BRIEF 1

National Center on Substance Abuse and Child Welfare

TOOLKIT: CARRY THE MESSAGE

Brief 1: An Overview of Substance Use Trends and Their Potential Effects on Child Safety

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Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) prepared this toolkit to build capacity in the substance use disorder (SUD) treatment and child welfare services workforce to respond efficiently to the safety needs of children when there is substance use in their home. The goal is to strengthen collaboration and provide training to child welfare staff to better understand the safety needs of children and their parents.

Current substance use trends pose challenges for child welfare systems as they strive to ensure child safety. Examples of these trends include the increased availability and potency of cannabis, more states considering legalizing medicinal and personal cannabis use, increased prevalence of fentanyl in other substances, large numbers of overdose deaths, and the re-emergence or ongoing use of stimulants, particularly methamphetamine.

In addition to the challenges of assessing child, parent, and family safety, misinformation on risks of staff exposure to substances such as fentanyl may interfere with child welfare workers, first responders, and other service providers' engagement with families. The information in this toolkit: 1) focuses on current substance use trends and their effects on children, parents, and family members; and 2) provides strategies for SUD treatment providers to partner with child welfare to mitigate risks of environmental exposure to children. Risks include child ingestion of potentially harmful substances, particularly related to *young children* who use their senses to explore their environment.

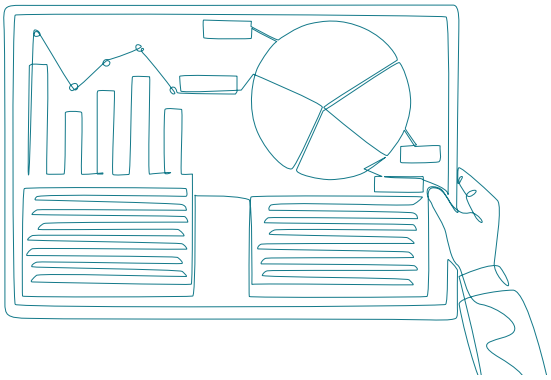
Mitigating risks to families requires a collaborative approach drawing on the resources of many agencies as well as input from those with lived expertise. Building and sustaining partnerships between SUD treatment and child welfare agencies are necessary to ensure an informed and evidence-based approach to child safety when substances are in the home. Given their knowledge, expertise, and experience, SUD treatment providers—particularly those that offer peer and recovery specialist programs—are well-positioned to *carry the message* to child welfare providers on why, how, and what collaborative strategies are critical to mitigate risks to all involved.*

The toolkit includes two briefs and a presentation package for SUD treatment and recovery professionals to strengthen their capacity to provide outreach and training to child welfare agencies.

Integrating peer support professionals (individuals who have the lived expertise as parents in recovery from a SUD who may or may not also have the experiential knowledge of child welfare involvement) into service delivery improves family engagement and increases understanding of the service and system improvements needed to better serve families (see *Peer Support Specialist Programs for Families Affected by Substance Use and Involved with Child Welfare Services: A Four-Module Implementation Toolkit* for information on peer support models).

* The concept of "carrying the message" is adapted from the "Twelfth Step" of Anonymous programs: "*Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs…The joy of living is the theme of A.A.'s Twelfth Step, and action is its key word…Here we experience the kind of giving that asks no rewards. Here we begin to practice all Twelve Steps of the program in our daily lives so that we and those about us may find emotional sobriety. When the Twelfth Step is seen in its full implication, it is really talking about the kind of love that has no price tag on it.*"

Toolkit Contents



- ***Brief 1: An Overview of Substance Use Trends and Their Potential Effects on Child Safety***
- *Brief 2: How Substance Use Disorder Treatment and Recovery Agencies Can Partner with Child Welfare Systems to Deliver Training to Child Welfare Professionals to Ensure Child Safety*
- *Presentation Package: Advancing a Cross-Systems Collaborative Approach to Support Families Affected by Current Substance Use Trends and Ensure Safety in the Home*

The toolkit materials provide research, best practices, and recommendations based on a review of gray literature† and information collected during a national convening of subject matter experts in January 2024. In addition to input from federal, Tribal, state, and local implementation experts in the SUD treatment, child welfare, and legal systems, these resources include insights from persons with lived expertise and understanding of the strengths and opportunities within these systems.

The presentation package includes strategies and resources that allow SUD treatment and recovery professionals to tailor the training based on: 1) geographical considerations (since substance use trends vary both within and across states), and 2) the intended audience (e.g., child welfare administrators, direct service providers).

