

Families experiencing opioid use disorder: Practice and education implications

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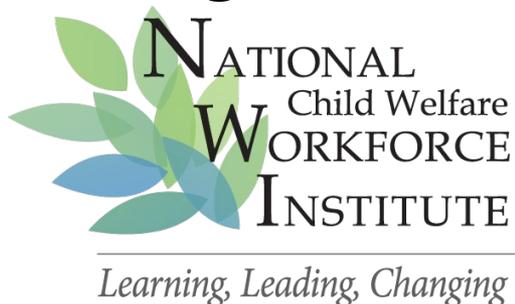
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Introductions

Heidi

Melissa

You?



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United States

- Since 2000, the U.S. has experienced a dramatic increase in the use and abuse of opioids
- In 2014, drug overdose became the leading cause of accidental death in the U. S.
- Financial costs related to opioid misuse are estimated to be between 20-57 billion dollars annually

(American Society of Addiction Medicine, 2006; US DHHS, 2016; Birnbaum et al, 2011; Inocencio et al, 2013)



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New Hampshire

State Demographics

- 2017: 1.343 million people (US Census Bureau)



Substance Misuse in NH

- Of NH residents 12 and older, 106,000 individuals (9.34%) meet criteria for dependence or abuse of illicit drugs or alcohol.
- Number of overdose deaths in 2017: 395 cases confirmed, 90 still pending.
- Number of child welfare cases opened with substance abuse as a factor has increased by approximately 18% since 2013.



The Opioid Plague's Youngest Victims: Children in Foster Care

By Sherry Lachman

Maine opioid initiative targets children left in lurch

A social services provider in Bangor, Maine, will use a \$632,037 grant from the Department of Justice to help children who have lost parents to arrest or overdoses related to opioids. The project by Penquis will include counseling, tutoring and other services for a population that is increasingly entering state custody because of parental abuse of drugs.

[Bangor Daily News \(Maine\) \(free registration\)](#) (10/2)



Side Effect of Opioid Crisis: Grandparents Are Raising Kids

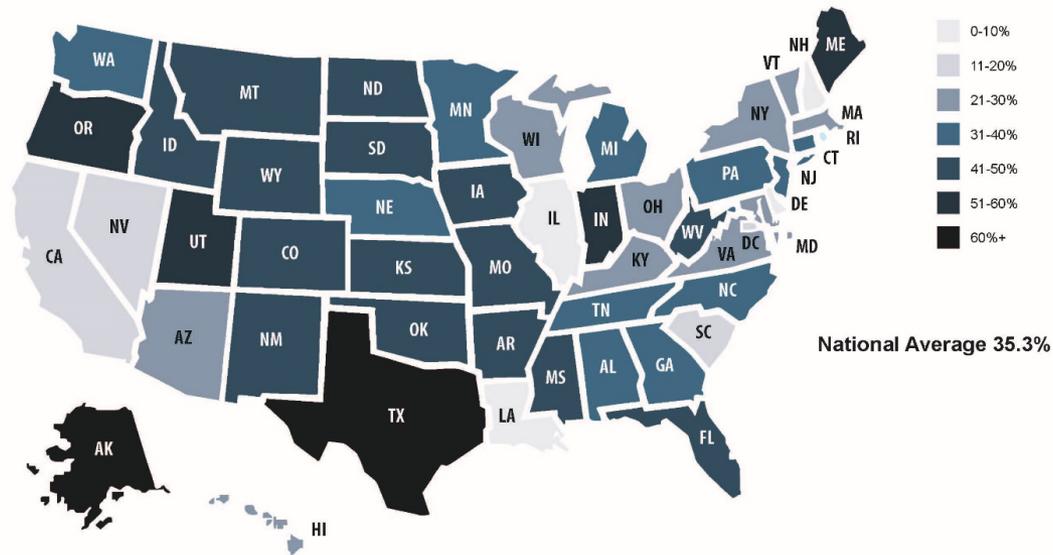
By SHERYL RICH-KERN • MAY 7, 2018



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Do national data tell the story?

Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal by State, 2016



Efforts in data collection have improved in recent years, but significant undercount remains in some states.

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year

Source: AFCARS Data, 2016



Source:

<https://ncsacw.samhsa.gov/resources/child-welfare-and-treatment-statistics.aspx>



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Exposure to parental substance use



Infants:

Visible

Documented outcomes

Older youth:

Possible long term exposure

Outcomes not well documented



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Outcomes for older youth with parent with OUD

Externalizing Behaviors

- 30-33% met disruptive disorder criteria
- 60% engaged in at least one delinquent behavior
- Children of white mothers had the highest risk of disruptive behaviors²⁰
- Male youth with parent also having major depressive disorder -higher rates of disruptive disorders
- Multiple parental transitions and with parents with a criminal history--more likely to exhibit delinquent behavior

(Nunes et al, 1998 & 2000; Weissman et al, 1999; Wilson et al, 2004; Keller et al, 2002)

Internalizing Behaviors

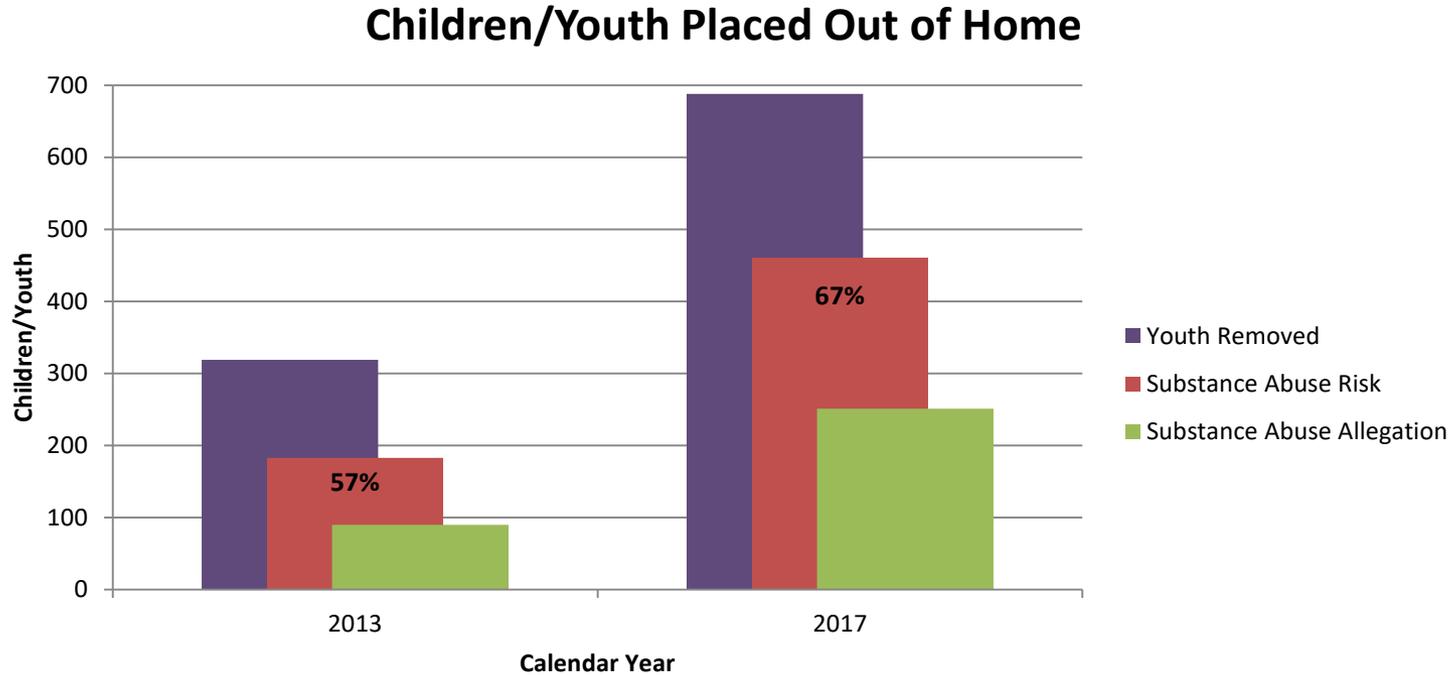
- Between 21% to 30% of youth were characterized as having anxiety and/or mood disorders
- One study found a greater likelihood for developing a mood disorder for female children, Hispanic children, and African American children if one parent also had an existing MDD

