

Applying Harm Reduction Principles to the Development of a Clinical Decision-Making Framework to Address Parental Substance Use and Child Safety

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Overview

A multidisciplinary team in a medical setting in Boston, USA used harm reduction principles to develop a framework to address concerns about child and parent safety during non-prescribed parental substance use.

Background

- Child Protective Services reporting and child abuse is associated with poor health outcomes for both parent and infant with inequitable impacts by race/ethnicity
- There is a lack of standardization of care and limited guidance on clinician assessments determining reporting of parental and child safety in the setting of non-prescribed parental substance use

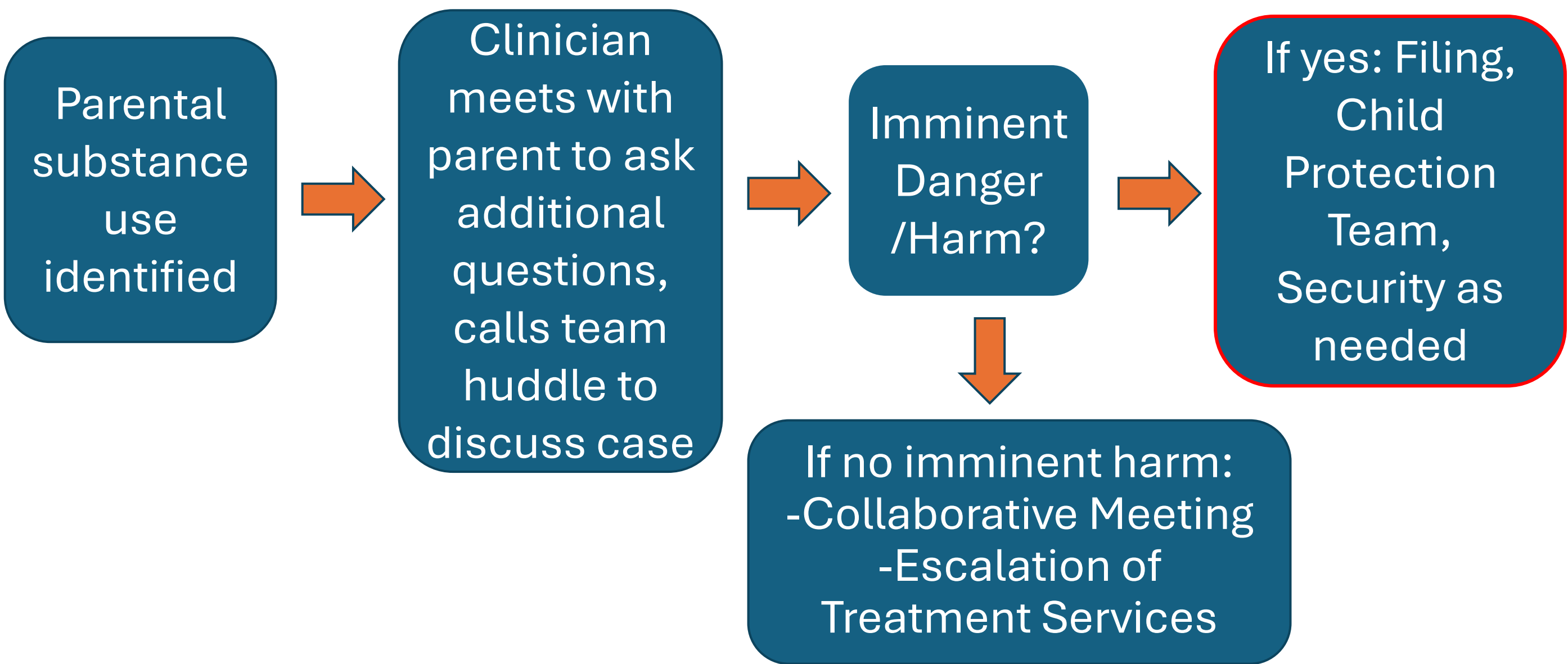
Objective

- Use harm reduction principles to inform a framework assessing the impact of parental substance use on child safety in a clinical setting

Harm Reduction Principle	Application to Child-Safety Assessments
Humanism	Valuing parents as experts in their children’s needs
Pragmatism	Parental substance use is common and substance use recurrence is a predictable part of a SUD
Individualism	Context (location, setting) of parental substance use can mediate the impact on child
Autonomy	Punitive or coercive approaches can deter parents from seeking SUD treatment
Incrementalism	Identify and name protective factors parent has taken for child well being to celebrate forward progress
Accountability without termination	“Perfect parenting” is unrealistic; positive parenting and attachment should be promoted.

Framework

Domain	Application to Child-Safety Assessments
Safety of child	Where does/did substance use happen? (i.e: inside/outside home?) If the child was to become sick when parents are using substances, who would be available to take child to the emergency room?
Safety of use patterns	What is the parent actively doing to keep themselves safer with drug use? Does use occur alone?
Engagement in treatment	Is the parent asking for treatment? Does the parent endorse active use? What is known about reasons for active substance use?
Willingness to escalate treatment services	Is the parent willing to increased frequency of engagement at clinic or other recovery supports?
Stability of the home environment	Who else lives at home? Are there any other safety concerns in the home (i.e: violence, housing instability)?
Social determinants of health and structural racism	How did identities, power, privilege, bias or SDOH affect this case?



Conclusions

- Harm reduction principles can be used in a multidisciplinary clinical setting to inform conversations around child safety risk
- A structured framework can help clinical teams discuss challenging cases of non-prescribed substance use
- This framework continues to evolve based on continuing discussions among clinical team and focus groups with patients
- Future research is needed to study this tool and evaluate it in non-SUD specific settings