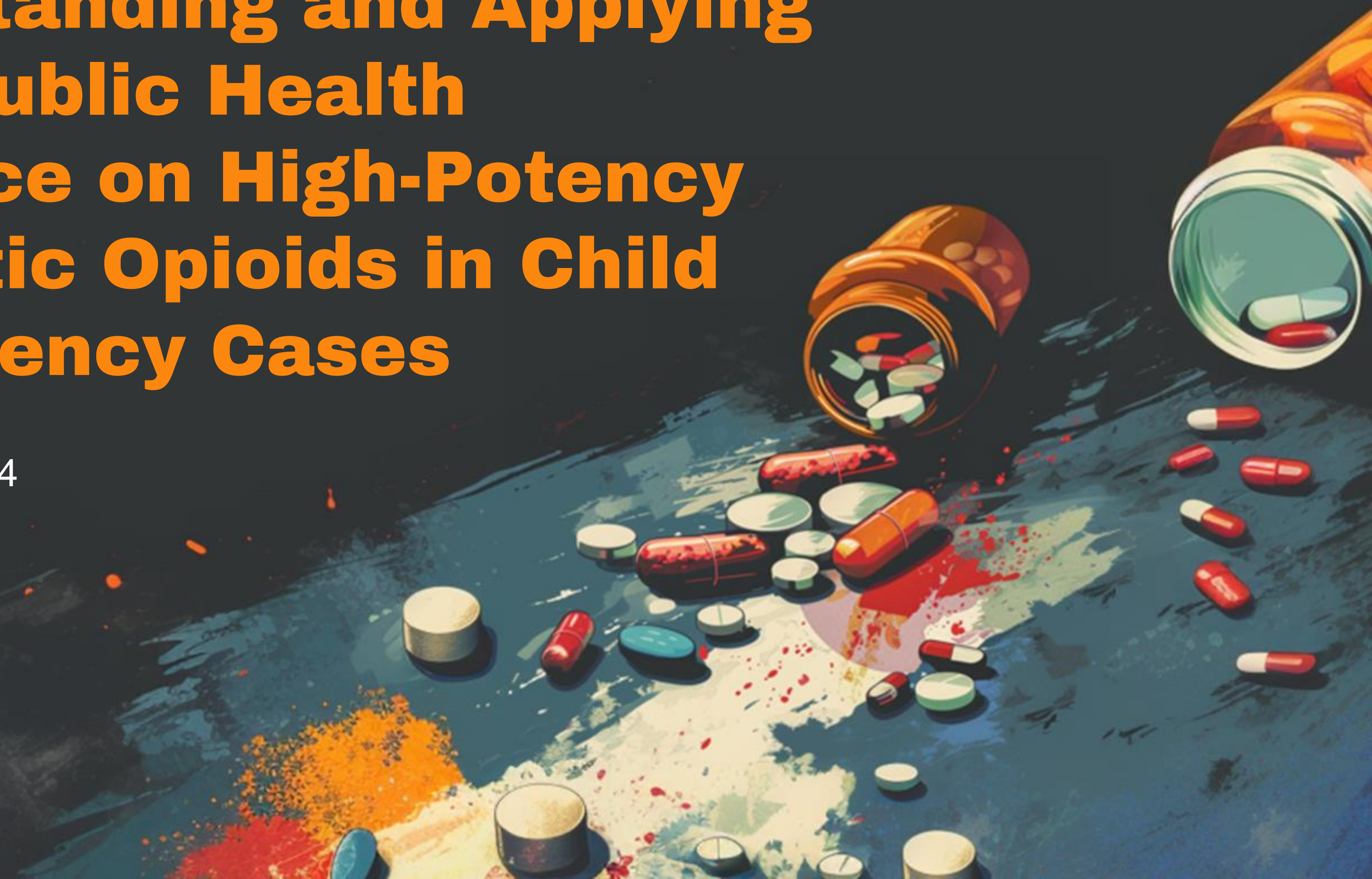


Understanding and Applying State Public Health Guidance on High-Potency Synthetic Opioids in Child Dependency Cases

October 18th, 2024



SB 6109

Effective: June 6, 2024

Requires courts to give “great weight” to the lethality of high-potency synthetic opioids and public health guidance from the DOH related to high-potency synthetic opioids;

Provided funding for new services and pilot programs.

Public Health Guidance on High-Potency Synthetic Opioids

Considerations in Assessing Child Safety

In fulfillment of the legislative requirements of Engrossed Senate Substitute Bill 6109

Preliminary

June 5, 2024



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Definitions

Opioid: a substance that when ingested binds to a receptor in a person's brain and produces an effect.

Synthetic Opioid: opioids manufactured from chemicals and artificial substances.

High Potency Synthetic Opioid (HPSO): synthetic opioids that have stronger effects than other opioids.



High-Potency Synthetic Opioids

Enter the body through:

- Swallowing -
- Inhaling -
- Snorting -
- Injecting -

Overdose Risk via Direct Skin Contact

HPSO's need to be administered with a transdermal patch in order to be absorbed through the skin.

Secondary and Environmental Exposure

There is no known risk of overdose from exposure to HPSO second-hand smoke or environmental smoke.

Lactation

Opioids enter human milk, but the amount depends on the type of opioid that was taken and how long it has been since it was taken. Giving a child human milk is safe when taking MOUDs, like methadone and buprenorphine.



Infants & Toddlers

The age group at highest risk for unintentional exposure to any substance.

Ingestion occurs HAND to MOUTH

Naloxone is safe to use on young children, same dosage as adults.

Safe Sleep



Middle Childhood

Middle childhood (ages 5-12) has the lowest risk of accidental or intentional exposure to opioids.

As children grow older, their risk of exposure through accidental ingestion decreases by 6% for each year of age.



Adolescents

This age group is typically exposed through intentional experimentation with substances.

Overdoses often occur at home with another person there.

Providing naloxone and harm reduction education will ensure that those at risk will have needed access to life-saving practices



FDA-Approved Medication Treatments for OUD



Medication	Mechanism	Risk of Overdose and All-Cause Mortality	Other Benefits	Notes
Methadone	Full Agonist (activates opioid receptors)	Reduces overdose risk; reduces overall mortality risk	Helps manage cravings and withdrawal symptoms.	Methadone is preferred by some patients but is difficult to access due to state and federal regulations.
Buprenorphine	Partial Agonist-Antagonist (partially activates opioid receptors)	Reduces overdose risk; reduces overall mortality risk	Helps manage cravings and withdrawal symptoms.	Buprenorphine is easier to get from providers, but there is not enough available in most communities.
Naltrexone	Antagonist (blocks opioid receptors)	Does not reduce overdose risk or death by other cause	May reduce cravings	Reduces tolerance to opioids, increases the risk of overdose if a relapse occurs.

Supporting Social and Physical Needs

1. Increasing access to MOUDs for caregivers and adolescents experiencing OUD.
2. Helping families connect with social and health service programs, including legal services, public benefits, and affordable housing.
3. Offering respite care for parents and connections to medical and behavioral health treatment, including medications for opioid use disorder.
4. Providing access to quality childcare makes sure children have positive, engaging relationships outside of the home.



Thank You!

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