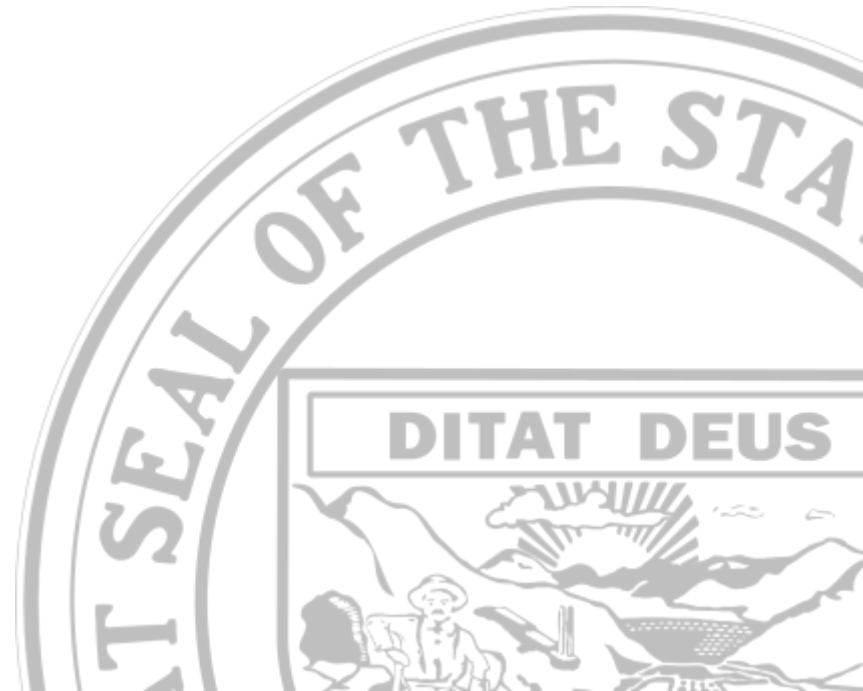


Arizona Parents Commission on Drug Education & Prevention

March 20, 2024



Arizona Parents Commission on Drug Education & Prevention

Arizona National Guard Counter Drug Task Force

Staff Sergeant Deborah Stoks

Drug Demand Reduction and Outreach



AZ NATIONAL GUARD DRUG DEMAND REDUCTION AND OUTREACH

Prevention Skills Trainings

Trainings are hosted and funded by the High Intensity Drug Trafficking Area (HIDTA).



SPF APPLICATION FOR PREVENTION SUCCESS TRAINING (SAPST)



DDRO Instructors

SMSgt Mike Gunderson

MSgt Tommy Morga

SSG Deb Stoks

TSgt Nate Sechrist

TSgt Tory Gonzalez

TSgt Maciel Moreno

BACKGROUND



This innovative training combines online and in-person components.



Grounded in current research and SAMHSA's Strategic Prevention Framework (SPF), the SAPST is designed to help practitioners develop the knowledge and skills needed to implement effective, data-driven prevention that reduces behavioral health disparities and improves wellness.



It is appropriate for entry-level prevention practitioners, prevention practitioners with 2-5 years of experience as well as professionals working in related fields.



STRATEGIC PREVENTION FRAMEWORK

SPF
APPLICATION
FOR
PREVENTION
SUCCESS
TRAINING
INTRO

4 days, 32 hours

8:00 AM - 5:00 PM

One hour lunch

Prerequisite: SAPST Online Module

SPF
APPLICATION
FOR
PREVENTION
SUCCESS
TRAINING
OUTLINE

In-depth SPF review

Group activities

Group case studies

Resources

PRIMARY PREVENTION ADVANCED COURSE (PPAC)



DDRO Instructors

SMSgt Mike Gunderson

MSgt Tommy Morga

SSG Deb Stoks

TSgt Nate Sechrist

TSgt Tory Gonzalez

TSgt Maciel Moreno

BACKGROUND



Advanced facilitation skills needed within coalitions and community-based organizations (CBO).



Coalitions and CBO's need more hands-on experience with practical application using real world case studies.



Applying the SPF model throughout a grant and/or program cycle to ensure program effectiveness and proper use of grant funds.