(Nunes et al, & 2000; Weissman et al, 1999;)



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Impact on NH Children



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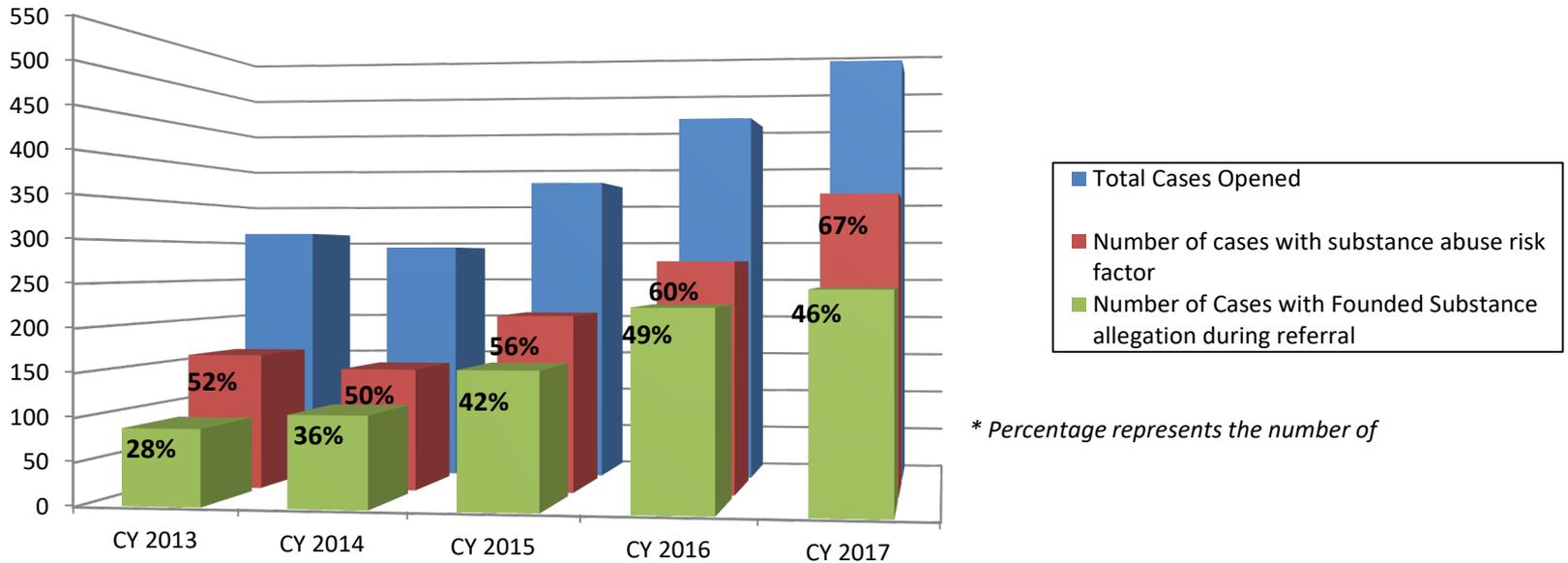
New Hampshire Efforts



