NetworkWebinar

Substance Use Disorders and Child Welfare

Part 1 of a 3-part series addressing Substance Use Disorders, the opioid epidemic, child welfare and a family-centered approach

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CASA GAL
Court Appointed Special Advocates
Guardians ad Litem
FOR CHILDREN

LEARNING OBJECTIVES

By participating in this training, you will:

- Become more familiar with substance abuse as a disorder
- Gain knowledge around the history of the disorder and the opioid epidemic
- Begin to learn about the road to treatment and recovery

A THANK YOU TO OUR SPONSORS

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BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Office for Victims of Crime
Enhancing Community Responses to the Opioid Crisis: Serving Our Youngest Crime Victims

OVC-BJA National Stakeholder Partnership (NSP)

The content provided by this resource is made possible through participation in the Office for Victims of Crime (OVC) and Bureau of Justice Assistance (BJA) **National Stakeholder Partnership (NSP)**.

This **Partnership**, comprised of seven national organizations, leverages expertise on child and youth impacted and victimized by the nation's opioid and broader substance use crisis, with an emphasis on multidisciplinary collaborations, research, and promotion of training and education.

Members of the NSP dedicate time and resources to inform the planning, development, and implementation of OVC and BJA initiatives designed to respond to, treat, and support those impacted by the opioid epidemic, specifically young victims. In addition, members participate in informative, national conversations regarding children and youth impact and best-practice models that focus on innovative strategies and force-multiplying partnerships.

The overarching goals of this work are to *advance awareness and knowledge to help mitigate the traumatization of children and youth* and *to advance dissemination of innovative practices throughout the field*.

NCSACW PRESENTER

SARAH FOX, MA
PROGRAMASSOCIATE

ACKNOWLEDGEMENT

National Center on Substance Abuse and Child Welfare

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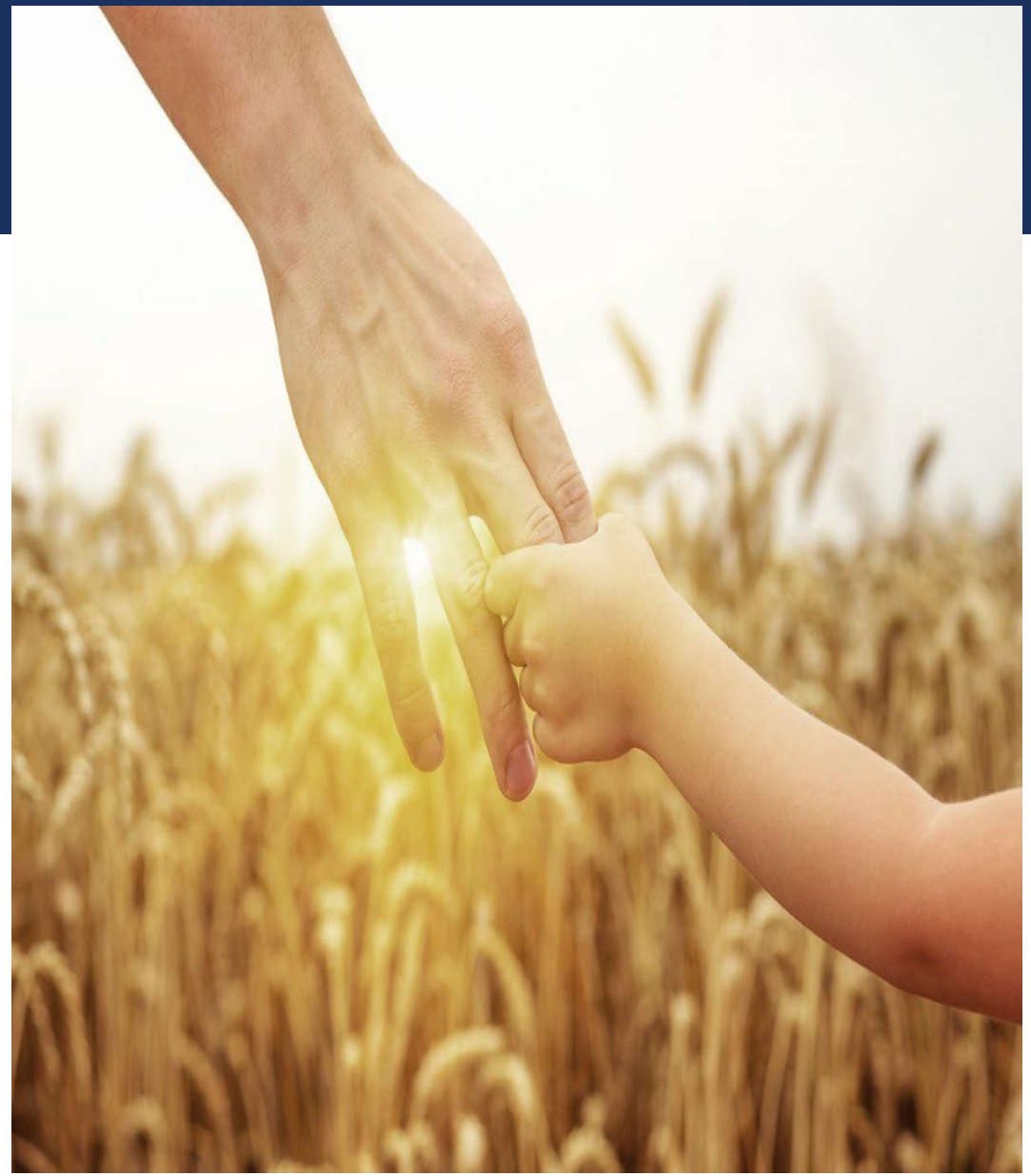
Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Children's Bureau

www.ncsacw.samhsa.gov | ncsacw@cffutures.org



OVERVIEW

PART 1 OF 3-PART SERIES

- Substance Use Disorder (SUD) myths
- Language considerations to combat stigma
- History of SUD and the opioid epidemic
- SUD terminology

UNDERSTANDING THE CHALLENGE

THE NECESSITY OF COLLABORATION

Substance use and child maltreatment are often **multi-generational problems** that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children.

