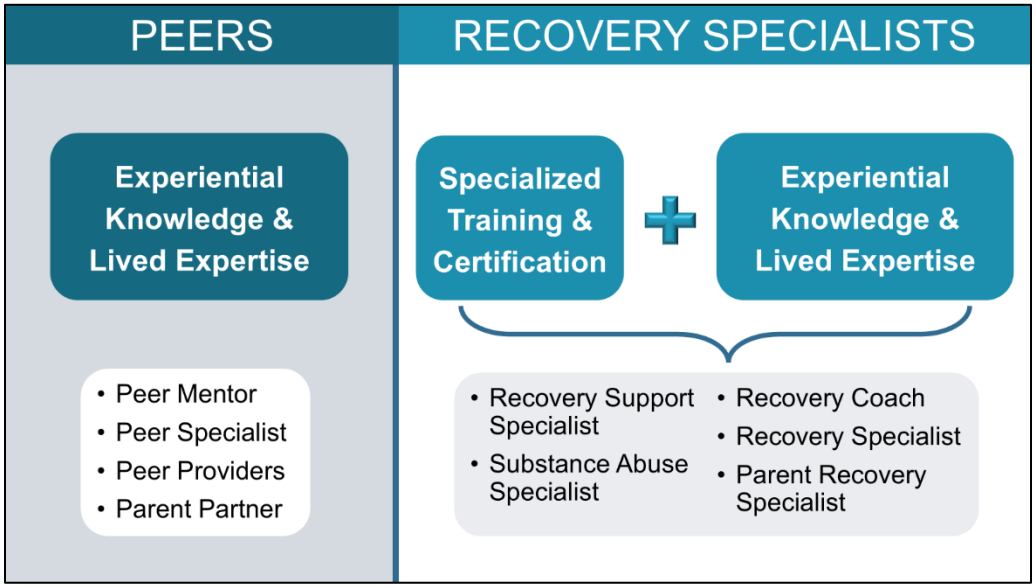
(Substance Abuse and Mental Health Services Administration, 2023d)

Full Citations:

Substance Abuse and Mental Health Services Administration. (2023d). *Peer support workers for those in recovery.* U.S. Department of Health and Human Services. https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

Slide 62

Peers Vs Recovery Specialists



Talking Points:

While there once was a clear distinction in terms of roles and responsibilities between peer and recovery specialist models, it has lessened in recent years. The models are described separately on the screen, but it is important to note that many of the roles and responsibilities in treatment and child welfare settings overlap between these two models.

Generally speaking:

- Peers understand substance use disorders and the recovery process based on their own experiential knowledge and lived expertise. Parents are often more comfortable speaking candidly with peers based on these shared commonalities, leading to higher levels of initial rapport and trust that then translates to increased service engagement and treatment retention.
- Recovery specialists, also sometimes referred to as substance abuse specialists and recovery coaches, are peers with additional training or certifications related to substance use disorder treatment and recovery. Their services often include the addition of screening and assessments, drug testing, and other case management services to support parents' access to, and engagement in, substance use disorder treatment.
- In addition, both peer and recovery specialists often serve as formal liaisons and are responsible for building and enhancing communication across agencies. This may include brokering treatment services and consulting about the nature of substance use disorders and common barriers to treatment and recovery outcomes.

<u>Additional Resources:</u>

N/A

Slide Citations:

N/A

Script Citations:

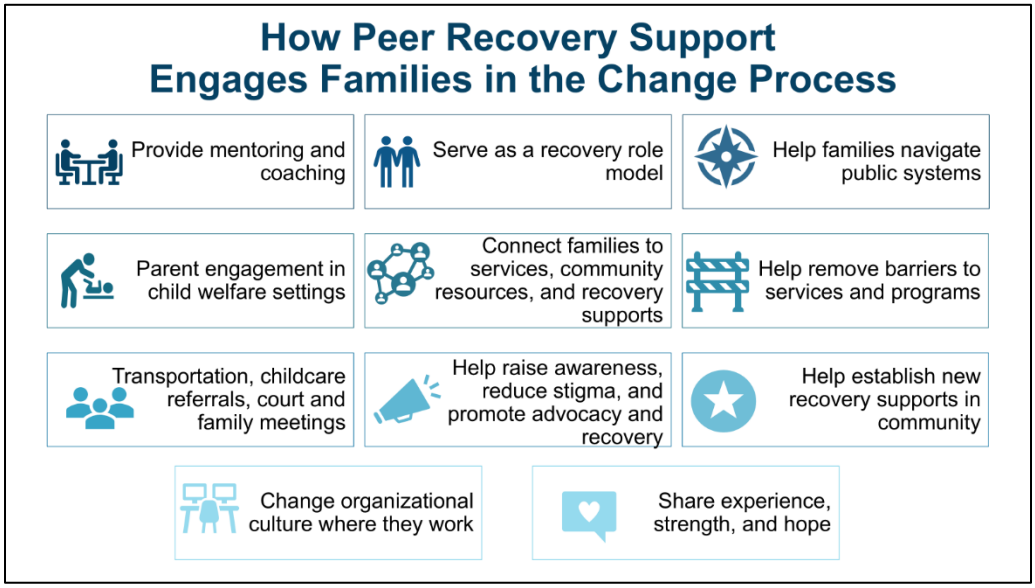
N/A

Full Citations:

N/A

Slide 63

How Peer Recovery Support Engages Families in the Change Process



Talking Points:

Here we have a more comprehensive summary of how peer recovery support engages families (as well as systems) in the change process. Our goal as cross-system providers is for families to succeed. We want to partner with parents in all stages of treatment and service planning to help them navigate how to reach long-term recovery while safely maintaining their children in the home whenever possible—and the use of peer recovery support is integral to this process. Peer recovery support (in all its various forms) offers an enhancement to business as usual in both treatment and child welfare settings, transcending longstanding stigma, and further reinforcing our core value and belief that recovery is possible!

