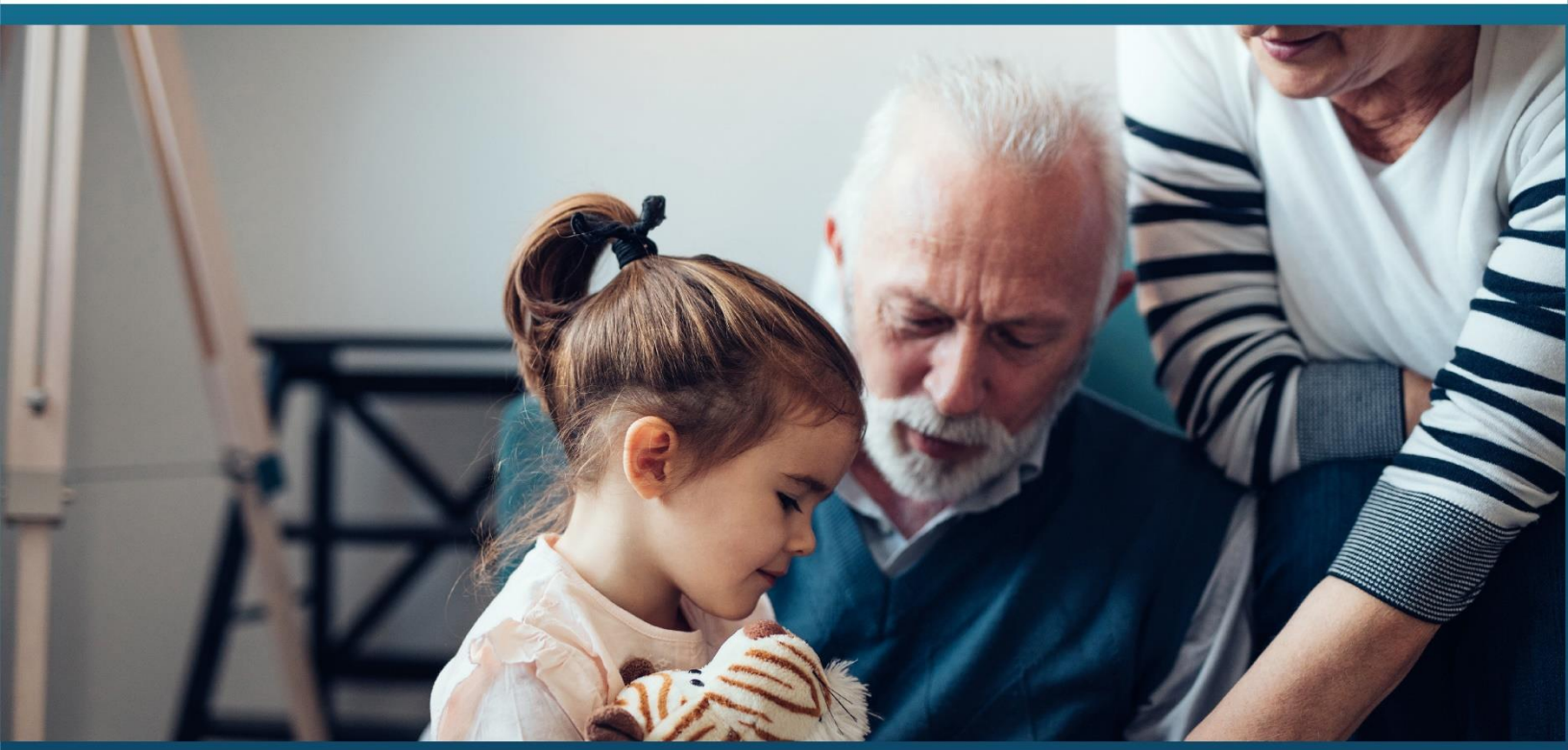
MODULE 9

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






National Center on Substance Abuse and Child Welfare

Contents

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

The toolkit consists of ten modules—seven foundational and three special topics:

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

Module 2: Understanding Substance Use Disorders, Treatment & Recovery

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

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

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

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

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

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

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

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

In addition, the Child Welfare Training Toolkit is designed to offer states and local jurisdictions flexibility with delivery methods—the 10 modules can be delivered as a series or as standalone in-person or virtual trainings. Note, each module is equivalent to a half day or 3-hour training which should also account for one 15-minute break for learners during instruction.

Each module contains a detailed facilitator's guide outlining identified learning objectives, a presentation slide deck, a comprehensive reference list, and supplemental resources. To better support state and local training capacity, detailed talking points for each slide's

content have been included which can be used as a script or a starting point to help acclimate and support facilitator readiness. As with all training curricula, facilitators are also encouraged to infuse their own subject matter expertise, practice-level experience, and knowledge of state or local policy or practice to help reinforce the toolkit's contents and learning objectives.

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

Note, the NCSACW provides a free online tutorial titled*, Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*. This self-guided online tutorial complements the contents of the Child Welfare Training Toolkit. State and local jurisdictions may encourage their workforce to take the online tutorial to further supplement their knowledge; learners who successfully complete the online tutorial will be eligible for continuing education credits.

Intended Audience

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

Facilitator Qualifications

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

Language & Terminology

Discipline-specific language and terminology are used throughout this 10-module toolkit. A trainer glossary has been incorporated as part of the toolkit to better support knowledge and understanding of the purpose and intended meanings of commonly referenced terms and recommended use of person-first and non-stigmatizing language.

Materials Needed

In-Person Training Delivery

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

Virtual Training Delivery

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

Module 9 Description and Objectives

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

After completing this training, child welfare workers will:

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

Presentation Slide Deck and Talking Points

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

- Facilitator Script: ready to use talking points that can be used in its current form or modified based on a facilitator's training capacity and subject matter expertise.

- Facilitative Prompts for Participants: content-specific inquiries developed to engage learners in further discussion and application of knowledge and skills (**bolded for easy reference**).

- Additional Facilitator Notes: contextual information to support the facilitator's knowledge and readiness, or specific mention of supplemental resources available to the learners hyperlinked within the resource section at the end of the presentation slide deck (*italicized for easy reference*).

- Underlined Content: a tool used to draw attention or emphasize specific content within the facilitator script.

Slide 1

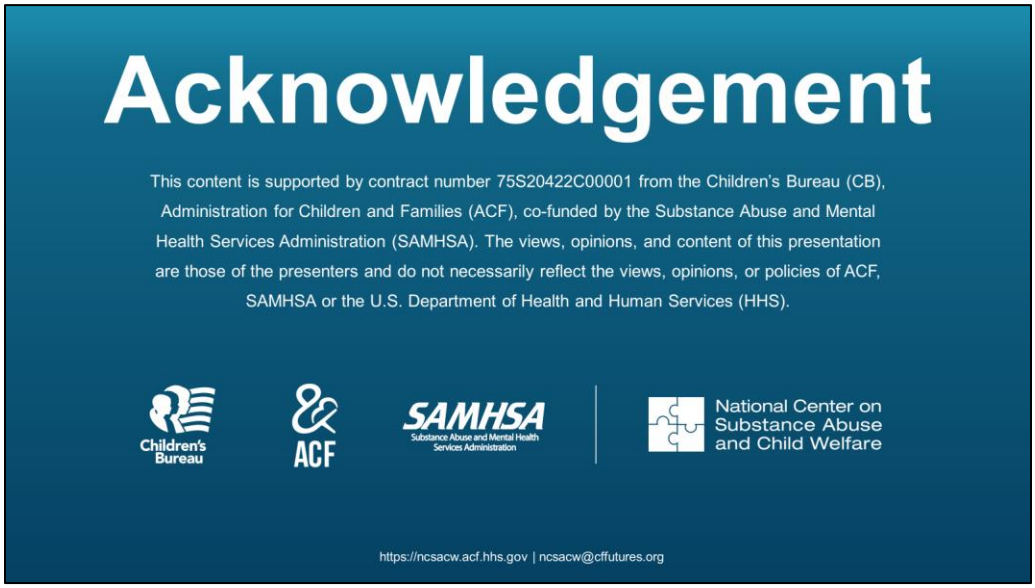
Special Topic: Considerations for Children and Families Affected by Opioid Use

Facilitator Script:

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

Slide 2

Acknowledgement

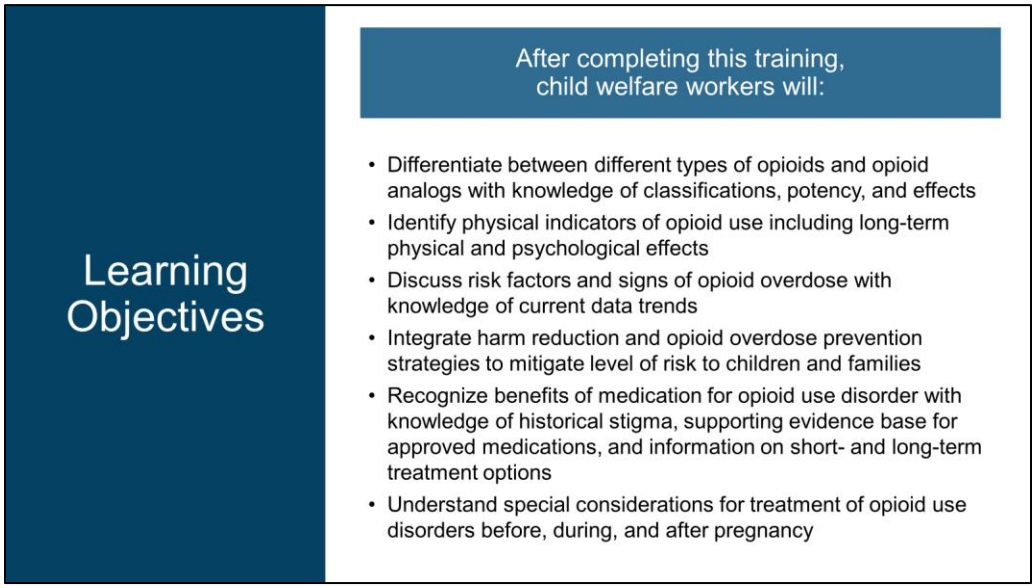


Facilitator Script:

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

Slide 3

Learning Objectives

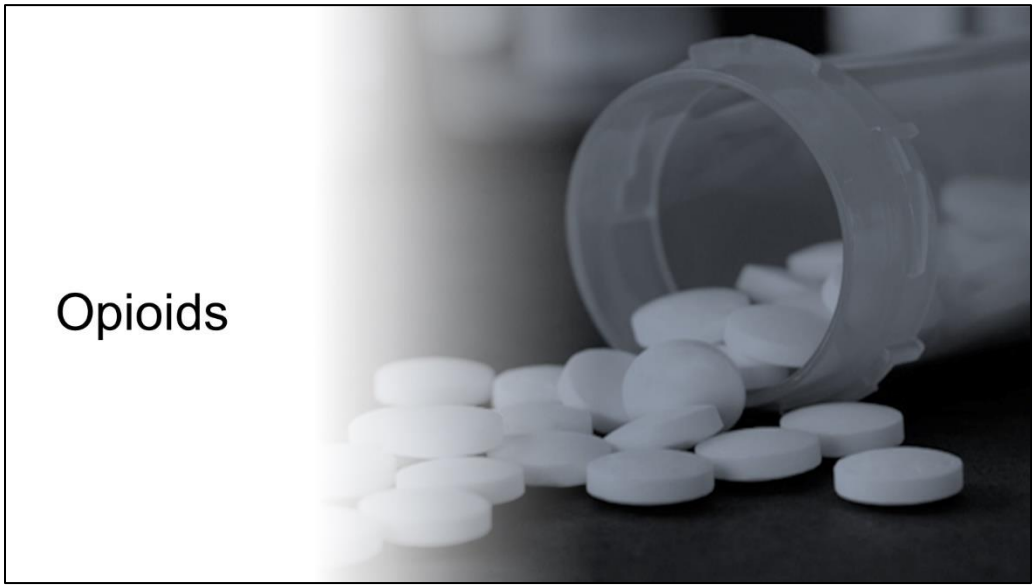


Facilitator Script:

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

Slide 4

Opioids



Facilitator Script:

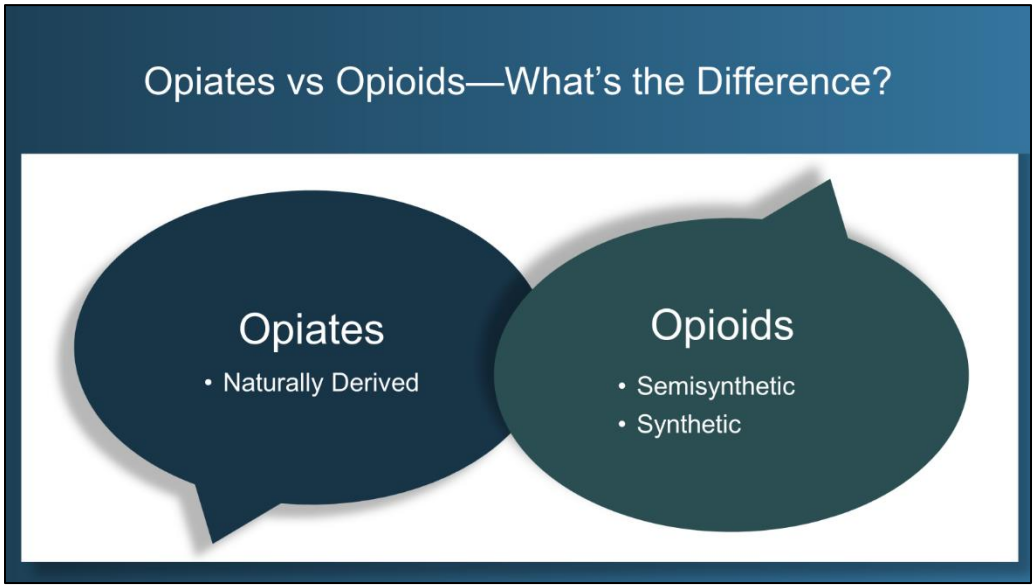
Today's special topic on opioids is both timely and important to the safety and well-being of children, parents, and families across all communities. We'll be covering a breadth of information and resources to support your knowledge and casework practice, but before we begin, let's first start by hearing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

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

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

Slide 5

Opiates vs Opioids—What's the Difference?



Facilitator Script:

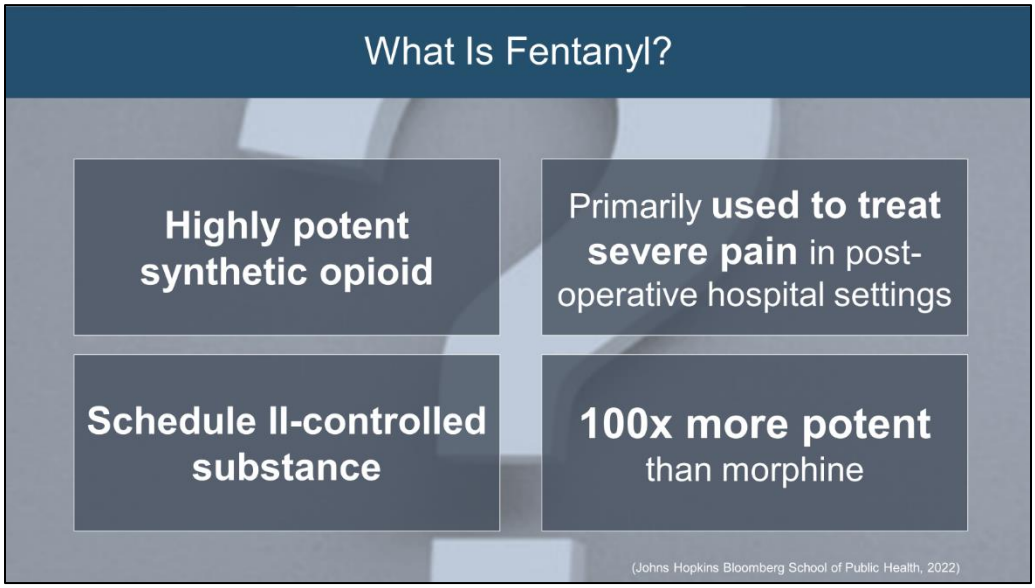
While these terms are often used interchangeably, there are main differences. Opiates are naturally derived medications—meaning nature produces the main ingredient, opium, which is extracted directly from the poppy plant. By this definition, the only natural opiates are morphine, codeine, and thebaine (also known as paramorphine).

Opioids active ingredients, on the other hand, are created chemically but produce the same effect as opiates. There are two classifications of opioids—semisynthetic and synthetic. Common 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 from morphine; separate from those are common synthetic opioids such as buprenorphine, methadone, tramadol, and fentanyl. Let's now spend some time exploring the latter, fentanyl.

Source: (Teater, n.d.)

Slide 6

What Is Fentanyl?



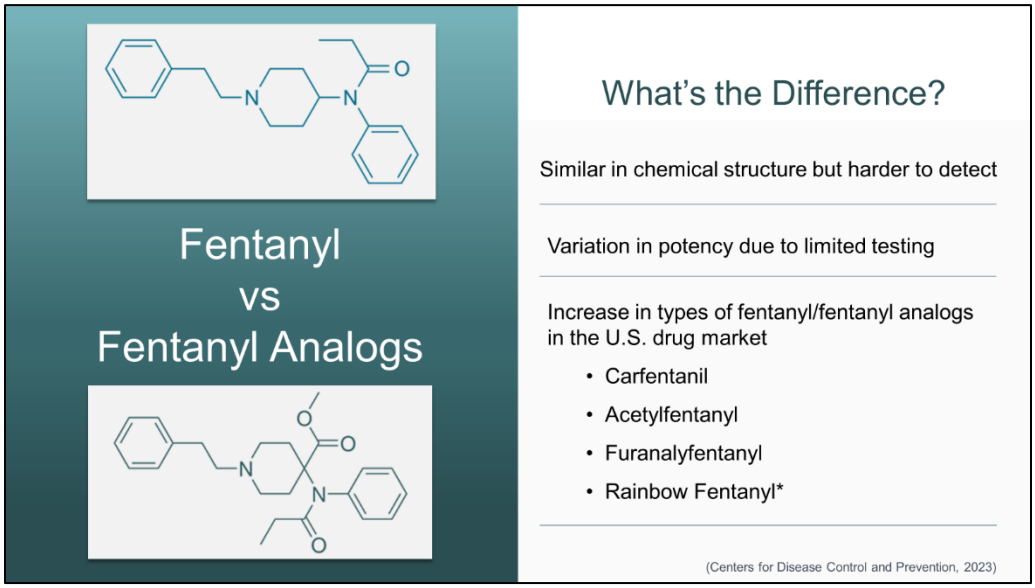
Facilitator Script:

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

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

Slide 7

Fentanyl vs Fentanyl Analogs



Facilitator Script:

In addition to fentanyl, there are also a host of fentanyl analogs that are considered chemical alterations from the original synthetic opioid. Both share a similar chemical structure (hence the similarities in these two photos—the top is fentanyl and the bottom is the analog, Carfentanil) but the analogs are harder to detect due to requiring specialized toxicology testing.

Estimates of fentanyl analog potency also varies (some believed to be less potent or more potent than fentanyl) though the literature is also limited due to a lack of scientific evaluation on humans. Currently, Carfentanil is believed to be the most potent fentanyl analog detected in the U.S. drug market with estimates as high as 10,000x more potent than morphine, 100x more potent than fentanyl, and 50x more potent than heroin. While rainbow fentanyl is not considered an analog, it is one of the newest trends in illicit manufacturing of fentanyl—with suppliers producing brightly colored pills, powders, and blocks that closely resemble things like candy and sidewalk chalk.

Sources: (Centers for Disease Control and Prevention, 2023; U.S. Drug Enforcement Administration, 2021; Johns Hopkins Bloomberg School of Public Health, 2022)

Slide 8

Illegal Manufacturing of Fentanyl

Facilitator Script:

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

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

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

Slide 9

Emerging Threat: Fentanyl Combined with Xylazine

Facilitator Script:

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

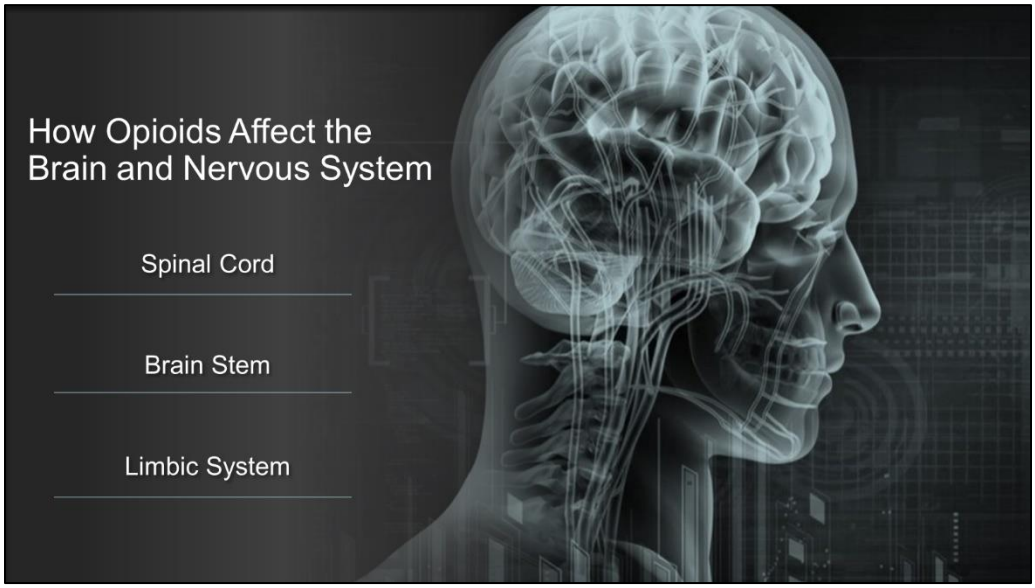
Fentanyl mixed with xylazine has emerged on the illegal drug market in recent years with detection now in every state and according to recent data released by the CDC had a 276% increase in its monthly percentage of overdose-related deaths up from 2.9 to 10.9%. These alarming figures prompted the White House to use executive designation authority for the first time in U.S. history declaring fentanyl combined with xylazine an emerging threat, with the Office of National Drug Control Policy (ONDCP) issuing a National Response Plan committing to six pillars of action:

1. Testing
2. Drug Collection
3. Evidence-Based Prevention, Harm Reduction, and Treatment
4. Supply Reduction
5. Scheduling
6. And Research

Source: (The White House, 2023)

Slide 10

How Opioids Affect the Brain and Nervous System



Facilitator Script:

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

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

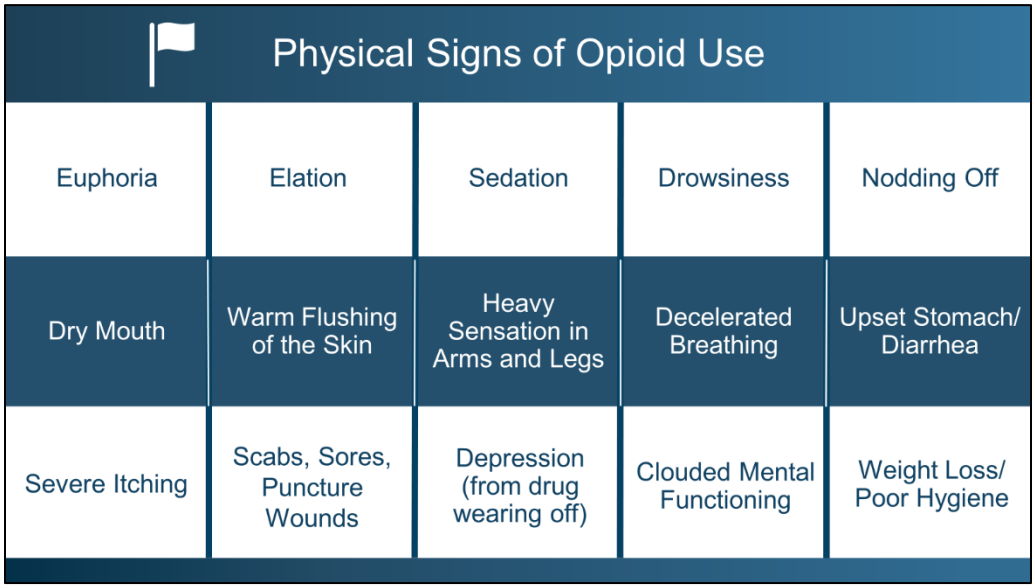
Opioids also affect the limbic system—the area of the brain that controls our emotions. This is commonly referred to as the euphoric high described as feelings of intense pleasure, relaxation, and contentment. This response is due to large amounts of dopamine being released through the body, triggering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

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

Source: (Anderson, 2023)

Slide 11

Physical Signs of Opioid Use

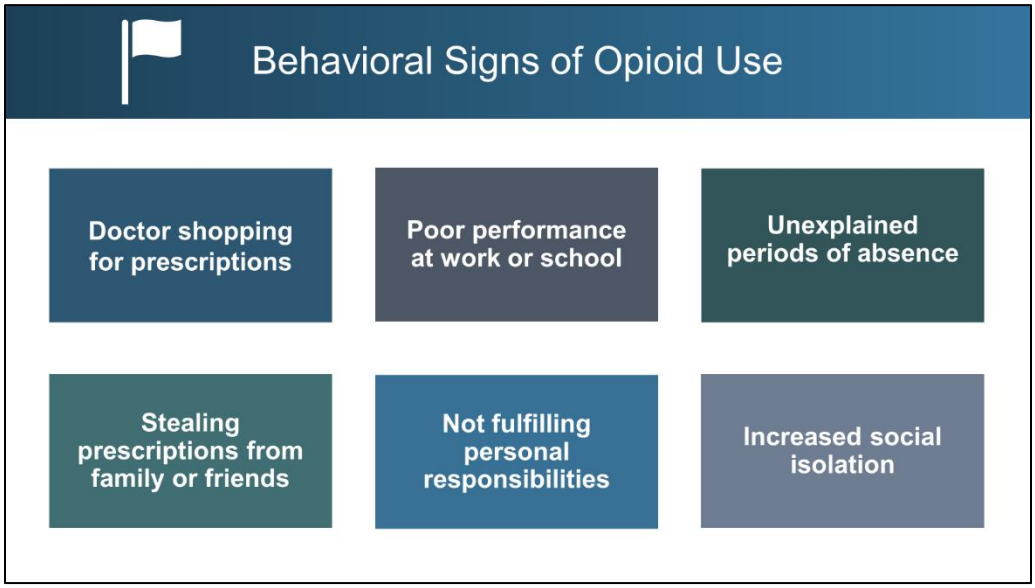


Facilitator Script:

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

Slide 12

Behavioral Signs of Opioid Use

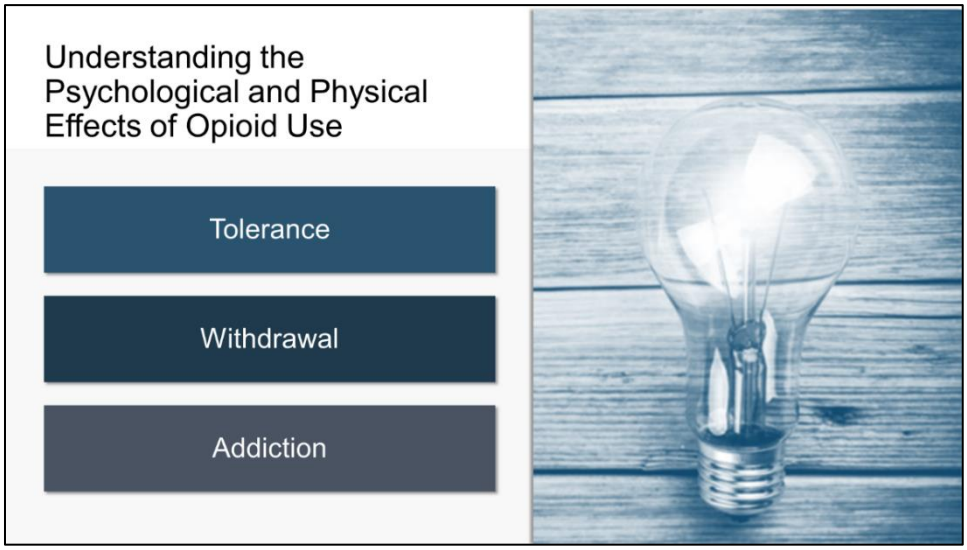


Facilitator Script:

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

Slide 13

Understanding the Psychological and Physical Effects of Opioid Use



Facilitator Script:

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

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

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

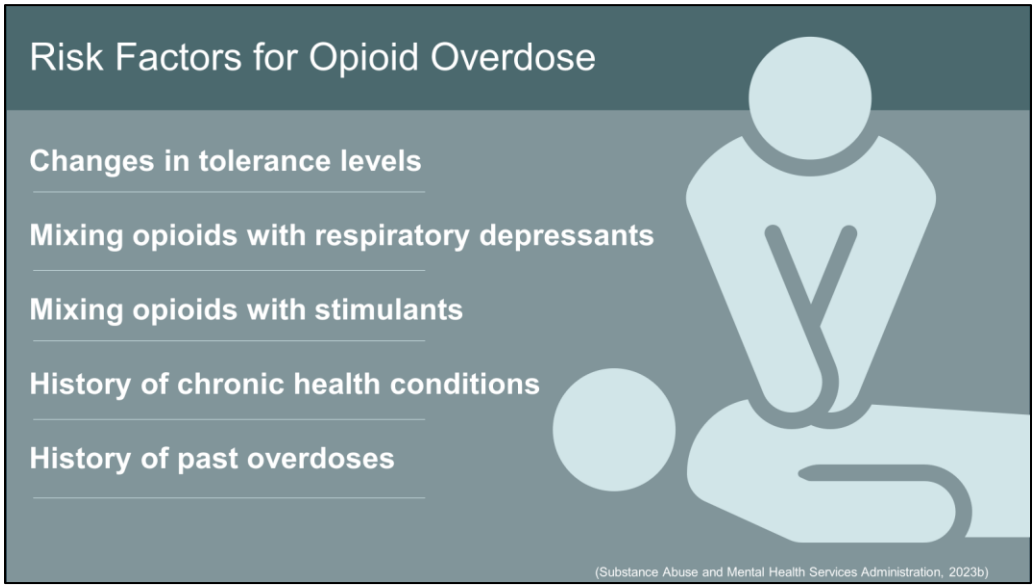
The distinction between tolerance, withdrawal, and addiction is important due to the potency of opioid medications—both in regard to legitimate and illicit use. According to the literature, opioid tolerance and withdrawal can occur in as little as 5-7 days with some evidence pointing to changes in brain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

To help put this all into perspective, the results from the 2021 National Survey on Drug Use and Health indicated that 1.8 million people aged 12 or older initiated prescription pain reliever misuse in the past year; another 5 million people, aged 12 or older, met criteria for a prescription pain reliever use disorder in the past year; and finally, an additional 5.6 million people aged 12 or older, met criteria for an opioid use disorder in the past year. This data speaks to opioids high potential for misuse and abuse including overdose or death.

Sources: (Das et al., 2022; Teater, n.d.; Substance Abuse and Mental Health Services Administration, 2022)

Slide 14

Risk Factors for Opioid Overdose



Facilitator Script:

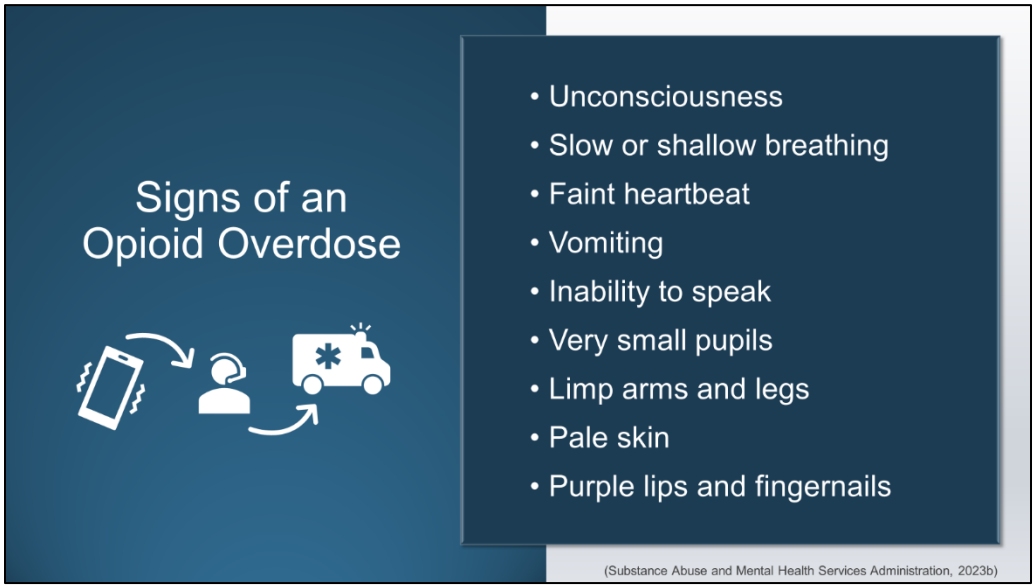
As child welfare workers, we play an important role in raising awareness among children and families about the dangers of opioids including the risk of overdose. This begins with our own understanding of the factors that can increase a person's risk of overdosing. These include:

- Changes in tolerance levels from periods of abstinence including 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—we covered the risks associated with this type of concurrent use in module 8
- Having chronic health conditions such as cardiovascular or respiratory diseases
- And lastly, a history of past overdoses including acute intoxication or accidental poisoning

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

Slide 15

Signs of an Opioid Overdose



Facilitator Script:

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

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

Slide 16

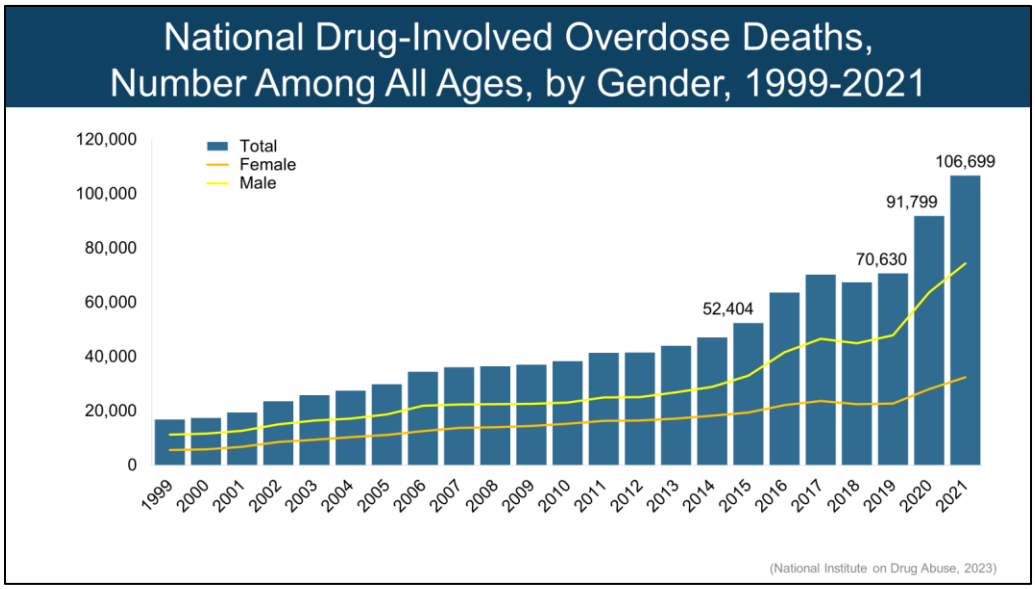
Drug Overdose Death Rates

Facilitator Script:

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

Slide 17

National Drug-Involved Overdose Deaths, Number Among All Ages, by Gender, 1999-2021



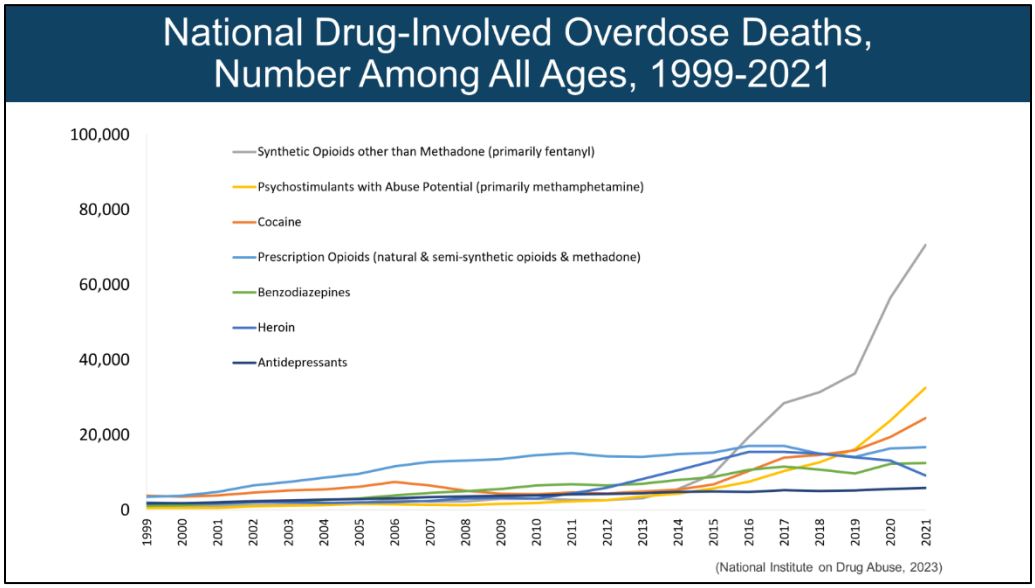
Facilitator Script:

Let's first start by reviewing the data for all drug-involved overdose deaths in our country. As presented in this bar graph, in 2021 alone, there were 106,699 drug-involved overdose deaths reported; 69% of these deaths occurred among males as shown by the yellow line.

Source: (National Institute on Drug Abuse, 2023)

Slide 18

National Drug-Involved Overdose Deaths, Number Among All Ages, 1999 - 2021



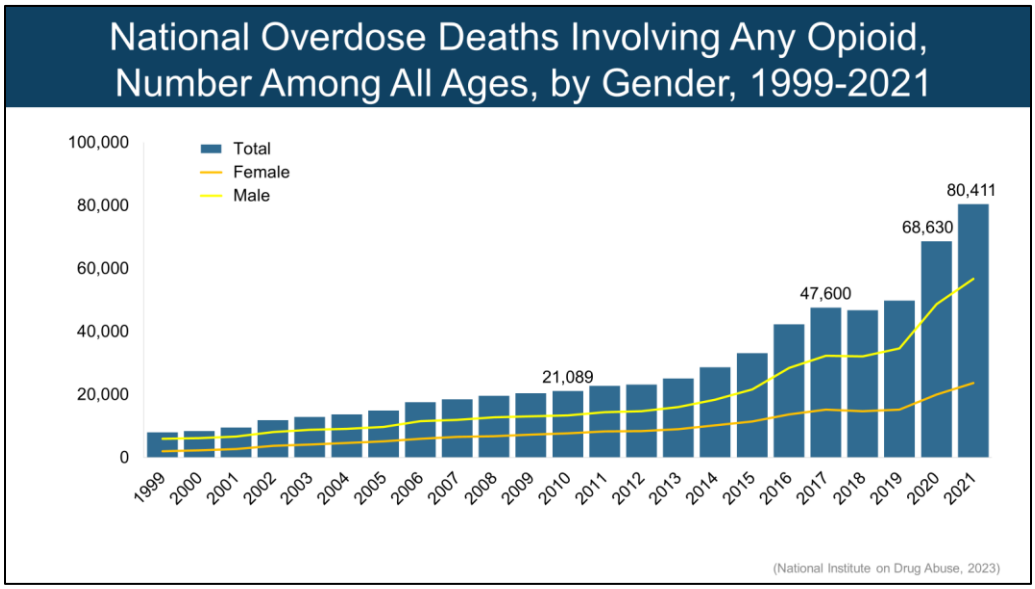
Facilitator Script:

Here we have the data on drug-involved overdose deaths broken down by type of drug. As depicted in this line graph, synthetic opioids other than methadone (primarily fentanyl) were the main driver of drug overdose deaths with a nearly 7.5-fold increase from 2015 to 2021.

Source: (National Institute on Drug Abuse, 2023)

Slide 19

National Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999 - 2021



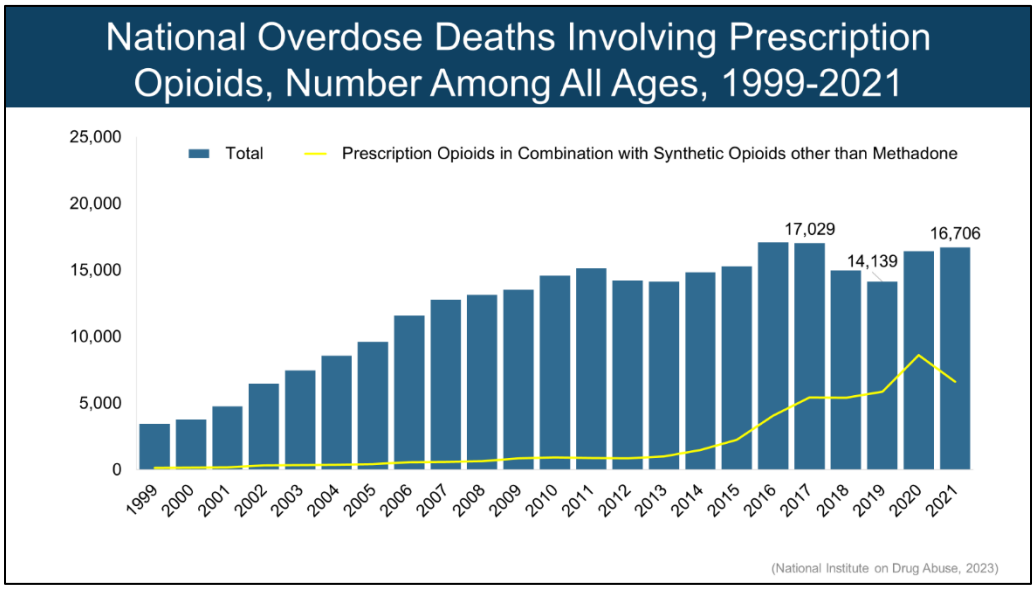
Facilitator Script:

Let's now review the data on drug overdose deaths involving any opioid—this includes prescription opioids (including natural and semi-synthetic opioids and methadone), other synthetic opioids other than methadone (primarily fentanyl), and heroin. As you can see, opioid-involved overdose deaths have continually increased since 1999, totaling 80,411 deaths in 2021 with more than 70% of these deaths occurring among males.

