Understanding Substance Use to Support Families in Head Start Programs

Steve Shuman: Welcome, everyone. This is Steve Shuman, the director of outreach and distance learning from the National Center on Health, Behavioral Health, and Safety. Welcome to "Understanding Substance Use to Support Families in Head Start." We're very excited to offer this session to so many of you today and that there's so much interest.

Just very quickly, give you a brief tour of the platform that we're using. This is ON24, so it may be new for some of you. Obviously – or hopefully – you're looking at slides as the major part of your screen. Just to the left of the slides is a photograph of today's presenter, Anne Auld. And underneath Anne's photograph there is a box with the evaluation and additional resources. You'll see a link to the evaluation for today's session, which includes a link to the certificate after you submit the evaluation. There is also a link to our substance use disorder and recovery resources on the ECLKC and a link to download a copy of today's slides.

Underneath the Evaluation and Resources box, there is a box for you to ask your questions. You'll see your own question, and that will go directly to the presenting team backstage, as it were, and you will either get an answer through the audio at the question-and-answer time or you may get an answer directly into your question-and-answer box to you. Or if it's relevant to the whole group, it will go to the whole group.

Finally, in a very few minutes we're going to have a video. And if you're having trouble hearing or seeing the video, we want you to use the media link at the very bottom of your screen. With that, I'm going to turn things over to Sangeeta Parikshak from the Office of Head Start. Sangeeta.

Sangeeta Parikshak: Thanks so much, Steve. Hi, everyone. My name is Sangeeta Parikshak. I'm the behavioral health lead for the Office of Head Start at ACF, and I'm so glad to be here with you today as we hear from the National Center on Health, Behavioral Health, and Safety about how to support families in Head Start and Early Head Start who may be impacted by substance use and substance use disorder.

Addressing substance use is not easy, and it comes with a whole host of contextual factors including stigma, barriers for access to treatment, child-welfare concerns, and the list goes on. The COVID-19 pandemic has exacerbated these difficulties, and we have heard from many of you during this time who work with children and families on the ground about wanting to know how to reach out during these difficult times and make sure that families have access to the treatment and care they need. As programs begin to reopen across the country, we want to make sure we don't forget about this important topic, and we hope today's webinar will provide you with some much-needed information on how to support families around substance use and mental health.

The Office of Head Start, in conjunction with the National Center on Early Childhood Health and Wellness, put together a series of videos demonstrating how Head Start plays a central role in the recovery process for families struggling with substance use disorder. I wanted to share one with you now to ground us in our discussion and illuminate the important work that you do every day. It is called "Recovering Confidence." It should play automatically.

[Video begins] Mother: I live in eastern Oregon in a town called La Grande. It's in a valley, and there's lots of mint fields and wheat fields and cows and. [Laughs] It's a very beautiful place to live, but it doesn't always have the resources people need to get back on their feet or overcome.

I'm an addict. When I had my son, he came into this world, and I just was not really ready to be a mom yet. I was just trying to figure out how to get clean, and I got sent to prison. And so he lived with his grandparents pretty much until I got out of prison.

I'd never paid bills before, really. I'd never – I'd worked but not anywhere for a long period of time, and I'd definitely never been a parent.

My boyfriend at the time, he had a daughter who was 4 years old, and she was going to Head Start. And it was her special day, and they asked me to go. And I was like, well, sure, I guess.

I remember being pretty anxious about the whole ordeal because it's a small town. I just figured everyone would know me and know my history, and I was just met with kindness and love and no judgment.

And so my son Tyler when he was 3, I was like, he's got to go here. There's no other option. We need this.

They did home visits, and we played games, and I learned how to get a kid to brush their teeth, how to get a kid to try new food, those fundamental parenting skills. It's hard to put into words all the little things that have impacted my recovery, but the connections I made with teachers and staff, it helped my confidence as a parent, and it gave me skills that I just don't think I would have gotten anywhere else. [Video ends]

Sangeeta: So, I hope all of you are able to see and hear the video. And that one is going to be up soon on the ECLKC. And if you like that one, we have other animated videos already up on the Head Start and the Opioid Crisis: Video Series page. You can check it out.

And with that, I'm going to turn it over to our presenter for today, Anne Auld. She is the director of education at Illuminate Colorado. Take it away, Anne.

Anne Auld: Wonderful. Thank you, Steve and Sangeeta. What an awesome resource there with those videos. I can't wait to see the rest of those.

And as Sangeeta mentioned, my name is Anne Auld, and I'm the director of education for Illuminate Colorado. And Illuminate is a statewide nonprofit working to strengthen families,

organizations, and communities to prevent child maltreatment. Illuminate also serves as the Colorado chapter of Prevent Child Abuse America.

So, our objectives for this webinar today are really understanding substance use disorders, how COVID-19 may affect substance use, supporting families affected by substance use, helping families define safety concerns, and describing protective capacity.