Comprehensive understanding of the SPF model ensures better outcomes and long-term sustainability in the community.

PRIMARY
PREVENTION
ADVANCED
COURSE
INTRO

5 days, 40 hours

8:00 AM - 5:00 PM

One hour lunch

Prerequisite: Must have completed SAPST

Maximum class size: 20 participants

Must have a computer to complete assignments

PRIMARY
PREVENTION
ADVANCED
COURSE
OUTLINE

Effective facilitation skills

SPF review

SPF focused instruction

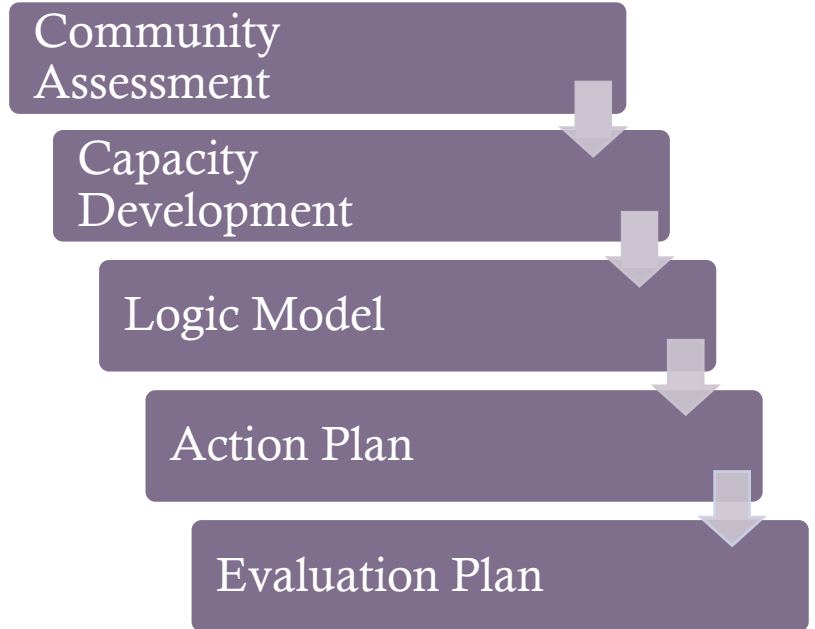
Group product building/projects

Individual facilitation

Resources

PROJECT OUTLINE

- Each section of the SPF model will serve as a group project and facilitation.
 - Project development for each section of the SPF will be completed in small groups.
 - Each student will be assigned one section of the SPF to facilitate.
 - The class will serve as the CBO or coalition during student facilitation.
 - Feedback and discussion following each section.
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AZ NATIONAL GUARD DRUG DEMAND REDUCTION AND OUTREACH



Thank you!

