

# CARRY THE MESSAGE



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



# Acknowledgement

This content is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).



National Center on  
Substance Abuse  
and Child Welfare



# Understanding the Complex Interplay Between Substance Use & Child Safety



# What the Data Tells Us About Parental Substance Use



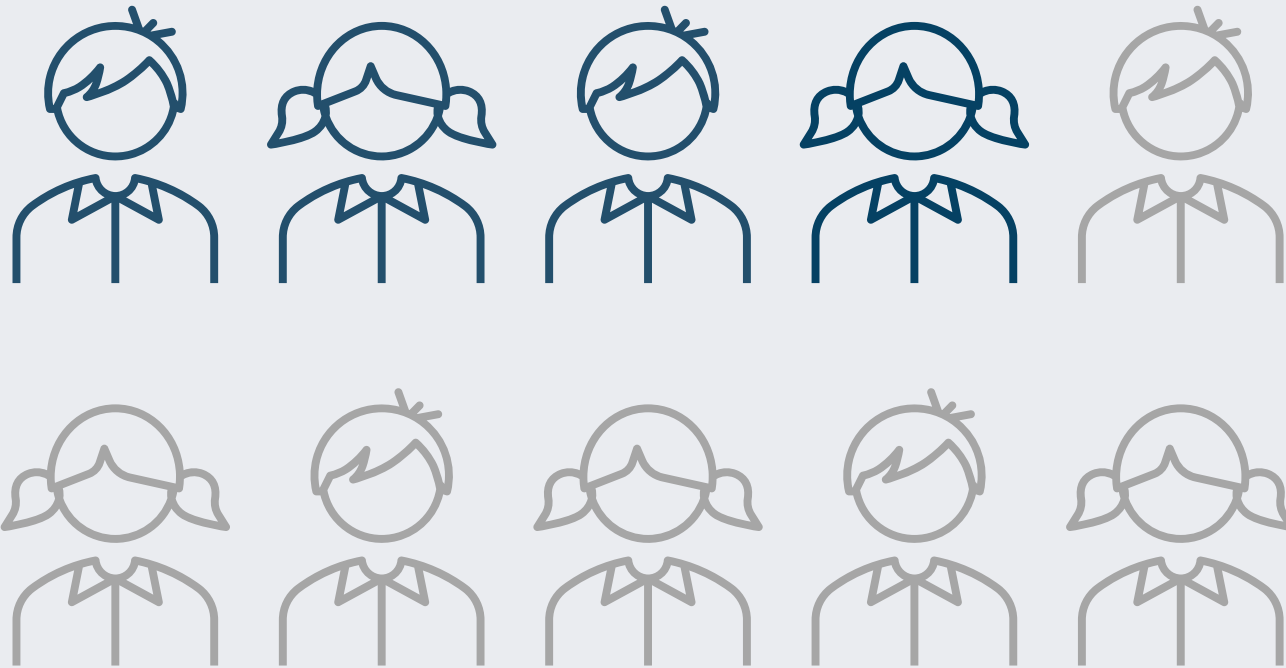
# Number of Children Affected by Parental Substance Use



(Estimated number of children by million)

# 21 million

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



National Average: 39% (4 out of 10 children)



## Year 2021 Data Listed by State (A-K)

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

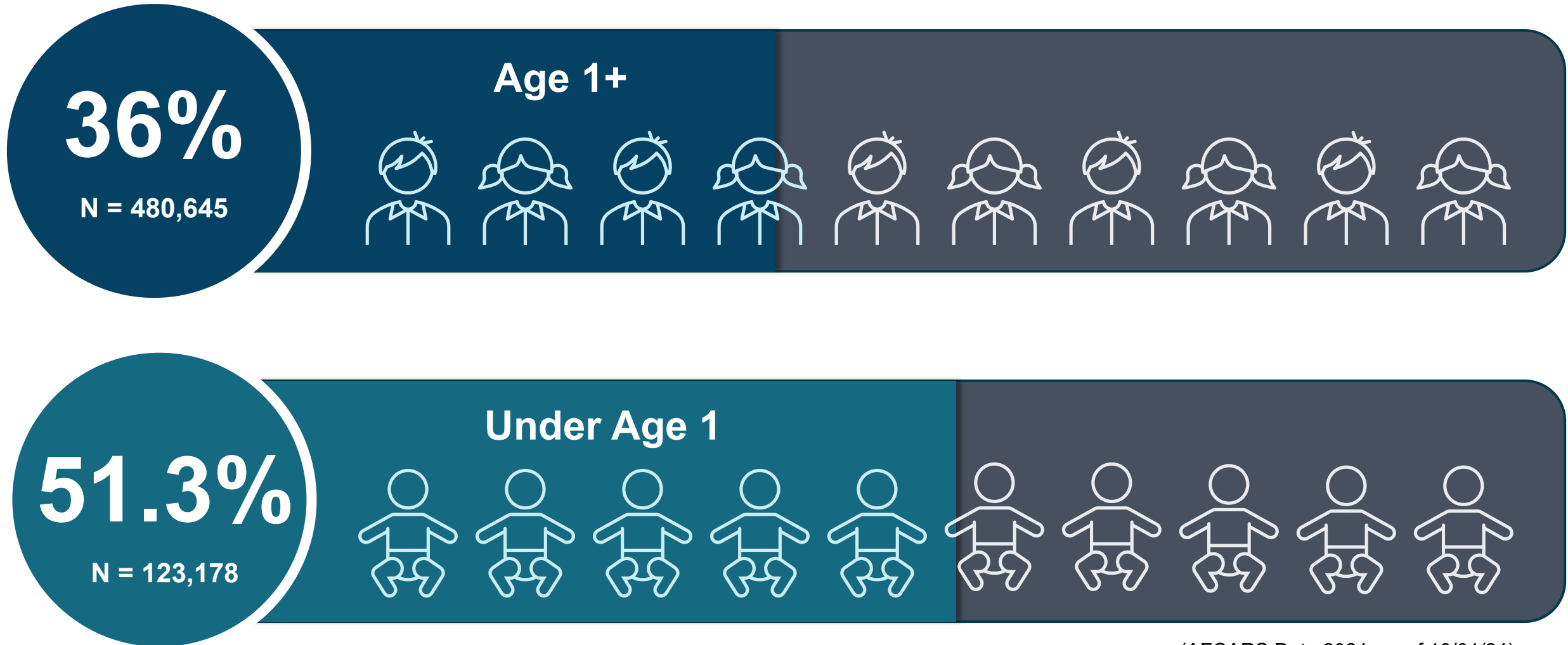
## Year 2021 Data Listed by State (L-N)