But before we get into today's material, I'd like you to think about a time when you made a major change, if you lost a bunch of weight or you quit smoking. Maybe you're wanting to eat healthier or start an exercise routine. Maybe you stopped drinking soda. Think about a time you tried to make a change.

I want you to take a few minutes to yourself to answer the following questions about what this change was like for you. Did your behavior change easily just because you wanted it to? Had you been talking to yourself about that change for a while before you decided to do something? Did you have false starts like, I'll do it again, I'll start again next Monday? Or maybe relapses? What resources and supports did you need to make that change successful? And were you successful in the long term?

So, imagine with me for a minute that that behavior you wanted to change was about eating sweets, perhaps doughnuts. Doughnuts are my arch nemesis. And you did all of the things we talked about. You made a plan. You developed a support system. You held yourself accountable, and you were doing really good.

And then you showed up at the office, and a co-worker had brought doughnuts for your team. That was so, so thoughtful of them. And you make it through the morning, and you make it through lunch. And then things fell apart, and your afternoon gets really stressful. And you walk by that box of doughnuts, and you see that one doughnut, your favorite, the one you always pick, and you start to rationalize. It's just one. You've been good all day. You don't have to track everything in that app. And you have dinner prepared at home, so you'll get back on track quickly. It'll make you feel better, so much better right now. And so you eat it.

And then the sugar fairy shows up with your random doughnut urine analysis or a UA. What does that doughnut UA going to tell us? It's going to tell us that you ate a doughnut just now. The doughnut UA is not going to tell us where your kids were when you ate the doughnut. It's not going to tell us about all the hard work you put into the doughnut up until this moment. It's not going to tell us how much you love your family and how much you want to have control over eating the doughnut. It just makes you feel bad about yourself. Maybe you'll always be a failure, that you don't have any self-control or the ability to make a lasting change. It makes me feel like what is the point in trying, and I might as well eat another doughnut.

All of this is just what we're talking about doughnuts. And I certainly do not mean to make light of overcoming a substance use disorder, merely to illustrate how difficult behavior change truly is. And, in fact, when it is overcoming a substance use disorder, it is everything we just talked

about and much more – more stigma, more shame, more brain chemistry, oftentimes less support, and far more dire consequences.

As we move forward throughout the rest of the time we have together, I ask that you hold this conversation with you and consider what are you bringing into your work with families on a daily basis.

We'll be talking about all kinds of substance use, from no use all the way to a substance use disorder. The next few slides of data will help us get an idea of how substance use is impacting families. The goal will be to be able to lean into strategies at the end to support your practice alongside families.

These slides may feel heavy, especially in light of how COVID can impact substance use. But together, with families, we can inspire hope and possibility for the way forward.

So, according to research, the majority of women with a substance use disorder have experienced sexual and/or physical abuse. Women were found to have been abused sexually, physically, and emotionally by more perpetrators, more frequently, and for longer periods than their counterparts who did not have a substance use disorder.

Almost 80% of child-welfare cases involve parental substance use. And according to research, children of parents who had problems with substances are two times more likely to use other substances themselves; three times more likely to experience abuse, including physical, verbal, or sexual; four times more likely to experience neglect; and five times more likely to use alcohol themselves if their parents used alcohol.

And I want to take a moment – I know there's a lot of us on this call, so I'm just going to have you kind of take some notes for yourself or internally think about what in this stands out to you. What surprises you by these numbers?

Oftentimes, what we hear in discussions around this is that having access to substances within the home certainly increases those numbers. When we think about generational use – so multigenerational use, that this has become a norm within households. And we think about decision-making being impaired by substances, how that can impact certain types of abuse.

And so, let's expand on those slides and take a look at what is happening around COVID. This is an informational slide to give a broad view of what substance use looks like statistically during COVID, specifically in the April to June time period of 2020. CDC did a survey. And so, according to the CDC, U.S. adults reported considerably elevated adverse mental health conditions associated with COVID. Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.

Now it's imperative to understand that factors like structural inequities and implicit biases directly relate to the disproportionality of how communities and populations are impacted. And

as we look at these numbers, symptoms of anxiety disorder and depressive disorder increased considerably in the United States. Over 40% of respondents reported at least one adverse mental or behavioral health condition, including about 30% reporting symptoms of anxiety disorder or depressive disorder, 26% with symptoms of trauma and stress-related disorders related to the pandemic, and a 13% increase in substance use to cope with the stress or emotions related to COVID. And the percentage of respondents reported having seriously considered suicide in the last 30 days before completing the survey was almost at 11%.

That's all pretty heavy. I just kind of want you to internally reflect about how you're feeling right now in regard to COVID. Do you feel the stress of the pandemic? Are you worried about getting the vaccine? Are you worried about the families you work with? Did you have a family that you've had to juggle school and life and work during the last year in a way that you didn't have to the year before? What does this all mean for families?