BRIEF 1: AN OVERVIEW OF SUBSTANCE USE TRENDS AND THEIR POTENTIAL EFFECTS ON CHILD SAFETY

Topics include: 1) current and emerging substance use trends and their effects on families and child safety, 2) the effects of parental substance use and SUDs on families, and 3) practice- and systems-level strategies that emphasize the role child welfare and SUD treatment partnerships play in ensuring child safety.

Child ingestion of substances can require medical attention and may even prove fatal. Understanding substance use trends is a critical first step to meeting the safety needs of children at risk of environmental exposure to substances. These trends vary by state and region, and therefore it is important to fully understand the unique and emerging challenges in each community. Cannabis and fentanyl have been highlighted in recent substance use trends; however, other substances such as methamphetamine—a potent stimulant—remain a concern in some communities.

Current and Emerging Substance Use Trends

Trend 1: The number of young children ingesting cannabis products has increased.

Possible factors include: 1) expanded availability of cannabis products in states that have passed laws allowing for medical or recreational use,[1] 2) increased availability of edible cannabis products packaged similarly to candies and other food items, and 3) lower perceived risk of cannabis-related harms.[2] Children's contact with cannabis products may have inadvertently increased, such as when cannabis food products are mistaken for non-cannabis products.

† Gray literature includes a variety of resources including government reports (see Johns Hopkins University Welch Medical Library for a definition).

National Poison Data System statistics reveal from 2017–2021[3]

- A 1,375% increase in cases involving children under 6 were reported to national poison control centers for exposure to products containing cannabis from 2017-2021 (increase from 207 to 3,054).
- Children ages 2 and 3 accounted for approximately half of the cases (age 2: 27.7%; age 3: 24.6%)
- Of the cases involving children under 6, 22.7% were hospitalized (8.1%, n=73 critical care; 14.6%, n=1,027 noncritical care) and 36.2% (n=2,550) were treated and released from emergency care.

Trend 2: Opioid-related pediatric (child and adolescent) and adult deaths involving fentanyl have increased.

Fentanyl is a synthetic opioid typically prescribed to alleviate severe pain (e.g., surgery, advanced-stage cancer) and may be prescribed to treat chronic pain for individuals who have developed a physical tolerance to other opioids.[4,5] Factors related to the increase in fentanyl-related overdose deaths may include the: 1) potency of fentanyl (i.e., 50-100 times that of morphine, and misuse can result in serious complications such as suppression of the respiratory system),[6] 2) adulteration of other substances (e.g., opioids and stimulants with fentanyl), 3) proliferation of illegally manufactured fentanyl products adulterated with xylazine—a non-opioid tranquilizer not approved for use in people, and 4) co-occurring use of fentanyl with other substances (e.g., stimulants), which places individuals at increased risk.[7,8,9,10]

Parents or other caregivers who use fentanyl (intentionally or not) are at an increased risk of overdose. Due to its potency, more than one dose of naloxone (opioid overdose withdrawal medication) may be required to reverse the effects.[14,15,16] Risk of ingestion is a safety concern especially for children under 5 who explore their environments with their senses.[17]

- Provisional data from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics show that fentanyl was involved in 70% (74,702 of 107,543) of all overdose deaths in 2023.
- Opioid-related pediatric (i.e., child and adolescent) fatalities involving fentanyl increased from 5% (9 of 175) to 94% (1,557 of 1,657) from 1999-2021.
- Of the total pediatric fentanyl-related deaths from 1999-2021 (n=5,194), 2% involved infants (n=105), 4.6% involved children 1-4 (n=237), and 89.6% involved adolescents 15-19 (n=4,652)

Additional Trends

Recent overdose deaths also involve other substances:

- **Stimulants**: The CDC reports an increase among all ages in both stimulant-related overdose deaths and overdose deaths involving both stimulants and fentanyl from 2014-2021.[18]
- **Xylazine**: Deaths involving illegally manufactured fentanyl and xylazine increased by 276% between January 2019-June 2022.[19]
- **Alcohol**: The CDC reports a 29% increase in deaths caused by excessive alcohol use in 2020-2021 (n=178,000) compared to 2016-2017 (n=138,000).[20]

While these numbers highlight a need to: 1) assess child safety and risk in situations that involve exposure to substances, and 2) ensure child and parent safety in situations in which there is a risk of overdose, child welfare systems face challenges when responding to cases involving these trends. They include

- Workforce concerns of personal exposure to fentanyl when working with families in their homes or other environments (e.g., conducting child safety and risk assessments or facilitating supervised or monitored parent-child family time). Misinformation and lack of clarity on risks of exposure to fentanyl can affect a professional's readiness to engage with families when fentanyl use is indicated.
- An evolving legal landscape related to cannabis in some states and communities that contribute to the challenges child welfare professionals experience when responding to cases involving parental use (see *State Medical Cannabis Laws* from the National Conference of State Legislatures).[21]

Effects of Parental Substance Use and SUDs on Families

An estimated **21 million** children under 18 (16.2% of all children) lived with a parent who misused substances in the prior year.[22] More than **2 million** children (1.9% of all children) lived with a parent who had a SUD.[23]

Beyond substance use trends, it is important for professionals to know how substance use affects family well-being. SUDs, which are complex diseases of the brain that profoundly affect how people act, think, and feel, can disrupt family life and well-being. Substance use can affect the role of a parent, parent-child relationships, and child development.[24,25] Parental substance use coupled with other risk factors can also affect child safety and permanency.

