

The Right Words Matter: Supporting Families

The words we use indicate our attitudes. If we use words that seem judgmental, it may make people less likely to seek help. Since we are supporting families that are struggling with these issues, we want to be sure to be informed about the words we use and to show that we care and want to provide support.

OUTDATED TERMS	CURRENT TERMS
Substance Abuse	Substance Misuse Substance Use Disorder
Junkie Drug User/Abuser Addict	Person with a Substance Use Disorder
Clean/Dirty	Tested negative/positive on a drug screen
Former or Reformed Addict	Person in recovery
Drug habit	Substance Use Disorder
Drug addicted infant	Substance exposed infant
Relapse	Return to Use/Recurrence of Use
Opioid Replacement or Methadone Maintenance	Medication for Addiction Treatment (MAT) Medication for Opioid Use Disorder

Maine Data

Opioid Misuse:

*"Overall, drug overdoses peaked in the third quarter of 2017. In 2017, **Maine was among the top ten states with the highest overdose deaths involving opioids in the U.S.** There were 360 overdose deaths involving opioids that year—a rate of 29.9 deaths per 100,000 persons, compared to the national rate of 14.6 deaths per 100,000 persons. The greatest rise occurred concerning deaths involving synthetic opioids other than methadone (mainly fentanyl), with a nearly eighteen fold increase from 15 cases in 2012 to 278 cases in 2017."*

Neonatal Abstinence Syndrome (NAS) may occur when a pregnant woman uses drugs, such as opioids, during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is equivalent of one baby born with symptoms of NAS every 15 minutes in the United States."

(Data from National Institute on Drug Abuse Maine Opioid Summary March 2019; the full article can be found at: <https://www.drugabuse.gov/opioid-summaries-by-state/maine-opioid-summary>)

Opioid and Health Indicators Database: <https://opioid.amfar.org/ME>

State Epidemiological Outcomes Work Group Summary:

https://www.mainequalitycounts.org/image_upload/Heroin%20Opioids%20and%20Other%20Drugs%20in%20Maine_SEOW%20Report_10-15.pdf

Addiction is a Brain Disease: Understanding Brain Chemistry

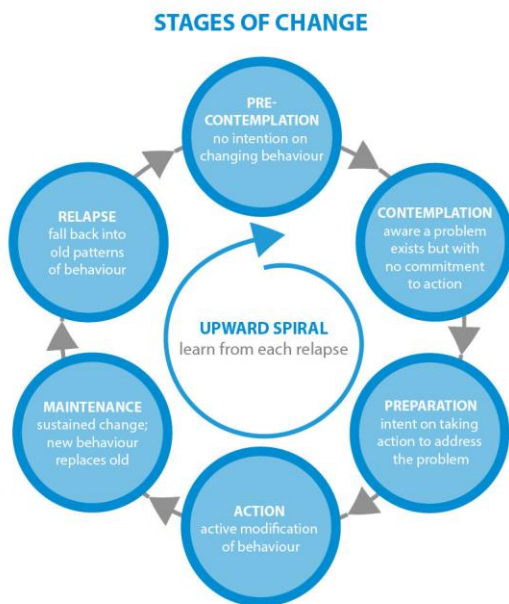
Drugs change how the brain works, and these brain changes can last for a long time.

They can cause issues like mood swings, memory loss, even trouble thinking and making decisions. Addiction is a disease, just as diabetes and cancer are diseases. Addiction is not simply a weakness. People from all backgrounds can experience addiction. Addiction can happen at any age, but it usually starts when a person is young.

When people start taking drugs, they don't plan to get addicted. They like how the drug makes them feel. They believe they can control how much and how often they take the drug. However, drugs **change the brain**. Those who use drugs start to need the drug just to feel normal. That is addiction and it can quickly take over a person's life:

- Addiction can become more important than the need to eat or sleep.
- The urge to get and use the drug can fill every moment of a person's life.
- The addiction replaces all the things the person used to enjoy.
- A person who is addicted might do almost anything: lying, stealing, or hurting people to keep taking the drug.
- This desperation can, and does, get the person arrested.

The Process of Change: Why Is This So Hard?



Change is difficult for many of us, for a variety of reasons. For individuals affected by Substance Use Disorders, change is often met with challenges stemming from lack of resources, lack of pro-social support, low self-worth, and physical and psychological discomfort.

