National Center on Substance Abuse and Child Welfare

TIP SHEET 1 OF 3

Harm Reduction in the Context of Child Well-Being:

An Overview for Serving Families Affected by Substance Use Disorders

Multiple variations of harm reduction exist in health and human services practice and policy, but the primary context has been prevention of overdoses and infectious disease transmission. Individuals affected by substance use often remain at the center of harm reduction efforts with little consideration that *they live within a larger family system*—and may have children in the home.

While substance use exists on a spectrum, this tip series focuses on those with—or at risk of developing—a substance use disorder (SUD).*

TIP SHEET #1	TIP SHEET #2	TIP SHEET #3
An Overview for Serving Families Affected by Substance Use Disorders: Defines harm reduction and frames the discussion within a child and family perspective to ensure child safety and well-being.	**Key Considerations for Policy-Makers:** Offers system-level policy examples necessary to implement practice changes that improve outcomes for children, parents, and family members.	**Practice Recommendations for Child Welfare Workers:** Provides practice-level strategies to improve recovery, safety, stability, and well-being outcomes.

What is Harm Reduction?

Harm reduction is a set of services, a type of organization, and an approach.[1]

The Substance Abuse and Mental Health Services Administration (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."[2]

> Harm reduction focuses on meeting the needs of the individual based on their specific situation and circumstances by implementing actions that can lead to improved access and engagement in SUD treatment services.[3] Tracking the extent to which these efforts lead to enrollment in treatment is critical to measuring harm reduction effectiveness.

Although some harm reduction practices may conflict with what child welfare workers have historically used as markers of risk and safety leading to placing a child in protective custody, many actions that flow from the primary strategies—prevention, risk reduction, and health promotion—are part of current child welfare best practices.

* The phrase "with or at risk of developing a SUD" refers to individuals who already have a diagnosed substance use disorder as well as those who are using substances in a manner, situation, amount, or frequency that can cause harm to themselves or those around them.

These practices include:

- Education aimed at reducing stigma associated with substance use.
- Medication-assisted treatment (MAT)—including services for pregnant and parenting persons.
- Equitable access to community-based treatment and services to prevent child welfare involvement when safe to do so.
- Enrollment of parents affected by SUDs into comprehensive service delivery systems such as family treatment courts (FTCs).
- Opposition to punitive policies that increase the resistance of persons with SUDs to seek treatment.
- Support for civil rights of person with SUDs, as referenced in Office of Civil Rights issuances.
- Expansion of the availability of naloxone and other forms of overdose prevention and treatment.
- Availability of supportive housing that does not require abstinence, with adequate provision for safeguards of risk and safety concerns involving children.

Framing the Harm Reduction Discussion

The concept of harm reduction in the U.S. over the past several decades has resulted in a broad range of actions such as the implementation of syringe services programs, as well as the development and federal funding of MAT. The *SAMHSA Harm Reduction Framework* provides more information on the history of and evidence supporting harm reduction. However, these efforts did not surface without barriers since there were, and continues to be, harm reduction opponents partly due to the stigma associated with substance use.[4] For example, there is not universal application and acceptance of MAT across states and communities despite federal disability rights protections that can apply to some parents—with an opioid or other SUD—who are involved in the child welfare system.[5] There is a history of concern as well as current beliefs that some harm reduction practices enable continued illegal drug use. While progress has taken place, there remains a gap in the literature and advocacy on the effects of harm reduction policies on children of parents with SUDs.

Data from the National Survey on Drug Use and Health found that "in an average year from 2015-2019, more than 21 million children in the U.S. lived with a parent who misused substances, and more than 2 million lived with a parent who had a substance use disorder."[6]

"Growing up in a household with substance use problems" is identified as an adverse childhood experience, or a potentially traumatic event that occurs in childhood.[7]

According to data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), of the 603,823 children in out-of-home care with available alcohol and drug information, 236,143 children (39.1%) had parental alcohol or other drug use as a condition associated with removal in 2021.[8] Of the 39.1%, 5.6% of children had parental alcohol as a condition associated with removal.[9] However, prevalence rates for parental alcohol or other drugs vary widely for states in the AFCARS data, from 1.9% to 67.2%, and inconsistencies in measurement of parental SUDs, data collection methods, and reporting contribute to undercounts.[10,11] Most observers agree that the national data from AFCARS undercount the prevalence of parental alcohol or drug use as a condition associated with removal.

Family-centered treatment that keeps children and parents together is, in itself, a form of harm reduction since it: 1) lessens the potential harm by recognizing SUD as a disease that affects the whole family, and 2) treats *all* members of the family. More information on implementing a family-centered approach can be found in a NCSACW series of briefs entitled, *Implementing a Family-Centered Approach Series*. Substance use during pregnancy is especially harmful due to potential lifelong neurodevelopmental consequences that can affect both learning and behavior. Thus, harm reduction must not only lower the risks of overdose and infectious disease transmission, but also the potential of harm to children.

