

# What You Need to Know About Substance Abuse Disorder

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**Division of Partnership, Prevention and Services | Integrated Health Service Unit**

| Approved for distribution by James Vallembois, SUD Program Manager

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**CHILDREN, YOUTH & FAMILIES**

# Fentanyl takes many forms

- Drug dealers mix fentanyl with other substances.
- Different forms:
  - rainbow pills
  - lollipops
  - powder
- Paraphernalia:
  - Vape pens
  - Foil
  - Pills
  - Syringes
  - Pipes
  - Rolled Joints and Straws or tubes





# Recognizing Drug Paraphernalia



# HPSOs and Safety

When assessing child safety, **HPSOs are assessed differently** than other substances, **because HPSOs are unique to other substances.**



Potentially lethal dose for adult



DOH's public health guidance:  
The increase in opioid-related overdose deaths is indicative of the lethality of fentanyl as compared to previous drivers of the overdose crisis (heroin and oxycodone).

Per DOH: **Any amount is potentially lethal**, especially in children and toddlers who have not developed tolerance and are in small bodies.







# HPSOs and Environmental Safety

**The primary overdose risk to children is access to substances and paraphernalia.**

- Assess where substances, foils, and tooters are dropped, stored, and found. Determine if someone has seen child get access or seen these unsecured. Is there a secure garbage can or sharps container for disposal of paraphernalia?
- Ask whether someone regularly uses soap and water to remove possible residue from surfaces frequently touched by children or where children's food is prepared or served?
- Assess whether person using HPSOs has a practice of washing hands with soap and water after using and before preparing child's bottles or food, or allowing child to mouth their hands?

Environmental safety is a critical component of the risk assessment for children in the household. Household members should be asked about the location and use of substances and paraphernalia.

# Harm Reduction

- Storing substances safely
- Making sure children are cared for by a capable person while using
- Keep naloxone available and know how to use it
- Dispose of paraphernalia safely
- Safe sleep practices with babies
- Store substances and paraphernalia away from the beds used by children
- Access to quality childcare and respite care
- Use with a trusted person
- Treatment for opioid use disorder
- Medication for Opiate Use Disorder
- Transportation to MOUD and other treatment
- Plan of Safe Care
- Connect people who are using with medical and behavioral health treatment and social and health programs (including legal consultation, public benefits, housing)
- Screen for intimate partner violence and perinatal mental health





# Treatment of Overdose

- Check for response
- Call 911
- Administer Naloxone
- Start rescue breathing or chest compressions if not breathing
- If 3 minutes have passed and still no response, give another dose of Naloxone
- Stay until help arrives
- If the person starts breathing but does not wake up, roll them into the recovery position
- Be aware that an individual may be agitated, in pain, and withdrawing after Naloxone
- Naloxone may wear off after 30-90 minutes and a 3rd dose may be needed. Opioid Overdose - Administering Naloxone video

**Peterborough Overdose Prevention Program** **5 steps to save a life**

- 1**  **Shake** at shoulders **Shout** their name
- 2**  **Call 911** if unresponsive
- 3**  **Naloxone Spray**  
Give 1 spray in nostril  
PEEL, PLACE, PRESS 
- 4** **Check Breathing**  
If **YES** - put person into recovery position  
  
If **NO** - give chest compressions and/or rescue breaths  
 
- 5**  **Is it working?**  
If **no** improvement after 2-3 minutes:
  - Give the 2<sup>nd</sup> dose of naloxone,
  - Continue to check breathing – if person is not breathing, continue chest compressions and/or rescue breaths until help arrives.



# Preparing for field visits

- Gloves and masks
- Harm reduction kits (Naloxone, lock box, lock bag, test strips, informational resources)
- Fentanyl brochures
- Protective action plan
- Resources list for detox, MAT, SUD assessment

 DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)

### Protective Action Plan

A Protective Action Plan is a written agreement between a family and DCYF that identifies how present danger to a child(ren) will be controlled and managed through immediate and short-term actions.

CASE NAME	DATE: (S)
CASEWORKER'S NAME	CASEWORKER'S PHONE NUMBER (INCLUDE AREA CODE)

#### Present Danger

Describe the present danger:

#### Protective Action(s) to Keep the Child(ren) Safe

A Voluntary Placement Agreement, protective custody, or court order must be used when out-of-home placement is necessary.

DESCRIBE PROTECTIVE ACTIONS	PARTICIPANTS AND PHONE NUMBERS (INCLUDE AREA CODE(S))	START AND TARGET END DATES
1.		
2.		
3.		
4.		

#### Signatures

Failure to comply with this agreement may result in the filing of a dependency petition and recommendation that the child or children be placed out of the home. By signing below, the Protective Actions participants understand the reason for the Protective Action(s) Plan, agree to follow the plan and will notify the case worker if they are unable to carry out the protective actions.

PARENT / CAREGIVER'S SIGNATURE	DATE	PARENT / CAREGIVER'S SIGNATURE	DATE
SAFETY PLAN PARTICIPANT'S SIGNATURE	DATE	CASEWORKER'S SIGNATURE	DATE

**Reporting Concerns:** In case of emergency or immediate safety threats, call 911.

For questions or concerns regarding the Protective Action Plan, participants should contact the caseworker at the phone number at the top of this plan or **Central Intake at 1-866-363-4276** evenings or on weekends and holidays.

PROTECTIVE ACTION PLAN  
DCYF 15-428 (02/2019) INT

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# Words Matter -

## Terms to use and avoid

- Feeling stigmatized can make people with SUD less willing to seek treatment.
- When talking to or about people with SUD, make sure to use words that aren't stigmatizing.
- Use person-first language, which focuses on the person—not their illness.
- Let people choose how they are described

### Use

- Person w SUD
- Sober
- Testing positive
- Use (illicit drugs) or Misuse (prescription drugs)

### Instead of

- User, Addict, Alcoholic
- Clean
- Dirty, failing a drug test
- Abuse





## Questions for the substance using parent and/or other adults in the home:

- When do you/ they use(impacted by substance)?
- Where do you/they use?
- How frequently do you use?
- How often do you have to use to avoid being sick?
- What happens when you/they don't use?
- Are there times when this changes?
- Where are substances and paraphernalia stored?
- Where are substances found when not secured?
- What happens when you/they use more than normal? Less than normal?
- Where is the child when you/they use?
- Who takes care of the children when you use?
- Are there other mental or physical health concerns that get better or worse use?



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## DCYF efforts to address Fentanyl

- Increasing Resources
  - Harm reduction kits
  - SUDPs
  - Contracts
  - CDT
- Increasing Partnerships
  - Community-based services
  - Department of Health
  - Court Partners
- Increasing Knowledge
  - Training and Guides

# Thank you!

Contact:

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