

The Opioid Crisis' Effect on the Kawartha-Haliburton Children's Aid Society's Caseload

Final Report by:

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Term: FALL/WINTER 2019/2020

Date of Submission: May 2020

Project ID: 4905

**Final Research Report:
The Opioid Crisis' Effects on the Kawartha-Haliburton Children's Aid Society's Caseload**

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April 23rd, 2020

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Abstract

The opioid crisis is a growing crisis that has far reaching repercussions across Ontario. While opioid abuse has harmful effects on the user, it also imposes ramifications on those who are socially close to the user. These ramifications have implications for those in the social service field who interact with families where opioid abuse is present. The prevalence of opioid use in areas served by the Kawartha-Haliburton Children's Aid Society, and the effects of this opioid use on caseloads within the last 5 years were examined. In addition to a literature review to collect opioid-related statistics regarding the City of Peterborough and Peterborough County, two group interviews were conducted at the Peterborough KHCAS office. One interview was done with 25 frontline social workers, and the following interview was done with 10 members of the management team. The results showed that Peterborough is experiencing an extraordinarily high amount of opioid use, and that this has major implications for the frontline social work team at the Kawartha-Haliburton Children's Aid Society in how they handle their cases. Recreational opioid abuse puts both the parent and their child in both physical and emotional danger, in addition to creating a hazardous work environment for social workers. Further, parental opioid use put children at risk for learning disabilities, drug abuse and neglect. This study's main limitation is that only the Peterborough office of the KHCAS was interviewed, and that the statistics collected were mainly Peterborough-specific, despite the fact that KHCAS has two other offices and serves two other regions, in Haliburton and the City of Kawartha Lakes.

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Introduction & Background

The opioid crisis is an unprecedented health epidemic that Canada is currently facing. The opioid crisis has been manifesting in a high number of opioid poisonings, resulting in overdoses and hospitalizations (Canadian Mental Health Association, 2018). Opioids exist in many different forms, such as codeine, fentanyl, morphine, oxycodone and diacetylmorphine (Canadian Centre on Substance Use and Addiction, n. d.). When opioids are being abused, they can create feelings of intense pleasure or euphoria, which can lead to severe addictions (Canadian Association of Mental Health, n. d.) Illicit opioids also have the potential to be contaminated by other, more harmful drugs, such as fentanyl, which is 100 times more powerful than morphine and is responsible for many deaths in Ontario (Canadian Association of Mental Health, n. d.; Ontario Public Health, 2019b). The effects of the opioid crisis are being felt all over the country, however it has been particularly severe in Ontario, specifically in Peterborough County and the City of Peterborough.

Ontario has seen a drastic rise in opioid use and opioid-death, as between 2003 and 2017, the number of opioid-related deaths has increased by almost three-fold (Ontario Public Health, 2019b). Though the consequences of the opioid crisis have been felt all over Ontario, the County of Peterborough has been particularly impacted. In multiple studies, Peterborough has been highlighted as a county with one of the highest rates of opioid use and opioid-related deaths (Ontario Public Health, 2019a). In relation to other regions of Ontario, the County of Peterborough has been ranked in the top 20 counties in rates of opioid prescription and opioid-related deaths (Gomes et al., 2011). Due to this high presence of opioids, the number of individuals seeking treatment for their opioid addiction has risen drastically from 6,000 patients in 2000 to over 40,000 patients in 2016 (Morin et al., 2017).

Many social service agencies in Ontario are struggling to cope with the ramifications of the opioid crisis' effects in their areas. Due to the adverse effects on both the opioid user and their family, this developing crisis is commonly present in community social services' caseloads. The Kawartha-Haliburton Children's Aid Society, which may be herein referred to as KHCAS, is a not-for-profit agency that has been operating since 1892 with the goal of helping families and parents to resolve familial issues that put children at risk. They operate from three offices to serve the City of Peterborough, the County of Peterborough, the City of Kawartha Lakes and Haliburton County. KHCAS functions under the Child, Youth and Family Services Act, 2017 in

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Ontario (Kawartha-Haliburton Children's Aid Society, n. d.) which allows them to protect children from harm and abuse (Child, Youth and Family Services Act, 2017). The Child, Youth and Family Services Act categorizes instances of child endangerment as abuse, which are grounds to take steps to protect the child. Among these instances are failing to care for a child, failing to provide for a child or leaving the child unattended (Child, Youth and Family Services Act, 2017). These unfortunate circumstances are common in parents who use drugs, highlighting the need to understand how opioid use affects parenting (Piesch et al., 2018).