Additional Resources:

National Center on Substance Abuse and Child Welfare: *The Use of Peers and Recovery Specialists in Child Welfare Settings* (2019)

Slide Citations:

N/A

Script Citations:

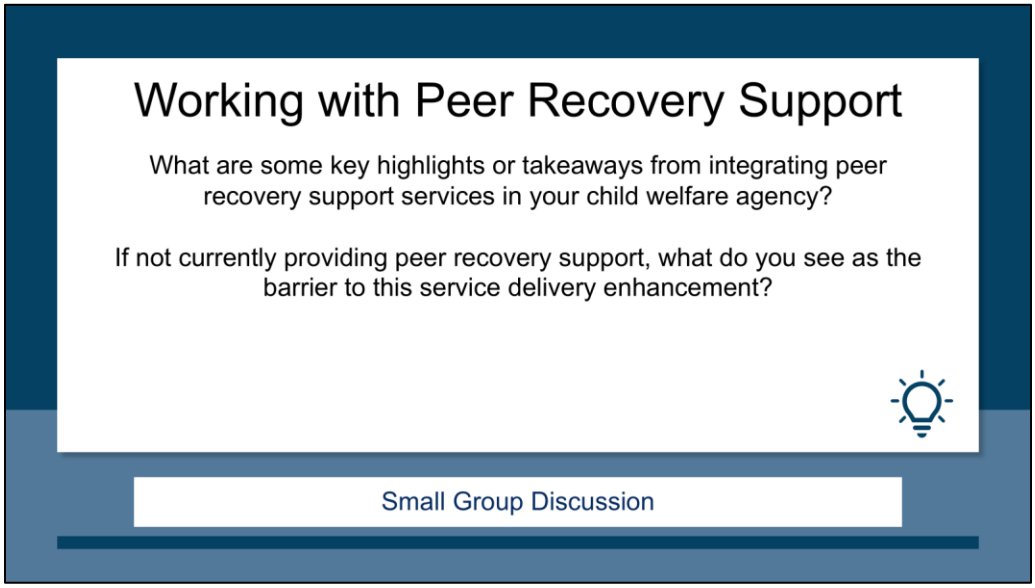
N/A

Full Citations:

N/A

Slide 64

Working with Peer Recovery Support



Talking Points:

Let's take the next 5 minutes in our small groups to discuss the two prompts on the screen:

Prompts for Participants:

- **What are some key highlights or takeaways from integrating peer recovery support services in your child welfare agency?**
- **If not currently providing peer recovery support, what do you see as the barrier to this service delivery enhancement?**

Facilitator Note: After 5 minutes bring the learners back for a large group debrief—asking for volunteers to share about their small group discussions.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

N/A

Full Citations:

N/A

Slide 65

Treatment Engagement Strategies

Talking Points:

Alright, let's now transition to a discussion about treatment engagement strategies.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

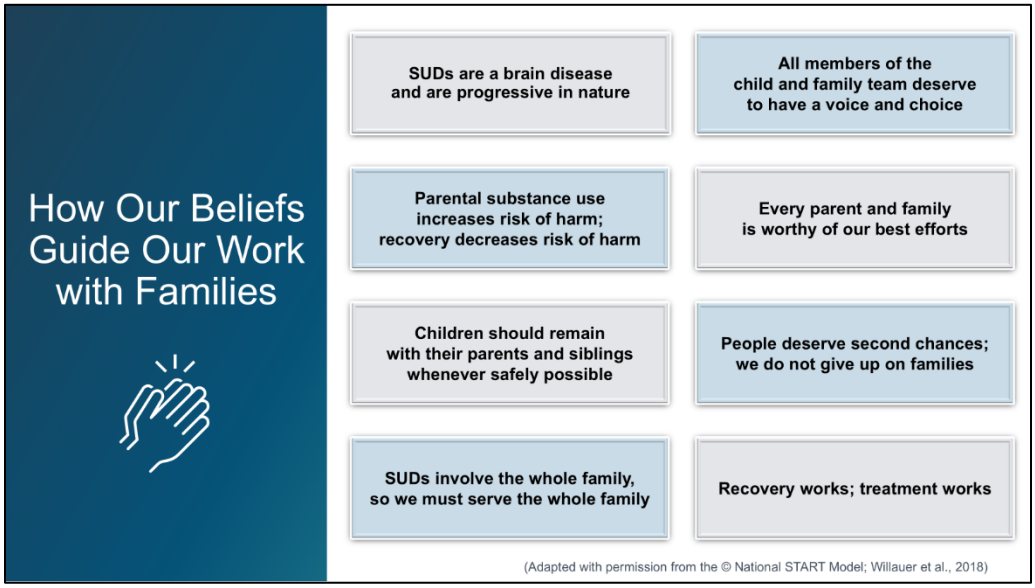
N/A

Full Citations:

N/A

Slide 66

How Our Beliefs Guide Our Work with Families



Talking Points:

Values shape the beliefs that guide our work with children and families—here are some examples of what shared beliefs may look like in our work supporting families affected by parental substance use.

Ideally, shared beliefs are co-developed amongst teams, units, and community partner agencies such as treatment providers, child welfare agencies, the courts, and other family serving entities. Let's take a moment to reflect on these listed on our screen.

Prompts for Participants:

- **Are these beliefs agreeable to your current agency practices? Now what about your collaborative partnerships with outside agencies?**
- **Which of these are evident in your daily practice with families and which are missing or need improvement?**

Additional Resources:

N/A

Slide Citations:

(Adapted with permission from the © National START Model; Willauer et al., 2018)

Script Citations:

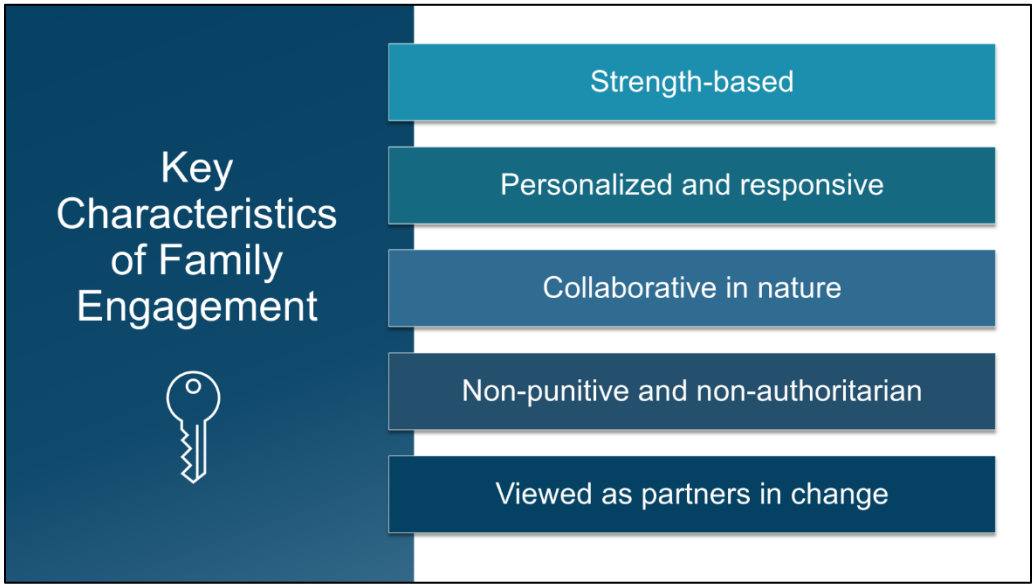
N/A

Full Citations:

Willauer, T., Posze, L., & Huebner, R. A. (Eds.). (2018). *The sobriety treatment and recovery teams (START) model: Implementation manual.* Children and Family Futures.

Slide 67

Key Characteristics of Family Engagement



Talking Points:

We mean it when we say we want families to succeed, but how do our actions support this statement in our work with families?