(Boles, et al., 2012; Dennis, et al., 2015; Drabble, 2010)

Meaningful collaboration across systems that includes agreement on **common values**, enhanced **communication** and **information sharing**, blended funding and data collection for **shared outcomes**…

…results in improved outcomes for families including **increased engagement and retention** of parents in substance use treatment, **fewer children removed** from parental custody, **increased family reunification** post-removal and **fewer children reentering** the child welfare system and foster care.

(Boles, et al., 2012; Dennis, et al., 2015; Drabble, 2010)

STIGMA AND PERCEPTIONS OF PARENTS WITH SUBSTANCE USE DISORDERS

"Once an addict, always and addict."

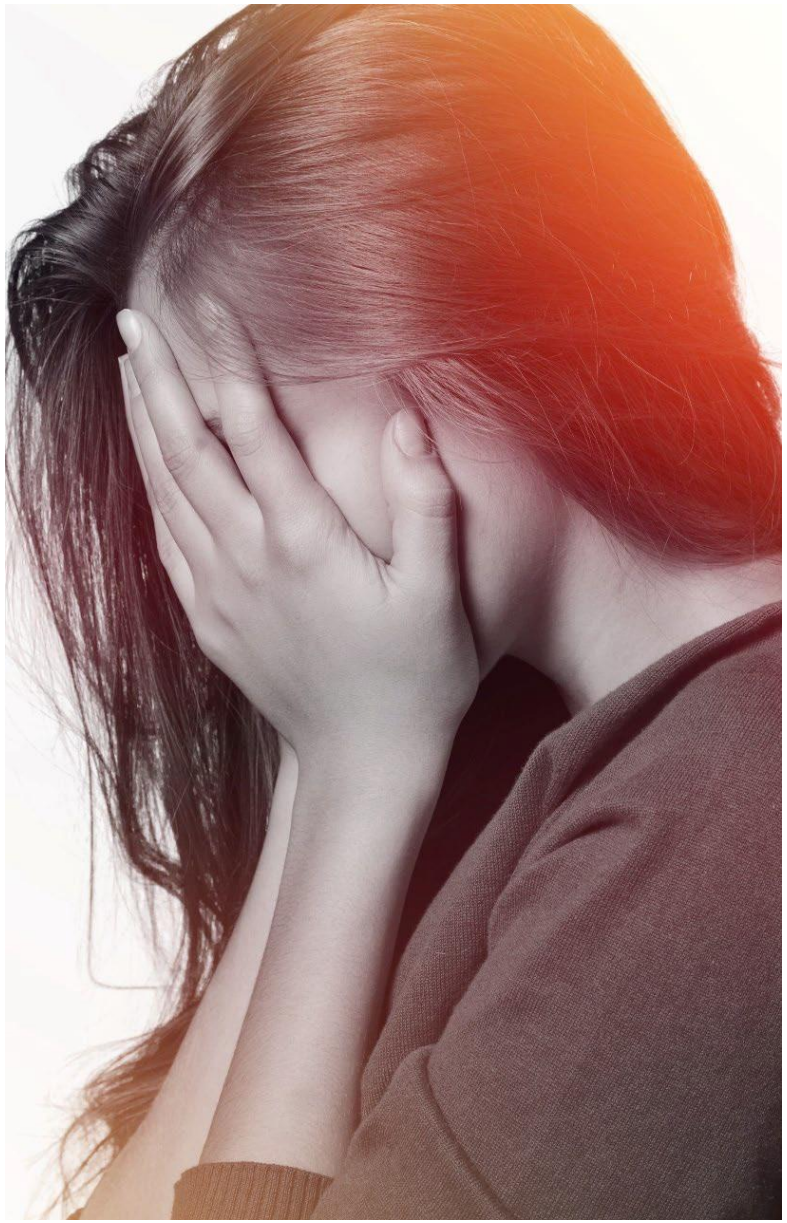
"They don't really want to change."