It means that families are stressed right now. We are stressed right now. And again, factors like structural inequities and implicit biases directly relate to the disproportionality of how individuals, families, communities, and populations are impacted.

I want you to take a moment to note how this stress is showing up in your personal and professional life. And as you think about that, I kind of want to move into this area where trauma brings up trauma. So, ACEs, or Adverse Childhood Experiences, are stressful or traumatic events experienced by children that are linked with poor health outcomes later in life. And although there has been a shift in language over time, these are the original 10 ACEs that were tracked by Kaiser and the CDC.

ACEs can be incredibly limiting when talking about what life experiences impact children, especially outside the home. But for the sake of looking at the impacts of COVID in a way that may be relatable, we're going to reflect on how COVID can impact the family or household, understanding that does not take into account various kinds of trauma and stress. And a global pandemic is absolutely toxic stress and may eventually become an ACE.

Regardless, many of the families you work with and you yourself have experienced or are experiencing ACEs, various types of toxic stress and trauma. In some families, COVID has exacerbated these types of experiences.

Looking at household adversity alone, think about how has COVID potentially impacted things like domestic abuse, mental illness, and substance abuse in a negative way. And again, feel free to jot some of those notes down. Families are experiencing new and prolonged stressors that increase the risk for additional types of abuse to occur.

Substance use is clearly one of the most prevalent complicating factors in families, and I think it is important that we acknowledge that the risk in these situations can be great. One of the core tenets of substance use is impaired decision-making, and it is not a far leap from impaired decision-making to high-risk situations. And therefore it is easy to get stuck in the fear of the risk.

In order to advance practice with families impacted by substance use, it is critical that we change the conversation from vilifying parents as addicts that love their drugs more than their children and to instead recognize with empathy the struggle, the trauma, and the humanity underneath it all and begin to approach these families with hope and to really meet families where they're at, to work with them to identify what they need to strengthen their family.

Substance use is complicated, but you are already doing so much of the work with families that will help you recognize where families need support. A key point to remember is that substance use alone does not mean that a child isn't safe and also that nondetected use doesn't mean a child is safe.

And so really, what that is saying there is that just because there's substance use does not necessarily mean that there's maltreatment or does not mean that there is an unsafe situation. You may have a parent who is making plans around their use and the children are with grandma or something around that. So, just substance use alone does not mean a situation is unsafe.

And that also then means that nondetected use, which means maybe it's not showing up in a UA, doesn't mean a child is safe. We can think of lots of situations where children may be at risk and there wasn't substance use. So, again, taking that substance use out and looking really around like what is the safety concern that might be there and thinking about substance use as a spectrum.

Many of us enjoy a glass of wine or beer after work. That is substance use. And maybe you have attended family reunions or holiday parties where there was use of substances. There may not have been an initial concern around the drinking, but was there a caregiver who was not drinking and was supervising kids or could have driven someone to the hospital? Perhaps the adults at the party don't have concerns of substance use disorder, but on that day in that moment at that party there could have been concerns about the safety of the children as a result of use. And at the far end of the spectrum there's substance use disorders, where use has become a driving factor in all aspects of someone's life.

And so, I ask you, are you building relationships with families and talking about all kinds of safety concerns like where the bleach is stored and seat-belt use? You probably already are in some way, and you can add in questions around substance use to the conversations about safety you were already having.

When these conversations are had with every family, in the context of safety, you are reducing the stigma surrounding substance use. You are reducing the stigma you may have around substance use – and we all have some, depending on our histories and our backgrounds – when you have universal conversations and not ones with only families who look like they may use substances or perhaps we suspect that they use substances.

And so, when you are talking about safety at any time, you can add in the discussion on use or start a conversation about use in regard to something you've noticed that may be unsafe. Being able to stand in conversations with no judgment and no stigma are core to how you do what

you do – checking in, asking permission, and following the family's lead as they are – following their lead as they are ready to allow for trust to build and relationships to solidify.

There are lots of ways these conversations might occur in the context of your work, things that you can use it with like the strengths and needs assessment, the family partnership agreement process, or in your referrals to community partners. But in the meantime, building protective factors is a sure way to decrease the likelihood for maltreatment and, at the end of the day, strengthen families.

So, there are many frameworks available, but we will discuss and focus on the Strengthening Families framework, which is based on the five protective factors. These characteristics of families protect against risk factors and poor outcomes for both children and families and promote strong families and optimal development for children.

And although the protective factors focus on the family, the support and guidance you provide in these areas can help families identify their strengths and areas for growth. Families need a supporting community to be their strongest, and you are a part of that community.