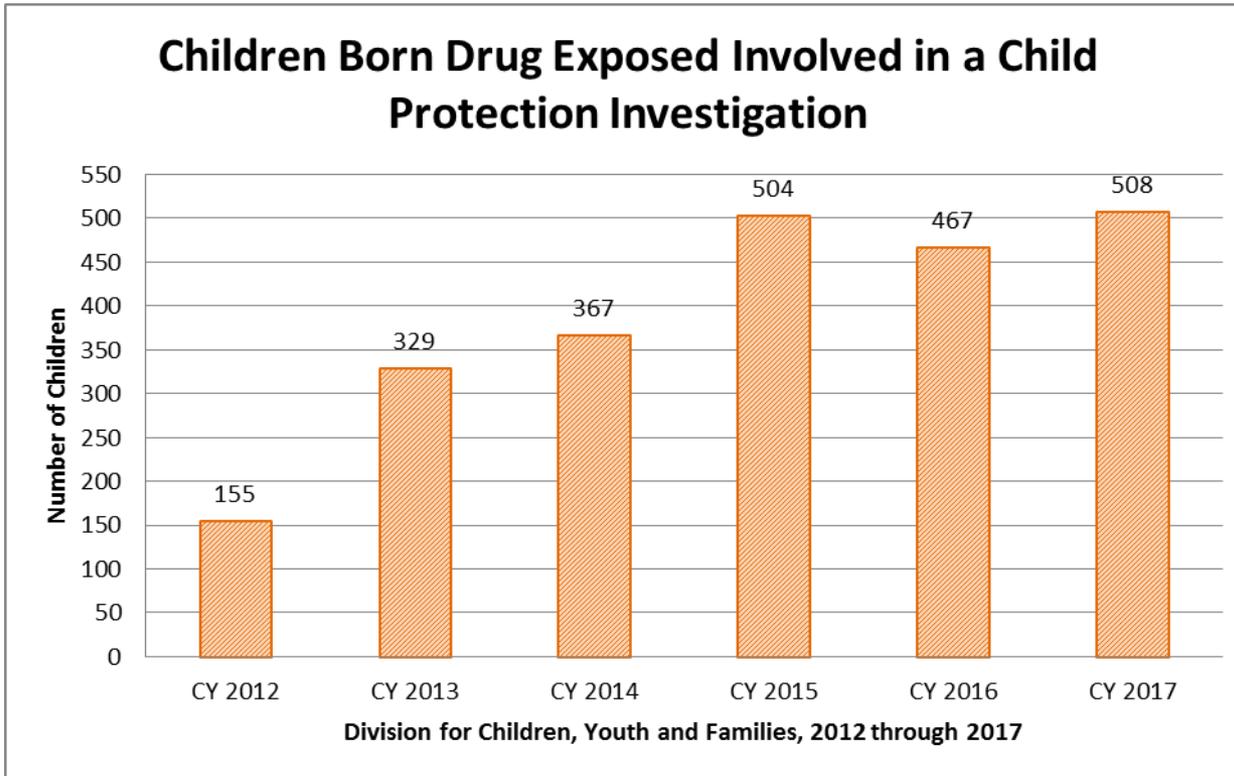
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Project First Step: LADC Co-Location

Cases Opened with Substance Misuse Indicated



Project First Step: LADC Co-Location



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Strength to Succeed

Components of the program:

- Assistance
 - DCYF staff contact #
 - Parent partner
 - Parent/Child/Caregiver
- Rapid Access to Treatment
- Rapid Access to Treatment
- Relative Caregiver Support
- Training



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Other significant strides...