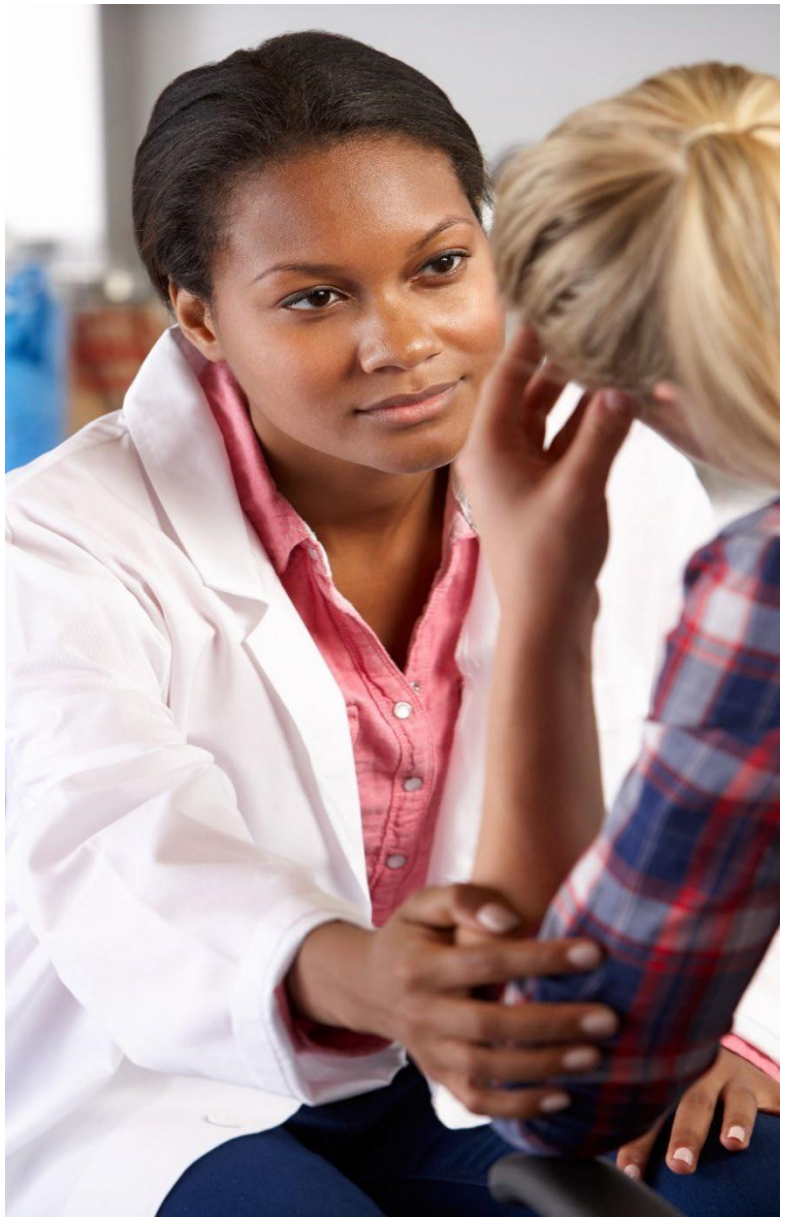
"They lie."

"They must love their drug more than their child."

"They need to get to rock bottom, before…"

"They made a choice when they picked up to use/drink in the first place."





STIGMA

- Affects the attitudes of…
  - Medical and healthcare professionals
  - Social service agencies and workers
  - Families and friends

- Creates barriers to treatment and impedes access to programs
- Influences policies

COMBATING STIGMA

- Are you using person-first language?
- Are you using technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions?
- Are you conflating substance use and a substance use disorder?
- Are you using sensational or fear-based language?
- Are you unintentionally perpetuating drug-related moral panic?

(Center for Substance Abuse Treatment, 2008)

LANGUAGE CONSIDERATIONS

Instead of:	Try:
Addict	Person with a substance use disorder
	Person with a serious substance use disorder
Addicted to X	Has an X use disorder
	Has a serious X use disorder
	Has a substance use disorder involving X (if more than one substance is involved)
Addiction	Substance use disorder
	Serious substance use disorder
	Note: • "Addiction" is appropriate when quoting findings or research that used the term or if it appears in a proper name of an organization. • "Addiction" is appropriate when speaking of the disease process that leads to someone developing a substance use disorder that includes compulsive use (for example, "the field of addiction medicine," and "the science of addiction"). • It is appropriate to refer to scheduled drugs as "addictive."

(White House Office of National Drug Control Policy, 2015)

LANGUAGE CONSIDERATIONS

Alcoholic	Person with an alcohol use disorder
	Person with a serious alcohol use disorder
Alcoholics Anonymous / Narcotics Anonymous / etc.	**Note:** When using these terms, take care to avoid divulging an individual's participation in a named 12-step program.
Clean	Abstinent
Clean Screen	Substance-free
	Testing negative for substance use
Dirty	Actively using
	Positive for substance use
Dirty Screen	Testing positive for substance use
Drug habit	Substance use disorder
	Compulsive or regular substance use

(White House Office of National Drug Control Policy, 2015)

LANGUAGE CONSIDERATIONS

Drug/Substance Abuser	Person with a substance use disorder
	Person who uses drugs (if not qualified as a disorder)
	Note: When feasible, "Drug/Substance Abuse" can be replaced with "Substance Use Disorder."
Former/reformed Addict/Alcoholic	Person in recovery
	Person in long-term recovery
Opioid Replacement or Methadone Maintenance	Medication assisted treatment
	Medication-assisted recovery
Recreational, Casual, or Experimental Users (as opposed to those with a use disorder)	People who use drugs for non-medical reasons
	People starting to use drugs
	People who are new to drug use
	Initiates

(White House Office of National Drug Control Policy, 2015)

DRUG EPIDEMICS OF THE DECADES

DRUG CLASSIFICATIONS

Stimulants	Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate • Short-term effects: Increased alertness, attention, energy; increased blood pressure and heart rate • Long-term effects: Heart problems, psychosis, anger, paranoia
Central Nervous System Depressants	Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems • Short-term effects: Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing • Long-term effects: Unknown
Hallucinogens	Substances that distort the perception of reality • Short-term effects: increased heart rate, nausea, intensified feelings and sensory experiences, changes in sense of time • Long-term effects: speech problems, memory loss, weight loss, anxiety, depression and suicidal thoughts

(National Institute on Drug Abuse, 2018a; National Institute on Drug Abuse, 2016)

COMMON SUBSTANCES OF USE

Alcohol	A depressant, which means it slows the function of the central nervous system • Short-term effects: Reduced inhibitions, slurred speech, motor impairment, confusion, memory problems, concentration problems • Long-term effects: Development of an alcohol use disorder, health problems, increased risk for certain cancers
Cocaine	A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America • Short-term effects: Narrowed blood vessels, enlarged pupils, increased body temperature, heart rate, and blood pressure, headache, abdominal pain and nausea, euphoria • Long-term effects: Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting, infection and death of bowel tissue from decreased blood flow
Heroin	An opioid drug made from morphine, a natural substance extracted from the seed pod of various opium poppy plants • Short-term effects: Euphoria, dry mouth, itching, nausea, vomiting, analgesia, slowed breathing and heart rate • Long-term effects: Collapsed veins, abscesses (swollen tissue with pus), infection of the lining and valves in the heart, constipation and stomach cramps, liver or kidney disease, pneumonia