How we engage and interact with families should be strength-based, personalized and responsive, collaborative in nature, non-punitive, and non-authoritarian. We value families as partners in change not just recipients of our treatment and case planning services.

Above all, we recognize the level of influence our approach with families may have—the difference between successful engagement and retention or disengagement from treatment and services altogether.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

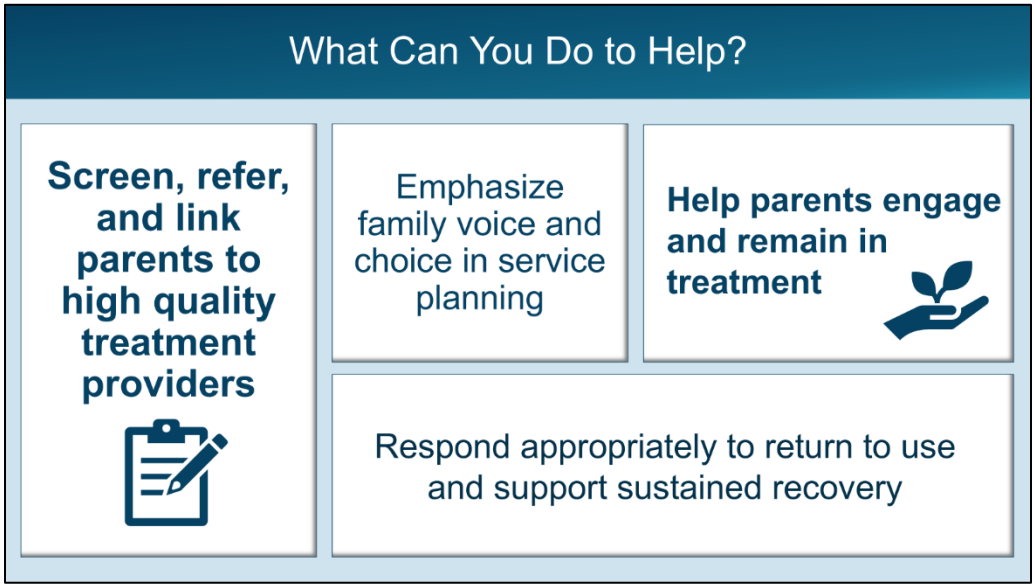
N/A

Full Citations:

N/A

Slide 68

What Can You Do to Help?



Talking Points:

So, you may be wondering what you can do to help parents engage in appropriate forms of treatment?

As child welfare professionals, you can first start by facilitating access to screening for early identification. There are many validated screening tools available at no cost, including the CAGE-AID, GAIN-SS, and the UNCOPE, all of which will help inform the next point of intervention which is timely referral for substance use disorder clinical assessment when indicated.

As child welfare professionals, you then play an integral role in motivating parents to engage in treatment and take the necessary steps to ensure that treatment referrals align with their personal goals and values in ways that elicit their own motivation for change with choices about their treatment options that reflect their current needs and circumstances.

And while treatment engagement, alone, is such a significant milestone, it is only the first of many in a parent's recovery journey. Our role as cross-system providers must also focus heavily on treatment retention, which includes having appropriate policies and practices in place to support a potential return to use while still upholding the goals and objectives of recovery management and family safety plans.

Additional Resources:

National Center on Substance Use and Child Welfare: *Understanding Engagement of Families Affected by Substance Use Disorders —Child Welfare Practice Tips* (2022)

National Center on Substance Use and Child Welfare: *Screening for Substance Use in Child Welfare Using the UNCOPE* (2023)

Slide Citations:

N/A

Script Citations:

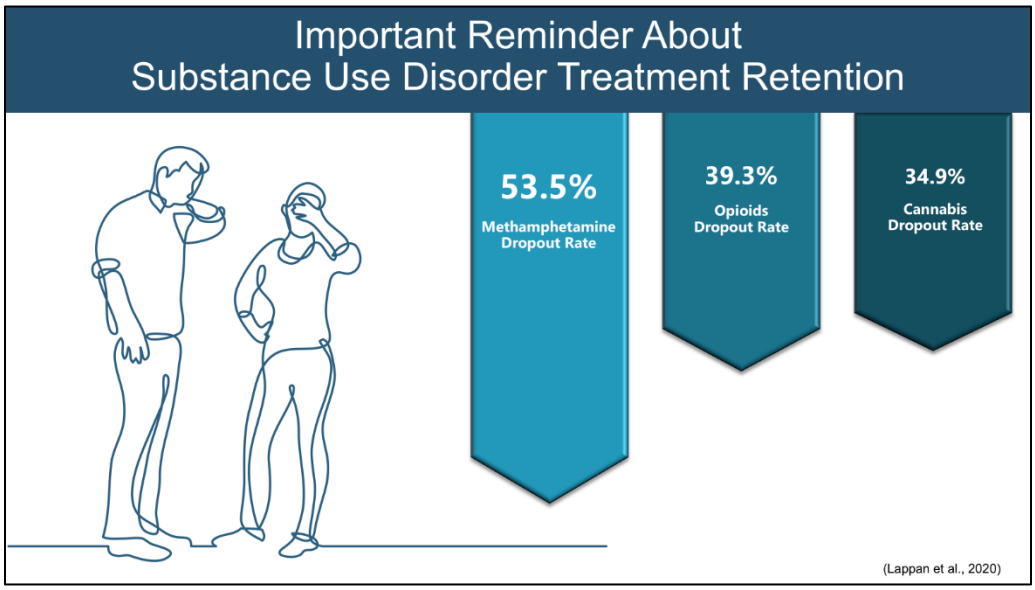
(American Society of Addiction Medicine, 2023)

Full Citations:

American Society of Addiction Medicine. (2023). *About the ASAM criteria.* https://www.asam.org/asam-criteria/about-the-asam-criteria

Slide 69

Important Reminder About Substance Use Disorder Treatment Retention



Talking Points:

And this is why cross-system, collaborative treatment retention efforts are so important!

A meta-analysis of in-person psychosocial substance abuse treatment examined data on the first 90 days of treatment involving 151 studies and over 26 thousand treatment participants—the systematic review concluded that methamphetamine recorded a dropout rate of 53.5% compared to 39.3% for opioids and 34.9% for cannabis.

These data points are critical to understanding the unique challenges and complexities facing families affected by current substance use trends and further reinforces that substance use disorder treatment is not one size fits all. Many parents and families will require additional recovery time and enhancements to their services and supports to successfully meet their child safety and recovery-oriented case plan goals and objectives.