Although shifting to a harm reduction mindset can prove complex and challenging, it is important to recognize that some of these strategies may already be in place, such as promoting the use of naloxone. It is critical to have discussions about harm reduction that considers children, parents, and their families while policymakers develop and implement further efforts and practice strategies.

Overview of a Comprehensive Framework to Improve Outcomes for Families

A harm reduction approach within child welfare or other family-serving systems that promotes safe parenting requires significant coordination and joint efforts among varying levels of medical, SUD and mental health treatment, and child welfare staff. One useful method to organize information on harm reduction in the child welfare context is to use select elements of Children and Family Futures' (CFF) *Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement*, which is grounded in cross-system collaboration.

The following system-level policy efforts help build the strong, multiagency collaborative team needed to implement and sustain innovative practice strategies.

Commitment to Shared Mission, Vision, and Goals:

Building a strong partnership requires agency and community partners to agree on the mission, vision, and outcomes they want to accomplish together.

Efficient Cross-System Communication:

Collaborations require effective communication and timely information sharing to gauge the progress made toward achieving their mission.

Ongoing Cross-Training and Staff Development:

Training and staff development across systems and at all levels (e.g., administrative, management, child welfare workers) are crucial for developing, implementing, and sustaining cross-system initiatives.

The following practice strategies effectively identify and treat parental SUDs while increasing the likelihood of positive outcomes for families:

Early Identification of Families in Need of Services:

One of the most integral steps to keep families safely together and prevent out-of-home placement is the early identification of parents who need SUD and mental health treatment through universal screening practices.

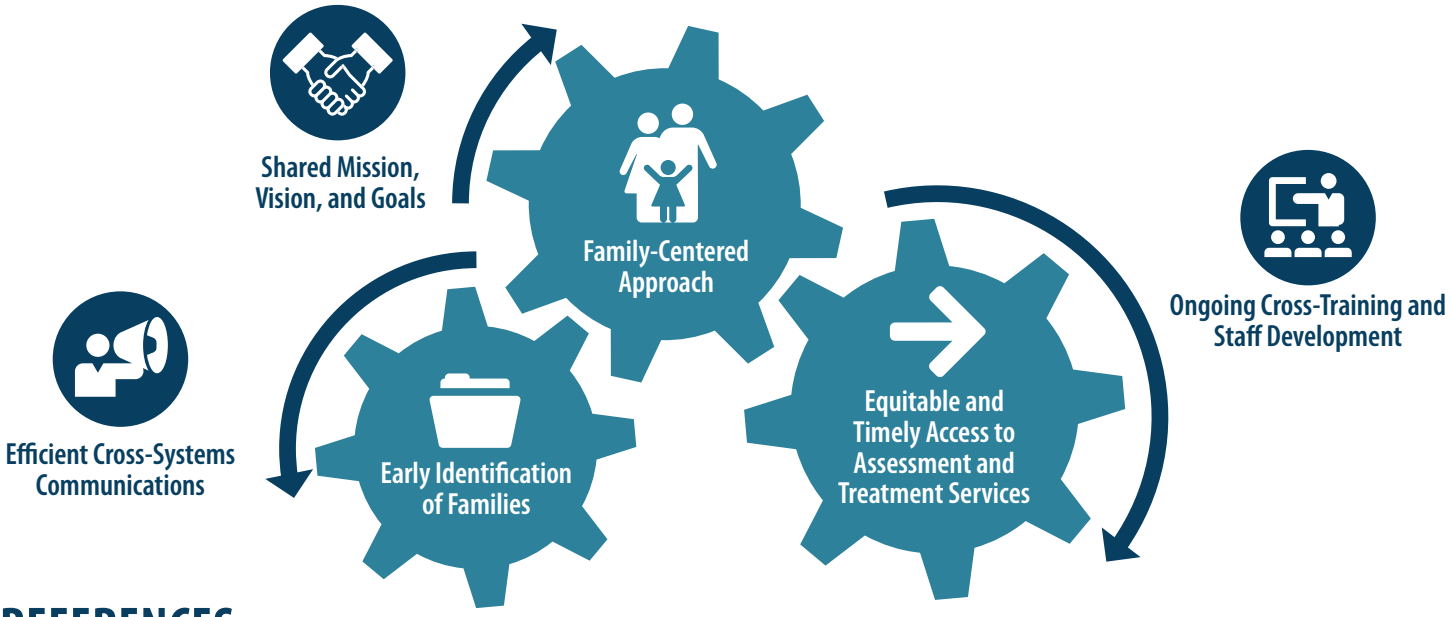
Equitable and Timely Access to Assessment and Treatment Services:

This component remains critical to an effective system of care since a parent's successful engagement in treatment and transition to recovery are essential to positive child welfare and court outcomes.

Family-Centered Approach:

A comprehensive system of care relies on the delivery of family-centered services that provide an array of clinical treatment and related services to meet the needs of the children and each member in the family—not only the parent with the SUD.

This graphic illustrates the relationship between the above elements while reflecting that the systems-level policy efforts play an integral role in the successful implementation of the practice strategies.



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