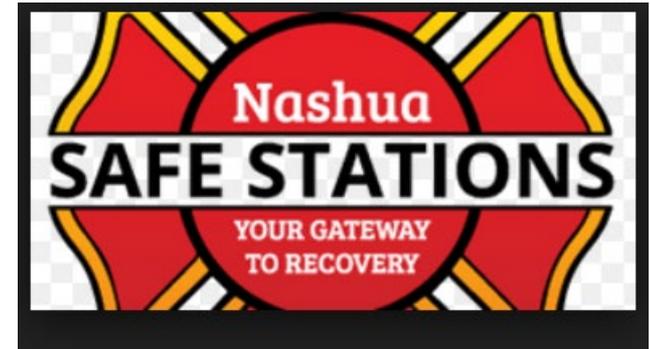
ANYONE. ANYTIME. CAN EXPERIENCE ADDICTION. CAN ASK FOR HELP. CAN RECOVER. CAN SAVE A LIFE.

HOME • CAMPAIGN AND MATERIALS DOWNLOAD • COMMUNITY RESOURCES • FIND NALOXONE IN NH • ABOUT

New Hampshire is working together to reduce opioid overdose and reduce stigma. Addiction can touch anyone's life. Recovery is possible. Help spread awareness.



Anyone, Anytime, Can Save a Life.



State of New Hampshire
Office of the Child Advocate



NH Alcohol and Drug
TREATMENT LOCATOR



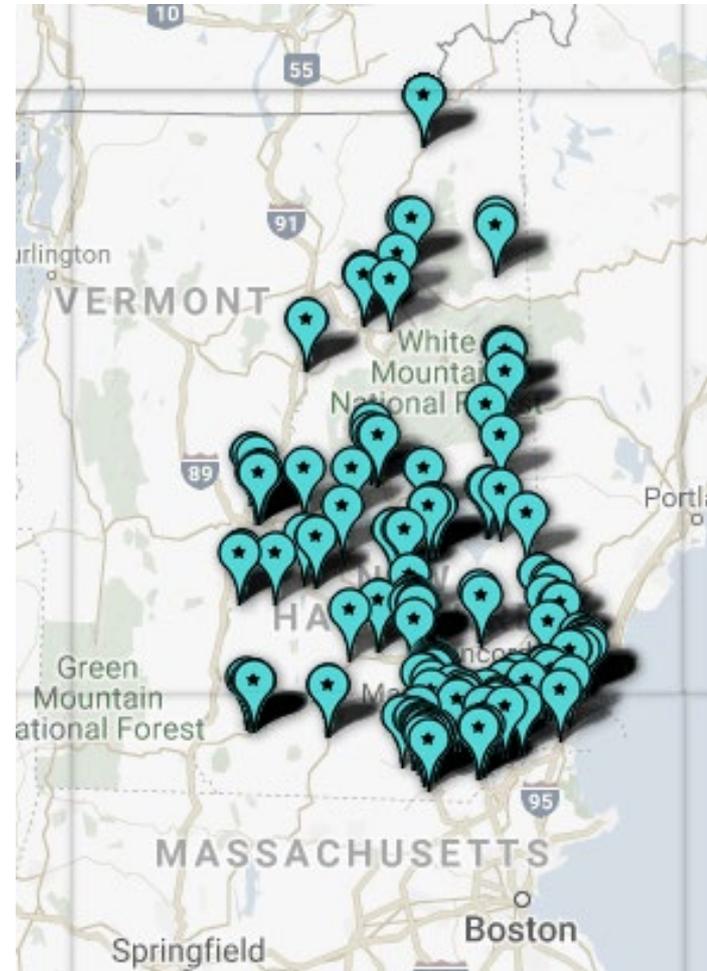
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Even so.... still a struggle

Finding a provider

Travel to treatment

Reintegration



Basic child welfare understanding of opioid addiction

- How do we assess whether adult use is negatively impacting child?
- Have we considered lethality and safety/risk?
- How can we educate the court and others about the needs of these families/parents?
- Who are the advocates for the child?



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Safety planning

- Parent who uses heroin (versus other substance):
 - Is there a sober caretaker in the house?
 - Is caretaker reliable in terms of making decisions?
- Age of children in the home
- Progression and lethality
 - Drugs within reach of children?
 - Episodes of overdose in recent past?