Healing from addiction takes time. Making up your mind to stop using drugs is a big step. Being addicted makes you afraid of what will happen if you don't keep taking the drug. People often won't try quitting until they're forced to because it seems too hard. When you stop using the drug, it upsets your body and brain. You might feel very sick for a while, and feel a very strong need to take the drug. It can be really hard to refuse to use the drug when you feel that bad.

After you've stopped using the drug, you still have a lot to do:

- You have to relearn how to live without using drugs.
- You have to work on the problems your drug use caused with your family, your job, your friends, and your money.
- You have to stay away from people you used drugs with and places where you used the drug.
- You have to learn what makes you want to take drugs again, so you can avoid or work on those things.
- You may also need treatment for problems that led to your drug use, such as depression, anxiety, or other mental health problems.

What Does This Have To Do with Early Childhood Education? Impacts of Substance Use Disorders on Children

Regardless of exposure and the extent of the effects posed on the child, it is important to remember that living in a family that is affected by Substance Use Disorders is, in itself, a significant risk factor. A child whose parents (or other direct family members) struggle with Substance Use Disorders often lives in a chaotic environment.

Children and youth of parents with substance use disorder and parenting difficulties have an increased chance of experiencing a variety of negative outcomes (Felitti et al., 1998; HHS, 1999; Staton-Tindall et al., 2013):

- Poor cognitive, social, and emotional development.
- Depression, anxiety, and other trauma and mental health symptoms.
- Physical and health issues.
- Substance use problems.

Parental substance use can affect the well-being of children and youth in complex ways. For example, an infant who receives inconsistent care and nurturing from a parent engaged in addiction-related behaviors may suffer from attachment difficulties that can then interfere with the growing child's emotional development.

Coming soon: On-demand training for staff of early childhood and out-of-school time programs.

Sources: National Center on Early Childhood Health and Wellness, *The Impact of the Opioid Crisis and Substance Use Disorders: Creating a Path Forward for Head Start and Early Head Start (Facilitator's Guide)*, 2019.

https://easyread.drugabuse.gov/sites/default/files/EasyToRead_WhatIsAddiction_FINAL_012017.pdf

<https://www.childtrends.org/child-trends-5/5-things-know-opioid-epidemic-effect-children>

<https://osepideasthatwork.org/sites/default/files/IDEASlssBrief-Opioids-508.pdf>

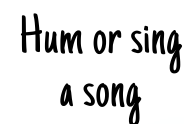
<https://www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf>



When I feel upset, worried or disappointed I can



Look at my glitter jar



4

steps to help

KIDS COPE WITH BIG FEELINGS about failure

Big Life Journal

1 EXPLAIN WHY FEELINGS ARE USEFUL

- Explain that feelings, are part of our bodies. Just like our muscles, brain and heart, our **emotions work to keep us healthy and safe**.
- Tell that strong and powerful emotions, like anger, **trigger a warning system** in our bodies. Our brain thinks we are in a dangerous situation and our body reacts in lots of different ways--a fast heartbeat, a red face, or maybe a headache.



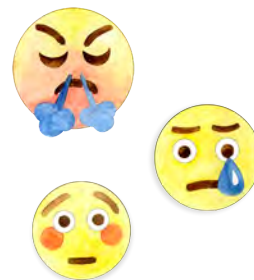
2 CREATE AN ACTION PLAN

- Tell kids that when they notice their rapid breathing, tense muscles, or upset stomach, it's a **cue to make choices** that take back control.
- When **kids are calm** (long car rides or bedtime work well) talk with them about the types of failures that trigger their strongest feelings: a poor grade on a spelling test, losing a soccer game at recess, or not understanding that homework question.



3 VALIDATE FEELINGS

- In their most difficult moments, kids need to know that **all feelings**--including ones about failing--are okay to have.
- **Ask questions** to better understand their frustrations, and communicate that you hear and accept exactly how they feel.
- Then ask, "What should we do to tackle this?"



4 CO-REGULATE

- Each child's capacity for managing feelings is different (and age-dependent). The prefrontal cortex, the area regulating emotions, **isn't even fully developed until early adulthood**.
- By responding to our child's frustrations with **warmth and support**, rather than reacting with our own high emotion, we can provide that experience.

