

## A DAY IN THE LIFE ...

PAMELA PETERSEN-BASTON; MPA, MCAP, CPP

APRIL 12, 2019



JBS INTERNATIONAL, INC. | 5515 Security Lane, Suite 800  
North Bethesda, MD 20852 | [www.jbsinternational.com](http://www.jbsinternational.com)

### LEARNING OBJECTIVES...

- Describe the common impacts of caregiver opioid use throughout a typical opioid-using day.
- List the impacts of opioids on parenting in the infant/caregiver relationship.



## OPIOID USE: WHAT WE KNOW<sup>1</sup>

- After an initial pleasurable “rush,” people who use opioids may be very drowsy for several hours, with clouded mental functioning.
- Repeated use often results in addiction – where seeking and using the drug becomes the primary purpose in life.

## OPIOID USE: WHAT WE KNOW

- Most people who use opioids also take other illicit substances that can adversely affect health and daily functioning.
- Child safety is not only affected by the time period that a parent is high from the opioid. The overall opioid use lifestyle, including drug seeking and withdrawal, can present serious safety issues that should be considered.

## PARENTAL OPIOID USE AND DAILY LIFE

- The examples provided in this presentation of opioid-affected daily life activities and conditions (e.g., withdrawal, preoccupation, diverted finances/resources, procurement, consumption, child exposure) are common to parents whose opioid use rises to the level of a diagnosable opioid use disorder (OUD) but who are not in treatment.
- While we will not cover it in its entirety today, we will also cover how certain daily opioid life experiences can contribute to child safety risks (including toxic stress).



Opioid Withdrawal:<sup>2</sup>

- Excessive perspiration.
- Shaking and muscle spasms.
- Severe muscle and bone pain.
- Vomiting, nausea, and diarrhea.
- Irritability.
- Insomnia.
- Restlessness.
- Dilated pupils.
- Rapid heart rate/anxiety.
- Death is not likely from opioid withdrawal, but people may feel like they're dying.

## EXAMPLES OF ACTIVITIES COMMON TO PARENTS WITH OUD

- **Parental opioid withdrawal:** Parent wakes up in the morning in pre-withdrawal/early withdrawal discomfort, experiencing flu-like symptoms and anxiety (“dope sick”).
- Intimate partner power and control dynamics may be involved. That is the survivor may be forced to rely on perpetrator for access to opioids or opioids use as chemical tool for control.



## The caregiver is in withdrawal. Meanwhile, the child...

- May be left in a soiled diaper and in distress
- May be having to take on responsibilities, including care for younger children, that may be beyond their developmental capacity (i.e., “parentified child”)
- May miss daycare or school

And remember...this is not the flu. This “sickness” won’t go away in a few days!





## Opioid Preoccupation

- *“To my caseworker, I blame long hours at my job for my strange sleeping patterns and frequent absences, I have no job. I’m just always on the hunt for more heroin. My opioid addiction has taken me over.”<sup>3</sup>*

## EXAMPLES OF ACTIVITIES COMMON TO PARENTS WITH OUD

- **Opioid preoccupation:** Preoccupation involves opioid seeking for next use. Considerable time must often be spent setting up daily connections to procure opioids (e.g., multiple calls to multiple dealers, wrangling over money owed). Note: The strong physical dependence and compulsive use symptoms associated with regular opioid use render buying ahead and “stashing/rationing” nearly impossible (many parents will use ALL they have WHEN they have it). Therefore, many such individuals engage in daily transactions, increasing the potential harm to themselves and their children.

### The caregiver is obsessing about their next use. Meanwhile, the child...

- May have an untreated ear infection or other ailment that goes unnoticed to the caregiver
- May be left in front of a TV or computer to YouTube for the majority of their day while the caregiver works to obtain drugs
- May be at higher vulnerability to common dangers in the home (e.g., hot stoves, steep stairs, choking hazards, heavy dressers) because of caregiver's distraction
- If older, may personally contact known dealers in attempt to satisfy a caregiver's opioid needs



**JBS**  
INTERNATIONAL

### OPIOID PREOCCUPATION



- A parent with an OUD, who is mood altered, preoccupied with getting high or spending significant amounts of time recovering from the effects of substances, may miss the opportunities to foster healthy attachment with their child.<sup>4</sup>

## OPIOID PREOCCUPATION (CONT.)

- Parents with significant opioid-seeking preoccupation may have substantially less interaction with their child.
- Chronic neglect can lead to persistent activation of the stress response systems (toxic stress) in a young child that affects the architecture of their brain.