Action Steps: (To prevent this from happening we will... if this does happen again, we will...)

Mom Suzzy agrees to allow Grandma Jane to be the primary caretaker for Baby Bob until she can demonstrate a reduced risk to the child by engaging in treatment, showing negative drug screens and sober behaviors (following through with appointments, being alert and attentive at all meetings, completing steps in the action plan)

Mom Suzzy will refrain from using illicit or abusing prescribed substances in the home.

Mom Suzzy will refrain from being under the influence while in the home. There will be no drug or paraphernalia in the home.

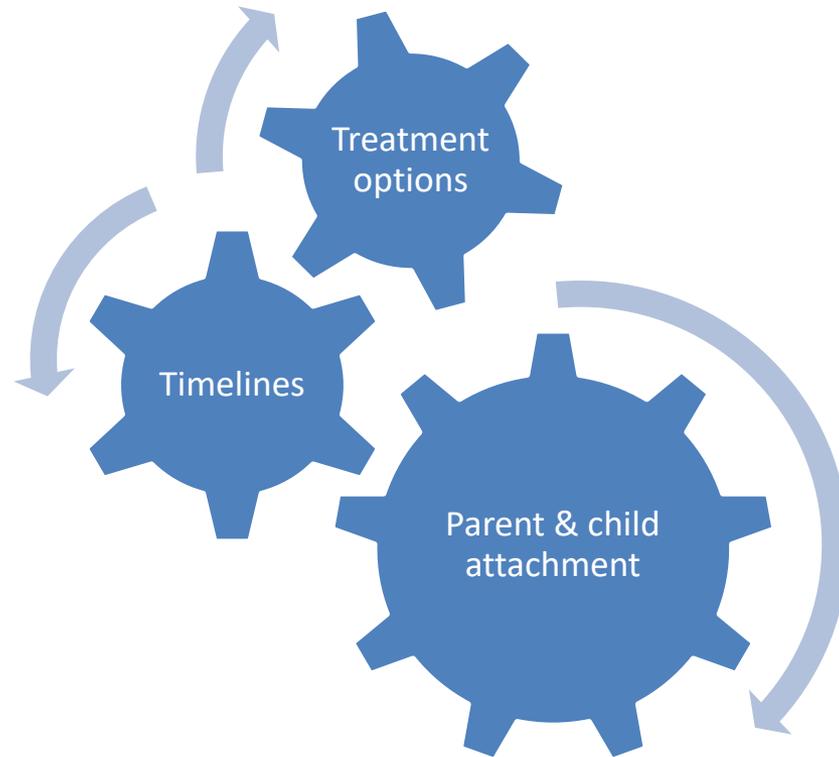
Only sober individuals will be permitted in the home. (list names) Mom Suzzy will not be alone with Baby Bob unless there is an approved caregiver (designated by Grandma Jane) present.

The risks of Co-Sleeping were discussed and both parties agree that this behavior is dangerous and unsafe and they will not do this with Baby Bob. If there is a baby under 1 I suggest they always put this



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The ripples



Impact on CPWs and interns

These cases are “so much work I can’t even explain it. It is so deep.”

“My supervisor told me that all would be covered and to go...” (to see a child after a parent death)

“Peer-to-peer support might help, but hasn’t taken off.”

“We give them a year and they are actively using. This can mean 6 months of denial, 1 month of treatment, then permanency requires one month of clean time.”



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The horizon

- Support for CPSWs and other staff
- Training and supports to counter stigma
- Grief and resiliency services and training
- Seek “unfamiliar collaborators”
- Learn from other “first responders”



Possibilities & promising practices

- Systemic integration
- Family treatment drug courts
- Inter-agency collaboration
- What else is happening in your area?



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Questions, Suggestions?

Innovations in your
State/county/jurisdiction?

Email us!

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