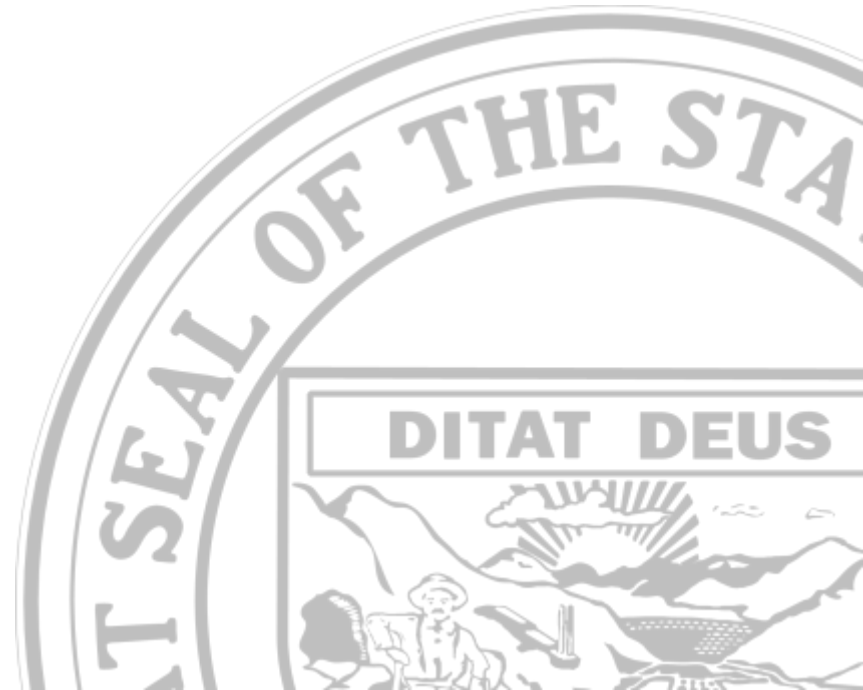
SSG Deb Stoks
dstoks@az.gov

Arizona Parents Commission on Drug Education & Prevention

Childhelp, Inc.

Kenneth McKinley

Executive Director





Founded in 1959 by Sara O'Meara and Yvonne Fedderson
PREVENTION *and* TREATMENT of CHILD ABUSE



Children's Advocacy Center of Arizona

Kenneth McKinley, Executive Director

Kimberly Wright, DCS Manager, AZDCS Office of Child Welfare Investigations

Jacs Trella, Asst. Manager, AZ DCS OCWI

Who is Childhelp...



Since 1959, co-founders Sara O'Meara and Yvonne Fedderson have dedicated their lives to helping children in need. Today they continue to provide vision and passion as the CEO and President, respectively.

What Childhelp Does...

Childhelp focuses on prevention, education, advocacy and treatment of child abuse and neglect.

National Abuse Hotline 800-4-A-CHILD®

Speak Up Be Safe™

Courage First
www.athlethelpline.org



Children's Advocacy Centers

Residential Treatment Facilities

Therapeutic Foster Care and
Adoption Service



Since 1998, the **Childhelp Children's Center of Arizona** Dedicated to Linda Pope has served abused and neglected children by providing treatment, intervention, and investigation services in a child-friendly and child-centric environment.

What Is A Child Advocacy Center?

Child-appropriate facility to support victims and families as well as decrease traumatization associated with investigation and improve healing

One-Stop Shop

- Promote multidisciplinary investigations
- Coordinated Investigation Efforts of Child Crimes
- On-Site Services: Forensic Interviews, Forensic Medical Exams, Forensically-Sensitive Therapy & Victim Advocacy
- Facilitate case reviews to improve investigative outcomes

Multi-Disciplinary Team Model

- ▶ Phoenix Police Department, Crimes Against Children Unit

Investigate criminal allegations of child abuse, and file criminal charges when there's enough evidence to do so

- ▶ AZ Department of Child Safety, Office of Child Welfare Investigations

In-home allegations, ensure a child's home is safe

- ▶ Phoenix Children's Hospital

Forensic Medical Exams and Forensic Interviews

- ▶ Maricopa County Attorney's Office

Reviews/Inspects evidence and makes decisions regarding criminal prosecution

- ▶ Childhelp, Inc.

Victim/Child Advocacy, Children's Justice Coordination, Forensic Interviews, Trauma-Therapy, Community Prevention



Childhelp's Role...

DEDICATED FORENSIC
INTERVIEWS

CLINICAL SERVICES

VICTIM ADVOCACY/Support
Services

PLAYROOM/TEEN
ROOM,RECEPTION/OVERALL
CENTER OPERATIONS

COMMUNITY
PREVENTION/EDUCATION

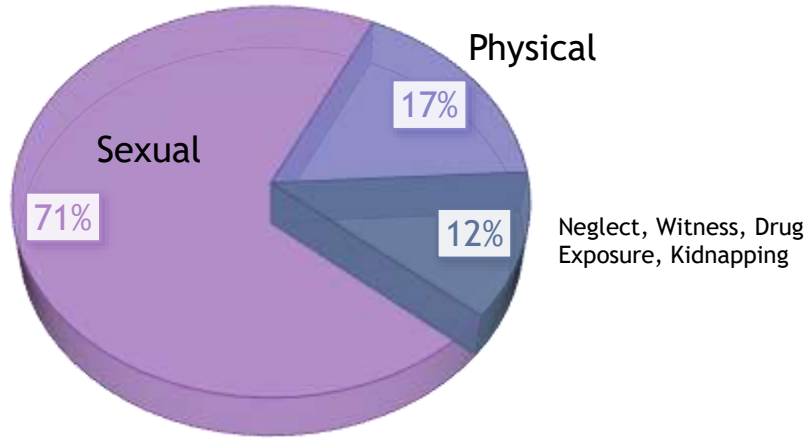
CHILDREN'S JUSTICE
COORDINATOR



2023 at a

glance, **over 4,500** unduplicated child victims of abuse served ,
400-450 children seen per month

Types of Abuse...