While the population that is affected by opioid use is extensive, the majority of opioid-related harms are seen in young and middle-aged adults (Gomes et al., 2014). 74.3% of opioid-related deaths that occurred were among males, indicating that the majority of opioid related harm is seen in males. Opioids are most commonly seen in adult males, with 52.8% of deaths occurring in those aged 25 to 44 years (Ontario Public Health, 2019a). In addition to this, a diagnosis of Opioid Use Disorder is most prevalent among individuals who are aged 15 to 34 (Morin et al., 2017). This has serious implications for the Kawartha-Haliburton Children's Aid Society, as the majority of parents also fall in this age group.

Though this increased drug presence has harmful effects on the user, it also has social implications for those close to the user. This includes social workers that interact with the user, and most importantly, children of the opioid user (Mirick & Steenrod, 2016). Research has found that parents who abuse opioids are less able to adequately care for their children, and specifically, mothers who use opioids were more irritable, ambivalent and disinterested in their children (Romanowicz et al., 2019). Further, children of parents who struggle with opioid use are also at an increased risk for developing behavioural disorders, such as Attention-Deficit/Hyperactivity Disorder, a learning disability, substance use disorder, and other mental health issues (Romanowicz et al., 2019). It is for these reasons that In 2015, it was found that 74% of adults who are in substance dependency treatments have children. This research suggests that there is a substantial amount of children that are in the care of parents who abuse opioids. Children of parents with opioid use issues are at-risk for abuse and neglect, subsequently putting them at a greater risk for involvement in children's aid and welfare organizations (Peisch, 2018). In the United States, the number of children in foster care due to parental alcohol or substance use has increased from 14% to 31%, and many researchers have attributed this to the rise in opioid use disorder (Mirick & Steenrod, 2016). Once in foster care, children of parents who use

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opioids were more likely to have a negative outcome versus other children in foster care. Further, these negative outcomes were more severe than they were in children of parents who use alcohol, methamphetamines or cannabis (Mirick & Steenrod, 2016). In addition to this, families who experience an opioid addiction often also experience poverty, legal trouble, mental illness and domestic violence, all of which are less than ideal circumstances for a child to be raised in (Romanowicz et al., 2019).

Practitioners that work with parents who use opioids, including child protection teams, need to be well informed about the prevalence of opioid use in their jurisdiction, how opioids affect a user, and how opioids can impact children (Mirick & Steenrod, 2016). Further, opioid use in one's caseload can present risks to the social worker, therefore understanding opioid use is critical in developing safety protocols and effective interventions (Mirick & Steenrod, 2016). The purpose of this research project was to examine the scope of the opioid use in Peterborough, an area that the Kawartha-Haliburton Children's Aid Society serves, given the current state of the opioid crisis in Ontario. Further, another aim of this project was to understand the implications of opioid use in the frontline worker's caseloads, as drug use often negatively affects children in families where drug use is present. These implications will better inform frontline workers and those in managerial positions in order for them to enhance service delivery to families where opioid use is present.

Methodology

Prior to beginning this research, two applications were completed through the ROMEO platform in order to protect the confidentiality and the safety of the research participants. The first application that was completed was the Application for Ethics Approval for Human Participant Research, and the second was a Confidentiality Agreement for Research Ethics. Interviews did not begin until Trent University Department of Forensic Science's Review Board approved the applications. Furthermore, prior to beginning the interviews, it was stated that the interviewees could participate as they wish and were advised to share only what they are comfortable with.

In this qualitative study, two main factors were examined. The first factor was the extent of the opioid use and opioid-related harms in the areas that is served by the Peterborough office

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of the Kawartha-Haliburton Children's Aid Society, which includes both the City of Peterborough and the County of Peterborough. The second factor that was examined was how the Kawartha-Haliburton Children's Aid Society was perceiving the problem, and how they were managing service delivery to better suit the needs that the opioid crisis presents. Among these factors were several variables, which included the rate of opioid use in Peterborough in comparison to the rest of Ontario, which age groups are most at risk for opioid abuse, which types of opioids are being used, where opioids are being used, and how the opioid crisis impacts families in KHCAS' caseload.