Source: (National Institute on Drug Abuse, 2023)

Slide 20

National Overdose Deaths Involving Prescription Opioids, Number Among All Ages, 1999 - 2021



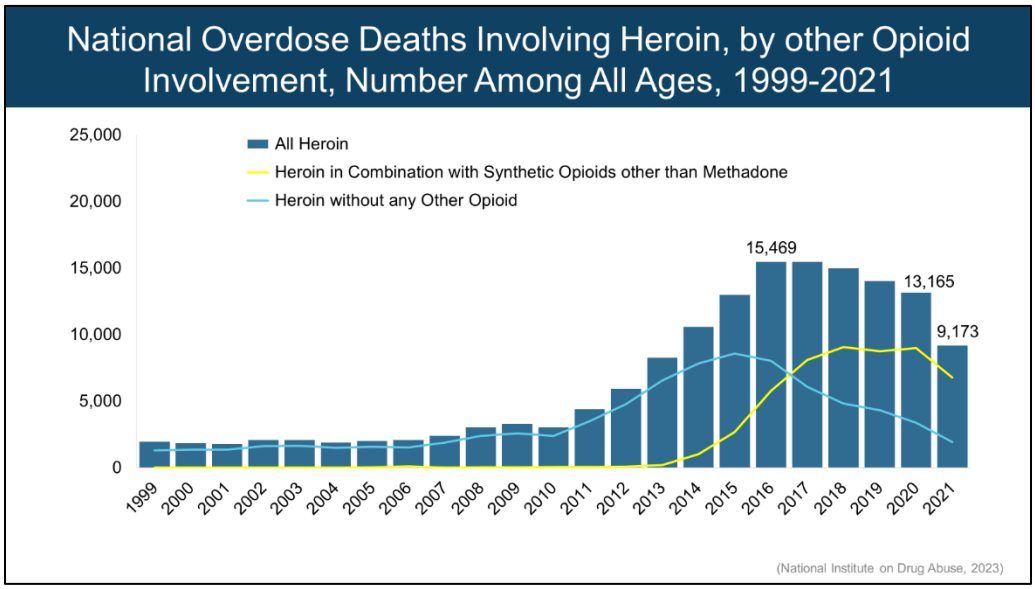
Facilitator Script:

On a more positive note, overdose deaths from prescription opioids alone have remained steady between 2020 and 2021 at around 16,000, with evidence of a slight decline in number of deaths involving the combination of prescription and synthetic opioids (other than methadone) during this same time period (from 8,626 down to 6,623).

Source: (National Institute on Drug Abuse, 2023)

Slide 21

National Overdose Deaths Involving Heroin, by Other Opioid Involvement, Number Among All Ages, 1999 - 2021



Facilitator Script:

This same data trend is true for overdose deaths involving heroin. As the data shows, there's been a downward trend in the data beginning in 2016 with a total of 9,173 deaths reported in 2021. Important to note here, is that nearly 75% of these heroin-involved overdose deaths in 2021 also involved synthetic opioids, primarily fentanyl.

Source: (National Institute on Drug Abuse, 2023)

Slide 22

Changes in Drug Overdose Death Rates Involving Synthetic Opioids by States

Facilitator Script:

Facilitator Notes: Internet or Wi-Fi permitting, open the link to the CDC Heat Map to display for learners Changes in Reported Drug Overdose Death Rates by States for 2022-2023. Please note disclaimer on CDC page regarding delays in receiving state-level data and subsequent underreporting trends. Depending on the state that you are facilitating the toolkit module you can highlight the specific state data.

Example: Alaska

Experienced a 35% increase in drug overdose death rates from October 2022 through October 2023:

- *2023 deaths totaled 324*
- *2022 deaths totaled 240*

Source: (Ahmad et al., 2023)

Slide 23

Harm Reduction and Opioid Overdose Prevention Strategies

Facilitator Script:

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

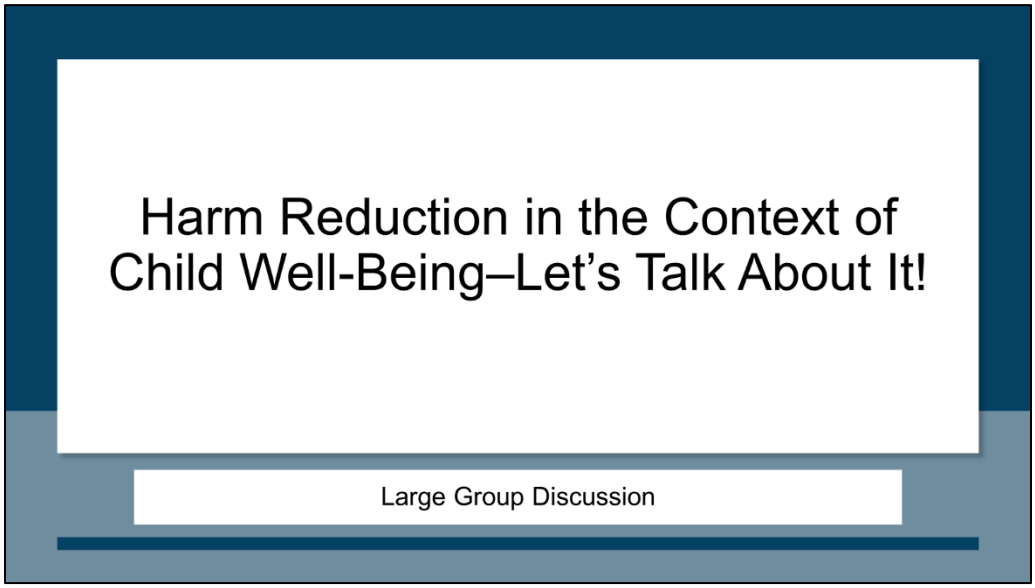
SAMHSA defines harm reduction as “a practical and transformative approach that incorporates community-driven public health strategies—including prevention, risk reduction, and health promotion—to empower people who use drugs and their family with the choice to live healthy, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of people who use drugs, especially those in underserved communities, in these 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.

Sources: (Substance Abuse and Mental Health Services Administration, 2023a; National Center on Substance Abuse and Child Welfare, 2024a)

Slide 24

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



Facilitator Script:

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

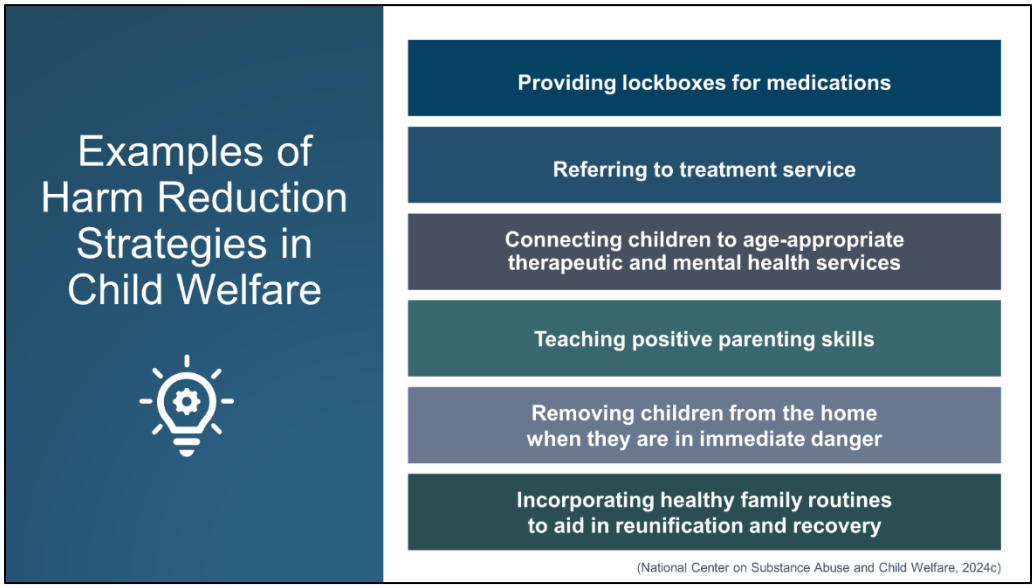
Prompts for Participants:

- **What does 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? Or messaging about building on protective factors, parental capacities, and family strengths?**
- **Is there a way to reconcile these differences? Or, has your agency found a way to move forward with implementing harm reduction strategies or approaches?**

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

Slide 25

Examples of Harm Reduction Strategies in Child Welfare



Facilitator Script:

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 spend a little more time on a few emerging harm reduction strategies that can also support our knowledge and casework practice with children and families affected by opioid use disorders.

Facilitator Note: The National Center on Substance Abuse and Child Welfare's Harm Reduction in the Context of Child Well-Being Tip Sheet Series is available as an additional resource on this topic.

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

Slide 26

Safe Storage & Proper Disposal of Opioids

Facilitator Script:

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

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

Despite all the prevention efforts, we know (especially from the data from CHOP) that accidental opioid-related poisonings continue to occur among young children and so it is also important that we are talking to parents and families about how to be prepared for this potential scenario. Information about immediate steps to take such as accessing appropriate medical care and guidance through local poison control, first responders and/or emergency medical care with

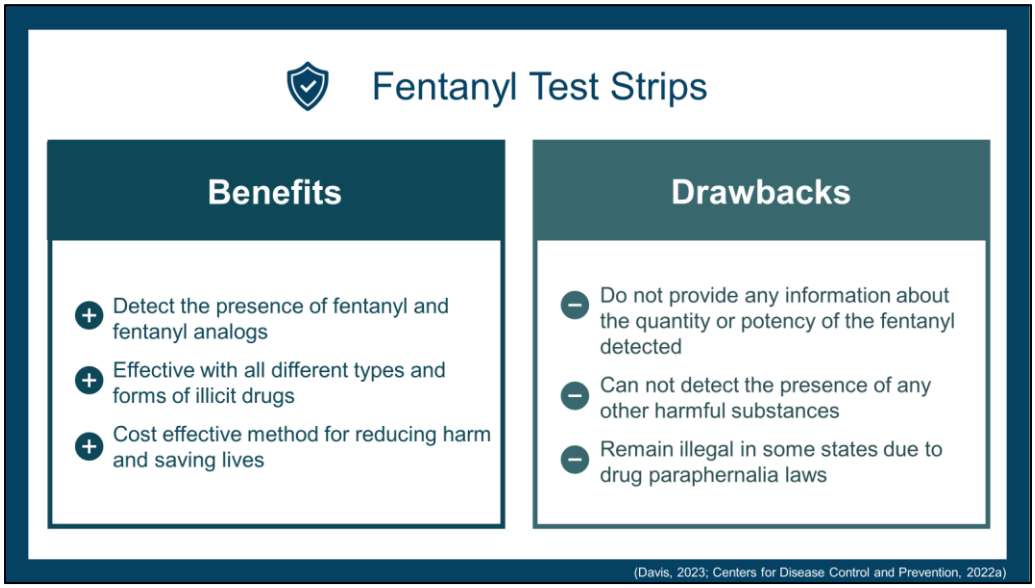
emphasis on honest and transparent dialogue about the type and amount of opioids ingested will help facilitate the most timely and effective life-saving treatment.

Facilitator Note: The Safe Opioid Disposal - Remove the Risk Outreach Toolkit is available as an additional resource.