Children of parents affected by substance use and SUDs can face a variety of outcomes:

- Trauma[26]
- At-risk of social, physical, emotional, and academic problems[27,28,29,30,31,32,33]
- Longer out-of-home care (OOHC) placements and decreased rates of reunification for children involved in the child welfare system[34]

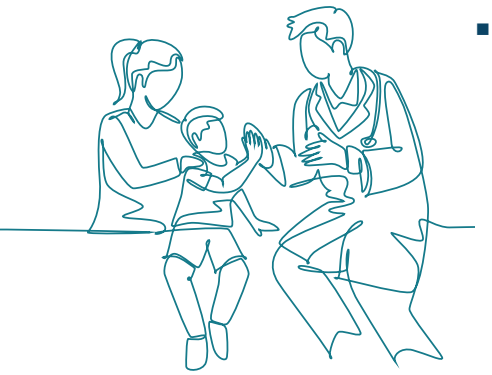
To improve outcomes, child welfare systems can build collaborative relationships with SUD treatment providers whose expertise on substance use, treatment, and recovery is invaluable to responding to the needs of families when substances are in the home.

What Works to Mitigate Risks to Child Safety and Other Family Harms?

Cross-system collaboration—drawing on the expertise and resources of many agencies as well as input from those with lived expertise—remains an essential way to reduce risks of child safety and other family harms since no one agency can do this work alone. The role SUD treatment professionals play in supporting the goal of child welfare agencies to ensure child safety (see *Brief 2: How Substance Use Disorder Treatment and Recovery Agencies Can Partner with Child Welfare Systems to Deliver Training to Child Welfare Professionals to Ensure Child Safety*) includes: 1) safety precautions parents can take, such as safe storage; 2) providing education and training on substance exposure and overdose prevention; and 3) assisting parents with obtaining services, engaging in treatment, and overcoming barriers to recovery.

Child welfare and SUD treatment agencies can partner to implement the following practice- and system-level strategies to meet the safety needs of children when substances are in the home. While the focus is on current substance use trends, family-serving agencies can also tailor these strategies to respond to community trends.

Collaborative Practice-Level Strategies



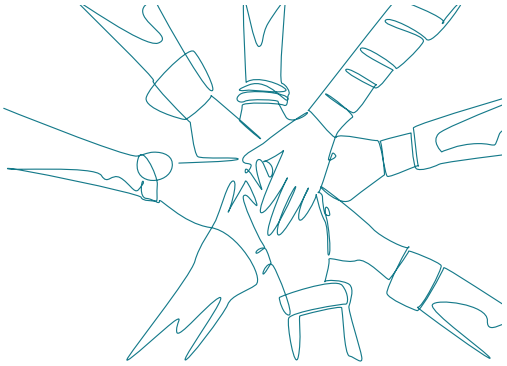
- **Partner SUD treatment professionals, such as peer recovery support specialists, with child welfare when responding to cases in which substances in the home is a factor:** These specialists (i.e., parents in recovery from a SUD who may have the experiential knowledge of child welfare involvement) help service systems better understand the unique needs of families affected by substance use. They can help identify potential risk factors when substances are in the home and facilitate immediate referral to a clinical SUD assessment (when necessary) and other services. Their lived expertise proves instrumental to engaging families—particularly at the initial child welfare contact—a time when parents may feel distrustful and fearful of interactions with service systems.
- **Work together to ensure rapid referral to SUD treatment and other services:** Child welfare workers can work collaboratively with SUD treatment providers and other community partners for a seamless transition from screening to assessment; and from assessment to treatment services. Each of these transition points represents a potential for parents to disengage from services. A substance use screen, clinical assessment, and start of treatment often occur in different settings, such as the family's home or at a SUD treatment intake office, and at different points in time, such as during the child welfare investigation‡ and the initial dependency court processes (when relevant).