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

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

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

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





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

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

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

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

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

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



Preventing  
people from  
seeking help



Influencing  
families'  
decisions not to  
receive  
treatment



Limiting the  
quality of  
treatment  
services



Reducing the  
likelihood of  
treatment  
retention or  
active recovery

**How Stigma Affects Family Treatment  
& Recovery Outcomes**

# Long-Term Implications for Children & Families

**Lower likelihood of  
successful reunification**

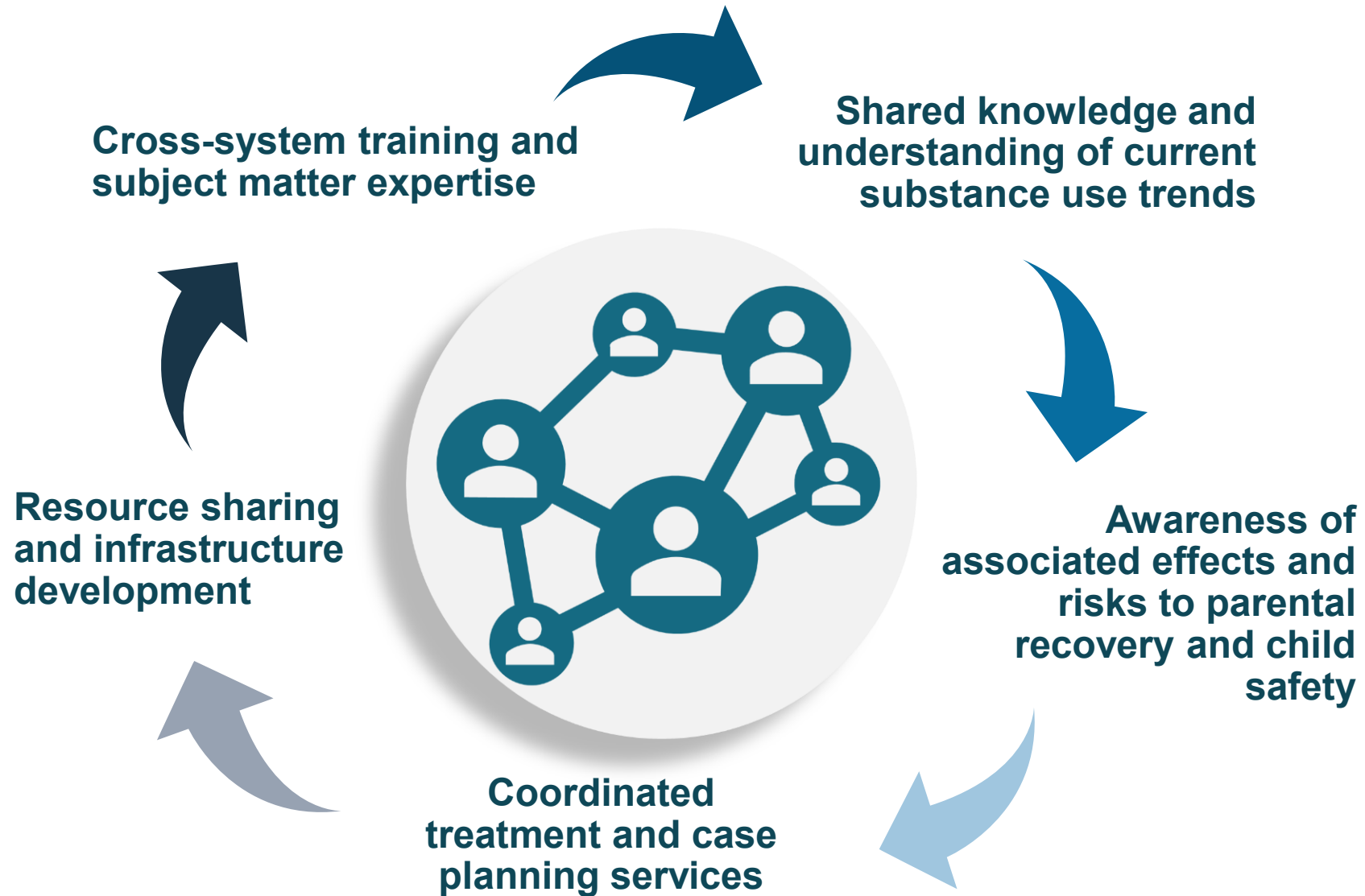


**Children tend to remain in out-of-home care longer**



# Helping Families Navigate Substance Use & Child Safety

## A Collaborative Approach to Environmental Exposure



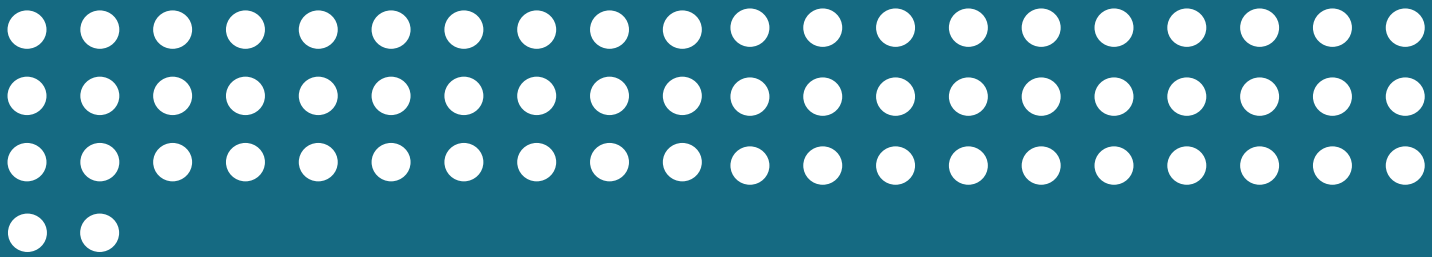
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## National Substance Use Trends