A literature review was conducted to collect information that is specific to Peterborough County regarding the opioid crisis. Using a Google Search with the keywords, "opioid use", "Ontario", "parental effects", and "social work" were used in different combinations to obtain academic articles for the literature review. In addition to this, multiple area-specific resources were consulted, such as Public Health, Health Stats, Statistics Canada, the Opioid Working Group, and the Canadian Association of Mental Health, to assess illicit opioid usage trends among genders, socioeconomic status, education level, type of opioid and geographical areas. Further, the Canadian Association of Mental Health, and the Ontario Association of Children's Aid Society's Library was used to examine academic research that is specific to social services.

Following the literature review, information for this study was collected through two group interviews. These group interviews occurred on February 4th and February 10th, respectively. The first group interview was conducted with a group of 25 frontline social workers, who work directly with families in the KHCAS caseload. An additional group interview was conducted with 10 members of the management team, who manage the frontline workers and better understand the trends in caseloads. The goal of these interviews was to understand the harmful effects of opioids from the perspective of those who interact with users. The interviews were designed to solely assess trends in opioid usage, and not standalone cases. On separate days, the frontline social workers and the management team gathered, respectively, in meeting rooms at the Peterborough office of the Kawartha-Haliburton Children's Aid Society. A slightly different set of questions was asked to each group (see Appendix A).

When conducting the literature review, information that pertained to the areas that are served by the Kawartha-Haliburton Children's Aid Society, specifically Peterborough County and the City of Peterborough, was examined for relevancy and compiled. This included

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information that covered opioid use trends in the geographical area that KHCAS operates within, the effects that opioid use can have on children, and any information relating to social service work among clients with opioid addictions. Interview transcripts were analyzed, and topics that were frequently mentioned by the participants were included in the report. Both the trends that the staff at KHCAS reported are included in this report, along with supplemental information from the literature review.

In every qualitative interview, there is a risk of bias. The social workers that were interviewed for this project may have had pre-existing ideas about opioid use based on their experiences. Attempts to reduce this bias were made by interviewing multiple frontline workers and multiple members of the Kawartha-Haliburton Children's Aid Society management team, therefore obtaining numerous perspectives. This high number of participants expands the generalizability of the findings, as it takes many opinions into account as opposed to individual experiences. Additionally, interview questions did not take personal experiences into account and only aimed to assess general trends in opioid use. Further, the interview contained open-ended questions regarding the effects of opioids. Using open-ended questions as opposed to close-ended questions reduces the chances of bias from leading questions and increases the validity of the participants' answers.

Major Findings

In analyzing the geographic trends in opioid use, the City of Peterborough and the County of Peterborough were amongst the highest in Ontario in their rates of opioid-related deaths. The City of Peterborough and the County of Peterborough have experienced a rate of opioid-related deaths of over 12.5 individuals per 100,000 (see Appendix C) (Public Health Ontario, 2019b). This was consistent with the findings of the interview, as the staff at the Kawartha-Haliburton Children's Aid Society reported that there was a large number of family cases in their caseload where opioid use was present. Further, the statistics collected through the literature review showed that the majority of opioid deaths in Peterborough occurred in males aged 25 to 44, which is the age group that the majority of parents fall into (see Appendix C) (Public Health Ontario, 2019a). Further, the KHCAS staff reported that it was most common for opioid use to be present in cases of ongoing investigations, where social services are involved

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with the families for an extended period of time. In addition to this, opioid use is more common and more severe in clients who experience mental health issues or have past trauma. The participants also unanimously concluded that opioid use frequently resulted in an overdose or a death, and that a cluster of overdoses usually occurred in a short period of time. The management team members reported that there has been an increase in the number of children being placed in the care of Children's Aid due to drug use in the family.

Many of the participants, including both frontline social workers and members from the KHCAS management team, believed that there had been a large increase in opioid usage in caseloads over the past 5 years. The statistics collected in the literature review supported this, as the rate of emergency department visits due to opioid use grew from 42.9 in 2014 to 128.9 in 2018 (see Appendix C) (Public Health Ontario, 2019b). KHCAS staff also reported that 15-20 years ago, marijuana and alcohol were the main substances being used by parents, whereas now, it is opioids. In addition to this, studies consulted in the literature review found that fentanyl, a particularly dangerous opioid, was commonly seen in opioid-related deaths (see Appendix C) (Ontario Public Health, 2019b). The frontline social worker team reported that in the past, many clients used opioids recreationally and sporadically, but now a lot more parents are using opioids consistently. With this, there has been increased leniency for parents who use drugs or alcohol recreationally, as social workers prefer their clients to use these kinds of substances in comparison to opioids.