Additional Resources:

N/A

Slide Citations:

(Lappan et al., 2020)

Script Citations:

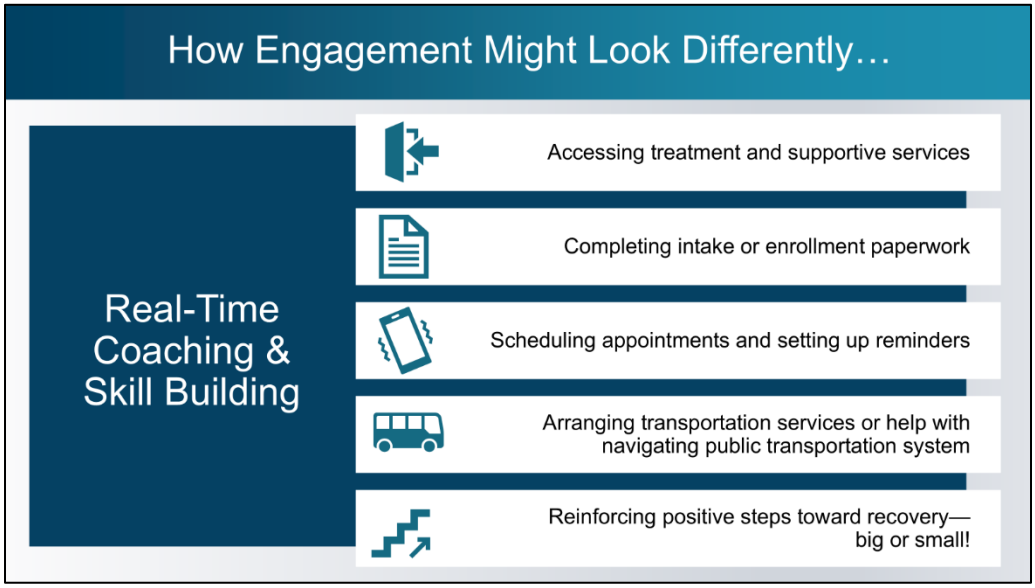
(Lappan et al., 2020)

Full Citations:

Lappan, S. N., Brown, A. W., & Hendricks, P. S. (2020). Dropout rates of in-person psychosocial substance use disorder treatments: A systematic review and meta-analysis. *Addiction (Abingdon, England)*, *115*(2), 201–217. https://doi.org/10.1111/add.14793

Slide 70

How Engagement Might Look Differently…



Talking Points:

So, what exactly do we mean when we say parents and families may require additional recovery time and enhancements to their services and supports—engagement, engagement, engagement!

By providing real-time coaching and skill building we are helping parents and families navigate complex systems of care; this may look like helping them access treatment and supportive services by being present and making those initial calls together or it may look like role-playing what this process will entail to ensure they are prepared and comfortable with taking the next step on their own.

This may also look like helping parents and families complete their intake or enrollment paperwork either pen to paper or virtually online.

Substance use disorders also greatly affect brain structures and functions related to memory, decision-making, and follow-through, so additional help with scheduling appointments and being creative with reminders—alarms, text messages, emails, use of visual aids, etc.- will be key to ongoing engagement and retention.

We'll also want to help reduce any barriers or challenges related to getting to or from appointments—this may look like using agency resources to arrange transportation services through peers, techs, or other support staff; this should also include help with navigating the public transportation system when available and can look like assistance with bus or train fares plus knowledge of routes, pick up and drop off locations, timed schedules, etc.

Lastly, recovery from a substance use disorder is often a long and non-linear process, so reinforcing positive steps—big or small—has proven effectiveness especially within the realm of evidence-based treatment interventions.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

N/A

Full Citations:

N/A

Slide 71

Evidence-Based & Emerging Interventions

Talking Points:

Treatment and recovery from a substance use disorder is possible with the right type of treatment interventions. This often requires a combination of therapies and services that adequately meet a parent's substance use and potential co-occurring needs. Interventions are considered evidence-based when there is a body of scientific evidence demonstrating their level of effectiveness. With the passage of the Family First Prevention Services Act, also known as FFPSA, child welfare agencies are now prioritizing funding of evidence-based programs or models as part of their 5-year prevention plans. Let's now examine some of these further.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

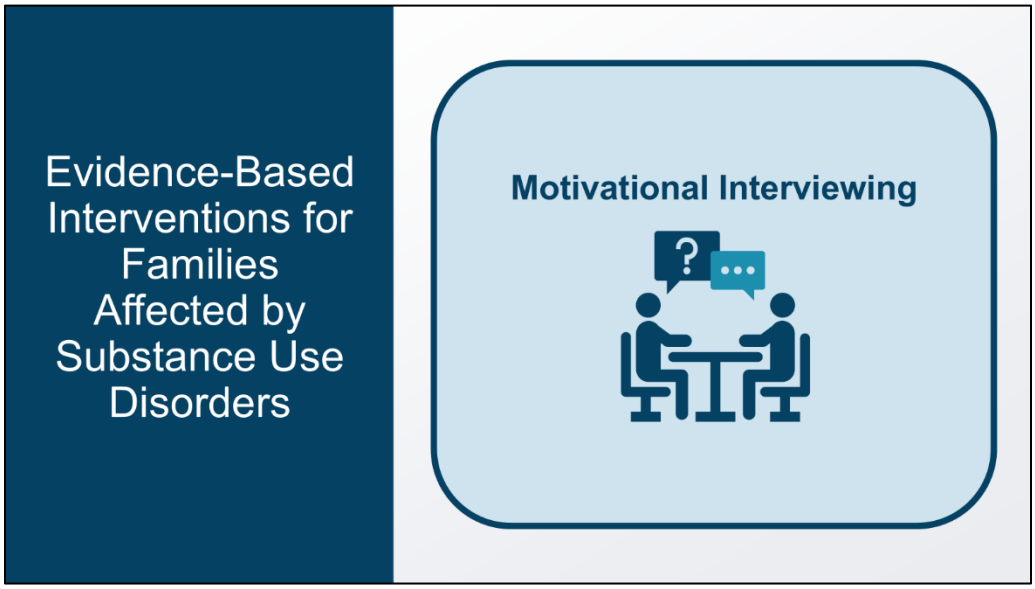
N/A

Full Citations:

N/A

Slide 72

Evidence-Based Interventions for Families Affected by Substance Use Disorders: Motivational Interviewing



Talking Points:

One of the most common and long-standing evidence-based treatment intervention for substance use disorders is motivational interviewing or more commonly referred to as MI. MI is currently rated as well-supported on the Title IV-E Prevention Services Clearinghouse. In summary, MI is an effective therapeutic method aimed at promoting an individual's behavioral change. Practitioners use MI strategies to help identify any potential ambivalence toward change while guiding clients through the 5-step readiness for change process. While MI can be used with many different focal populations, it has been tested rigorously within the substance use disorder demographic and shown to be highly effective in promoting favorable outcomes.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

N/A

Full Citations:

N/A

Slide 73

Evidence-Based Interventions for Families Affected by Substance Use Disorders: Cognitive Behavioral Therapy

Talking Points:

Cognitive-Behavioral Therapy, commonly known as CBT, is also a widely used evidence-based treatment intervention for substance use disorders. CBT combines modalities that are grounded in the theory that feelings affect our thoughts, which in turn affect our behaviors—therefore asserting the belief that desired behavioral change can be achieved through reflection on our thoughts and feelings. Specific to substance use disorders there may be an emphasis on the relationship between our thoughts, feelings, behaviors—including cravings, triggers or activators, and the potential for return to use.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

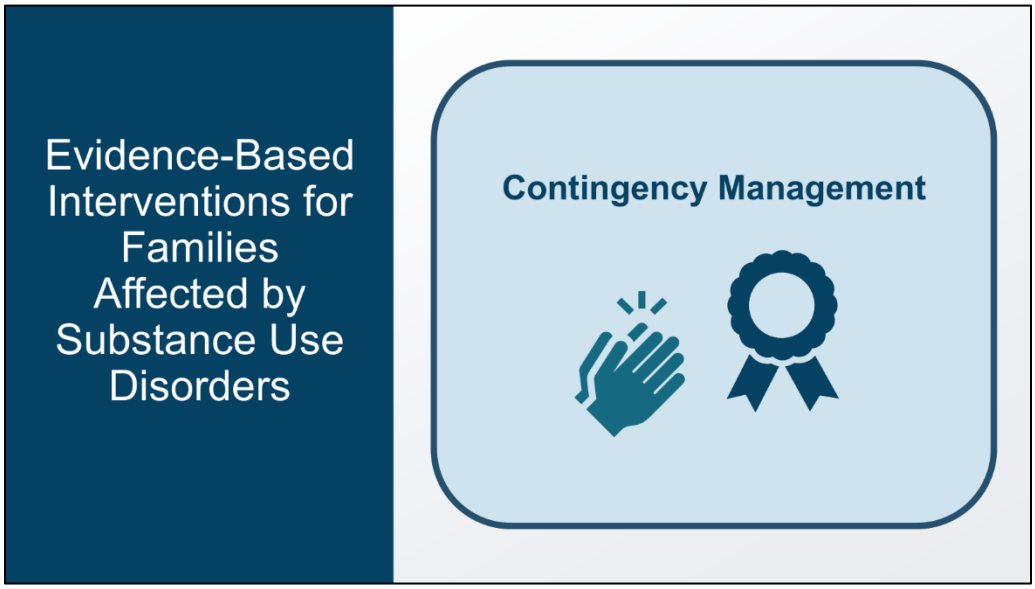
N/A

Full Citations:

N/A

Slide 74

Evidence-Based Interventions for Families Affected by Substance Use Disorders: Contingency Management



Talking Points:

Contingency Management is another widely used and highly effective treatment intervention for substance use disorders. This intervention strategy is rooted in behavioral theory whereby individuals are rewarded for demonstrated progress or behavioral change. When applied to substance use disorder treatment settings, this often looks like providers reinforcing abstinence, as evidenced by negative drug tests, through monetary-based incentives such as vouchers or cash prize drawings that ideally increase with sustained periods of abstinence to continue serving as a motivator for behavioral change. While there is a large body of evidence supporting the use of contingency management with all types of substance use disorders, it is particularly effective in the treatment of methamphetamine.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

N/A

Full Citations:

N/A

Slide 75

Evidence-Based Interventions for Families Affected by Substance Use Disorders: Trauma-Informed Care

Talking Points:

Trauma-Informed Care is especially important as individuals with substance use disorders who are receiving child welfare services often have a history of co-occurring trauma. As cross-system providers, it is critical that we understand how this may affect our interactions with parents. Trauma may lead to a lack of engagement in services, increased risk of return to use, and poor treatment outcomes, among many other possible outcomes. There are a number of evidence-based treatment models such as Trauma-Focused CBT, Seeking Safety, Dialectic Behavior Therapy, and EMDR, all with the goal of managing trauma symptoms and minimizing the potential for re-traumatization in the care setting.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

(Tkach, 2018)

(National Center on Substance Abuse and Child Welfare, n.d.)

Full Citations:

Tkach, M., J. (2018). *Trauma-informed care for substance abuse counseling.* Butler Center for Research, Hazelden Betty Ford Foundation. https://www.hazeldenbettyford.org/research-studies/addiction-research/trauma-informed-care

National Center on Substance Abuse and Child Welfare. (n.d.). *Trauma-informed-care.* Administration for Children and Families, Substance Abuse and Mental Health Services Administration. https://ncsacw.acf.hhs.gov/topics/trauma-informed-care.aspx

Slide 76

Evidence-Based Interventions for Families Affected by Substance Use Disorders: Sobriety Treatment and Recovery Teams (START)

Talking Points:

Sobriety Treatment and Recovery Teams, also known as START, is a specialized child welfare service delivery model that has been shown, when implemented with fidelity, to improve outcomes for children and families affected by parental substance use and child maltreatment. Currently rated as supported by the Title IV-E Prevention Services Clearinghouse, the model uses a variety of strategies to promote collaboration and systems-level change within and between child welfare agencies, substance use and mental health treatment providers, the judicial system, and other family-serving agencies.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

(Children and Family Futures, 2023)

Full Citations:

Children and Family Futures. (2023). *Sobriety treatment and recovery teams (START).* https://www.cffutures.org/start/

Slide 77

Specialty Court Programs for Families Affected by Substance Use Disorders: Family Treatment Courts

Talking Points:

Specialty court programs are also designed to meet the unique and complex needs of families affected by substance use disorders. These programs can be either evidence-based or evidence-informed and use a specialized court docket to promote greater access and utilization of comprehensive services for optimal parental recovery, child safety, and family stability.

Family treatment courts, also commonly referred to as FTCs, are designed to promote a non-adversarial court environment where judicial leadership is combined with multidisciplinary partnerships for enhanced service coordination. FTCs provide parents, children, and family members with timely access to comprehensive services and supports combined with intensive case management and judicial oversight with the goal of strengthening and preserving families, avoiding out-of-home placement whenever safely possible.