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



61.9M

## CANNABIS

Rx Pain  
Reliever  
Misuse



8.5M

Heroin  
1.0M

Fentanyl  
991K

## OPIOIDS

Cocaine  
5.3M



Rx Stimulant  
Misuse  
4.3M

Methamphetamine 2.7M

## STIMULANTS



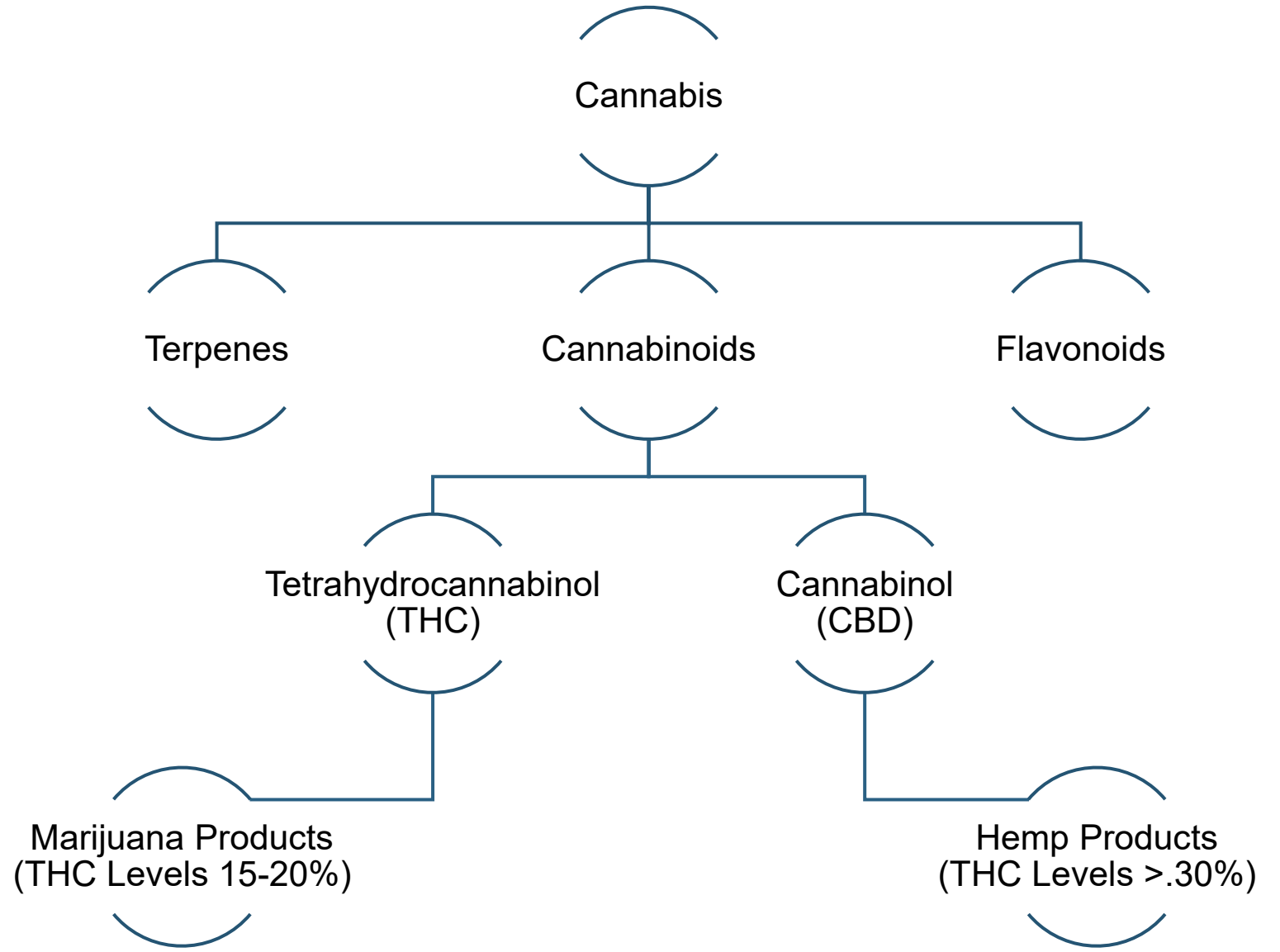
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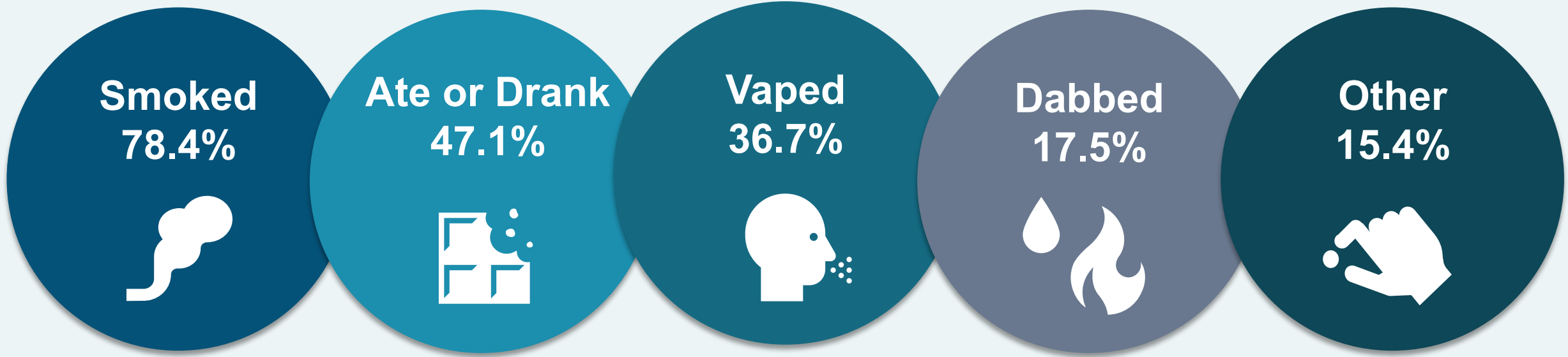
## Understanding Cannabis Trends



# Cannabis Trends: Chemical Structure & Terminology



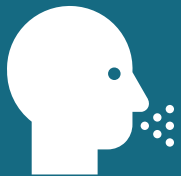
# Cannabis Trends: Methods of Past Year Use (Age 12 and Older)