Parental resilience is sitting in the space between what has happened and what will happen and being able to move forward. Social connections are those people in our lives that we turn to with the good news and when we need a shoulder to cry on. During COVID, this one has been harder to support. But with online support groups and online events popping up, there are options out there. What are you doing to help build the connections of parents in your programs? Are you offering things like parents nights or other ways for families to meet each other and build relationships?

I want you to take a moment to just think about your social connections, the ones that you personally have, and I want you to name up to five people who are a part of your social network. And just think about that, and maybe you can't get to five. Maybe you get to three. Maybe you get to four. But who are the people that when you need a shoulder to cry on or you're looking for just some insight on something that happened in your day or when you have something great happens, you reach out to them?

And I want you to think about the families you work with. What are the things that you are doing that are helping to build those connections? So, whether you are someone who is working in a center or you're a home visitor or you're a supervisor or an admin or wherever you fall, what is it that you are doing to help those families who are part of Head Start build their social connections?

And my guess is that many of you have answers to that, and I would love to be able to have a discussion around those, and maybe at some time we can have smaller groups to do that. But really thinking through that you all have a huge impact in this area and ability to connect parents to each other.

So, concrete supports in times of need are the tangible resources we can share with families, things like information and warm hand-offs to WIC or a food bank or rental assistance – again, those tangible things. My guess is that many of you already share all kinds of resources with families, but I want you to know that, in doing that, you are helping build a protective factor that not only that families could use now but it ends up building their parental resilience as well because perhaps something will come down the road again, and the family member, because you had shared those concrete supports, they remember that resource and use it again or share it with some of their social connections.

So, understanding the huge impact that just being a part of concrete supports can have with families, especially when we have families with substance use – and oftentimes, as we mentioned earlier, that is around a coping mechanism. So, if we think about the stress that has happened around COVID and all of the things around job losses and all the kinds of stuff that have impacted people's stress levels, and we think about that rising level of stress and how substance use can oftentimes be a coping mechanism for those things, that when we're providing those concrete supports that help with the stress, that help with paying bills, that help with putting food on the table, that in reducing that stress level, we are also having an impact on substance use in a positive way.

So, knowledge of parenting and child development is your jam for sure. Helping parents know more about development decreases stress and anxiety. Having unrealistic expectations of their children, perhaps around potty training, can lead to needless frustration. So, learning that an 18-month-old isn't really developmentally ready for potty training or a 3-year-old isn't developmentally ready to do algebra reduces stress and can then, in turn, reduce the risk for maltreatment. Plus it builds parents' confidence in themselves and their abilities.

And remember that doughnut piece I was talking about and how that doughnut UA really hurt my confidence, really hurt about the way that I thought about myself and my ability to be able to complete a task, to just not eat a doughnut. And part of the things that we can do around that knowledge of parenting and child development is build up parents' confidence. And when we can build up parents' confidence in one area, it helps to build it up in other areas.

And so, social/emotional competence of children is also a protective factor you all excel in. Ensuring that children have the language and skills to express themselves is an incredible gift for them now and into the future. And I want to point out here that although this protective factor is geared toward children, sometimes this is a skill adults need to learn as well.

And I love the idea of a glitter jar. So, you can certainly find all kinds of recipes for that online, but I use a glitter jar in my vocabulary with my children. I need time to decompress when I get home from work, and my children choose to bombard me at the door as soon as I walked in.

And then I started using the example of the glitter jar. So, instead of yelling at them to stop bugging me, I started saying let my glitter settle, and then I can sign all your papers and help you with homework. And not only did my kids need that language to understand where I was coming from, that was your cue that, "OK, Mom needs five minutes. So, in that five minutes,

her glitter's going to settle." But I needed it for that same reason. I needed language that helped me understand what it was that I needed, and what I needed was five minutes. And all this is to say that you can counteract the impact of substance use, COVID, and stress by intentionally working with families to build the protective factors.

So, we all play a role. What is your role? Ultimately your role is to support families, whether there is substance use or not. Providing resources for children and families, including building parent knowledge and ensuring children reach developmental milestones, is key to your work, even if you don't work in direct service.

We often think of substance use as a separate or more confusing topic, and sometimes it is because of the increased risk. But in the end, you are recognizing when families are struggling. You are also recognizing the strengths families possess and how you can build on those strengths. If your concerns rise to the level of neglect or maltreatment, refer to your local state, tribe, or territory regulations on reporting the concerns, but support the family and provide access to resources.

So, remember that doughnut. Most of the time, we don't have the full picture. Building relationships with families helps us better understand where there is a need.

And I actually have just noticed a question in the chat box that I want to address right now in this spot. There's a question around how common is it that people are able to successfully get off Suboxone and stay clean. And I want to sit with that for a second because, when we think about medication and someone who has diabetes, we don't often ask when they'll be off of their diabetes medication. That's a part of what is keeping them alive, keeping their system kind of neutral, and helping them get through the day.

