

BRIEF: APPLYING THE EVIDENCE

STRATEGIES TO ADDRESS OPIOID USE DISORDER IN THE CRIMINAL JUSTICE AND CHILD WELFARE SETTINGS



KEY STRATEGY 3

RE-IMAGINE THE SYSTEMS SERVING FAMILIES

PREGNANT WOMEN AND PARENTS with opioid use disorder often face stigma and adverse consequences, even when seeking and receiving treatment. Despite the success of medication as a treatment modality, parents enrolled in such programs often face serious limits on treatment availability.¹

SYSTEMS SHOULD TREAT, RATHER THAN PUNISH, ADDICTION.

Recognized practices to support pregnant and postpartum women with opioid use disorder include:

- Ensuring access to methadone and buprenorphine, medications approved by the U.S. Food and Drug Administration (FDA) and the recognized standard of care for treating pregnant women with opioid use disorder.²
- Universal screening and assessment of adults for substance use
- Access to medication and behavioral counseling during pregnancy and postpartum
- Anticipation and management of Neonatal Abstinence Syndrome (NAS) for infants prenatally exposed to substances; and
- Multidisciplinary, long-term follow-up care for mothers and infants to improve outcomes.³

BETWEEN 2012 AND 2016,
THE NUMBER OF CHILDREN
IN FOSTER CARE
NATIONALLY ROSE

10%⁴

THE NUMBER OF PREGNANT
WOMEN WITH OUD WHO
PRESENTED TO HOSPITAL
LABOR/DELIVERY
DEPARTMENTS QUADRUPLED
BETWEEN 1999 AND 2014⁵

KEY PRINCIPLES TO ADVANCE EVIDENCE-BASED TREATMENT IN THE CHILD WELFARE SYSTEM

1. **Systems must be coordinated**, flexible and trauma-informed with a focus on dignity.
2. **Child welfare laws** should not penalize parents who using FDA approved medications for opioid use disorder.
3. **Maximize and streamline funding**. Align incentives and develop pathways to de-silo systems.
4. **Leverage technology** and data by identifying and addressing outdated legacy requirements.
5. **Prioritize training** and workforce development for the child welfare workforce.
6. **Launch and sustain** alternative models using evidence-based programming.

“ THE ‘US VERSUS THEM’ MENTALITY HAS TO SHIFT. WE ARE SEEING SUCCESS NOW THAT WE’VE GOTTEN AWAY FROM RE-TRAUMATIZING PEOPLE LIKE WE WERE IN THE WEEKLY COURT APPEARANCES WHERE YOU GET CALLED UP TO THE PODIUM. WE ARE DOING BETTER WITH ENGAGING. WE ARE EMBRACING PEER SUPPORT. IT’S NOT REALLY ABOUT THE NUMBERS IN THE END, IT’S ABOUT FINDING A MORE HUMAN WAY TO SUPPORT FAMILIES.”

JUDGE JOHN ROWLEY — TOMPKINS COUNTY, NEW YORK FAMILY TREATMENT COURT

1. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION, MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER IN THE CHILD WELFARE CONTEXT: CHALLENGES AND OPPORTUNITIES 1 (2018).
2. Substance Abuse and Mental Health Services Administration, CLINICAL GUIDANCE FOR TREATING PREGNANT AND PARENTING WOMEN WITH OPIOID USE DISORDER AND THEIR INFANTS (2018) <https://store.samhsa.gov/system/files/sma18-5054.pdf>
3. Kroelinger CD, Rice ME, Cox S, et al. State Strategies to Address Opioid Use Disorder Among Pregnant and Postpartum Women and Infants Prenatally Exposed to Substances, Including Infants with Neonatal Abstinence Syndrome. MMWR Morb Mortal Wkly Rep 2019;68:777-783. DOI: <http://dx.doi.org/10.15585/mmwr.mm6836a1>
4. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION, SUBSTANCE USE, THE OPIOID EPIDEMIC, AND THE CHILD WELFARE SYSTEM: KEY FINDINGS FROM A MIXED METHODS STUDY 1 (2018).
5. Number of Women With OUD in Labor/Delivery Quadruples, American Academy Of Family Physicians (Aug. 21, 2018), <https://www.aafp.org/news/health-of-the-public/20180821oudlabor-delivery.html>