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

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

**Vaped**  
**59.7%**



**Ate or Drank**  
**36.1%**

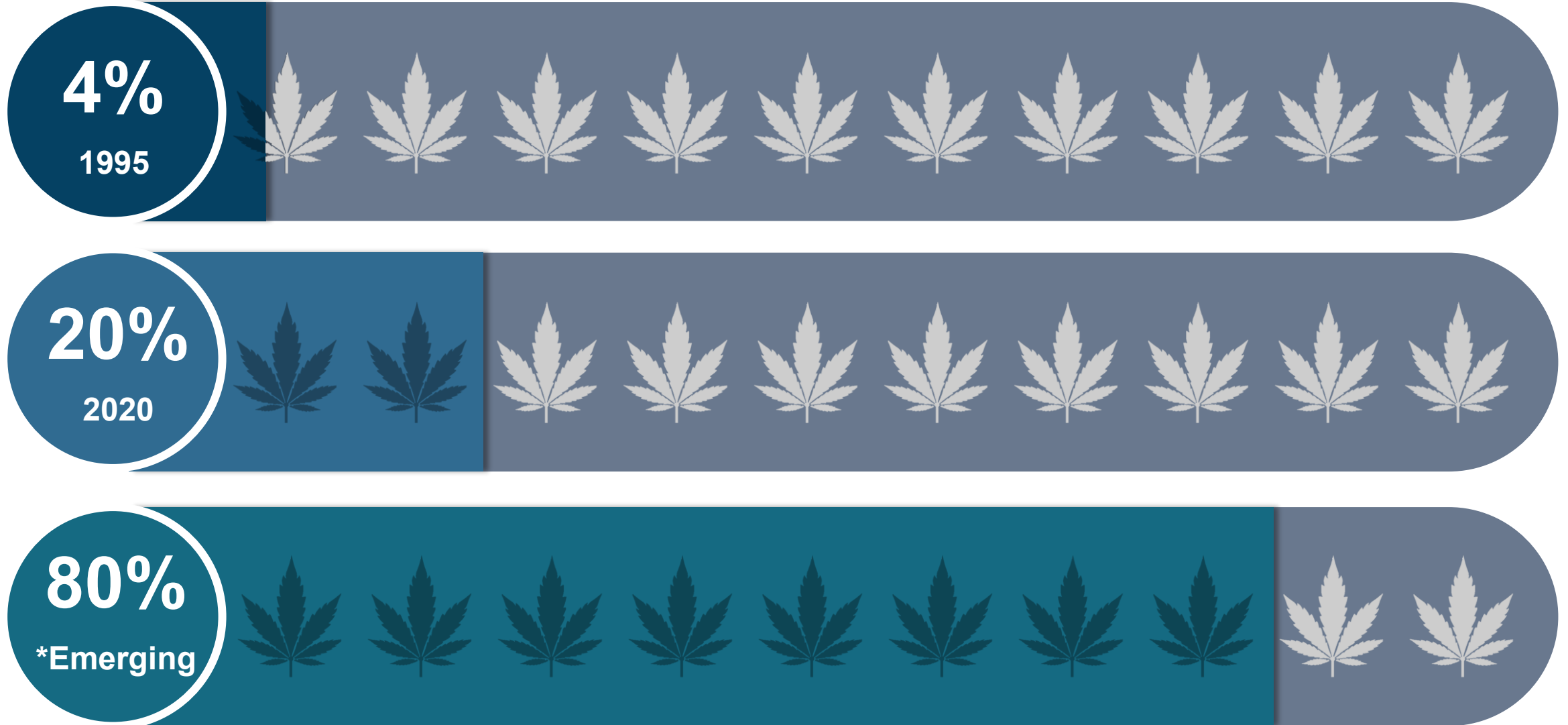


**Dabbed**  
**23.3%**



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

# Cannabis Trends: Increased Potency



# Cannabis Trends: Increased Access & Availability



Agricultural  
Improvement  
Act of 2018



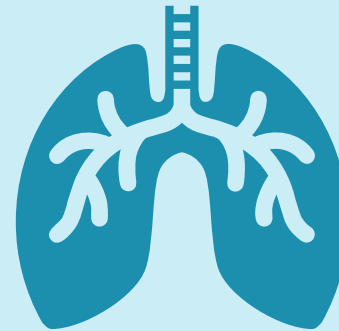
Unregulated  
Markets



Increased  
Availability

# Cannabis Trends: Safety & Risk Considerations

Respiratory  
Infections &  
Sudden Infant  
Death Syndrome



# Cannabis Trends: Safety & Risk Considerations

Accidental  
Suffocation





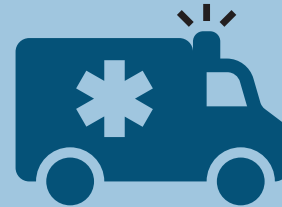
# Cannabis Trends: Safety & Risk Considerations