Additional Resources:

Children and Family Futures: *Harnessing the Power of Family Treatment Courts Brief Series* (2022)

Slide Citations:

N/A

Script Citations:

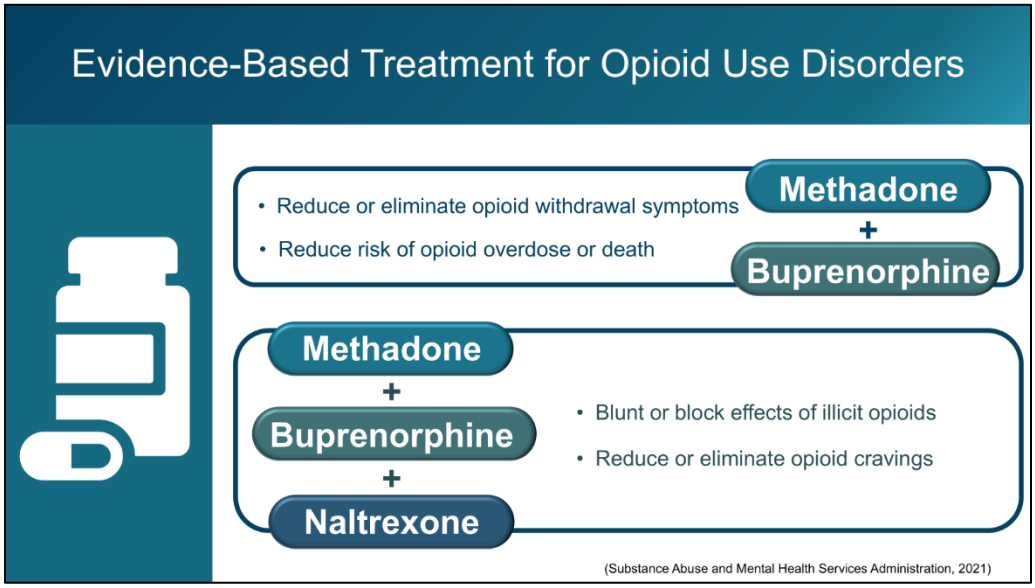
N/A

Full Citations:

Children and Family Futures. (2024). *Family treatment courts.* https://www.cffutures.org/family-treatment-courts-focus/

Slide 78

Evidence-Based Treatment for Opioid Use Disorders



Talking Points:

The language we use to discuss opioid use disorders, or OUDs, including our beliefs about individuals on medication matters greatly. SAMHSA issued guidance recommending replacing the term medication-assisted treatment, or MAT, with medications for opioid use disorder, also known as MOUD—the reason being the term MAT implies that medication plays a secondary supportive role to other forms of treatment.

MOUD offers individuals a safe and effective way to support their long-term recovery goals. There are currently three U.S. Food and Drug Administration, or 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.

<u>Additional Resources:</u>

N/A

<u>Slide Citations:</u>

(Substance Abuse and Mental Health Services Administration, 2021)

<u>Script Citations:</u>

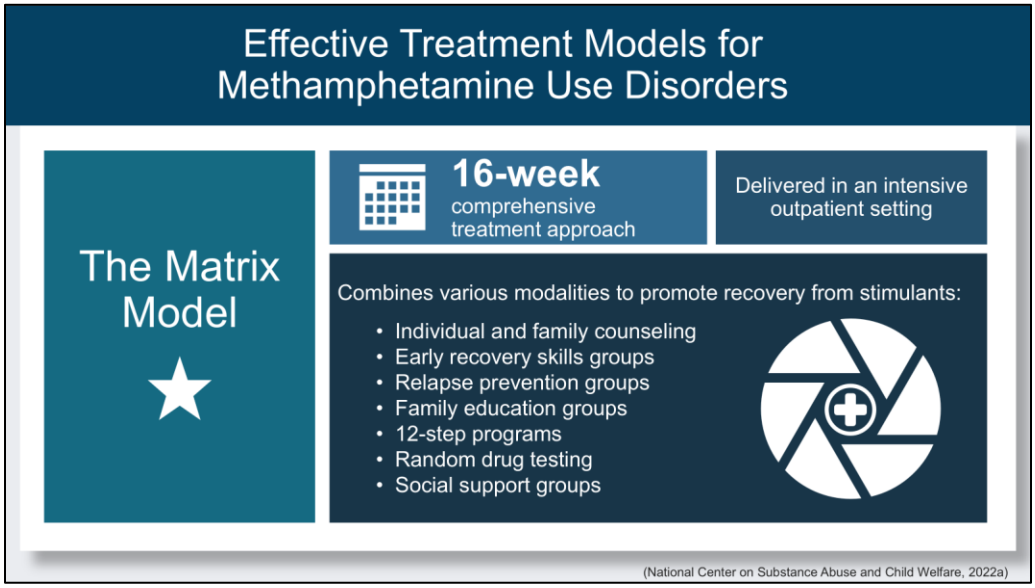
(Substance Abuse and Mental Health Services Administration, 2021)

Full Citations:

Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder. Treatment improvement protocol (TIP) series 63.* Publication No. PEP21-02-01-002. U.S. Department of Health and Human Services. https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002

Slide 79

Effective Treatment Models for Methamphetamine Use Disorders



Talking Points:

A more comprehensive treatment model for methamphetamine use disorders is the Matrix Model—developed in the late 1980's in response to a gap in treatment interventions specific to stimulant use. At the time, our country was seeing a rise in crack cocaine and methamphetamine use though most clinical intervention models were designed and tested with individuals affected by alcohol and opioid abuse. From its initial pilot study to present, a growing body of evidence has demonstrated the model's overall effectiveness in promoting and sustaining recovery from methamphetamine use disorders.

The model's success lends largely to its duration—as most methamphetamine treatment programs are short-term in nature averaging less than 30 days. While participants of the Matrix Model commit to a minimum of 16 weeks of comprehensive treatment planning—for some this may extend up to 6 months—which aligns with what we know about the length of time needed for the brain to recover from a substance use disorder.

So, while the Matrix Model is considered the 'gold standard' in treatment of methamphetamine use disorders, there are also some emerging treatment considerations that are gaining more attention.

Additional Resources:

N/A

Slide Citations:

(National Center on Substance Abuse and Child Welfare, 2022a)

Script Citations:

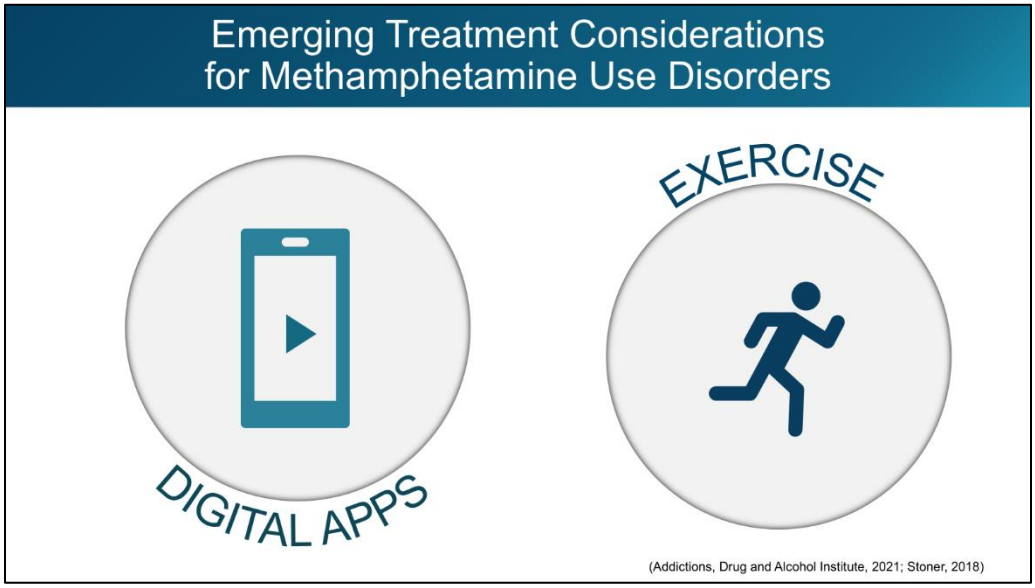
(National Center on Substance Abuse and Child Welfare, 2022a)