### Opioid preoccupation: Potential fetal impact

- If a pregnant woman uses opioids, her opioid-seeking behavior and fear of drug testing may result in avoidance of personal health care and prenatal care, contributing to malnutrition and adverse fetal development.



## DIVERTED FINANCES

*"I need heroin to feel normal. I don't love anymore. Now I'm sick. I can't afford the heroin that I need. How did \$10 used to get me high? Now I need \$100."<sup>5</sup>*



## EXAMPLES OF ACTIVITIES COMMON TO PARENTS WITH OUD

- **Diverted finances/resources:** Available money or resources are prioritized to support opioid use. Users will also steal, pawn, sell things, trade sex, and become a dealer themselves to obtain drugs. Parents who use opioids multiple times daily may be unable to maintain employment, resulting in “sofa surfing” from loss of-stable housing.






### The caregiver diverts finances. Meanwhile, the child...

- May have inadequate food, poor nutrition, lack of medical treatment or safe housing.
- May be exposed to a chaotic lifestyle (e.g., frequent moves, being temporarily placed with various family members).

### THE CAREGIVER DIVERTS FINANCES MEANWHILE, THE CHILD...

- May experience loss of family and other supportive relationships as opioid use and associated behaviors (e.g., theft from family members) causes estrangement from once supportive individuals and can lead to chronic anxiety and hypervigilance or contribute to developmental and cognitive delays in children.
- May be exploited for financial or sexual purposes.



**Opioid Procurement**

*"I grab my keys and head to my car, throw my kid in the back seat and off I go to the neighborhood I usually cop in. The drive always feels longer than it is when your withdrawals are kicking in again. I call my dealer and he says it's going to be 10 minutes which I know isn't true, I'm looking at around at least 45 minutes to an hour. I check my phone waiting for him to call, I'm starting to get dope sick again."<sup>6</sup>*

## EXAMPLES OF ACTIVITIES COMMON TO PARENTS WITH OUD

**Opioid procurement:** Obtaining opioids involves considerable time, commitment, and risk.

- Procurement is rarely timely (can involve significant delays)
- Procurement may occur in neighborhoods that are unsafe
- Persons dealing drugs may be unsafe individuals
- Fentanyl can be knowingly or unknowingly included in the opioid substance



## The caregiver is procuring opioids. Meanwhile, the child...

- May be left with unknown and/or unsafe caregivers
- May be left home alone or strapped in a car seat for hours or days at a time and potentially exposed to unsafe people while caregiver is procuring
- May witness the caregiver's frantic attempts to procure or steal opioids
- May be at risk for car-related injuries/fatalities if caregiver uses right after procurement and has accident due to intoxicated state or leaves child in car exposed to extreme temperatures
- If older, may be asked to drive the caregiver to obtain opioids in unsafe locations



## Opioid Consumption

*"My dealer gives me what I need, now I need to find a good bathroom; I can't wait to get home to use. I find one of my favorites; single stalls give you more privacy and time. I park out front and walk straight to the back where the bathrooms are. I'm obsessed with the ritual of shooting up, the water, the mixing the pop of my vein when the needle goes in. I release the belt and the heroin floods my brain. Wandering back out to my car I get some looks from customers like they know, but I really don't care."*<sup>7</sup>

## EXAMPLES OF ACTIVITIES COMMON TO PARENTS WITH OUD

### Opioid consumption:

- Depending on the type, strength, and amount of opioids consumed, the duration of the parent's "high" can vary considerably in length of time and the severity or the extent of associated behaviors (e.g., nodding out, disorientation).
- Overdose risk may be present.
- Risks may be high for contracting infectious diseases (e.g., HIV, hepatitis) through infected injection equipment and or/unprotected sex with an infected person.