Accidental  
Ingestion



# Cannabis Trends: Safety & Risk Considerations

Medical &  
Psychiatric  
Emergencies



# Cannabis Trends—Let's Talk About It!



Large Group Discussion

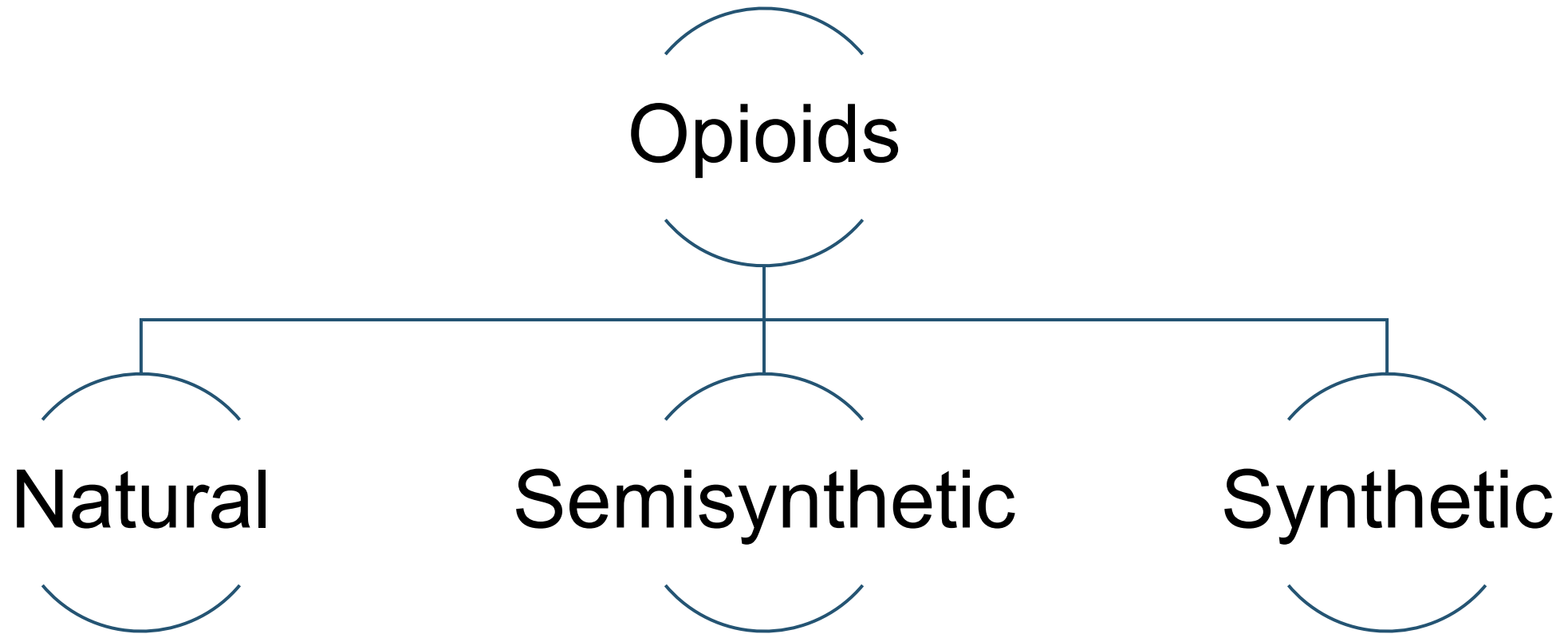
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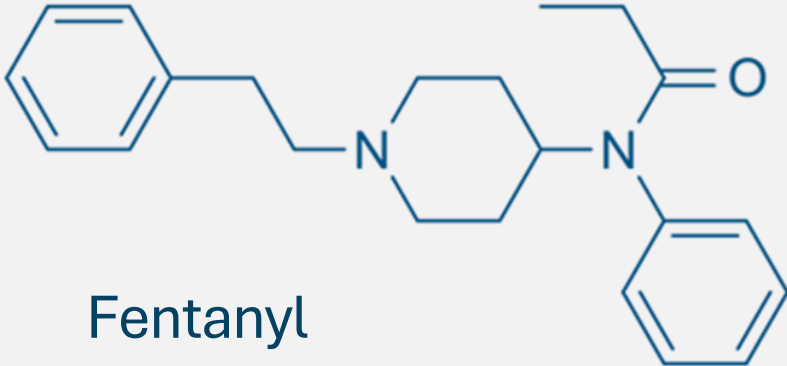
## Understanding Opioid Trends



# Opioid Trends: Chemical Structure & Terminology

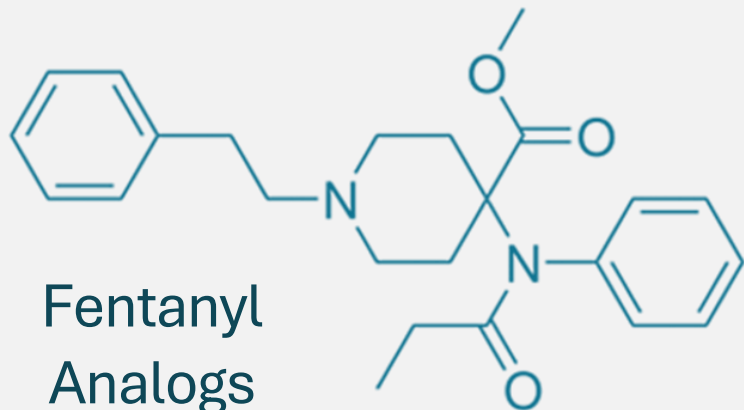


# Opioid Trends: Fentanyl & Fentanyl Analogs



Fentanyl

Fentanyl is 100x more potent than morphine.



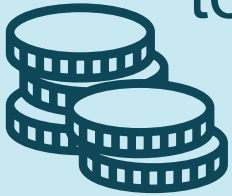
Fentanyl  
Analog

Carfentanil is estimated to be as high as

- 10,000x more potent than morphine
- 100x more potent than fentanyl, and
- 50x more potent than heroin.

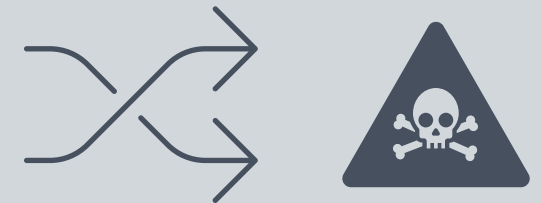
# Opioid Trends: Rise in Illegally Made Fentanyl

**Higher potency and cheaper**  
to produce compared to other opioids



U.S. drug supply  
primarily **from**  
**Mexico and China**

Increase in **intentional contamination**  
with other illicit drugs



# Opioid Trends: Fentanyl Combined with Xylazine

- Xylazine is a powerful sedative
- Fentanyl-related deaths with xylazine detected increased by 276% between 2019-2022
- Prompting executive designation authority for the first time in U.S. history





# Opioid Trends: Risk Factors for Overdose

**Changes in tolerance levels**

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**Mixing opioids with respiratory depressants**

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**Mixing opioids with stimulants**

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**History of chronic health conditions**

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**History of past overdoses**

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# Opioid Trends: Overdose Signs & Symptoms

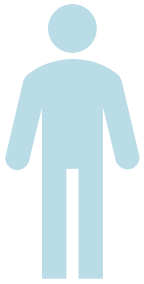


- Unconsciousness
- Slow or shallow breathing
- Faint heartbeat
- Vomiting
- Inability to speak
- Very small pupils
- Limp arms and legs
- Pale skin
- Purple lips and fingernails

