

# NOTES FROM UPSTREAM

News from the **Arkansas Children's Trust Fund**

Summer 2012

## Prescription Drugs and Family Support

Prescription drugs are a growing presence in families' lives. For many people, prescription drugs bring clear benefits, such as managing illness, curing disease, or otherwise improving the quality of life.

But medicines can bring harm as well. Commonly prescribed drugs, such as opioid painkillers, are especially addictive, with a high rate of misuse and abuse resulting in accidental death or overdose. More and more, prescription drugs are also being used without prescriptions and for purposes other than pain management. Their increased availability also makes them more accessible to children, often with fatal consequences.

Family support workers are not medically trained, but they can be equipped with some basic information to assess the presence of prescription drugs in families' lives and more importantly, the potential effects on parenting and children.

**In 2010 more than 12 million Americans used painkillers without a prescription or to get high.**

Source: *Substance Abuse and Mental Health Services Administration*

### **If a client has a valid prescription, how can I verify misuse?**

Only a physician or substance abuse professional can formally diagnose or identify abuse or misuse of prescribed medications. However, family support professionals are in a good position to watch for signs of substance abuse/misuse.

You can look for indications that the use of prescription drugs is problematic: Does she seem in control of her use of the medicine? Does she use it as prescribed? Does she continue to increase her use of the drug in spite of adverse consequences or problems? Is her quality of life expanding with treatment or constricting?

If there are signs of a problem, seek the client's written permission to communicate with the prescribing physician, and/or refer the client for an appointment with a substance abuse professional.

For a directory of substance abuse professionals in Arkansas, go to <http://humanservices.arkansas.gov/dbhs>.

*Effects of Specific Substances on Parenting, Page 4*

## Accidental Poisoning Deaths

In 2010, the Centers for Disease Control reported that between 1999 and 2005, the annual number of unintentional drug overdose deaths in the U.S. more than doubled—from 11,155 to 22,448.

Risk of accidental overdose and death is increased by combining the use of drugs with alcohol or other substances, "doctor shopping" — the term for obtaining prescriptions from multiple doctors, and the addictive effects of some prescribed drugs. Access to pharmaceuticals for non-medical use also happens through sharing among family or friends, theft, purchase through illicit means, or online vendors who don't require a prescription. This kind of use is especially risky because it occurs without medical oversight.

The medical community can help reduce the likeli-

hood of overdose by counseling patients about the risk of overdose to themselves and to others. Family support professionals can also help by educating families to ensure they have information that will save lives. To download a set of guidelines that can be shared with families during home visits or other appointments, go to <http://www.arkansasctf.org/publications-downloads.html>.

Additionally, family support personnel can work to improve families' access to a medical professional and to treatment for substance abuse. Knowing that a mental illness or a history of substance abuse can raise the risk of an overdose, it is important to help parents with these challenges to find critical services for monitoring health and reducing risk factors that can affect them and other family members.



# PROGRAM NEWS



## 14th Annual Arkansas Conference for Parent Education and Home Visitation

### *New Name, Same Great Conference*

Arkansas Parenting Education Network, or APEN, has announced the details of the 14th Annual Arkansas Conference for Parent Education and Home Visitation, which will be held from September 24 to September 26, 2012 in Hot Springs, Arkansas.

Highlights of the general conference will include a pre-conference seminar with Dr. Joshua Sparrow, keynote addresses from Julie Ribaldo and Reverend Darrell Armstrong, and multiple workshops on topics of interest to parent educators. A complete listing of the workshop sessions can be found at [www.arkansasctf.org](http://www.arkansasctf.org).

Anyone who works with parents and caregivers to improve children's social, emotional and physical development is encouraged to attend the general conference.

The third day of the conference will consist of the

Home Visitation Institute. The Home Visitation Institute is targeted to the staff of programs that serve families with young children (prenatal through age five) using home visiting as their primary mode of service delivery. More information about the Home Visitation Institute is also located at [www.arkansasctf.org](http://www.arkansasctf.org).

Participants in all conference sessions will have access to multiple exhibitors and the always popular bookstore, as well as the opportunity to apply for continuing education in various disciplines.