And so when we think about medicated-assisted treatment, or MAT, which is what Suboxone is, there is oftentimes this idea that someone needs to get off of it. There used to be, and depending on the state that you live in, there could still be this thought process around someone would need to get off of that to be able to get their kids back from child welfare. There is a process that they would go through, and as soon as they get off of that then they're cured, and they can have their kids back.

And really the shift – and so it kind of goes along with what I'm saying here about sort of meeting families where they are and understanding what their need is. The need is to get to really a level of normalcy, and the medicated-assisted treatment doesn't make someone high. It helps them reach normal.

And so we need to switch our thinking a little bit around how we think about MAT as something to get off of as opposed to something that helps an individual maintain where they are and, in turn, actually helps with recovery. And so, I did just want to kind of point that one out.

I see that there's some other ones that are coming in that we can certainly look at toward the end, but I just felt like this was a place where that comes in. I would ask that we all kind of shift

our thoughts around MAT to think of it as medicine as opposed to thinking of it as, oh, someone is just on another drug now, just in the same way that we would think about someone who needed treatment for another health concern would be on medication. Same thing that the MAT is providing. Again, folks aren't getting high off of it unless they're abusing it, but it can be difficult, depending on how they get it, because oftentimes they have to go every single day to be able to pick that up.

All right, so I'm going to keep going, and then I will save plenty of time at the end for some questions because I see some good ones coming in. And I just wanted to sit on that one for just a second. And I appreciate the question, so thank you.

All right, so this kind of leads us into this Building Partnership with Families series. So, the video that we saw at the beginning will eventually be up in this area, if I am not mistaken on how that all is working. But these are great resources that are available through the ECLKC, and I believe that there's a link to them that will be available toward the end if it's not available right now. And you have access to this to expand your knowledge and skills on engaging with families, and strengthening your ability to partner with families is a wonderful strategy in building trust. Please be sure that you're going to check these out because these are available to you all the time and look like amazing resources.

So, this is hard. And working with families is beyond rewarding, but at times it can feel downright frustrating, and substance use can be an additional complication. So, when you are in need of support, who are you turning to? Reflective supervision is an amazing technique to help us dig into our own possible biases and reflect on our own needs as well as the needs of family and possible resources and support we can offer families.

If you are a supervising staff, take a moment to reflect on how you are creating a safe space for staff to share their needs and concerns with you. The conversations you are having with peers and other staff can be modeled for conversations with families. So, even if you are not in direct service with families, how you are conducting your work really does have impacts on families. And being able to have a safe place with your peers, with your supervisor, with other folks who work with you to practice what conversations could look like, what reflective conversations could look like, is a great thing to do to build your confidence in having conversations with families as well.

So, use the folks that are around you. Provide support to each other. And ensure, especially if you're supervisors, that you've got that reflective supervision going on and you are modeling for your staff as well.

So, this is another slide that you should probably be familiar with as Head Start, but I wanted to add it in here just so you can see some of the connections between work that you're already doing and frameworks that you already have and in building those relationships with families. So, this parent, family, and community engagement framework is a road map for progress in achieving the kinds of outcomes that lead to positive and enduring change for children, families, and communities.

It's a research-based approach to program change that shows how an agency can work together across systems and service areas as well as with partners in the community to promote parent and family engagement, children's learning and development, and make an impact in the communities where families and programs reside. So, looking at kind of how it is that those positive and goal-oriented relationships are moving across the program foundations, the impact areas, and involving family outcomes and then also child outcomes.

And this is a framework that can be used to ensure engagement is happening at all levels. And I'm sure this is another resource that you will have available online and probably already use in areas of your programming.

So, how do we advance practice? How do we support families? We are a year into COVID, and the stress and anxiety brought on by global pandemic has had a huge impact on families, including our own families and us.

Think back to the doughnut exercise from earlier. We often don't have the full picture of what is going on in families, especially when substance use is a concern. Taking the time to get to know our families and building relationships by showing up in a nonbiased or judgmental way helps individuals build trust. When conversations around substance use feel confusing, the time you have invested in the family building trust will allow you to easily add the topic of substance use to conversations you are already having around basic safety and caregiving.

And my guess is that more often than not, you are talking about basic safety and caregiving in lots of different ways. Oftentimes we want to somehow make the conversation on substance use different or more complicated, but think about how it is that you are talking about safety and caregiving now and adding in those pieces around substance use.

Let's say you're in Early Head Start and you're a home visitor. Oh, I noticed that bleach on the ground. Let's talk about safe storage and making sure that's in a safe place. What are some other things that we can ensure are stored safely?

If you're in a state like Colorado where marijuana is legal, we can talk about where do you store your edibles or your paraphernalia? How is your alcohol locked up? Where are your medications? What about Tide Pods? That was a thing for a while. Where are your Tide Pods? So, again, working it into the conversations you were already having around safety and caregiving.