Few studies have been done that collect social and economic characteristics of those who experience opioid-related harms in Peterborough County and the City of Peterborough specifically. The Canadian Mental Health Association (2018) reported that the opioid crisis was disproportionately affecting those who are unemployed, low-income, and those who have experienced trauma. This was reflected in Statistics Canada's report, as it was found that opioid-related hospitalizations were far more common in households with the lowest income quintile, at a rate of 23.4. In addition to this, opioid-related hospitalizations were more commonly seen in those who were not of a visible minority and who lived in a medium-sized populated location (Carriere et al., 2018).

Participants from the frontline team concluded that there were many consequences of opioid use that are felt by the family. Financial repercussions were frequently mentioned in the interview, explaining that it is common for opioid users to be unable to pay their bills as their

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money is being used to pay for drugs. The management team also noted that it was not uncommon for their clients to be experiencing legal troubles as a result of their drug use.

Many effects of parental opioid use on children were mentioned in the interviews, however, to date, few Canadian research studies have been done on this topic. The most commonly reported repercussion for children was physical and emotional neglect. In addition to this neglect, many of the children that are involved with KHCAS have developed learning disability or have received a behavioural diagnosis, such as Oppositional Defiant Disorder or Attention Deficit Disorder. In smaller children, the impacts are more physical. Social workers reported that they have seen many cases of smaller children testing positive for drugs in their systems, perhaps due to coming in contact with the substance. In addition to this, older children of parents with an opioid addiction are more commonly using illicit drugs. Participants highlighted that this may be due to the fact that parents are exposing their children to these harmful drugs. This was reflected in a recent Canadian study, with one in seven high school aged students engaging in recreational opioid use in Toronto (Gomes et al., 2014). It should be mentioned that though this is outside of the jurisdiction of the Kawartha-Haliburton Children's Aid Society, Toronto is the closest large city to the Peterborough area. This trend was not shown in the mortality rate of Peterborough County as in the area-specific literature review, as it was found that opioid-related deaths in those aged 15-24 were quite low (see Appendix C) (Public Health Ontario, 2019a).

In terms of remedying the negative effects of the opioid crisis, the frontline team reported that increasing a child's visibility and resources in the community aids in mitigating the harmful effects of opioid use. Connecting children to recreational programming in their community, such as daycare or after-school activities, aided in reducing the emotional harm done on the child. In addition to this, the management team reported that they thought it was important to teach clients harm-reduction strategies to increase safety. These strategies can include being informed about one's drug source, educating about the Good Samaritan Law, not using drugs alone, and storing drugs safely.

Extensive research has been done that examines how opioid use affects the safety and wellbeing of social service staff. The participants at KHCAS spoke to this as well during the interviews, explaining that there is a large psychological component, as well as the physical safety component. Participants in both interviews reported feelings of nervousness and

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hopelessness in interacting with clients who were using illicit opioids, as they were concerned about the safety of their clients. In addition to this, the management team also reported that there was a lack of training given to frontline workers to prepare them to deal with opioids in their caseload. Being present in homes and interacting with those with an opioid addiction can present physical dangers to frontline social workers, as they can be exposed to drugs or contaminated administration tools, such as syringes. It is important to take worker safety into consideration, as over 70% of opioid-related deaths occurred in private dwellings, and almost 60% of these deaths occurred in one's own house in 2017 and 2018, indicating that opioids are very likely to be present in homes (Ontario Public Health, 2019b). Beyond standard health and safety training that social service workers are required to receive, KHCAS supplied additional training regarding opioids to their frontline staff 5 years ago through the Ontario Provincial Police, but this training has not been re-administered since.

Discussion & Conclusion

There is currently an opioid crisis occurring in Ontario which has been rapidly increasing over the past 5 years (Public Health Ontario, 2019b). Due to this, there have been copious amounts of research done on the immediate physical harm of an individual who uses opioids recreationally, however, little research has been done that examines the social implications of opioid use on those who surround the user. Further, though there have been extensive studies done on the opioid crisis' effects on Canada as a whole, few sources have examined the City of Peterborough and Peterborough County in particular (Gomes et al., 2018). These findings are of importance for the Kawartha-Haliburton Children's Aid Society as they strive to help parents raise their children in healthy environments. In viewing the scale of the opioid epidemic in KHCAS' area of operation, and understanding the impacts that parental opioid use has on a child's welfare, KHCAS will be better able to deliver service to their clients.