The conference is sponsored by the Arkansas Association for Infant Mental Health, the Arkansas Home Visiting Network Training Institute, and the Arkansas Children's Trust Fund, which provides financial and administrative support for APEN.

*Register online at [www.arkansasctf.org](http://www.arkansasctf.org)*

### *News from the Field...*

I noticed that my client's baby seemed cross-eyed. When I asked mom about how his doctor visits were going, and if he had had an eye exam, she said doctor visits were going well, but nothing about his eyes. I asked if she had noticed anything peculiar about his vision. She replied that "he goes cross-eyed a lot." I thought to myself that I had never really seen him when he wasn't cross-eyed!

I held him during activity time, where mom was able to observe him in play. She responded with "Well, I do see now that you are holding him that he is cross-eyed in play."

I informed her of the InfantSee Program that allows for free vision assessment and told her about a doctor in our community that participates in the program. She made an appointment and found that her in-

fant's vision was so bad that he needed very strong prescription glasses, and possible corrective surgery at (age) one if his eyes do not get better over time.

This client is a single mom a large portion of the time. She has three kids, and so was either holding him or busy with the other two and had not realized the severity of his eye problem. The infant was having to strain so hard to focus that it was making him go cross-eyed!

He is a doll baby in his new wrap-around blue glasses and seems happier! The InfantSee program was a blessing for this family!

For more information about healthy infant vision and the InfantSEE program, including participating optometrists, go to [www.infantsee.org](http://www.infantsee.org) or [www.aoa.org](http://www.aoa.org).



## Young Children and Technology

### Overview

Reports tell us that more than half of all young American children now have access to touch-screen devices such as i-pads and i-phones. While these tools have transformed the lives of their parents, young children are growing up at ease with digital devices. But as technology and media literacy continue to evolve, the long term effects on children's development remain to be seen.

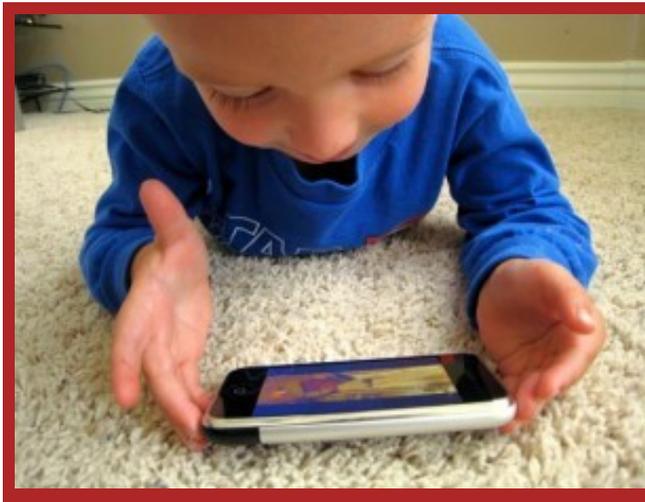
Education experts contend that with guidance, technology tools can be used for learning and development. Others argue that valid research on the use of this newer technology will take three to five years. Meanwhile, the guidance is based on observation and anecdotal evidence. Parents and experts alike are proceeding without an understanding of the child development or health issues to consider.

### Common Concerns

Parents report on the near-mesmerizing effects of touch-screen technology on children. Obviously, the ability to hold a child's attention is attractive at times, such as during car rides or long waits.

Experts, however, cite concerns about the fixed gaze that children adopt. They point out that children watching television glance away from the screen 150 times per hour, a rate far greater than that observed in children playing with a touch-screen device. Other experts express concerns about children being less sociable when transfixed by the screen, and more sedentary during what should be the most physically active period of their lives. Some others suggest that the app determines how long a child will stay involved, rather than personal interest or initiative.

Note that each concern centers on the unknown effects on the very important issue of brain development in the early years of a child's life.



### Expert Recommendations

Until further evidence or guidance becomes available, the following seem like good recommendations:

The American Academy of Pediatrics has long discouraged any amount or type of screen time for children less than two years of age. They recently reiterated their position in response to recent media reports on children's increased access to touch-screen devices.