Full Citations:

National Center on Substance Abuse and Child Welfare. (2022a). *Strategies to support parents with methamphetamine use disorder and their families.* Administration for Children and Families, Substance Abuse and Mental Health Services Administration. https://ncsacw.acf.hhs.gov/files/meth-tip-sheet-parent.pdf

Slide 80

Emerging Treatment Considerations for Methamphetamine Use Disorders



Talking Points:

A new wave of emerging treatment considerations for methamphetamine use disorders includes the likes of digital apps for virtual contingency management. These healthcare technology-based apps are specifically designed to model an integrated approach but from the comfort of your hand-held device—providing consumers access to any combination of remote drug testing, medication adherence, online treatment modules, recovery coaching and other support services, treatment appointment tracking and reminders, and financial incentives or rewards programs. The most prominent of these digital apps include:

- DynamiCare (offering contingency management for stimulant free saliva tests)
- reSET (offering contingency management for completion of SUD treatment modules)
- WeConnect (offering contingency management for adherence to SUD treatment plans)

There is also an emerging body of literature pointing to the effectiveness of adjunct exercise programs for the treatment of methamphetamine use disorders. This is in large part due to unique position where persons affected by methamphetamine use disorders also tend to be managing co-occurring depression and anxiety which can be heightened by abstinent-based treatment programming—leading to an increase in symptoms such as low energy, poor concentration, greater irritability and mood instability. A scan of current literature points to the positive relationship exercise has on methamphetamine use disorder treatment outcomes which included lower rates of depression and anxiety, lower rates of return to use, and longer periods of sustained recovery when compared to non-exercise methamphetamine use disorder counterparts.

Prompts for Participants:

- **Are we seeing either of these two emerging treatment considerations for methamphetamine use disorders in our communities?**
- **What does this currently look like? And are there any early indicators related to treatment engagement, retention, or outcomes?**

Additional Resources:

N/A

Slide Citations:

(Addictions, Drug and Alcohol Institute, 2021; Stoner, 2018)

Script Citations:

(Addictions, Drug and Alcohol Institute, 2021)

(Stoner, 2018)

Full Citations:

Addictions, Drug and Alcohol Institute, University of Washington. (2021). *Meth 2.0 and opioid use disorder: A collision of epidemics* [Video]. YouTube. https://www.youtube.com/watch?v=hZEiIz2e9GE

Stoner, S. A. (2018). *Effective treatments for methamphetamine use disorder: A review.* Alcohol & Drug Abuse Institute, University of Washington. https://adai.uw.edu/pubs/pdf/2018methtreatment.pdf

Slide 81

Recovery Is Possible!

Talking Points:

While treatment of substance use disorders can be complex, parental and familial recovery and healing remains possible!

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

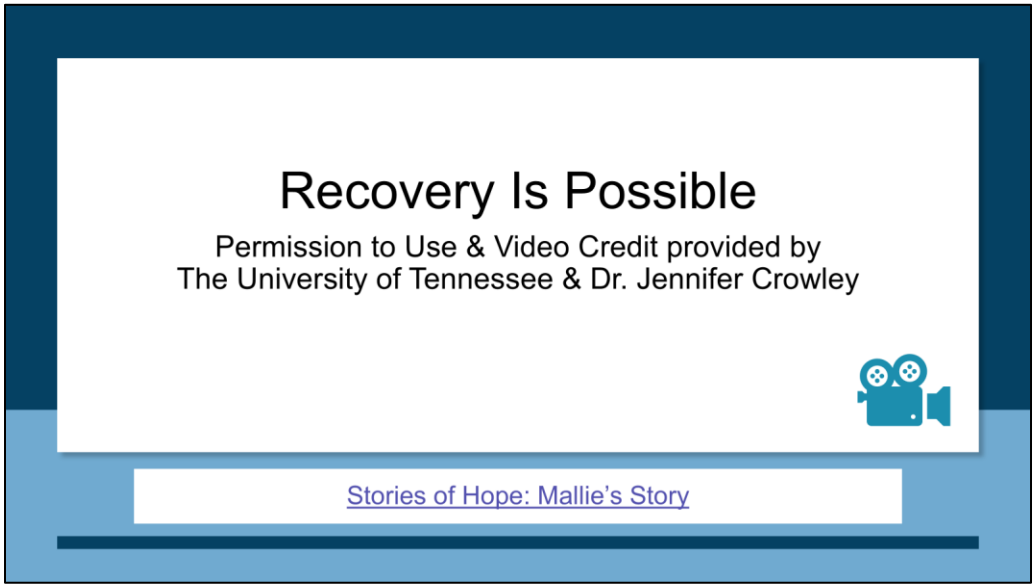
N/A

Full Citations:

N/A

Slide 82

Stories of Hope: Mallie's Story



Talking Points:

Now, we have a real-life reminder that recovery from a substance use disorder is possible—we'll now view Mallie's story, made possible by the University of Tennessee and r. J ennifer Crowley in partnership with the Rural Communities' Opioid Response Program—East Tennessee Consortium (RCORP-ETC) and Project Hope.

Prompts for Participants (after Mallie's Story):

- **What parts of Mallie's story resonated with you the most?**
- **What events, resources, and treatment opportunities led to Mallie's long-term recovery?**
- **Did your opinion about recovery from a substance use disorder change after viewing Mallie's story?**

 reat, thank you all for sharing Let's now close out our training discussion with some tips to facilitate parental and familial recovery.

Video Sources:

The University of Tennessee & Dr. Jennifer Crowley

Slide 83

Tips to Facilitate Parental & Familial Recovery

Talking Points:

As treatment and child welfare professionals we all play an important role in ensuring that recovery is indeed possible. Here we have some helpful strategies to enhance our support and services offered to those affected by substance use disorders:

Collaborate—as cross-system providers we have a responsibility to build relationships with subject matter experts in our communities to better understand and facilitate referral and linkage to appropriate supports and services for each family member (parents, children, caregivers, etc.).

Talk—continue talking with substance use disorder treatment professionals to increase awareness and understanding of evidence-based treatment models or interventions and any new and emerging practice considerations specific to substance use disorders—what works for one substance may not work for others. Learning what works best for different substance use disorders—what the data and research says will help us tailor interventions and case plan objectives that account for the complexities involved and subsequent stressors.

