Impacted by Opioid Misuse: Perspectives from an Infant and Toddler Lens

State Capacity Building Center
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Welcome participants!
Let’s Get to Know You!

◆ Please select the role that fits you best
  ▪ Community member
  ▪ Direct child-serving practitioner (e.g., child care, preschool, home visiting, teacher)
  ▪ Family member
  ▪ State-level professional
  ▪ Training and technical assistance professional
  ▪ Other. Please describe:
    __________________________________________
Outcomes of Today’s Webinar

- Build awareness of the seriousness of opioid misuse in the United States.
- Examine Neonatal Abstinence Syndrome (NAS) and caregiving approaches for infants born with NAS.
- Provide strategies for supporting infants and toddlers and their families impacted by opioid misuse.
Connecting to CCDF Plans

- Priority of HHS/ACF
- Subsidy policy
  Examples:
  - 12 month eligibility for foster care
  - Increased caseloads for Family Care/Grandparents
- Partnerships with other agencies
- Professional development
- High quality child care for low-income children
Have you worked with a family or child impacted by opioids?
THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...

116
People died every day from opioid-related drug overdoses

11.5 m
People misused prescription opioids

2.1 million
People had an opioid use disorder

948,000
People used heroin

42,249
People died from overdosing on opioids

170,000
People used heroin for the first time

2.1 million
People misused prescription opioids for the first time

17,087
Deaths attributed to overdosing on commonly prescribed opioids

19,413
Deaths attributed to overdosing on synthetic opioids other than methadone

15,469
Deaths attributed to overdosing on heroin

504 billion
In economic costs

What We Know about the Opioid Crisis

Roughly 21 percent to 29 percent of patients prescribed opioids for chronic pain misuse them.

Between 8 percent and 12 percent develop an opioid use disorder.

Approximately 80 percent of people who use heroin first misused prescription opioids.

## Opioid-Related Overdose Death Rates

<table>
<thead>
<tr>
<th>State</th>
<th>Opioid-Related Overdose Deaths/100,000 (2016)</th>
<th>Opioid Prescriptions/100 persons (2015)</th>
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Opioid-Related Overdose Death Rates

How much was your understanding of the Opioid Epidemic increased?
Neonatal Abstinence Syndrome (NAS) is a condition that happens when an infant goes through withdrawal from substance exposure after birth.

The number of babies born in the U.S. with a drug withdrawal symptom has tripled over the past 15 years.

Signs and symptoms may depend on the following:

- What drug was used during pregnancy, how much was used, and how long it was taken
- How the mother’s body breaks down the drug
- If the baby was born prematurely (before 37 weeks of pregnancy)

Neonatal Abstinence Syndrome (NAS)

- Every 15 minutes, a baby is born suffering from NAS
- Five times as many babies were born with NAS in 2009 as in 2000.
- The average hospital stay in 2012 for infants exposed to substances was 16.9 days, compared to an average of 2.1 days for an infant not exposed to drugs.

Possible Impact on the Development of Infants and Toddlers
Short- and Long-Term Effects of Prenatal Exposure

Symptoms of NAS

- Body shakes (tremors), seizures (convulsions), overactive reflexes (twitching), and tight muscle tone
- Fussiness, excessive crying, or having a high-pitched cry
- Poor feeding or sucking or slow weight gain
- Breathing problems, including breathing really fast
- Fever; sweating or blotchy skin
- Trouble sleeping and lots of yawning
- Diarrhea or throwing up
- Stuffy nose or sneezing

Possible Impact on Toddlers

A toddler who has been exposed to opiates may experience one or more of the following symptoms:

- Mental and motor deficits
- Cognitive delays
- Hyperactivity
- Impulsivity
- Attention deficit disorder (ADD)
- Behavior disorders
- Aggressiveness
- Less social responsivity or poor social engagement
- Failure to thrive (socially)
- Short stature