Previous research found that Ontario is currently experiencing a rapid increase in opioid prevalence (Gomes et al., 2018), which is reflected both in the number of deaths related to drug use, and in the number of interventions needed by social services (Mirick & Steenrod, 2016). This research report aimed to expand on the current literature on the opioid crisis, but focused on how the effects are manifesting in Peterborough, specifically. Research showed that opioid use

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has been on the increase for the past 5 years, and that the City of Peterborough and Peterborough County have seen an extraordinarily high amount of opioid-related deaths and hospitalizations in relation to the rest of Ontario (see Appendix C) (Public Health Ontario, 2019b). Consistent with prior research, opioid-related deaths are most common in men in the age cohort of 25-44, and the majority of these opioid-related overdoses occur in one's home (see Appendix C) (Ontario Public Health, 2019b).

The major findings from the group interviews and the statistics that were gathered in the literature review indicate that the opioid crisis in Peterborough is extremely rampant. Studies found that the majority of the opioid-related deaths were occurring in the user's home, and that the cohort that was using opioids the most were males between 25-44 (Ontario Public Health, 2019a). These findings have extreme implications for Kawartha-Haliburton Children's Aid Staff, as the cohort that sees the most opioid use is also the age where many adults are having children or are already parents. In addition to this, the literature review found that private dwellings are where most of opioid use occurs (Public Health Ontario, 2019b). The majority of social service investigations also occur in the client's home, which puts the frontline social worker's safety at risk if opioids are present. This provides a need for safety interventions to protect KHCAS' frontline workers from harm while they are working with clients who use opioids. Further, in the interviews with the members of the management team and the group of frontline social workers, it was reported that opioid use has extensive effects on the family of the user. Common repercussions that were discussed were neglect, financial difficulties, and children developing behavioural difficulties, therefore more resources are needed for children of parents with addictions. In the interviews, it was discussed that resources for children can include community involvement activities or other adults to act as mentors. With regards to the aforementioned social and economic demographic information of those who experience opioid-related overdoses, the Kawartha-Haliburton Children's Aid Society may consider focusing extra attention and resources on those who are statistically more likely to encounter harm in order to mitigate any repercussions of opioid use.

While this research project advanced knowledge about the opioid crisis' effects on the Kawartha-Haliburton Children's Aid Society, it is not without its limitations. Firstly, KHCAS serves multiple areas, including the City of Peterborough, the County of Peterborough, the City of Kawartha Lakes, and Haliburton County. Despite this, only areas that were examined in depth

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through the literature review, and that were accounted for through the group interviews, were the City of Peterborough and the County of Peterborough. Further research is needed to assess the impacts of the opioid crisis on other jurisdictional areas of the KHCAS. In terms of the literature review, all of the statistics that were included in this report were opioid use and overdoses that were reported evidence. There is a possibility that certain deaths were not reported to the authorities, and thus the statistics may be an underrepresentation (Ontario Public Health, 2019b).

As stated above, this study only focused on the opioid crisis in Peterborough County and the City of Peterborough. Further research should assess how the other KHCAS offices, in Haliburton County and the City of the Kawartha-Lakes, are perceiving the opioid crisis amongst their caseloads. Given the statistics of opioid-related deaths in each geographical area in Ontario in *Figure 5*, where Haliburton and Kawartha-Lakes fell into a category with a lower opioid-related death rate than Peterborough County and the City of Peterborough. Due to this, it is hypothesized that both Haliburton County and the City of Kawartha-Lakes will be slightly less impacted than Peterborough County and the City of Peterborough in how they are being affected by the opioid crisis. In addition to this, throughout the interviews that were conducted for this study, many participants brought up medication assisted treatment for an opioid addiction, such as methadone, as a harm reduction approach. Multiple studies suggested that those who participated in methadone treatment for an opioid addiction experienced fewer familial relationship disruptions (Skinner et al., 2011). Further research should assess how medication assisted treatment influences one's ability to parent, and whether this will reduce the harmful effects of opioid use on children. Furthermore, the participants in the interviews spoke about clients, specifically those who are in early adolescence, who commonly ended up in situations of human trafficking in an attempt to obtain money to pay for drugs. Future research should examine the prevalence of human trafficking in the areas that Kawartha-Haliburton Children's Aid Society serves, and how it relates to illicit opioid use. Lastly, there is currently no measurement that social workers can use in order to assess whether intervention strategies are sufficient in reducing the effects of opioids. Further research should explore measures that can be implemented to determine whether interventions are working in reducing opioid-related harm to the user and their family.