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

Slide 27

Fentanyl Test Strips



Facilitator Script:

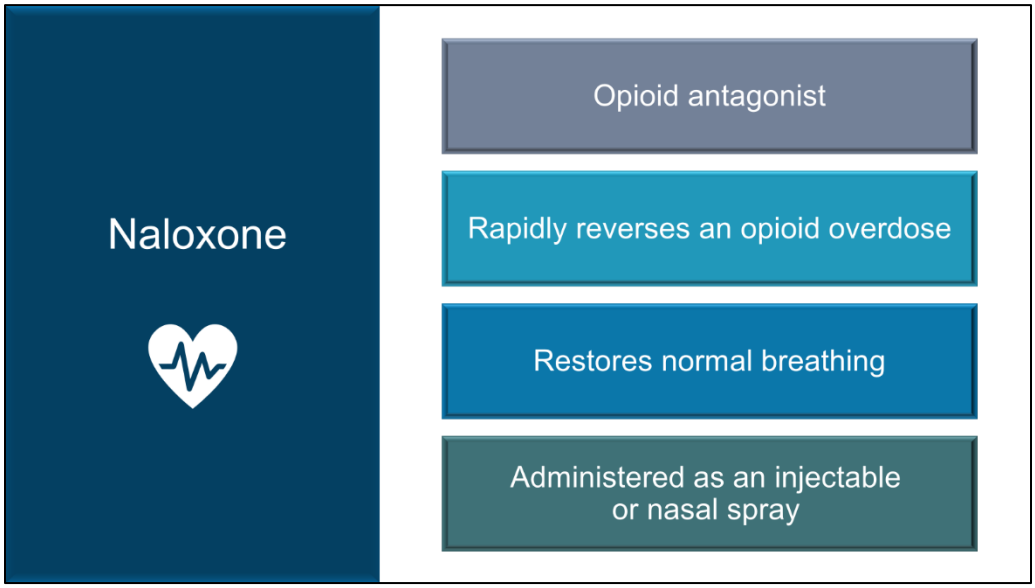
An additional strategy for harm reduction and opioid overdose prevention involves the use of fentanyl test strips. These small strips of paper detect the presence of fentanyl (including fentanyl analogs) in all different types (cocaine, meth, heroin, etc.) and forms (pills, powders, injectables) of illicit 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).

Developed 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. The latter being especially important in influencing legislative proposals to exclude fentanyl test strips from state-specific drug paraphernalia laws allowing for the legal sale, distribution, and possession—ultimately resulting in more lives saved from the dangers of the uncontrolled drug market involving synthetic opioids.

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

Slide 28

Naloxone



Facilitator Script:

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

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

Source: (National Institute on Drug Abuse, 2022)

Slide 29

Jessica's Story

Facilitator Script:

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

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

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

Let's start by recapping the digital story.

Prompts for Participants:

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

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

Slide 30

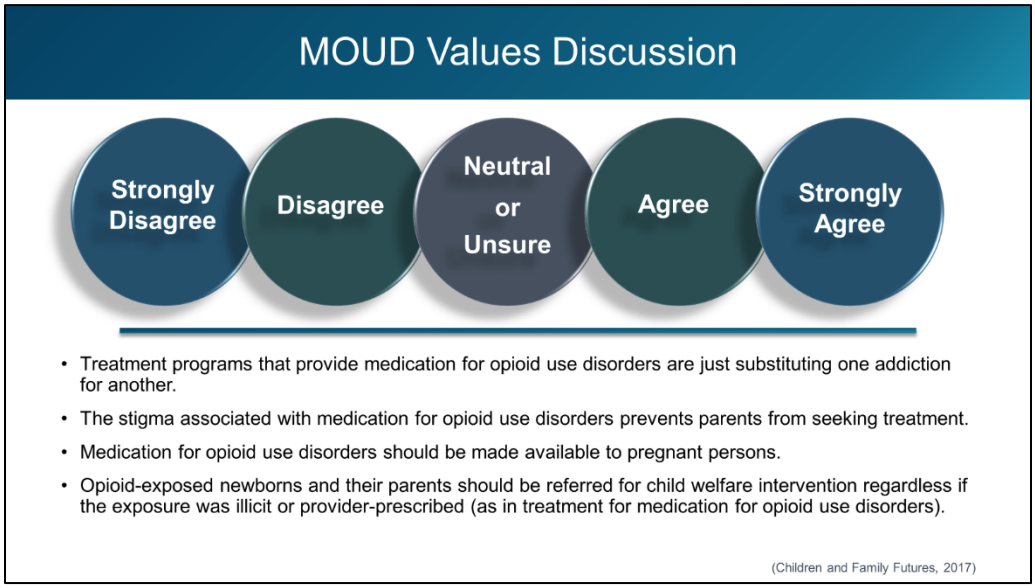
Medications for Opioid Use Disorder (MOUD)

Facilitator Script:

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

Slide 31

MOUD Values Discussion



Facilitator Script:

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

Prompts for Participants:

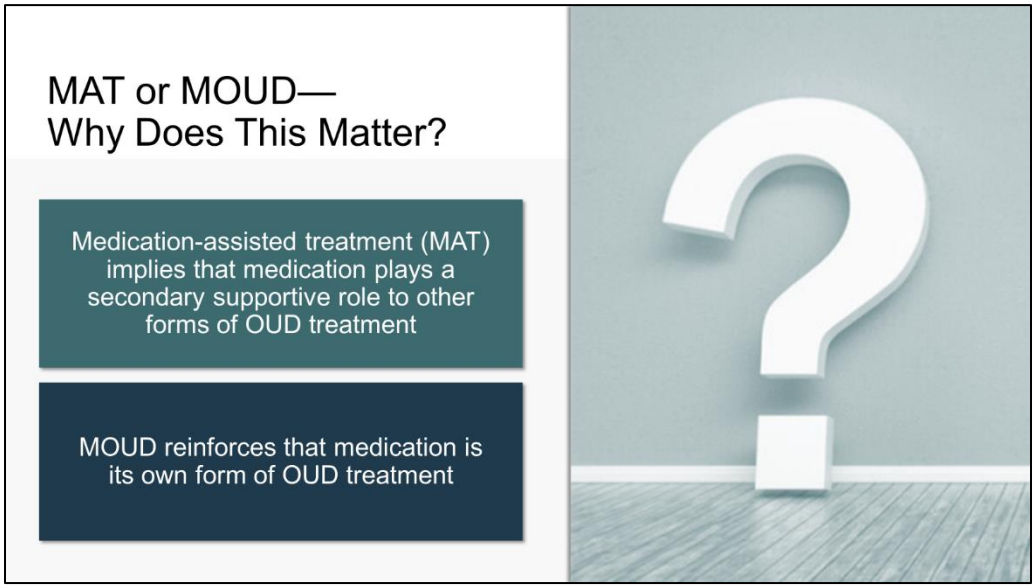
- **With a show of hands, how many of us have heard someone in our personal or professional lives describe medication for opioid use disorders as just substituting one addiction for another? In your opinion, what is contributing to this ongoing belief about this treatment option?**
- **Now ask yourself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

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

Source: (Children and Family Futures, 2017)

Slide 32

MAT or MOUD—Why Does This Matter?



Facilitator Script:

Facilitator Note: [Take a poll of the room]

Prompts for Participants:

With a show of hands…

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

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

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

Slide 33

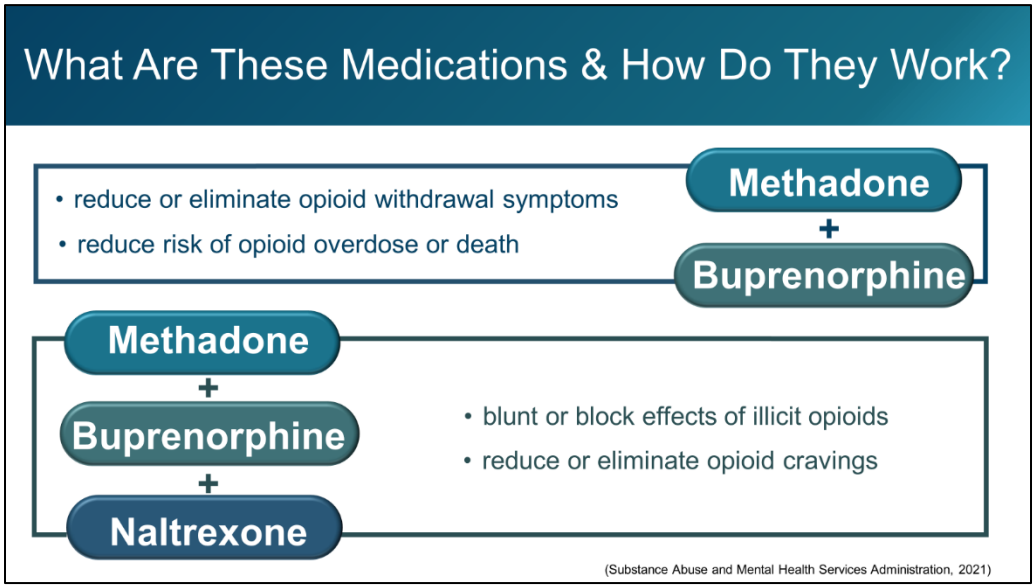
Reducing MOUD Stigma

Facilitator Script:

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

Slide 34

What Are These Medications & How Do They Work?



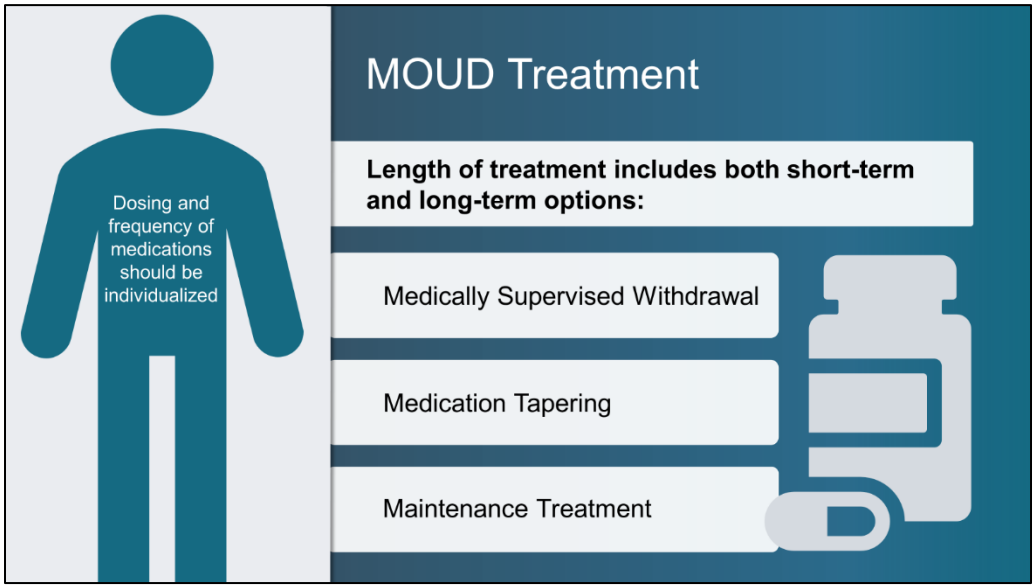
Facilitator Script:

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

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

Slide 35

MOUD Treatment



Facilitator Script:

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

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

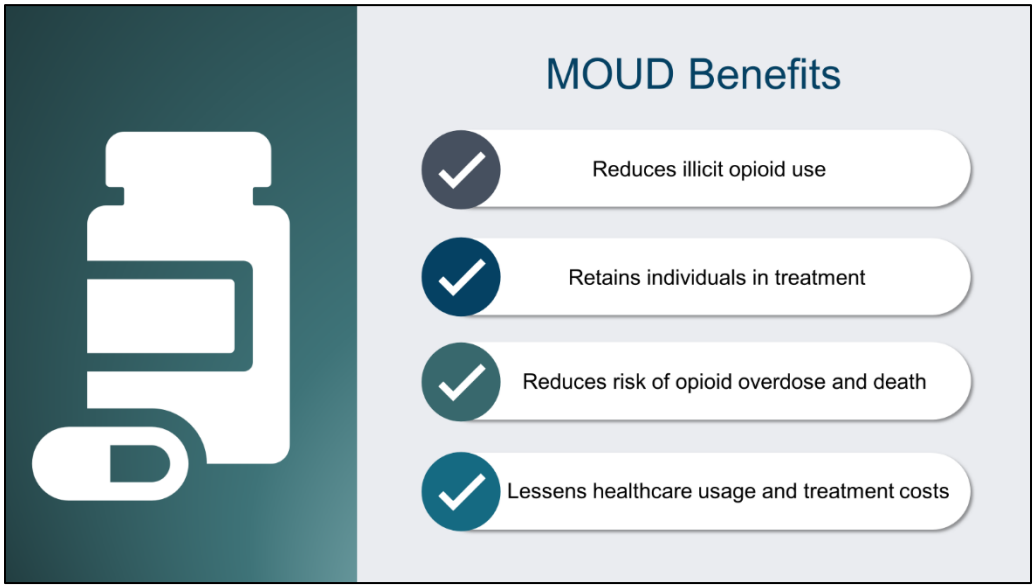
With medically supervised withdrawal (previously referred to as detoxification or detox for short), providers prescribe methadone or buprenorphine on a short-term basis with the goal of reducing withdrawal symptoms. This happens by gradually reducing the dosage until the medication is discontinued altogether—a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

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

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

Slide 36

MOUD Benefits



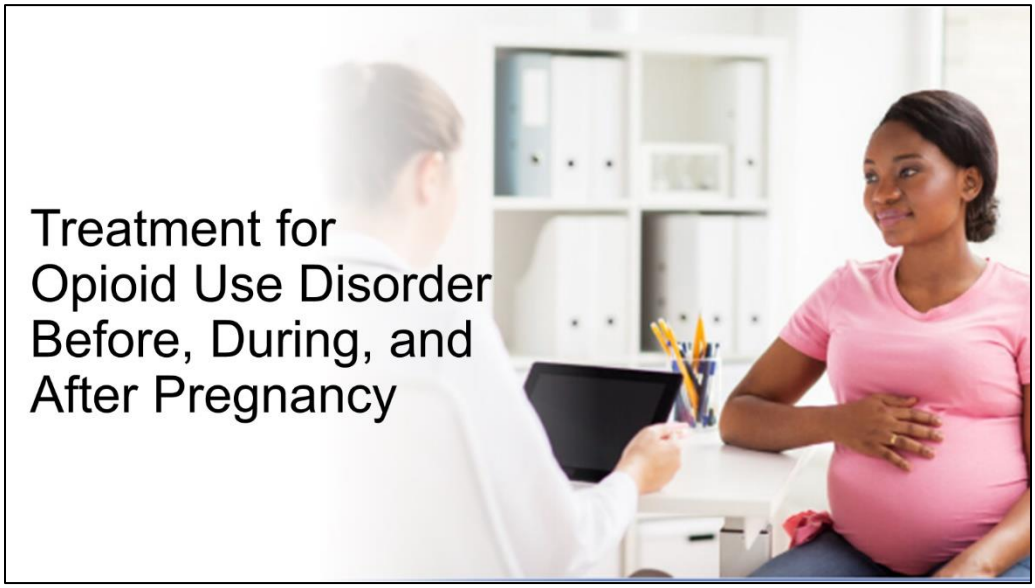
Facilitator Script:

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

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

Slide 37

Treatment for Opioid Use Disorder Before, During, and After Pregnancy

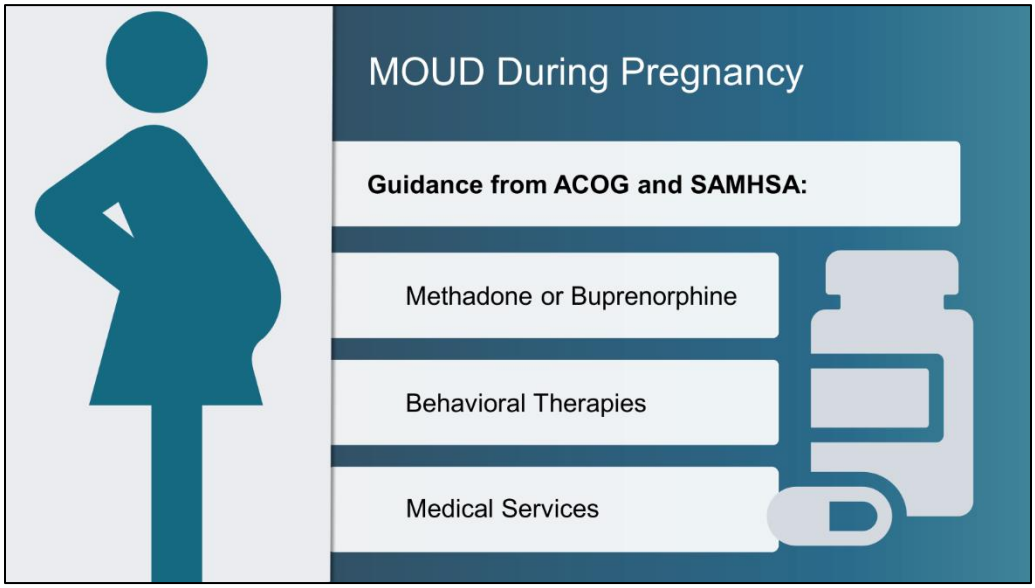


Facilitator Script:

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

Slide 38

MOUD During Pregnancy



Facilitator Script:

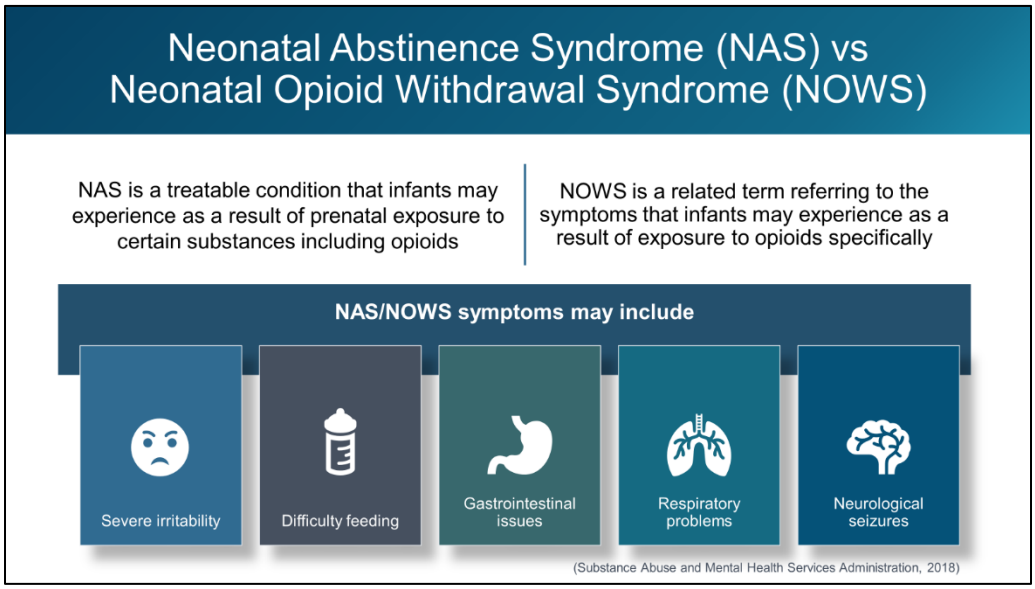
A common question that gets raised is whether medication for opioid use disorder is safe during pregnancy. The American College of Obstetricians and Gynecologists (also known as ACOG) and the Substance Abuse and Mental Health Services Administration (commonly referred to as SAMHSA) issued clinical guidance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

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

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

Slide 39

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



Facilitator Script:

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

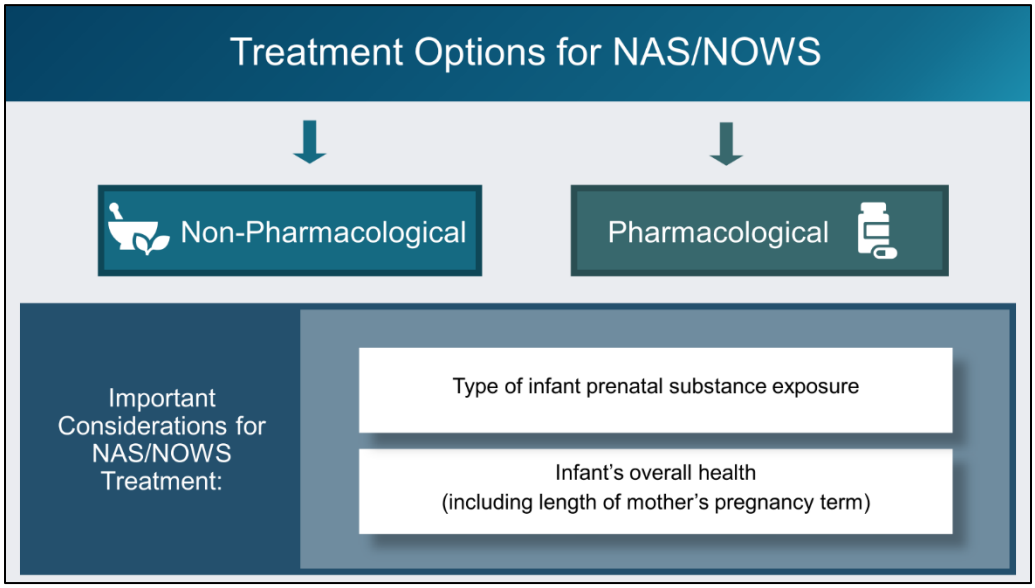
Factors influencing NAS expression in infants vary with a reported 50-80% of infants developing symptoms. Among opioid-exposed infants, onset of NAS symptoms will also depend on the type of opioid exposure. For infants exposed to heroin and other short-acting opioids, symptoms typically appear within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

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

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

Slide 40

Treatment Options for NAS/NOWS



Facilitator Script:

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

Slide 41

Non-Pharmacological Treatment Strategies for NAS/NOWS

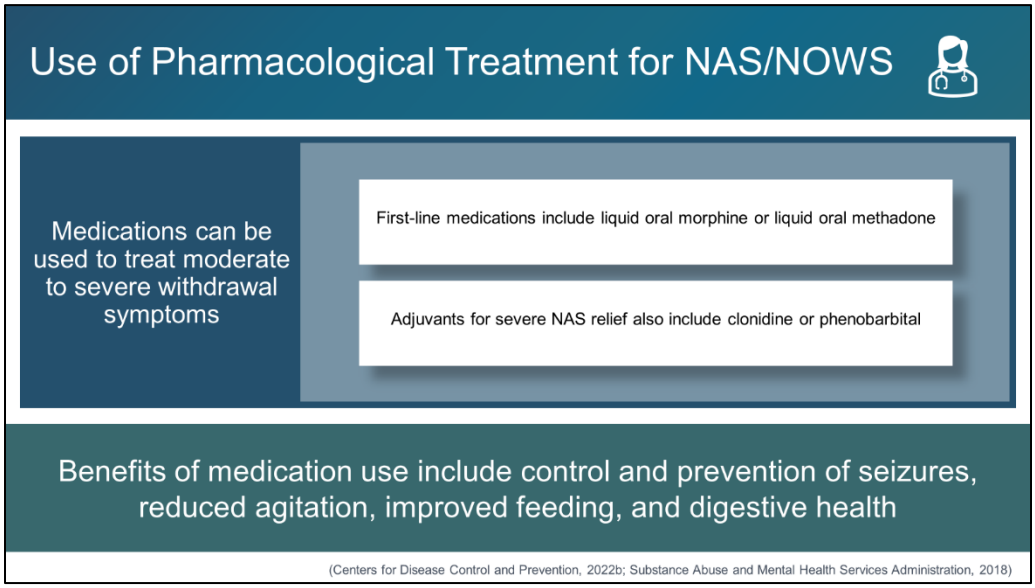
Facilitator Script:

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

Sources: (Centers for Disease Control and Prevention, 2022b; Substance Abuse and Mental Health Services Administration, 2018)

Slide 42

Use of Pharmacological Treatment for NAS/NOWS



Facilitator Script:

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

Sources: (Centers for Disease Control and Prevention, 2022b; Substance Abuse and Mental Health Services Administration, 2018)

Slide 43

Post Discharge Care for Infants Treated for NAS

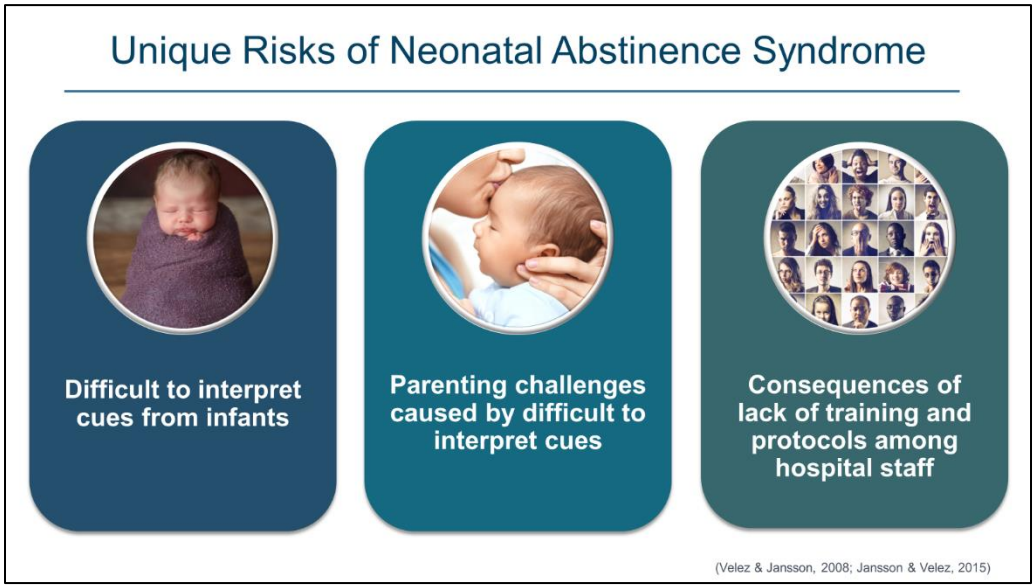
Facilitator Script:

Discharge planning for infants treated for NAS should include services and resources to support the infant and mother's health and well-being long after leaving the hospital. This may include referral and linkage to home visiting programs focused on early intervention, comprehensive case management services, and access to specialized health care providers. A best practice example of this includes Plans of Safe Care (or POSC)—individually designed care plans for infants and families affected by prenatal substance exposure including all cases of treated NAS. Goals of POSC include infant safety and strengthening of the family unit through systemwide partnerships and service provision including physical and mental health, substance use treatment, parenting education, and other needs where indicated. More detailed information on POSC can be accessed in the final module of the Child Welfare Training Toolkit (Care Coordination Considerations for Children and Families Affected by Prenatal Substance Exposure).

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

Slide 44

Unique Risks of Neonatal Abstinence Syndrome



Facilitator Script:

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

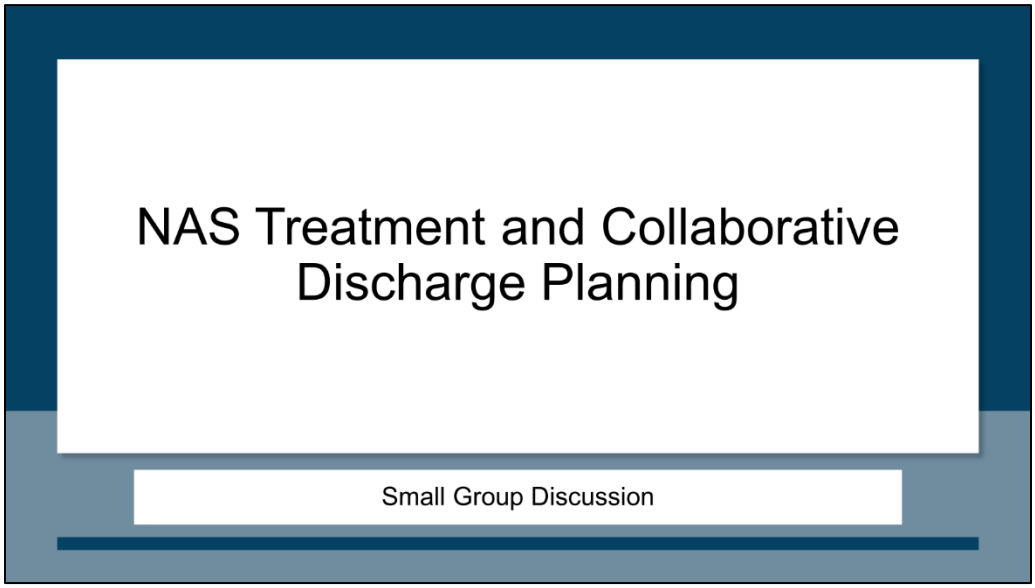
- Difficult to interpret cues from infants due to their neonatal abstinence syndrome which may result in a heightened display of NAS symptoms.
- These difficult to discern cues present challenges for parents, particularly among first-time parents, as they struggle to understand what their infant needs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

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

Sources: (Velez & Jansson, 2008; Jansson & Velez, 2015; Centers for Disease Control and Prevention, 2022b; Substance Abuse and Mental Health Services Administration, 2018)

Slide 45

NAS Treatment and Collaborative Discharge Planning



Facilitator Script:

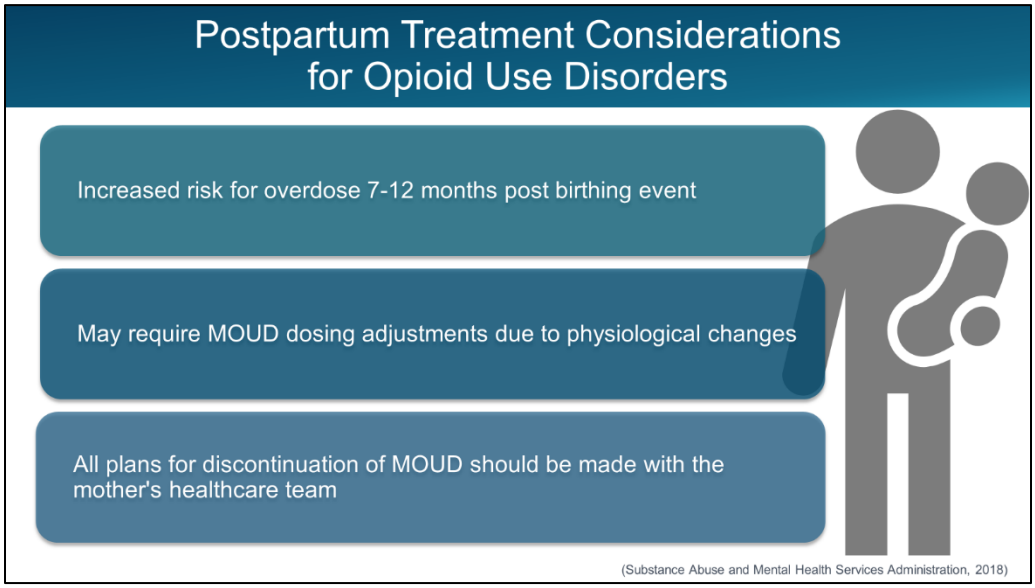
Alright, let's go ahead and meet in our small groups for a discussion about NAS treatment and collaborative discharge planning. Let's plan to spend the next [x] minutes discussing this at our tables before coming back together for a large group debrief.

Prompts for Participants:

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

Slide 46

Postpartum Treatment Considerations for Opioid Use Disorders



Facilitator Script:

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

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

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

Slide 47

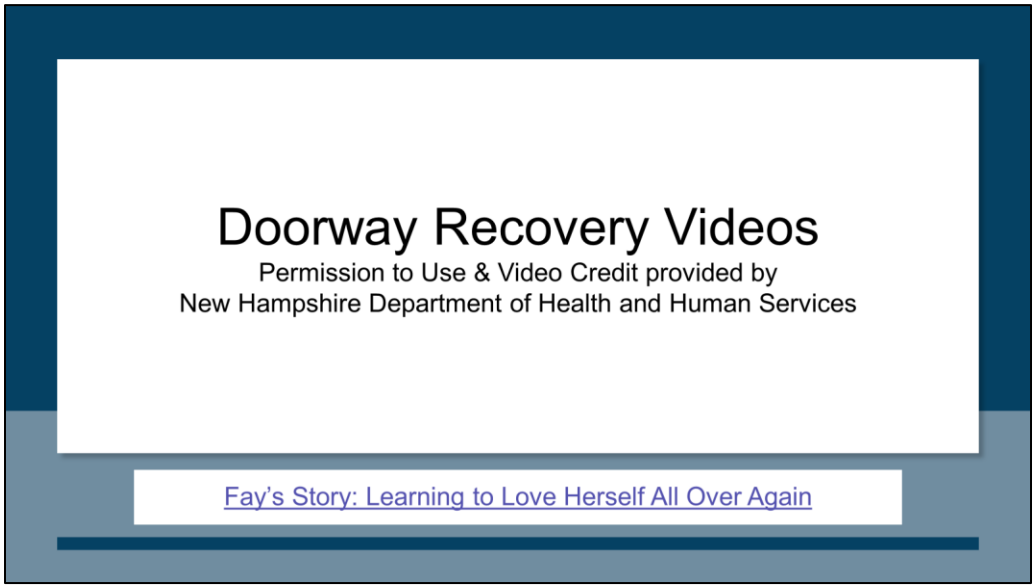
Recovery Is Possible!

Facilitator Script:

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

Slide 48

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



Facilitator Script:

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

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

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

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

Slide 49

Contact the NCSACW TTA Program

Facilitator Script:

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

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