How much was your understanding of Neonatal Abstinence Syndrome increased?
Strategies for Providing Care for Infants with NAS
Providing Care for Infant with NAS

- Decrease environmental stimulus
  - Room should be a soothing environment – quiet conversation, soft singing, dimly lit room, shades on the windows
  - Limited people in the room with the infant
  - Avoid picking up infants when they are sleeping
Providing Care for Infant with NAS

- Integration of sensory stimulation
  - Rub infant’s back instead of patting
  - Infant massage may be beneficial
  - Use elevator rocking, where baby faces away from you and movement is up and down
  - Use vertical rocking, (shown here) which facilitates relaxation and eye contact and is more soothing than typical rocking or side-to-side rocking
Providing Care for Infant with NAS

- **Holding, swaddling**
  - Swaddling; this helps them regulate

- **Feeding/sucking**
  - Frequent small/demand feedings may be helpful
  - Breastfeeding
  - Use a pacifier

- **Most important …**
  - Be attuned to the infant and adjust to their responses
Caregiver Wellness

- It is important that caregivers recognize signs that their anxiety levels are increasing and arrange to take breaks from care
- Practice mindful calming techniques
Using Relationship-Based Practices

- **Primary caregiving:** The care of each infant or toddler is assigned to one specific infant and toddler caregiver who is principally responsible for that child in the care setting.

- **Individualized care:** Being responsive and adapting to the unique cues and temperament of each child to support healthy sense of self and optimal development.
Screening and Surveillance

- Observe children playing and interacting.
- Use a standardized tool for screening.
- Ask for comprehensive prenatal, family, and early childhood history.
- Discuss concerns with parents.
- Use infant/early childhood mental health consultation.
How likely is it that you will use at least one of these strategies or practices if providing care for an infant with NAS?
Support for Families and Caregivers

◆ We know
  ▪ Increase of opioid misuse has significantly impacted the child welfare system.
  ▪ Infants are coming into protective custody at alarming rates.
  ▪ Grandparents are becoming primary caregivers for a second time.

◆ What we can do
  ▪ Increase family engagement strategies.
  ▪ Connect with comprehensive services.
The number of children younger than 1 year entering foster care is increasing and has become the highest percentage, by age group, of children entering foster care—from 39,697 in 2011 to 47,219 in 2015.

Impact on Grandparents

- Approximately 2.5 million children are being raised by grandparents or are in kinship care with no birth parents in the home.
  - This is 3% of all children.
- Approximately 29% of children in foster care (120,000+) are being raised by relatives.
- For every child in foster care with a relative, there are 20 children being raised by grandparents or family members outside of the foster care system.

How We Can Support these Families and Engage in Comprehensive Services

- Strengthening Families
  - [https://www.cssp.org/young-children-their-families/strengtheningfamilies](https://www.cssp.org/young-children-their-families/strengtheningfamilies)

- Incredible Years Training for Parents

- Medical home
- Early Head Start
- Early intervention
- Community resources
Parent, Family, and Community Engagement Framework

Are there other webinar topics that would be useful to you?
Resources

Infant/Toddler Resource Guide

About the Infant/Toddler Resource Guide

What is the purpose of this guide?
This Resource Guide offers a host of materials to support the development and implementation of policies and practices for high-quality care for infants and toddlers. Whether you are a Child Care and Development Fund (CCDF) Administrator developing policies, a child care provider seeking information and guidance, or a professional development provider seeking innovative training materials, this site is for you. Development of this guide is new and actively growing, so check in frequently to see what resources have been added to support your work with infants, toddlers, and their families.

Who are the intended users?
We are including resources for three primary audiences:

- CCDF Administrators, staff, and state policy professionals
- Child care resource and referral administrators, training organization directors and trainers, higher education institution administrators and early childhood/child development faculty, and technical assistance organization administrators and providers
- Infant and toddler teachers, center directors, and family child care providers