The National Association for the Education of Young Children and the Fred Rogers Center for Early Learning and Children's Media jointly published a position statement on technology and media as tools in early childhood programs from birth through age eight. They recommended that programs for children younger than two 1) prohibit the passive use of television, videos, DVDs and other non-interactive technologies, and 2) limit interactive media to those that support responsive interactions between children and caregivers.

### Tips for Parents

- Children learn best through active exploration and interaction with people and the world around them.
- Use technology as you would any other things in your environment—with balance and awareness of their effect on children themselves.
- Limit anything that seems to create behaviors that are out of balance.
- Be wary of things that keep children inactive for an extended period of time.
- Pay attention to the ongoing discussion among informed professionals, researchers and educators.
- ***Remember that it is your role and responsibility to make informed choices about the influences in your child's life.***

American Academy of Pediatrics—[www.aap.org](http://www.aap.org)  
Fred Rogers Center—[www.fredrogerscenter.org](http://www.fredrogerscenter.org)  
National Association for the Education of Young Children—[www.naeyc.org](http://www.naeyc.org)



# Effects of Specific Substances on Parenting

## Opioids

## Effects on Parenting

Produce euphoria followed by drowsiness.

Representative drug types and names:

Oxycodone (OxyContin, Percocet); Propoxyphene (Darvon); Hydrocodone (Vicodin); Hydromorphone (Dilaudid); Meperidine (Demerol); Morphine; Codeine; Methodone

- May forget or neglect parenting responsibilities.
- May leave children alone while seeking; obtaining or using the drug.
- May “nod out” while under the influence and be unable to supervise or protect children.
- May expose children to dealers/other users, and hence unsafe situations.

## Stimulants

## Effects on Parenting

Increase alertness, attention and energy.

Representative drug types and names:

Dextroamphetamine/amphetamine (Adderall); Methylphenidate (Ritalin, Concerta)

- Because sleep-wake cycle is severely disturbed, parent may be unable to attend to child’s need for structure/schedule.
- May become impatient or irritated with a child unable to adapt to the parent’s level of energy.
- Parent is not hungry due to appetite-suppressive effects and is not preparing meals for herself, possibly failing to ensure that her child is fed.

## Central nervous system depressants

## Effects on Parenting

Produce a drowsy or calming effect.

Representative drug types and names:

Barbiturates: Pentobarbital sodium (Nembutal)  
Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Lorazepam (Ativan)

- May forget or neglect parenting responsibilities.
- May leave children alone while seeking; obtaining or using the drug.
- May fall asleep while under the influence and be unable to supervise or protect children.

Adapted from Dore, 1998; Gold, 1992; National Institute on Drug Abuse (NIDA), 2001; NIDA, 2003.

## A Family-centered Approach to Prescription Drug Use

Given the risks associated with prescription drugs, it can be tempting to focus on uncovering misuse or deceit. A family support professional, however, is encouraged to work from a family-centered, strengths-based perspective.

If someone in a family is taking a prescription drug, it is important to first understand what need that person is trying to meet with that drug, and how well it is working for the family as a whole. Whether the prescription is being used correctly or incorrectly, legally or illegally, your goal is to understand the motivation behind the drug use in order to help the family establish safe and healthy practices.

When talking with families about drug use, as with any other topic, explain why you’re asking for certain kinds of information. This can build a foundation of trust and respect if you convey to parents that you are trying to understand the needs of everyone in the family, and to help them meet their needs in the safest and best way possible.

When talking with families about their use of prescription drugs, ask what medication is taken and how often, what need it is meeting (e.g., fight pain, treat illness), what education was provided by the physician, and whether the parent has concerns about the medicine. Ask how well the drug is meeting the need.

Educate parents through the interview process by sharing information about safety risk factors you see (e.g., drug storage), and by showing parents how to keep medications out of children’s reach.

Engage the parent in safety planning. Use strength-based questions to learn about social supports, coping skills, and what’s going well for the family.

Ask yourself what risk factors the parent may have for abusing or misusing prescription drugs. Be prepared with referrals for a substance abuse evaluation if the assessment indicates a potential substance abuse issue.

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