(National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse, 2018a)

COMMON SUBSTANCES OF USE

Methamphetamine	A stimulant drug chemically related to amphetamine but with stronger effects on the central nervous system • Short-term effects: Increased wakefulness and physical activity, decreased appetite, increased breathing, heart rate, blood pressure, temperature, irregular heartbeat • Long-term effects: Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss
Marijuana	Made from the hemp plant, *cannabis sativa*. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydroncannobinol, or THC. • Short-term effects: Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination • Long-term effects: Mental health problems, chronic cough, frequent respiratory infections
Opioids	Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used non-medically, leading to overdose deaths. • Short-term effects: Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death • Long-term effects: Increased risk of overdose or addiction if misused

(National Institute on Drug Abuse, 2018a)

THE OPIOID EPIDEMIC

OPIOID CRISIS, US DEPARTMENT OF HEALTH AND HUMAN SERVICES, 2018

The opioid epidemic by the numbers

4.4%

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

170

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

13%

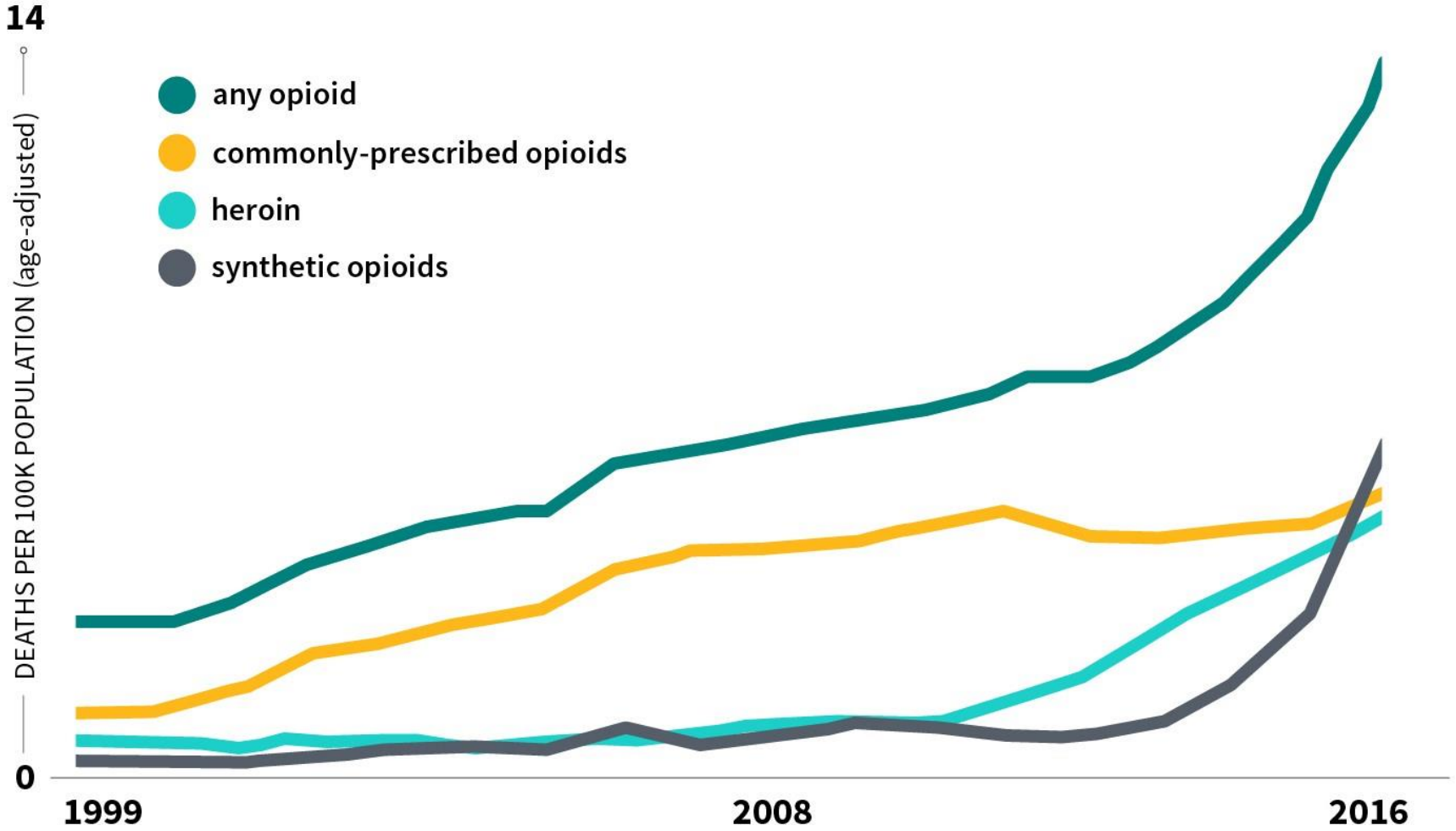
Increase in overdose deaths 2016–2017

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

HHS.GOV/OPIOIDS

The crisis in context

Opioid overdose deaths at historically high levels



HHS.GOV/OPIOIDS

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