# Opioid Trends: National Overdose Death Rates

**81,806**

Involving  
Any Opioid



**73,838**

Involving  
Synthetic  
Opioids



**14,716**

Involving  
Prescription  
Opioids



**5,871**

Involving  
Heroin



Total Drug-Involved Overdose Deaths in 2022

**107,941**



# Safety & Risk Considerations:

## Opioid-Related Deaths Ages 1-17

985 Deaths spanning 2018-2022

### Opioid Ingestion

- 63% involved prescription opioids including in combination with fentanyl
- 44% involved illegally made fentanyl including fentanyl analogs
- 7% involved heroin



### By Age

- 67% Adolescents ages 15-17
- 21% Infants and toddlers ages 1-4
- 10% Youth ages 10-14
- 2% Children ages 5-9



- 93% of opioid-related deaths occurred in response to accidental overdose/acute intoxication (with 5% attributed to intentional poisoning)
- 64% of these deaths occurred at home whereas 13% occurred at a friend's house
- 46% were coded as urban, followed by 41% suburban, and 13% rural



### Environment

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



**8.5M**

**Age 12 or Older Misused Prescription Pain Medication**

**44.6%**

Obtained access  
through a friend or  
relative's unused  
prescription



**Increased Access**

**45.1%**

Hydrocodone

**30.7%**

Oxycodone

Codeine **22.2%**

**High Potential for Misuse**

# Opioid Trends—Let's Talk About It!



Large Group Discussion

# CARRY THE MESSAGE

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## Understanding Stimulant Trends



# Stimulant Trends: Abuse Potential & Overdose Deaths



**34,022**

Psychostimulants



**14,716**  
Prescription  
Opioids

**27,569**

Cocaine



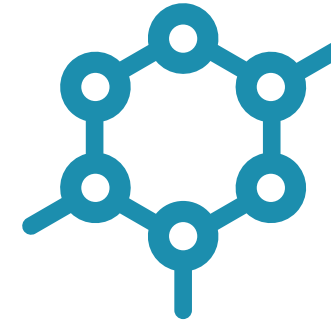
**5,871**

Heroin



**73,838**

Synthetic Opioids



Total Drug-Involved Overdose Deaths in 2022

**107,941**





# Stimulant Trends: Twin Epidemics (Methamphetamine & Opioids)

Rise in methamphetamine use in  
combination with opioid use

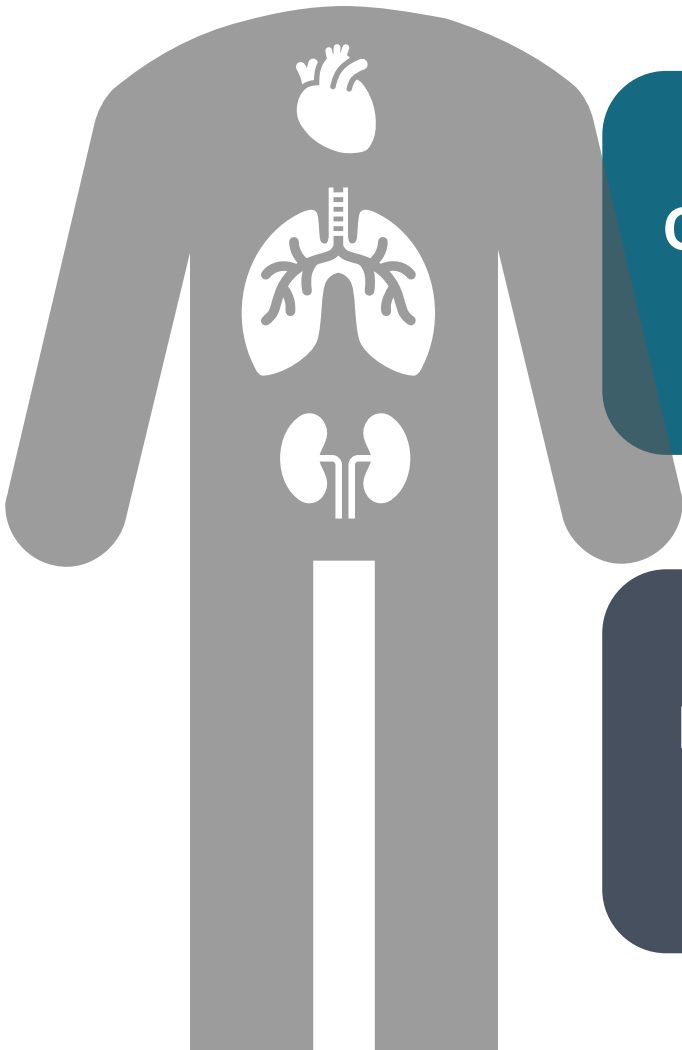
Important considerations for  
concurrent use of  
methamphetamine and opioids

Past-month use of heroin  
coincided with a 5-fold increase  
in methamphetamine use  
(up from 9 to 44%)  
between 2015-2019



Synergistic Effects  
Heightened Overdose Risks

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



**Communicable  
diseases**

**Kidney failure**

**Seizures**

**Lung or nerve  
damage**

**Heart attack  
or stroke**

**Death**

# Stimulant Trends: Psychological Effects of Chronic Methamphetamine Use

Psychosis

Paranoia

Delusions

Hallucinations



# Stimulant Trends: Changes to Methamphetamine Purity

Pre-CMEA  
Federal  
Regulations

**35.3% - 57.4%**

**95.6% - 97.5%**

Post-CMEA  
Federal  
Regulations

# Stimulant Trends: New Manufacturing Formula

P2P Method



Meth 2.0 or Super Meth



# Safety & Risk Considerations: Methamphetamine Production

Makeshift Labs



Dangerous  
chemicals and  
toxic waste

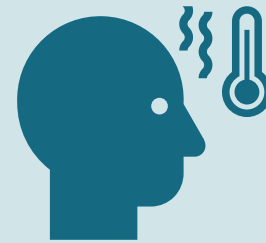


Fire and  
explosions



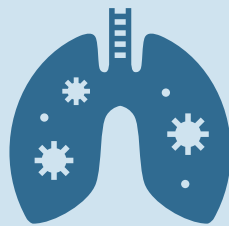
# Safety & Risk Considerations: Acute Health Effects