Suspect...

70% family member

Relationship	%
Parent	29%
Step Parent/partner	13%
Sibling/step sib	8%
Other Relative	20%
Friend of Family	6%
Stranger	4%
Teacher/coach/clergy	6%
Peer/dating	8%
unknown	6%

Definitions:

DRUG ENDANGERED CHILD: is a person, under the age of 18, who lives in or is exposed to an environment where drugs, including pharmaceuticals, are used, possessed, trafficked, diverted, and/or manufactured illegally and, as a result of that environment the child experiences, or is at risk of experiencing, physical, sexual, or emotional abuse.

DRUG EXPOSURE/ACCIDENTAL POISONING: children who live in substance-exposed households can be exposed to the toxic chemicals used to "cook" meth or to the drugs themselves

Physical Signs...

- Burning & watery eyes
- Blurred vision
- Skin irritation and redness
- Burns on skin
- Difficulty breathing, shortness of breath
- Chest pain
- Nausea and vomiting
- Diarrhea
- Extreme irritability

Link between Child Abuse and Child Drug Endangerment

Children whose parents abuse alcohol or drugs are **three** times more likely to be verbally, physically or sexually abused, and **four** times more likely than other children to be neglected*

- Every **25 minutes** a baby is born suffering from opioid withdrawal.
- **1 in 8 children (8.7 million)** live in households with at least one parent who has a *substance use disorder*.
- **1 in 10 children (7.5 million)** live in households with at least one parent who has an *alcohol use disorder*.
- **1 in 35 children (2.1 million)** live in households with at least one parent who has an *illicit drug use disorder*.

Drug Exposure Data

Childhelp Children's Advocacy Center:

59 cases of drug endangerment were investigated in 2023 by DCS & PCH

↳ 30 were ages 0-5

PHX PD/DCS investigated 27 cases of drug exposure/poisoning in the past 12 months

2022 Arizona Child Fatality Review Program:

34 opioid child deaths, 8 were under age 5

↳ 100% were fentanyl related

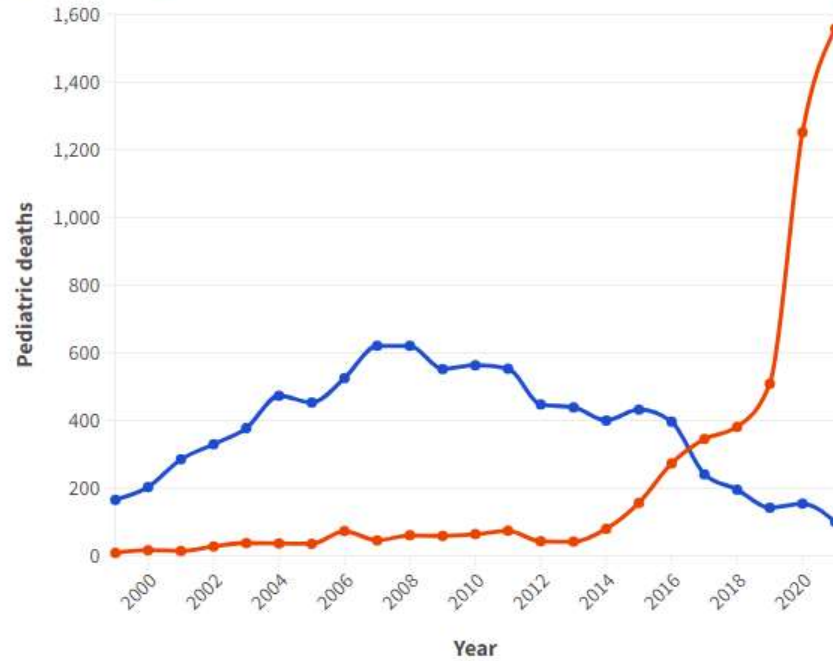
Parental Substance Use History is #2 leading Risk Factor for all Preventable Child deaths at 42%