And remain hopeful. Model that for your families. These can be difficult times, but you are there as a very special and amazing resource and support, meeting families where they are at and working with them to identify what they need to strengthen their family. Intentionally implementing the protective factors into your work and helping families identify their own strengths and how to build on them reduces the risks of maltreatment.

Also ensure you are being supported or, depending on your role, providing support for your staff. Model reflective supervision with staff and peers, and use those techniques with families.

You are not looking to interrogate families. We want to build relationships with children and families that promote the work of Head Start to provide comprehensive programming to meet their emotional, social, health, nutritional, and psychological needs. Responding to substance use is just one piece in the work you are already doing to support children and families.

And now I notice that there's lots and lots of questions that are coming through that are specific to substance abuse or certain kinds, and so I'm happy to field some of those questions. Amy, were there some specific ones?

Amy Hunter: Sure. Thank you so much, Anne. I have lots of questions I've been collecting, and thank you all for typing in your questions. And so, I'm just going to start from one of the first questions we got.

I wonder, Anne, if you can talk a little bit about sort of the language we're using and the continuum of substance use. So, from people not using at all to people using substances to people with a substance use disorder, and specifically maybe talk about sort of how do we define substance use disorders. So – obviously having a glass of wine at night or going out with friends, having some drinks. How do we delineate, sort of, those concepts on that continuum?

Anne: Well, and first of all, a substance use disorder is a clinical term, so that's a diagnosis. So, even if there was someone that I thought had a really big issue with substances, a substance use disorder would need to be diagnosed. So, someone perhaps who is getting ready to go into treatment or perhaps they have involvement with child welfare and there's been a request to do an assessment. So, that term is clinical and would come out of that.

When we think of substance use, I oftentimes think of it as you have your no use, so you're not using at all. You have substance use, so there's no judgment attached to that. Whether you are having a glass of wine here and there or, again in Colorado, perhaps having an edible here and there, that's substance use, but there's no judgment attached to that. It's just the use of a substance.

Perhaps you have some other diagnoses where you are using prescribed medications. Again, not a judgment attached to that. That's just substance use.

And then we move into an area where there might be substance misuse. So, perhaps not following the directions of a prescription or perhaps having or using enough substances that judgment is impaired when children are around. Now again, judgment impaired in your daily life, again, there's not a judgment attached to that. When we think about safety, there may be a concern there and then moving all the way to the substance use disorder, which again is a diagnosis. So, hopefully that is helpful, that understanding that even if we're in this area of substance use, that we're not attaching a judgment to that. It's just a statement that someone might be using a substance.

Amy: Great. Thank you, Anne. I appreciate it. I'm fast and furiously looking at all the questions, and I thank you all for typing in so many questions. Thank you for clarifying those terms, Anne.

Someone asked, and I thought this was a really interesting question – and I don't know if you know the answer to this or not. But when you were talking about the impact of COVID and the increased rates of substance use during COVID, do you know if this sort is dependent or if the research kind of drills down a little bit related to location? So, a difference between sort of urban and rural areas or do you have any knowledge about how geographic location plays into the increased rate during COVID?

Anne: I don't know the answer to that. I don't remember reading the CDC, in the report, how they broke down geography in that. I certainly know that within my state of Colorado – and we have a mountain range that goes through almost the middle of our state – that we oftentimes have pockets that are impacted in very different ways than, say, our Denver metro area, which is our largest urban population, and even some of our eastern and western, which are really both plains, smaller rural areas. Sometimes when we have folks that are really living in these valleys, that substance use looks very different because access to substances looks very different.

So, you think about Denver, and it has the intersection of two major interstates, which plays a big role in access to substances. And in some of our other pockets, there may be one substance that's making a bigger show than other areas because that's what's made it into the community and that's what's accessible.

So, certainly around a particular substance, we oftentimes see differences between urban and rural areas. And then those increases then can be attached to those, especially if it's something cheap. So, if it's something cheap and easy to get, there's a higher likelihood that more folks will be using it. But I don't know specific to that one and your actual question what the differences were for that particular study, but that's a good question and certainly something I can dig into and follow up on.

Amy: Great. I thought it was a good question too. Thank you.

So, another question is – and I think this is kind of a theme I've seen in a couple of different questions – is this person who wrote in and talked about being a family partner, a family service worker, and what can she do if a parent shares with her that they have a problem with substances? So, what's kind of the practical advice in terms of how you would interact with that?

Anne: Absolutely, and this is a really interesting question. And so, we have a four-hour training that we do on having conversations with families around substance use, and one of the reasons that we wrote the training was because people weren't asking about substances because they didn't know what to do if they got an answer.