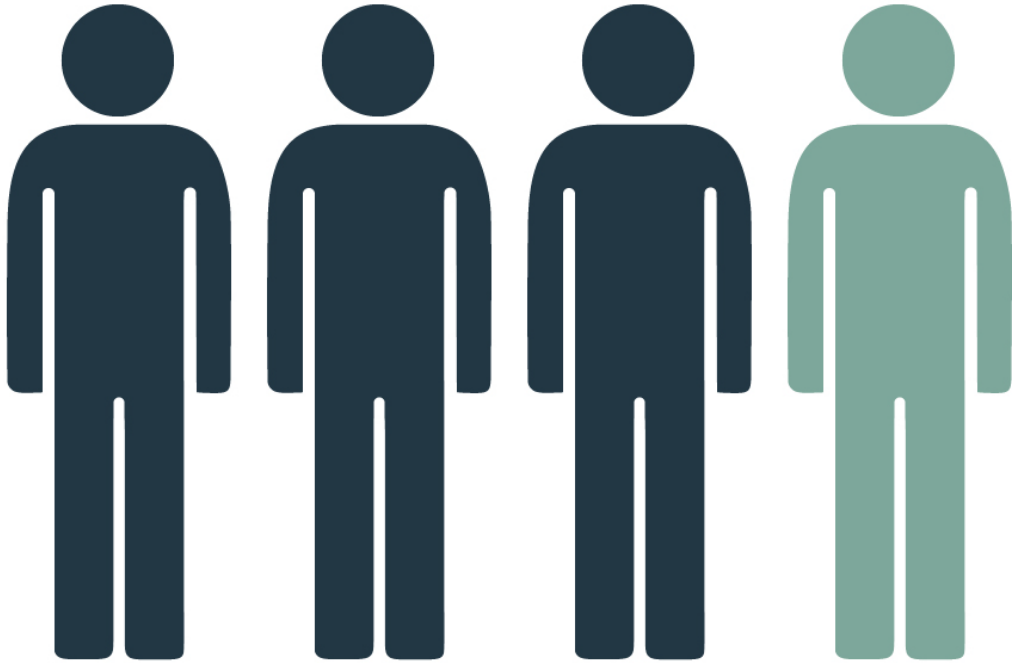
- Roughly **21%–29%** of patients who are prescribed opioids for chronic pain misuse them; between **8%** and **12%** of these patients will develop an opioid use disorder.
- An estimated **4%–6%** of people who misuse prescription opioids transition to heroin.
- About **80%** of people who use heroin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

THE CRISIS IN CONTEXT CONTINUED

(National Institute on Drug Abuse, 2018a; Rudd et al., 2016)

Risk factors for misuse

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



(U.S. Department of Health and Human Services, 2018; Jones, 2013)

OPIOIDS

Derived fully or partially from opium:

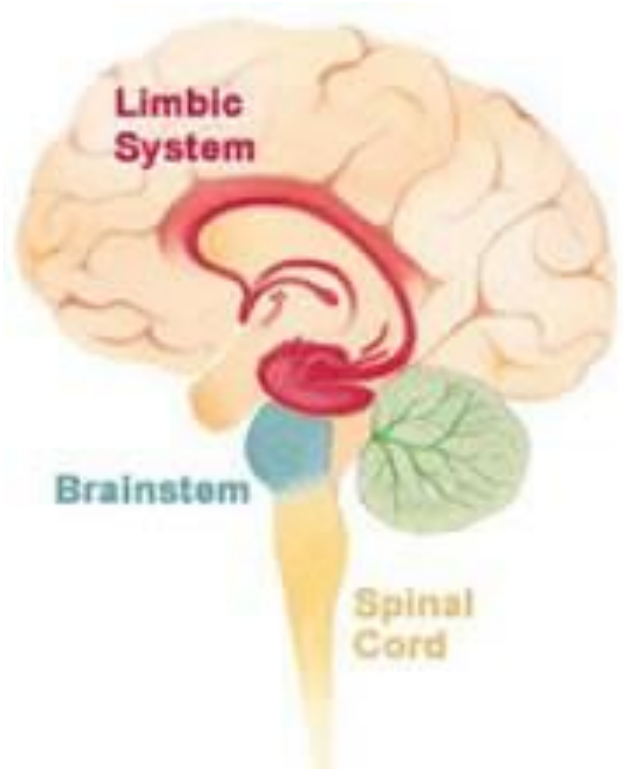
- Heroin
- Codeine
- Hydromorphone (Dilaudid)
- Oxycodone (OxyContin,Roxicodone, Percodan,Percocet)
- Hydrocodone (Vicodin or Lortab)
- Pentazocine
- Morphine
- Fentanyl (Duragesic,Actiq,Sublimaze)
- Meperidine
- Propoxyphene

EFFECTS OF OPIOID USE

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

(National Institute on Drug Abuse, n.d.)

EFFECTS OF OPIOIDS ON THE BODY



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

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

(National Institute on Drug Abuse, 2018c)

SIGNS OF OPIOID USE: PHYSICAL

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

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

(National Institute on Drug Abuse, n.d.)

SIGNS OF OPIOID USE: BEHAVIORAL

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

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

(National Institute on Drug Abuse, n.d.)