Parental Substance Use as Risk Factor for Preventable Deaths

Age	Rank
0-27 days	#1 (n=27)
28- <1 year	#3 (n=44)
1-4 years	#2 (n=24)
5-9 years	#3 (n=11)

Pediatric opioid deaths 1999–2021, fentanyl vs. other opioids

Other opioids Fentanyl



Fentanyl is the Trend

Source: J.R. Gaither/Yale School of Medicine • Visualization: C. Chang

RECENT CASE EXAMPLES:

Mom, boyfriend and her 5 children were staying in a motel...

- Mom noticed her 3 year-old stopped breathing
- PPD responded and administered Narcan with no reaction. PFD arrived, and child had positive reaction to Narcan.
- Boyfriend, who mom admitted sells Fentanyl, fled the scene before 1st responders
- Mom believes child may have found some fentanyl on the floor, boyfriend had backpack with drugs lying around in the bathroom
- Whereabouts of boyfriend unknown, mom booked into jail for child abuse
- The child is expected to make a full recovery

Household member selling fentanyl in his high school...

- Parents found their unresponsive baby in crib after hours sleeping
- Baby was found to have fentanyl in system at the ER
- Discovered teen son was selling fentanyl in school
- Teen son was kicked out,
- Baby has permanent brain damage and will likely be in wheel chair for life
- Charges not filed because multiple people are living in the home and cannot pinpoint suspect with certainty.

RECENT CASE EXAMPLES cont:

Parental Drug Use Denial...

- 18month-old was having difficulty breathing and lips turning blue while family was out at restaurant
- 911 called, family thought baby was choking due to being a dinner table
- Baby tested positive for fentanyl, both parents denied using fentanyl and had no idea how baby came into contact with the drug
- Search warrant found a partial blue pill in resident's bedroom
- Parents drug tested, Mom tested positive for meth and fentanyl
- Charges were submitted
- The child is expected to make a full recovery

Common themes among our cases...

- Generally speaking, the sooner the treatment, the better the prognosis
- Vast majority are accidents
- Mobile smaller kids are picking them up off the floor
- Includes both illicit and prescription drug use by parents/caregivers
- Drug dealing/making in the home
- Common symptoms that lead to 911 call... losing consciousness, gurgling or choking sounds and weak or no breathing, blue lips, seizures, unresponsiveness.

Challenges and Considerations for Law Enforcement & DCS

From PD/Prosecution...

- Difficulty charging/identifying the responsible suspect (who, what, where, when, how and why)
- Establishing who has care/custody
- Cases used just to get closed, now there's a movement to send parents to diversion
- Parks/public spaces
- First Responders are now highly trained to recognize symptoms, use Narcan on scene

Viewpoints from DCS...

- Cases with substance exposure/ingestion of a child typically have prior less egregious DCS reports regarding concerns of substance abuse by parents
- Siblings in the home often test positive for substances along with the primary victim child
- More straightforward for DCS/OCWI to make safety decisions regarding leaving children w/ parents or needing to remove from the home due to support services available to us such as having parents drug test and being able to bring siblings to Child Help for medical exams/drug tests

What can MDTs do...

- Data Collection
- Increase Community Awareness
 - Increase opportunities for community members to observe and identify DEC
 - Connecting available community resources to support the MDT
- Continue/Expand Collaboration
- Ensure Prompt Medical Evaluation and Treatment
- Support the family system
- Raise awareness of Narcan
- DEC Awareness Day, 4th Wed in April

QUESTIONS

Arizona Parents Commission on Drug Education & Prevention

March 20, 2024

10:00 AM – 12:00 PM

Virtual Meeting Link:

<https://us06web.zoom.us/j/82777882781>

[Webinar ID: 827 7788 2781](https://us06web.zoom.us/j/82777882781)