In conclusion, the opioid crisis has not only been heavily impacting Canada, but has disproportionately affected Ontario as well. Specifically, Peterborough County and the City of

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Peterborough have seen a high volume of recreational opioid use and subsequent overdoses in the past 5 years (Ontario Public Health, 2019b). Throughout this project, it became apparent that in addition to the grueling effects that opioid use has on the user, those that surround the user are also likely to feel the negative repercussions of the drug use. In particular, children of addicts are highly susceptible to abuse, neglect and developmental difficulties (Piesch et al., 2018). Further, opioid abuse can generate financial difficulties, establish a pattern of drug use in young adolescents, and can emotionally impact frontline social workers that work with opioid users. This has strong implications for the Kawartha-Haliburton Children's Aid Society, a non-profit agency that strives to protect children from abuse and mistreatment, as they encounter opioid abuse in parents (Kawartha-Haliburton Children's Aid Society, n. d.). While there is a clear statistical picture of the physical harm that the opioid crisis has created in Ontario, the impacts reach far beyond the user and can create difficulties for their families as well. It is for this reason that it is imperative that as the opioid crisis continues to harm Ontario, the efforts to mitigate the repercussions continue. Rigorous measures are needed to alleviate the impacts that opioids have on users, their families, and the social workers that aid them.

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Appendix A Group Interview Questions (Management Team)

1. Do you feel that there has been an increase in opioid use over the past 5 years in the geographic area that you serve?
2. If yes, how has the affected the Kawartha Haliburton Children's Aid Society?
3. In your opinion, what is the largest impact that opioid use has on families?
4. Are there any/have there been any special or supplemental trainings provided to frontline workers to better equip them to deal with cases where opioids are involved?
5. What are some effective intervention strategies that should be augmented or implemented for families where opioid use is a concern?
6. How are these assessment strategies tested/validated? How do you know if they're working?

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Appendix B

Group Interview Questions (social workers and frontline team)

1. How common is it for you to see an opioid addiction in your caseload?
2. What do you perceive to be the largest consequence of opioid use among family members?
3. How common is it for an opioid addiction to result in an overdose/death?
4. Do you find that the effects of parental opioid abuse continue to be present in a child beyond the exposure to the drug, in terms of affecting development?
5. What is the most likely outcome for the child of a parent who has an opioid addiction?
6. Which countermeasure or intervention tactic do you find most beneficial to the children of parents with opioid addictions?
7. How has the opioid epidemic changed since your time with the Kawartha-Haliburton Children's Aid Society?

Appendix C
Graphs



Figure 1. Rates of Opioid-Related Deaths Across Ontario in 2018. From Public Health Ontario, 2019