SIGNS OF OPIOID USE: PSYCHOSOCIAL

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

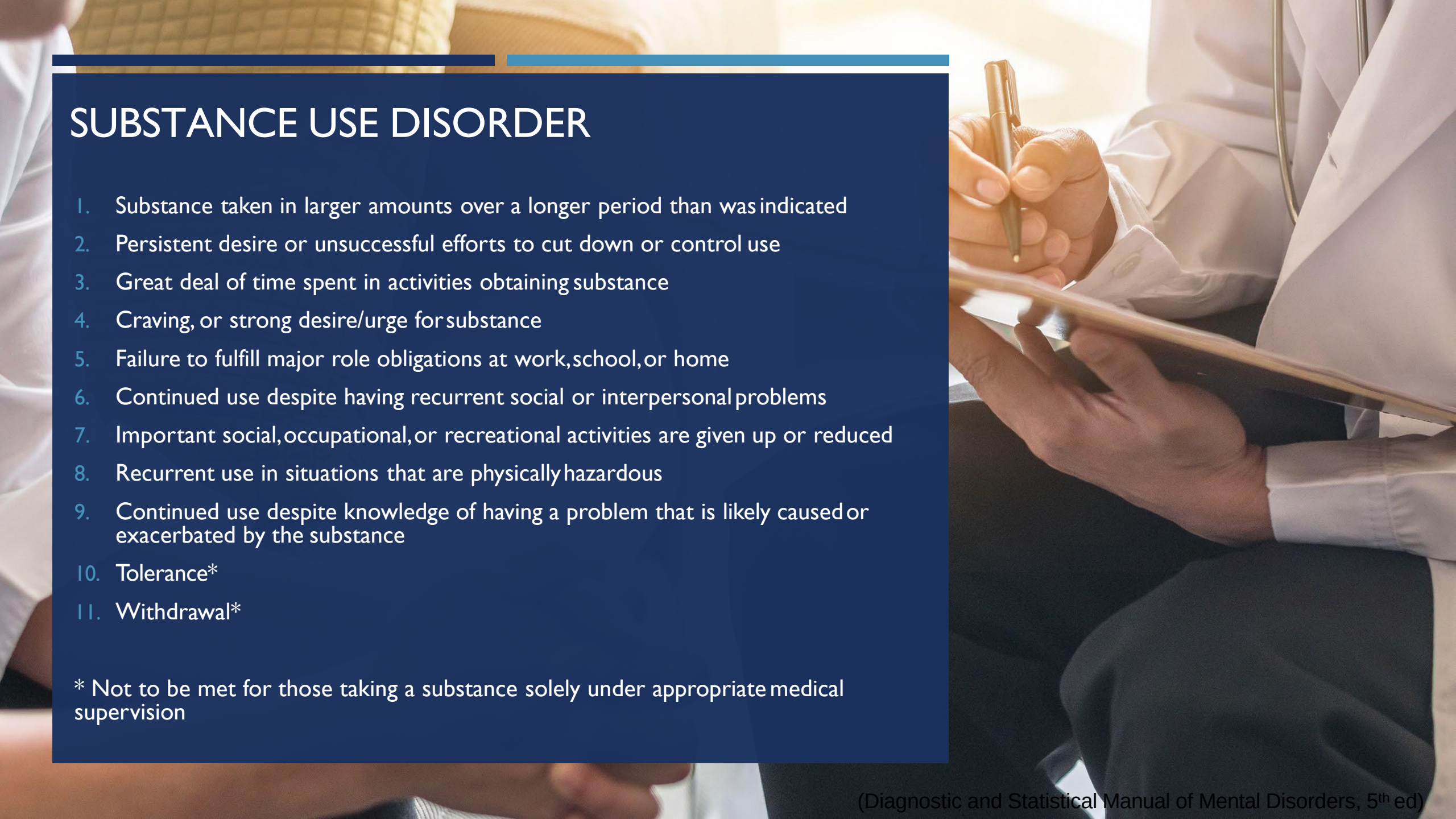
If these signs are present, it does not necessarily mean that the person is using opioids or other drugs.

(National Institute on Drug Abuse, n.d.)

SUBSTANCE USE DISORDER

1. Substance taken in larger amounts over a longer period than was indicated
2. Persistent desire or unsuccessful efforts to cut down or control use
3. Great deal of time spent in activities obtaining substance
4. Craving, or strong desire/urge for substance
5. Failure to fulfill major role obligations at work, school, or home
6. Continued use despite having recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced
8. Recurrent use in situations that are physically hazardous
9. Continued use despite knowledge of having a problem that is likely caused or exacerbated by the substance
10. Tolerance*
11. Withdrawal*

* Not to be met for those taking a substance solely under appropriate medical supervision

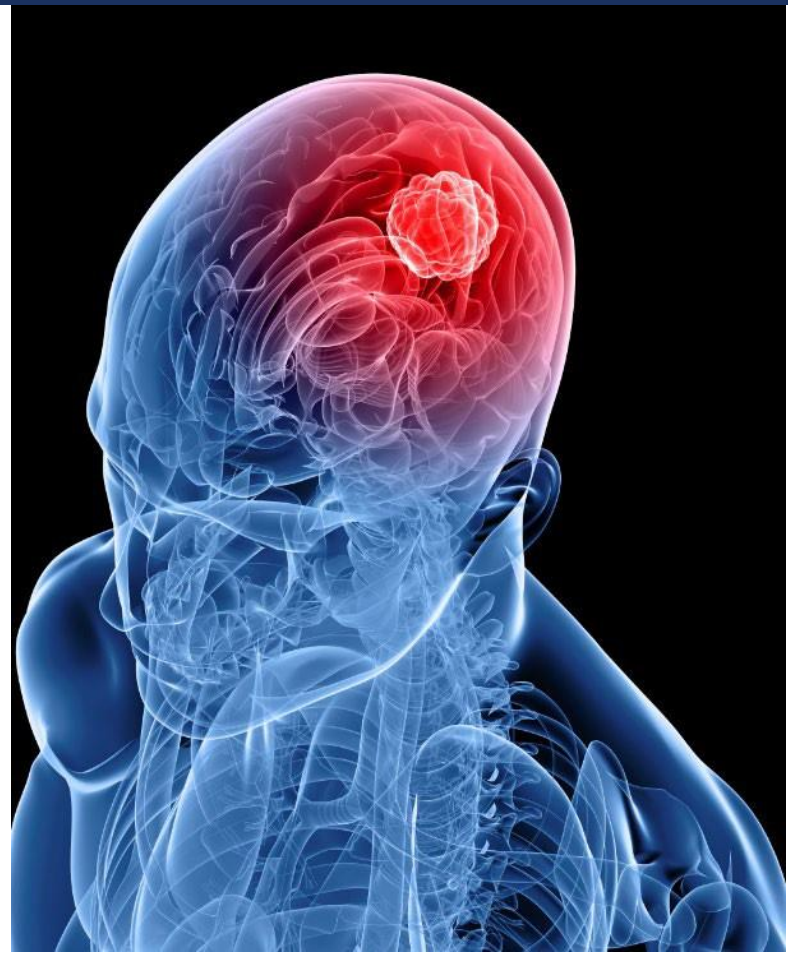


(Diagnostic and Statistical Manual of Mental Disorders, 5th ed)