  Various factors contribute to a drop-off in service engagement, particularly when parents are not provided support in obtaining services. SUD treatment and child welfare can partner to implement strategies such as providing parents with clearly written information on concrete action steps, helping parents schedule appointments, and ensuring availability of transportation and childcare services. Involvement with child welfare and other service systems could be a daunting time for families, particularly in situations in which it is determined unsafe for children to remain with their parents–thus, supportive services such as recovery coaching offered by peer recovery support specialists are instrumental to ensure service engagement.
- **SUD treatment professionals can work with child welfare professionals to identify and understand potential hazards in the home and reduce risk of potential exposure to hazardous substances for all families receiving services.** Strategies to resolve potential child safety factors include working with parents to ensure they safely store controlled substances and other safety hazards (e.g., substance use paraphernalia) away from children. Another method is to develop a safety checklist that child welfare and SUD treatment agencies can offer to parents for keeping children safe.
- **Expand resources for families and caregivers affected by substance overdose:** Child welfare systems and partnering agencies (e.g., public health systems) can offer community instruction on safe storage of prescription medications, cannabis, or other substances. In addition to medication safety lockboxes, distributing naloxone can be a life-saving measure.
- **Reduce stigma associated with parental substance use:** Substance use and child maltreatment are some of the most highly stigmatized conditions resulting in additional challenges for families. Attitudes held by service systems toward parents who use substances or have SUDs may contribute to parents' fear of disclosing their use and discourage them from seeking help.

  Agencies, in addition to promoting non-stigmatizing, person-first language, can partner with SUD treatment and recovery professionals to train staff on two crucial points: 1) recognizing and eliminating stigma while enhancing their understanding of SUDs as a treatable disorder, and 2) engaging families in a family-centered, approachable, and non-stigmatizing manner.

‡ Child welfare systems vary in use of the terminology (e.g., investigation or family or child assessment) to describe their protocols in responding to reports of child maltreatment. In some jurisdictions, a family assessment references cases that receive a differential or alternative response in which a finding on the child maltreatment allegation is not made. For purposes of this brief, investigation is used to prevent misunderstanding of the terminology assessment as pertaining to a clinical SUD assessment.

Collaborative Systems-Level Strategies



- **Build knowledge and expertise through training and education for parents, child welfare, SUD treatment, and other service providers:** Training resources can include: 1) basics of SUDs, treatment, and recovery; 2) ingestion and overdose prevention; 3) current substance use trends; and 4) information about workforce exposure to substances (see *Presentation Package: Advancing a Cross-Systems Collaborative Approach to Support Families Affected by Current Substance Use Trends and Ensure Safety in the Home* for more information).
- **Use data from various service providers to identify potential gaps in services and to ensure referral to treatment and services:** Agencies can use data to determine if there are gaps in services. Data can be used as a tool to inform policy and practice changes to ensure families receive appropriate services needed before and during child welfare intervention to enhance child, parent, and family health and well-being.
- **Include SUD treatment and other service providers in child welfare review of critical incidents:** Child welfare agencies use critical incident reviews to examine cases involving child fatalities or near fatalities, and situations with the potential to create an unsafe environment.[35] The reviews are conducted to find ways to improve child welfare policy and practice to ensure child safety. Child welfare can partner with SUD treatment and other agencies in conducting the critical incident reviews involving child ingestions and to plan ways to improve service systems' response to such cases.
- **Explore various funding approaches to reduce gaps in treatment and other family-centered services:** Examples include: 1) braiding funding, such as using the different funding sources available to child welfare, SUD treatment, and other service systems, to reduce gaps; 2) implementing strategies to obtain Medicaid and other insurance coverage (depending on diagnoses and service array); 3) using Family First Prevention Services Act (FFPSA) funding; and 4) broadening the use of State Opioid Response (SOR) funds to include other substances (see *Implementing the Substance Use Disorder Provisions of the Family First Prevention Services Act*).
- **Create an ongoing or ad hoc cross-system task force to: 1) consult when new substance trends arise; and 2) explore and implement strategies to ensure child, parent, and family safety.** The development of a multidisciplinary team including persons with lived expertise can prove an effective strategy for promoting sustained discussions to tackle priority challenges. The task force can focus on system-level challenges in responding to cases when substances are in the home.

Summary

This brief covered emerging substance use trends and their effects on families while providing collaborative strategies for the child welfare and SUD treatment services workforce to reduce risks to child safety. Practice- and system-level strategies to enhance partnerships between child welfare and SUD treatment agencies and improve service delivery and outcomes include: 1) engaging families through peer support professionals, 2) facilitating timely case planning processes (e.g., assessment and referral to treatment), and 3) increasing understanding of substance exposure risks.

Next: See *Brief 2: How Substance Use Disorder Treatment and Recovery Agencies Can Partner with Child Welfare Systems to Deliver Training to Child Welfare Professionals to Ensure Child Safety* in this toolkit for information on how to strengthen this relationship to meet the safety needs of children.

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