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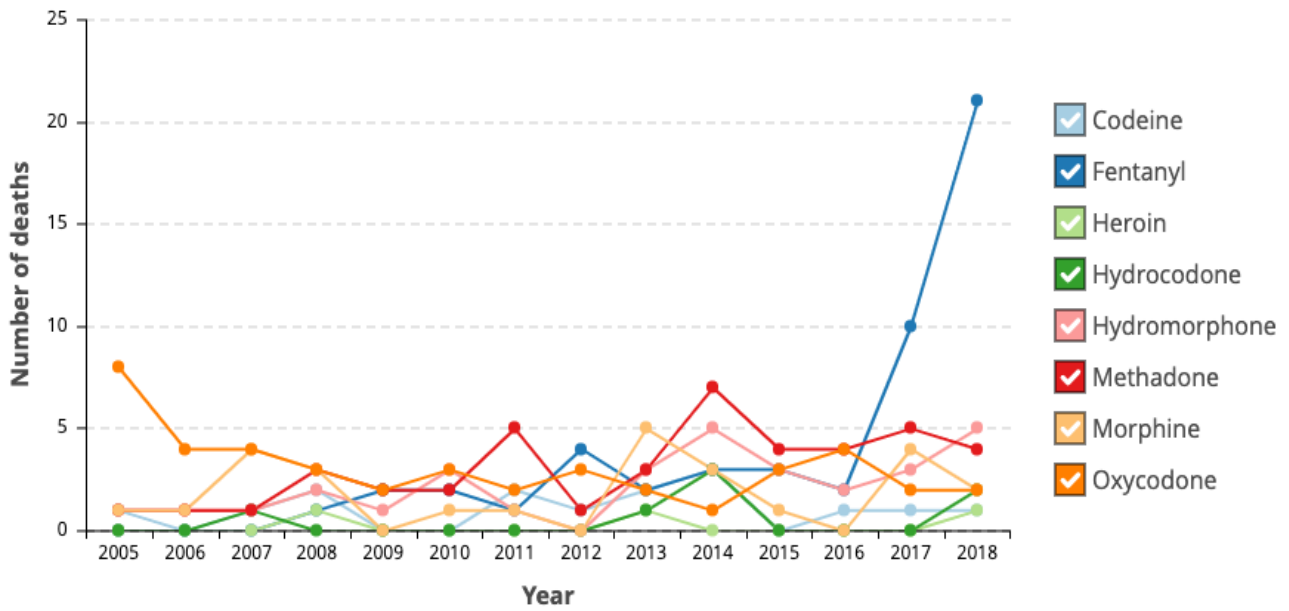


Figure 2. Trends in Opioid Use by Drug Type from 2005 - 2018. From Ontario Public Health, 2019

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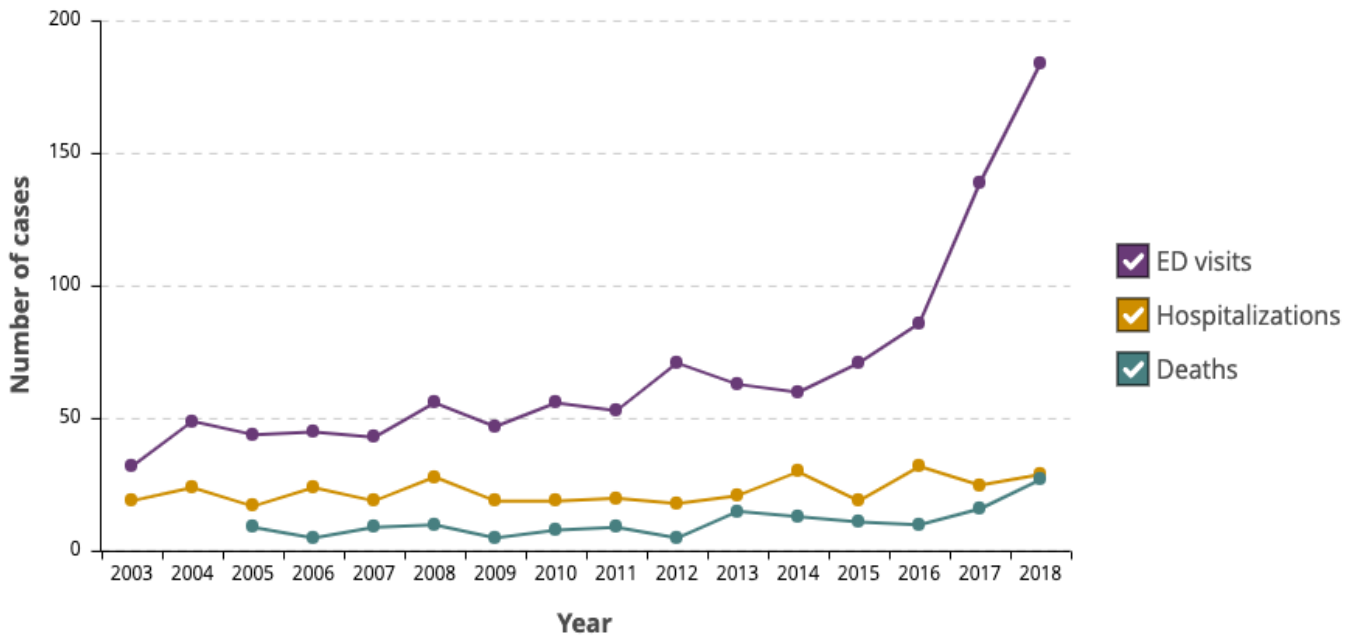


Figure 3. Cases of Opioid-Related Morbidity and Mortality in Peterborough from 2003 – 2018. From Ontario Public Health, 2019.