Understand—that all treatment level of cares can be effective and/or enhanced to better meet the needs of parents and their family members. For some parents or family members, outpatient treatment with the right amount of additional supports and services will be sufficient while for others, the structure and intensity of inpatient treatment may be required for a greater likelihood of treatment engagement and retention. Having awareness of residential family-centered treatment programs where families are allowed to remain together during treatment or with frequent quality family time visits when living together is not a safe option have continually shown significant improvements to parental recovery and child welfare outcomes.

Refer—use your increased knowledge and community partnerships to refer and link parents and families to tailored services and supports that meet their unique needs—for families affected by substance use disorders this may look like peer recovery support services or mutual aid for real-time coaching and support with things well beyond abstinence-oriented programming such as housing and employment resources, healthcare coverage, and improved management of activities of daily living.

Ensure—this also includes ensuring access to concurrent mental health services to manage comorbidity such as depression and anxiety; as well as indicated supports and services for each family member—ensuring children and adolescents are receiving proper screening and assessment for their developmental and social-emotional health needs; making appropriate and timely referrals for all indicated services and following up to ensure access and utilization of said services and supports.

Support—belief and understanding that despite all the challenges and complexities that substance use disorders present, parents and their families are very much capable of a full recovery—they'll just need a little extra support from us along the way.

Convey—this last one is a good reminder to ourselves to convey empathy and instill hope in our work with all parents and families on their path toward long-term recovery and family stability.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

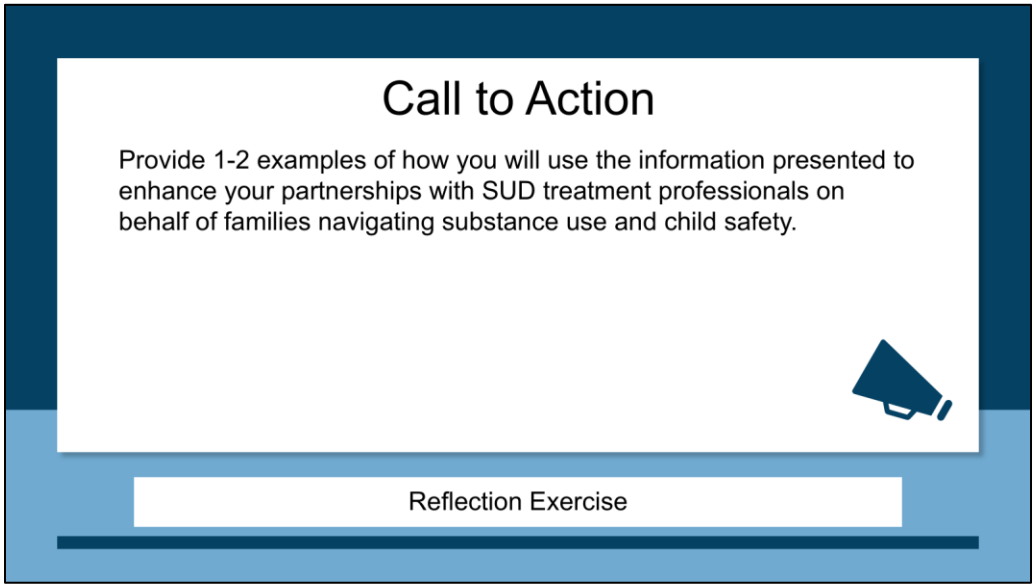
N/A

Full Citations:

N/A

Slide 84

Call to Action



Talking Points:

Alright, we covered a lot of content during these two hours. Some information may have been a refresher, while some information may have challenged you to think about your cross-system partnerships in a new or different way.

Prompt for Participants:

- **For this reflection exercise, let's take a few minutes to turn to a neighbor and share 1 to 2 examples of how you will use the information presented to enhance your partnerships with SUD treatment professionals on behalf of families navigating substance use and child safety.**

Do we have any volunteers willing to share with the large group?

Excellent! Thank you for sharing about your call to action. On behalf of all SUD treatment providers, we are committed to ongoing collaboration and cross-training partnerships with you all on behalf of the parents, children, and family members we jointly serve.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

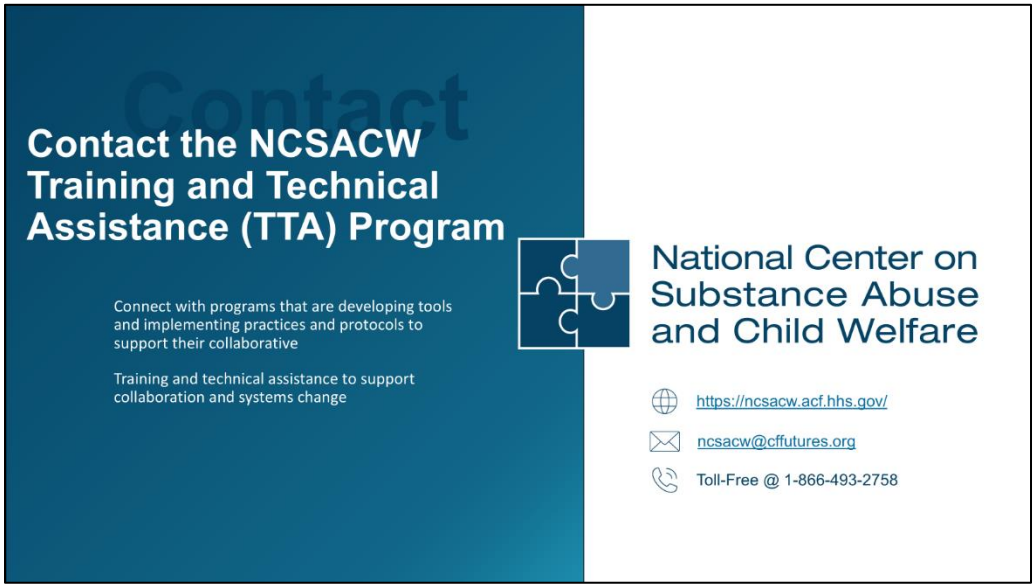
N/A

Full Citations:

N/A

Slide 85

Contact the NCSACW Training and Technical Assistance (TTA) Program



Talking Points:

Lastly, we just wanted to point out that if you have any follow up questions from today's training presentation, 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 again.

Additional Resources:

N/A

Slide Citations:

N/A

Script Citations:

N/A

Full Citations:

N/A

References

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- National Center on Substance Abuse and Child Welfare: *The Use of Peers and Recovery Specialists in Child Welfare Settings* (2019)
- 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)
- National Center on Substance Use and Child Welfare: *Screening for Substance Use in Child Welfare Using the UNCOPE* (2023)
- National Center on Substance Use and Child Welfare: *Understanding Engagement of Families Affected by Substance Use Disorders —Child Welfare Practice Tips* (2022)
- Peer Recovery Center of Excellence: Peer Recovery Now (2023)
- U.S. Food and Drug Administration: *Safe Opioid Disposal - Remove the Risk Outreach Toolkit* (2021)