Toxic Poisoning



Infections or  
Other Health  
Risks

Respiratory  
Issues



Burns and  
Other Physical  
Injuries

# Stimulant Trends—Let's Talk About It!



Large Group Discussion



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## Harm Reduction & Overdose Prevention Strategies





# **What Is Harm Reduction?**

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



Large Group Discussion

# Examples of Harm Reduction Strategies in Child Welfare



**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**

# Safe Storage & Proper Disposal

Steps to Ensure In-Home Safety:



Lock Box



Pharmacy  
Drop Off Box



Mail Back  
Programs



FDA Flush List



Trash Disposal



# Fentanyl Test Strips

## Benefits

- + Detect the presence of fentanyl and fentanyl analogs
- + Effective with all different types and forms of illicit drugs
- + Cost effective method for reducing harm and saving lives

## Drawbacks

- Do not provide any information about the quantity or potency of the fentanyl detected
- Can not detect the presence of any other harmful substances
- Remain illegal in some states due to drug paraphernalia laws

# Naloxone



Opioid antagonist

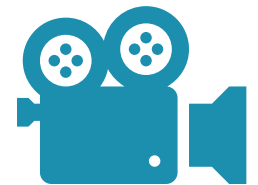
Rapidly reverses an opioid overdose

Restores normal breathing

Administered as an injectable  
or nasal spray

# Jessica's Story

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The University of Tennessee & Dr. Jennifer Crowley



[Digital Story on Narcan Opioid Overdose Reversal](#)



# Recovery Management Plans



Use of recovery management plans to increase:

Awareness of activators or triggers

Identified recovery supports

Steps to carry out to ensure child safety

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## Peer Recovery Support Services



# Value of Lived Experience



*Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.*

(Substance Abuse and Mental Health Administration, 2023d)

# PEERS

**Experiential  
Knowledge &  
Lived Expertise**


- Peer Mentor
- Peer Specialist
- Peer Providers
- Parent Partner

# RECOVERY SPECIALISTS

**Specialized  
Training &  
Certification**



**Experiential  
Knowledge &  
Lived Expertise**

- 
- Recovery Support Specialist
  - Substance Abuse Specialist
  - Recovery Coach
  - Recovery Specialist
  - Parent Recovery Specialist

# How Peer Recovery Support Engages Families in the Change Process



Provide mentoring and coaching



Serve as a recovery role model



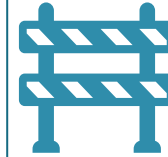
Help families navigate public systems



Parent engagement in child welfare settings



Connect families to services, community resources, and recovery supports



Help remove barriers to services and programs



Transportation, childcare referrals, court and family meetings



Help raise awareness, reduce stigma, and promote advocacy and recovery



Help establish new recovery supports in community



Change organizational culture where they work



Share experience, strength, and hope

# Working with Peer Recovery Support

What are some key highlights or takeaways from integrating peer recovery support services in your child welfare agency?

If not currently providing peer recovery support, what do you see as the barrier to this service delivery enhancement?



Small Group Discussion

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## Treatment Engagement Strategies



# How Our Beliefs Guide Our Work with Families



**SUDs are a brain disease  
and are progressive in nature**

**All members of the  
child and family team deserve  
to have a voice and choice**

**Parental substance use  
increases risk of harm;  
recovery decreases risk of harm**

**Every parent and family  
is worthy of our best efforts**

**Children should remain  
with their parents and siblings  
whenever safely possible**

**People deserve second chances;  
we do not give up on families**

**SUDs involve the whole family,  
so we must serve the whole family**

**Recovery works; treatment works**



# Key Characteristics of Family Engagement



Strength-based

Personalized and responsive

Collaborative in nature

Non-punitive and non-authoritarian

Viewed as partners in change

# What Can You Do to Help?

**Screen, refer,  
and link  
parents to  
high quality  
treatment  
providers**



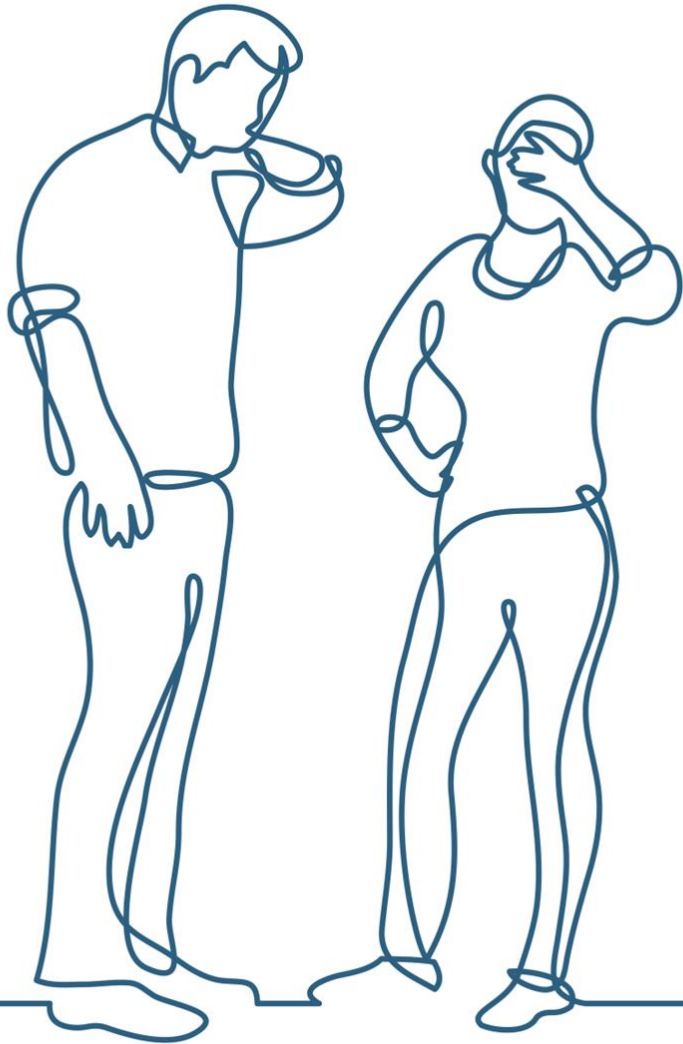
**Emphasize  
family voice and  
choice in service  
planning**

**Help parents engage  
and remain in  
treatment**



**Respond appropriately to return to use  
and support sustained recovery**

# Important Reminder About Substance Use Disorder Treatment Retention



**53.5%**  
Methamphetamine  
Dropout Rate

**39.3%**  
Opioids  
Dropout Rate

**34.9%**  
Cannabis  
Dropout Rate

# How Engagement Might Look Differently...

## Real-Time Coaching & Skill Building



Accessing treatment and supportive services



Completing intake or enrollment paperwork



Scheduling appointments and setting up reminders



Arranging transportation services or help with navigating public transportation system



Reinforcing positive steps toward recovery—  
big or small!