And what I found that was interesting is that, when families are asking you about I don't think I'm going to have money to pay the rent this week or we are needing some help with food or I've lost my job, you all have resources at the ready, or you get on to perhaps 211 in your area

or some other resource site to look some of those things up. And substance use feels almost like there's something different I have to do there.

And really what we want to do there is hear what the families are telling us, acknowledge that that is a hardship that they are going through, and help connect them with folks, whether it's mental health, behavioral health, substance use – again, depending on how your state kind of has treatment organized. Ours is organized under behavioral health in our state – looking for those resources to be able to connect people to doing those warm hand-offs.

But in the meantime, thinking through what are some of those – again, looking back at those protective factors – what are some things in this family that you can help the family identify where they have strength so they can build on those strengths as they are getting referred to treatment and to mental health or behavioral health services?

It's not your job to ensure that folks are getting signed up. It's your job to be supportive. It's your job to continue to do the work that you are doing with families to ensure that you are helping them get connected to resources and taking a few minutes to think about, in the same way that you can probably rattle off to me the food banks in your area, that phone number for assistance for housing – my guess is that you know those right off the bat. Get familiar with what are some of those treatment centers in your area or the behavioral health.

And it may be reaching out to your human services department to see if there's someone within your state that kind of oversees those, and my guess is that they have a list to be able to share with you. But get familiar with those in the same way that you're familiar with other resources because you all have the ability to have these relationships with families and perhaps be the first person that they are sharing this with.

Amy: Great. Thank you, Anne. I love your thorough answers. And people are asking about how to access more of these answers and questions, so I can tell that people are really appreciating your answers. I think we definitely have time for some more, so I'm going to continue. [Inaudible]

Anne: Can I answer this one about a child getting into a car where we smell marijuana?

Amy: Sure.

Anne: I'm going to answer that because from the state of Colorado, we have had a class that we have provided for years now around marijuana, children, and families. And this was, for a long time, especially if you're in a state where this is newly coming on board, marijuana probably is the thing that you all are talking about the most if you're in a new state. And we are in a state that has had it legalized for like 10 years, and we're still talking about it.

So, my question to you would be you're helping a kid get in a car, and you smell marijuana. All right, if you were helping the kid get in the car and you smelled alcohol, what would you do?

Would you ask the family about? Would you have any questions for them? What if it smelled like cigarettes? Would you have questions around that?

So, oftentimes, we take marijuana and make it something completely different than some of the other questions we've already been asking. So, if you were putting a kid in the car and smell cigarette smoking, you might have a conversation around the importance of not smoking cigarettes around kids and kind of the secondhand-smoke thing. You can have that same conversation around marijuana use.

Just because the car smells like marijuana does not mean that someone has used it recently. Great thing about pot is that that smell is a gift that keeps on giving. But certainly having questions around like, hey, I noticed that smell. I just want to ensure that you are safe to drive right now. Anything that we can do to provide support with that?

Now whether or not it's legal in your state is a whole different piece. But again, this idea that we have to treat it differently than the conversations we're already having – and I want to just encourage you and give you confidence that you're already having these conversations with other things, and you can keep doing that when it comes to substances and substance use.

Amy: Great. Thanks, Anne. Would you like me to continue, or do you see other questions that you want to ask?

Anne: No. I'm sorry. That one just popped up. [Inaudible] I've seen a bunch around language, and I think language is really important. I have a slide, I guess I could have popped it into this one around – like we want to have person-centered, person-focused language. We don't use words like addict. Now in that video, that woman described herself as an addict. She can describe herself as an addict, but as a professional, I am not going to use that word addict, but I'm certainly not going to tell someone how they should describe themselves.

And so we want to be thoughtful about those words that are really building up strengths and not continuing bias that may be out there or perpetuating negative stereotypes that folks might have, which is, again, really why we want to ensure that we're having universal conversations so that we're not just deciding, "Oh, well, they look like they're on drugs. I'm going to talk to them." No, we're having conversations with all families and treating them as families and using language that lifts them up as individuals and families who love their children and want the best for them.

There's certainly lots of great resources online around language to use, things like clean and addict. Clean is another one because that implies then that someone, if they're not clean, that they're dirty. So, thinking about how is it that we think about the language we use in a way that could make someone feel bad about themselves. And as we learned with the doughnut exercise, we already are feeling bad about ourselves if we feel like we can't control whether or not we have that doughnut. So, again, how is it that we are raising folks up?

So, Amy, I don't know if there's time or if we need to move on.

Amy: I think we have time for a couple – maybe one more question. But are you OK with me sharing one of our favorite new resources?

Anne: Yes, please.

Amy: So, if you google addictionary, literally A-D-D-I-C-T-O-N-A-R-Y, like addictionary, something comes up that is a dictionary around substance use terms. But specifically it talks about what terms contributes to stigma and what terms are less stigmatizing or that we can use to be reducing and being destigmatizing.