### The caregiver is misusing opioids. Meanwhile, the child...

- May not be able to wake the caregiver, or may witness the caregiver's overdose (even a fatal one)
- May go without basic care like diaper changes, baths, or appropriate meals for hours or days
- May not have a safe sleep environment (e.g., co-sleeping, loose blankets in the crib, unrelated men in the home, etc.)
- If older, may misuse opioids themselves with or without a caregiver's permission

## OTHER CONSUMPTION FACTORS

- Parents who use opioids multiple times daily often lack hunger cues/appetite, contributing to inconsistent meal schedules for their child.
- A parent high on opioids may have reduced parental capacity to respond to a child's other cues and needs.
- If older children observe/become aware of parental opioid use, it may normalize such use and contribute to their access and/or other environmental reinforcement contributing to their use.
- Parent may have difficulty regulating emotions, contributing to physical or emotional abuse of children/other family members.



## OPIOID CONSUMPTION: POTENTIAL FETAL IMPACT



- Fluctuating levels of opioids in pregnant women may expose the fetus to repeated periods of withdrawal.






## Child Exposure to Opioids/Paraphernalia

Parents may expose children to opioids/paraphernalia causing:

- Poisoning from accidental ingestion (e.g., pain meds look like candy to children).
- Harm to child from straight edge razors used to “cut” heroin or pain meds for snorting or injecting.
- Exposure of child to infectious diseases (e.g., HIV, hepatitis) from contaminated syringe and needles.

## CHILD EXPOSURE EXAMPLES CONT.

- Children are much more susceptible to (and affected by) secondhand smoke (opioids can be smoked) at much lower dosages than adults (e.g., may experience a “contact high,” asthma, respiratory problems).
- Belts/laces/plastic tubing used to “tie off” for heroin injection could pose a strangulation hazard



Parents with OUD

Opioid Treatment Considerations

### **MAT BENEFITS FOR PARENTS IN THE CHILD WELFARE SYSTEM WITH OUD**

- While some clients with OUD may be stabilized with medications alone, the parents involved with the child welfare system typically have a range of interrelated challenges for which counseling and recovery supports are essential.<sup>8</sup>
- Many tribes are actively working to improve service connections so that families impacted by parental opioid and other substance use disorders are offered more supportive options.



Culture is foundational to healing and recovery for American Indians and Alaska Natives. Serving as their own experts, many tribes right here in MN have made great strides in implementing successful strategies to address many of the challenges.<sup>9</sup>

## **MAT benefits for parents in the child welfare system with OUD**

- Two recent reviews of existing evidence found that treatment is more likely to lead to successful family reunification when comprehensive services that are matched to an individual's specific needs are provided and when recovery management and other social and family supports are integrated into the treatment plan.<sup>10</sup>



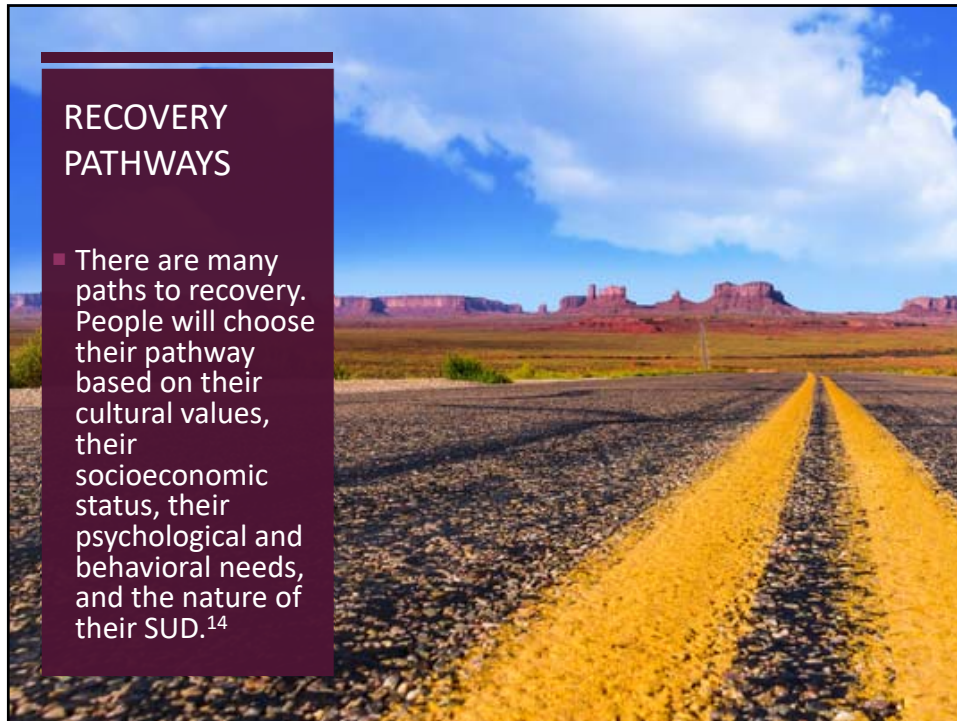
There is a need to establish internal collaborative relationships across programs that integrate cultural practices where they are not commonly offered so that cultural bridges are built between programs to support more coordinated and person-centered care.<sup>11</sup>