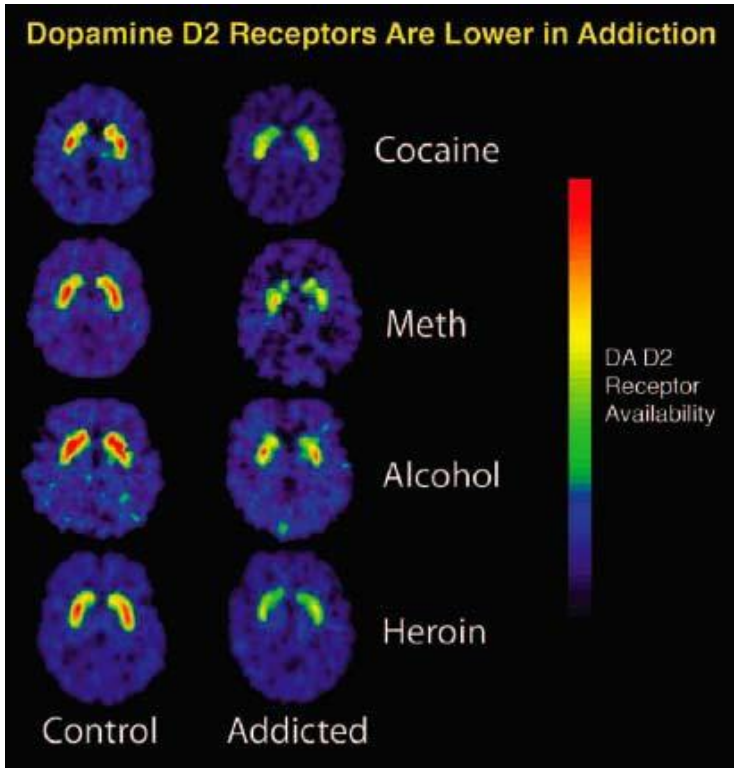
AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)

"Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic disease."

(American Society of Addiction Medicine, 2019)



SUBSTANCE USE AND ADDICTION



Brain imaging studies show physical changes in areas of the brain when a drug is ingested that are critical to:

- Judgment
- Decision making
- Learning and memory
- Behavior control

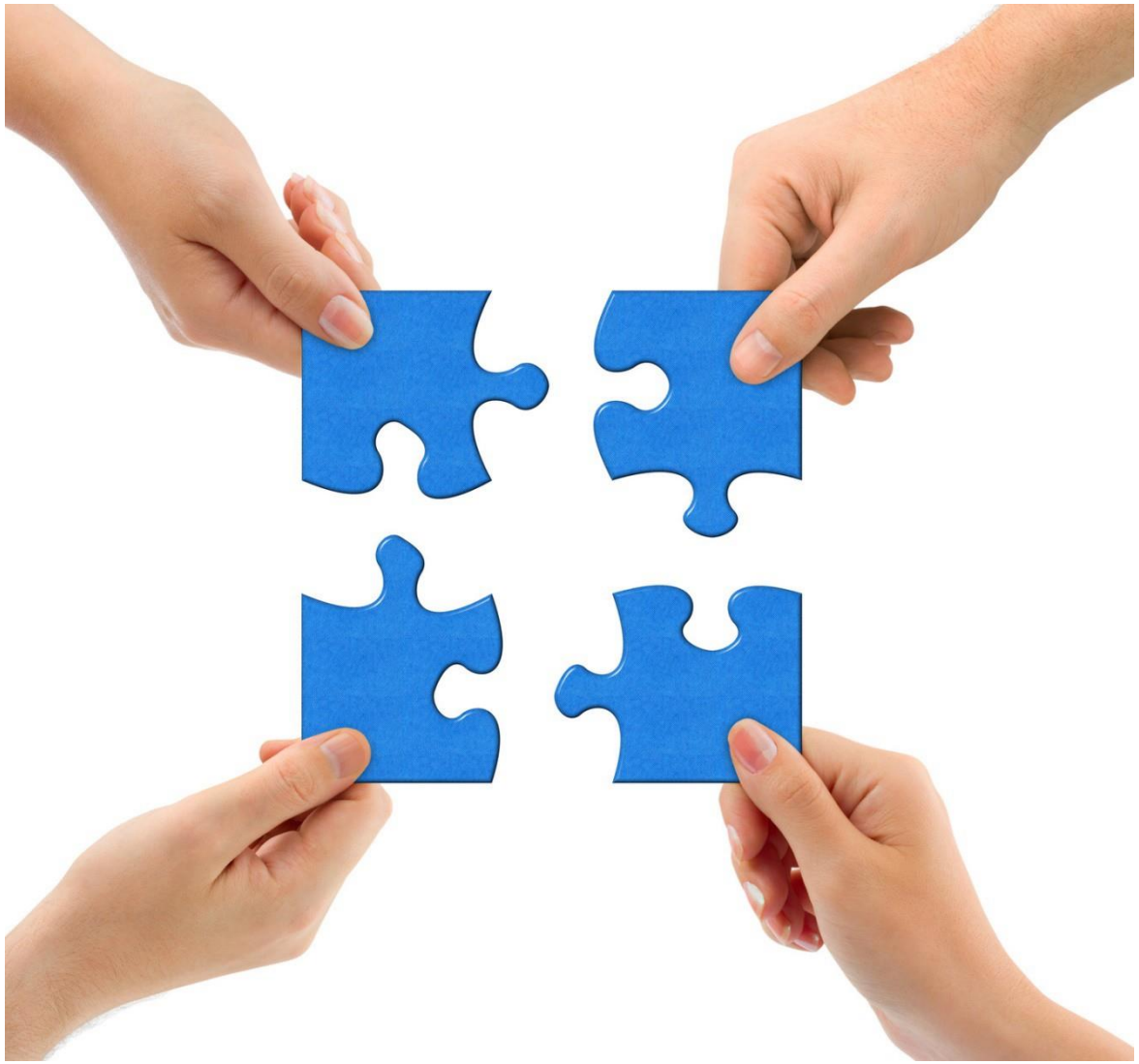
These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences

(National Institute on Drug Abuse, 2018b)

ADDITIONAL STRESSORS

- Co-occurring substance use and mental health disorders
- Limited educational and vocational opportunities
- Limited fiscal resources
- Criminal involvement
- Physical illnesses
- Difficult and traumatic life experiences

(Center for Behavioral Health Statistics and Quality, 2015)



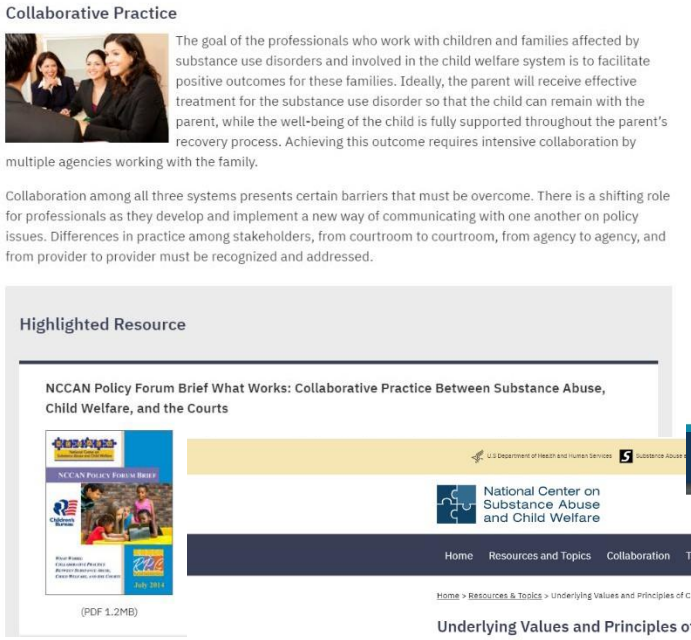
ADDITIONAL RESOURCES ON COLLABORATION

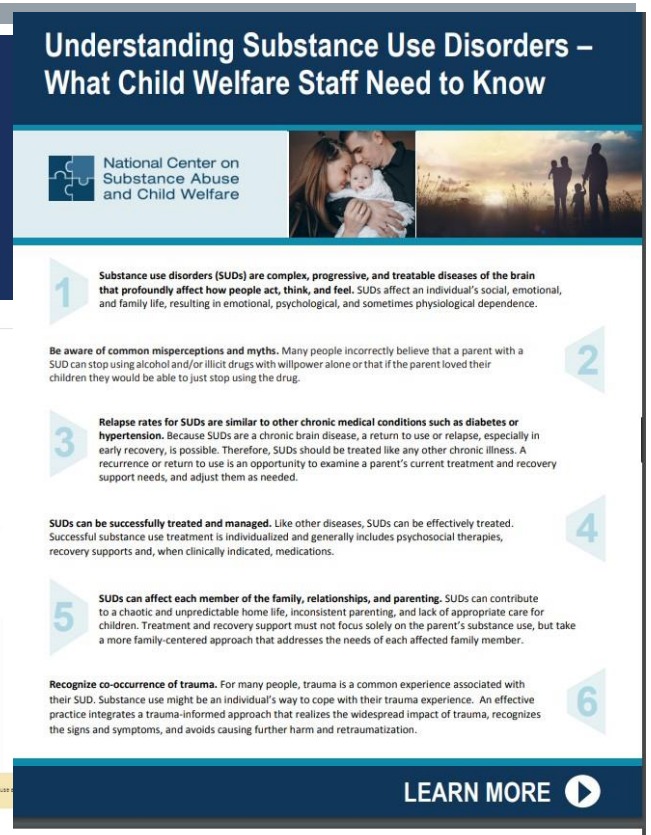
Web-Based Resource Directory

- Includes research, training materials, webinars and videos, site examples and other resources
- Topics include substance use disorders and treatment, medication-assisted treatment, infants with prenatal substance exposure, and supporting families with opioid use disorders

TechnicalAssistance

- Identifying values and principles of collaborative practice to address differences and develop agency values', missions and mandates
- Examples of effective collaborative practice between substance use providers, child welfare and the courts





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UPCOMING WEBINARS

Date:	Topic:
March 17,2020	Advocating for Indian Children: ICWA and the Role of CASA/GALs
April 22,2020	SubstanceAbuse Disorders and ChildWelfare,Part 2
June 24,2020	SubstanceAbuse Disorders and ChildWelfare,Part 3
TBD	SubstanceAbuse Disorders and CASA/GALs:A Local Program Perspective

All are open to CASA/GAL staff and volunteer advocates.

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