It's a really cool glossary of terms, and it defines all terms related to substance use and kind of gives you some information about those terms exactly like you were talking about in terms of clean and dirty, addict or junkie, or things like that certainly, and then the best term to use to try to contribute to creating a less stigmatizing environment related to substance use.

Anne: That's a good resource, yeah.

Amy: Yeah. We found it to be very helpful. So, I think there's lots of other questions, but since we probably only have time for maybe one more question, I think this is a pretty common question that we have gotten many times about what do you do if you suspect or are concerned that someone may have an addiction or may have a substance use disorder?

Anne: [Sigh] So –

Amy: We appreciate your heavy sigh because I think we all feel that way.

[Laughter]

Anne: I wish there was an easy button for this one. I wish I had the little red button to push on this one, the easy button.

Oftentimes, we jump to conclusions that maybe there's a substance use, and what I want folks to do is to take a step back and think about what is it that you're concerned about? What behaviors are you seeing? What actions are you seeing that are making you concerned that there might be a substance use disorder or there may be someone who is misusing substances?

And when you can narrow down what that behavior is, what that thing that you're seeing that's making you concerned, that's where the conversation starts: "Hey, I noticed this. Can we talk about that? I noticed that you did this when you picked them up or I noticed that this happened. Can you tell me a little bit though what's going on there? Is there a way that I can support you?"

We're not jumping in with the, "Oh, are you using a whole bunch of drugs?" We're not going there. We're really looking at those behaviors and talking about those behaviors, and that feels less stigmatizing, and it also feels less like I want to be defensive if someone is talking to me about perhaps behaviors they've seen as opposed to the substances.

I will always reiterate that, if you have concerns about maltreatment, that you are making the calls necessary and reporting that if it rises to that level. But again, oftentimes you're just seeing things, and really being able to verbalize the behaviors that are concerning to you and talking about those behaviors with a family.

And if they are then saying or answering that, yes, they are concerned about their use, you have built that resources within your community that you know then who to do a warm hand-off to.

Amy: I love that. Thank you, Anne. I think that's great. You've offered so many important nuggets throughout this webinar, and I think the topics around reducing stigma so that folks are more likely perhaps to share if they're struggling with their use and getting to know families, that they're comfortable and they trust you, and then when people do have concerns, as you said, really identifying what the behaviors are that you're concerned about. So wonderful.

Thank you so much, Anne. And I know we have many more questions that we didn't get a chance to answer. There are many wonderful resources on ECLKC around substance use, lots of other webinars that we've done in the past couple of years, and more webinars coming on this topic. So, please, if you enjoyed this and want to see more, please go to the ECLKC and sign up for others that will be coming soon.

Steve, I know you have some logistical information for us. And, Anne, thank you again so much for this webinar today.

Anne: Absolutely. Thank you for the invitation. And my email is at the end of this presentation. So, I noticed there was a few folks who were wanting to reach out with things, so feel free to send me an email, and I will get back to you as I can.

Steve: So, Anne, Sangeeta, Amy, thank you. This was just a remarkably rich and powerful session. The questions just really showed how engaged people were and how important this topic is.

I know people are interested in obtaining a certificate, and you'd get that by going to the evaluation link in the Resource box. Select the link. Submit the evaluation. And then the link to the certificate will appear. You select that link. You'll be able to download your certificate and save it and print it.

Everyone who's registered for today's webinar will receive the recording with the links already there, just like you see now. So, you'll be able to get that, and that will come from our Constant Contact email address. So, be on the lookout later today or tomorrow. And if you can't find it, check your Spam, Junk, or Clutter folder. Sometimes your email system doesn't like Constant Contact.

Anne mentioned her organization Illuminate Colorado. And if you have questions, you can address them to health@ecetta.info. That is the address of the National Center on Health, Behavioral Health, and Safety.

We also have a toll-free phone number. Our website for all of our material, not just our substance use material, is there. Part of ECLKC Upcoming webinars are available in the Upcoming Events section of the ECLKC. And if you subscribe to our newsletter, our monthly resource list, you'll be able to access those registration links as well.

I'm going to leave this up for just another minute, but I want to thank everyone who participated today. This has been a really remarkable sharing of a very important topic. So, again, thank you Anne, Amy, and Sangeeta, and especially to the thousands of people that joined us today. I also want to thank Barbara and Kate for all the work that you did behind the scenes to make this go so smoothly.

About 30 more seconds. If you're having difficulty, you can write to health@ecetta.info, and we will work to get you what you need. Sometimes, with so many people going to the link at the same time, there's a bit of a delay, but you can keep that link and try it again when we close down in just about 10 seconds.

If you're having difficulty, please write to health@ecetta.info. And, Kate, I think we need to close the platform.