The most successful groups and services are those that incorporate culture, e.g. Families of Tradition (hosted by a peer recovery coach); cultural crafting; drumming; smudging, etc. into multiple aspects of the program.<sup>12</sup>




## Cultural Practices

If cultural practices were reimbursable, there would be more options for programs to purchase culture-centric resources (e.g., curricula, songbooks, beading materials) and supplies for clients to make ribbon skirts, regalia, etc. As one program manager stated, “We know there are successes when you build culture into programs.”<sup>13</sup>




## RECOVERY PATHWAYS

- There are many paths to recovery. People will choose their pathway based on their cultural values, their socioeconomic status, their psychological and behavioral needs, and the nature of their SUD.<sup>14</sup>



Questions?





"Helping Our Most Vulnerable Populations Impacted by the Opioid Crisis: Pregnant Women, Their Infants, and Those Receiving Child Welfare Services"



**JBS INTERNATIONAL**

**MARYLAND**  
5515 Security Lane  
Suite 800  
North Bethesda, MD  
20852-5002

**CALIFORNIA**  
555 Airport Boulevard  
Suite 400  
Burlingame, CA  
94010-2002

**GEORGIA**  
3 Corporate Boulevard, NE  
Suite 100  
Atlanta, GA  
30329-2013

[www.jbsinternational.com](http://www.jbsinternational.com)

**Pam Baston 828 817 0385**

**JBS INTERNATIONAL**

## CITATIONS

1. <https://www.drugabuse.gov/publications/research-reports/heroin/what-are-immediate-short-term-effects-heroin-use>
2. Substance Abuse and Mental Health Services Administration. *Medications for Opioid Use Disorder*. Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SMA) 185063FULLDOC. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. <https://www.samhsa.gov/medication-assisted-treatment>.
- 3, 5, 6. Excerpted from various anonymous blogs and used as composite examples
7. The Impact of Substance Use Disorders on Families and Children: From Theory to Practice; Laura Lander, Janie Howsare, and Marilyn Byrne Department of Behavioral Medicine and Psychiatry, West Virginia University School of Medicine, Morgantown, West Virginia, USA *Soc Work Public Health* 2013 ; 28(0): 194–205. doi:10.1080/19371918.2013.759005.

## CITATIONS

8. Hall, MT, Wilfong, J, Huebner, RA, Posze, L, and Willauer, T (2016). Medication-assisted treatment improves child permanency outcomes for opioid-using families in the child welfare system. *Journal of Substance Abuse Treatment* 71: 63-67.  
<https://www.sciencedirect.com/science/article/pii/S0740547216301532>
9. Tapping Tribal Wisdom: Providing Collaborative Care for Native Pregnant Women with Substance Use Disorders and their Infants
10. Hall, MT, Wilfong, J, Huebner, RA, Posze, L, and Willauer, T (2016). Medication-assisted treatment improves child permanency outcomes for opioid-using families in the child welfare system. *Journal of Substance Abuse Treatment* 71: 63-67.  
<https://www.sciencedirect.com/science/article/pii/S0740547216301532>
- 11-13 Tapping Tribal Wisdom: Providing Collaborative Care for Native Pregnant Women with Substance Use Disorders and their Infants



## CITATIONS

14. U.S. Department of Health and Human Services (HHS), Office of the Surgeon General (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS.  
<https://addiction.surgeongeneral.gov/sites/default/files/chapter-5-recovery.pdf>