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## Evidence-Based & Emerging Interventions

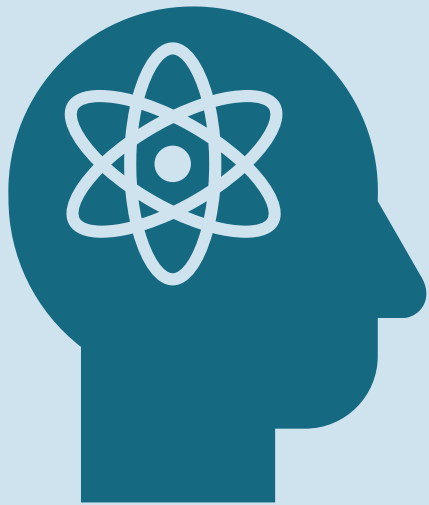


# Evidence-Based Interventions for Families Affected by Substance Use Disorders

## Motivational Interviewing



## Cognitive Behavioral Therapy



Evidence-Based  
Interventions for  
Families  
Affected by  
Substance Use  
Disorders

# Evidence-Based Interventions for Families Affected by Substance Use Disorders

## Contingency Management





## Trauma-Informed Care



Evidence-Based  
Interventions for  
Families  
Affected by  
Substance Use  
Disorders

# Evidence-Based Interventions for Families Affected by Substance Use Disorders

## Sobriety Treatment and Recovery Teams (START)



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



# Evidence-Based Treatment for Opioid Use Disorders



- Reduce or eliminate opioid withdrawal symptoms
- Reduce risk of opioid overdose or death

**Methadone**

+

**Buprenorphine**

**Methadone**

+

**Buprenorphine**

+

**Naltrexone**

- Blunt or block effects of illicit opioids
- Reduce or eliminate opioid cravings

# Effective Treatment Models for Methamphetamine Use Disorders

## The Matrix Model



**16-week**

comprehensive  
treatment approach

Delivered in an intensive  
outpatient setting

Combines various modalities to promote recovery from stimulants:

- Individual and family counseling
- Early recovery skills groups
- Relapse prevention groups
- Family education groups
- 12-step programs
- Random drug testing
- Social support groups



# Emerging Treatment Considerations for Methamphetamine Use Disorders



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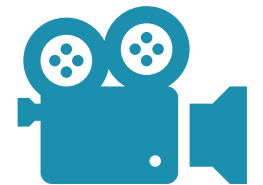
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**Recovery Is Possible!**



# Recovery Is Possible

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[Stories of Hope: Mallie's Story](#)



# Tips to Facilitate Parental & Familial Recovery



<b>Collaborate</b>	Collaborate with the experts in your community
<b>Talk</b>	Talk with the treatment provider to learn what evidence-based treatment and therapeutic approaches are used to treat substance use disorders
<b>Understand</b>	Understand that outpatient treatment can be as effective as inpatient treatment when supportive services and community supports are provided
<b>Refer</b>	Refer and link parents and families to tailored services and supports that meet their unique needs
<b>Ensure</b>	Ensure that co-occurring disorders, such as depression and anxiety disorders, are addressed in treatment
<b>Support</b>	Belief and understanding that recovery from a substance use disorder is possible; just may require extra support
<b>Convey</b>	Convey empathy and a sense of hope in your interactions with parents, children, and family members

# Call to Action

Provide 1-2 examples of how you will use the information presented to enhance your partnerships with SUD treatment professionals on behalf of families navigating substance use and child safety.



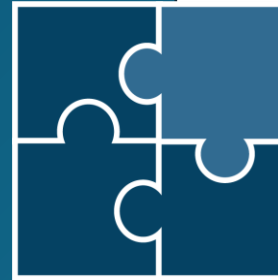
Reflection Exercise

# Contact

## Contact the NCSACW Training and Technical Assistance (TTA) Program

Connect with programs that are developing tools  
and implementing practices and protocols to  
support their collaborative

Training and technical assistance to support  
collaboration and systems change



## National Center on Substance Abuse and Child Welfare



<https://ncsacw.acf.hhs.gov/>



[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)



Toll-Free @ 1-866-493-2758

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# Resources

# Resources

- Children and Family Futures: [\*Harnessing the Power of Family Treatment Courts Brief Series\*](#) (2022)
- National Center on Substance Abuse and Child Welfare: [\*The Use of Peers and Recovery Specialists in Child Welfare Settings\*](#) (2019)
- National Center on Substance Abuse and Child Welfare: [\*Tip sheet #1 Harm Reduction in the Context of Child Well-Being: An Overview for Serving Families Affected by Substance Use Disorders\*](#) (2024)
- National Center on Substance Abuse and Child Welfare: [\*Tip Sheet #2 Harm Reduction in the Context of Child Well-Being: Key Considerations for Policymakers\*](#) (2024)
- National Center on Substance Abuse and Child Welfare: [\*Tip Sheet #3 Harm Reduction in the Context of Child Well-Being: Practice Recommendations for Child Welfare Workers\*](#) (2024)
- National Center on Substance Use and Child Welfare: [\*Screening for Substance Use in Child Welfare Using the UNCOPE\*](#) (2023)
- National Center on Substance Use and Child Welfare: [\*Understanding Engagement of Families Affected by Substance Use Disorders —Child Welfare Practice Tips\*](#) (2022)
- [\*Peer Recovery Center of Excellence: Peer Recovery Now\*](#) (2023)
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