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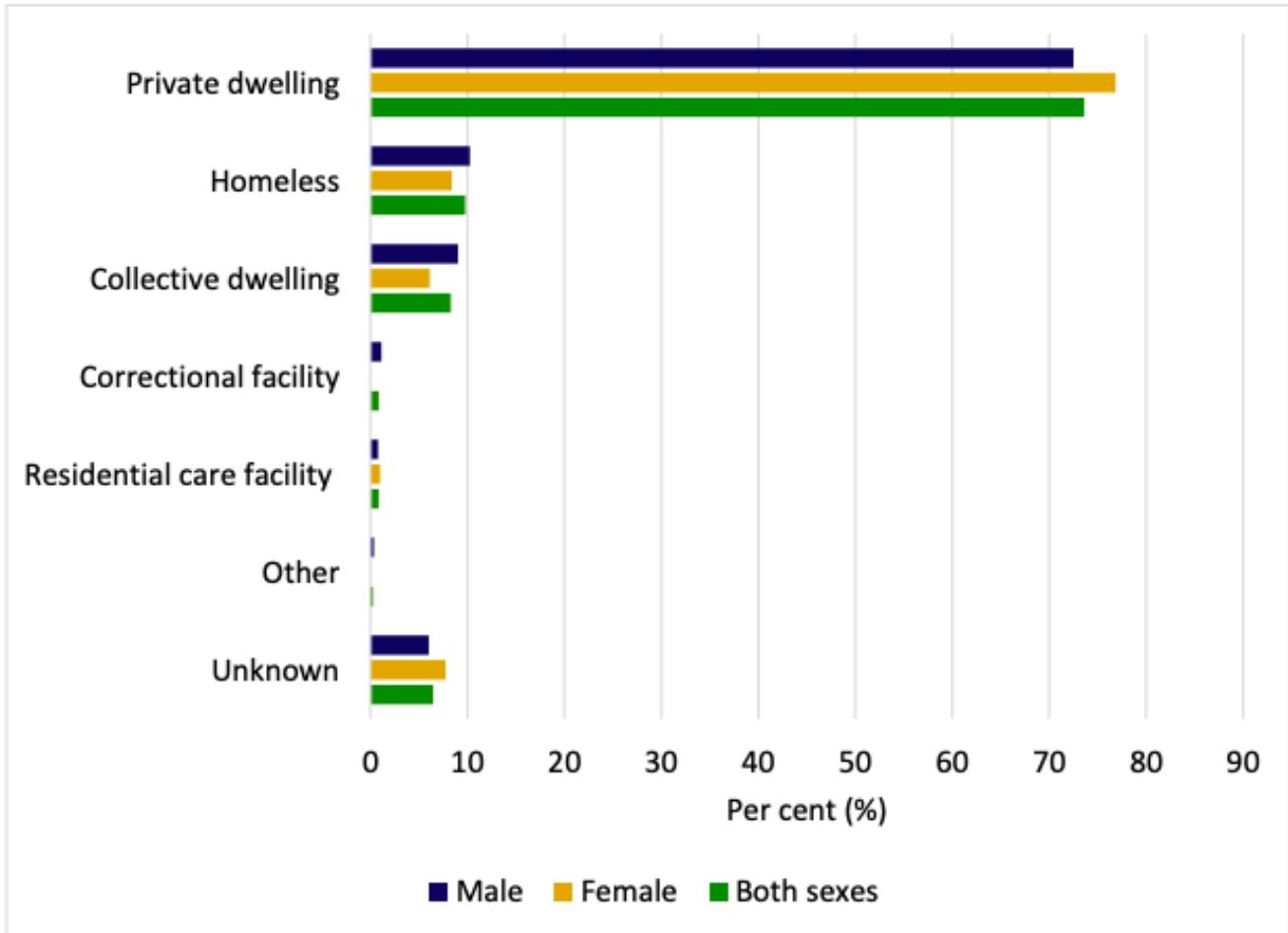


Figure 4. Opioid-Related Deaths by Living Arrangements and Sex of the Person, 2017 – 2018. From Ontario Public Health, 2019

EFFECTS OF THE OPIOID CRISIS

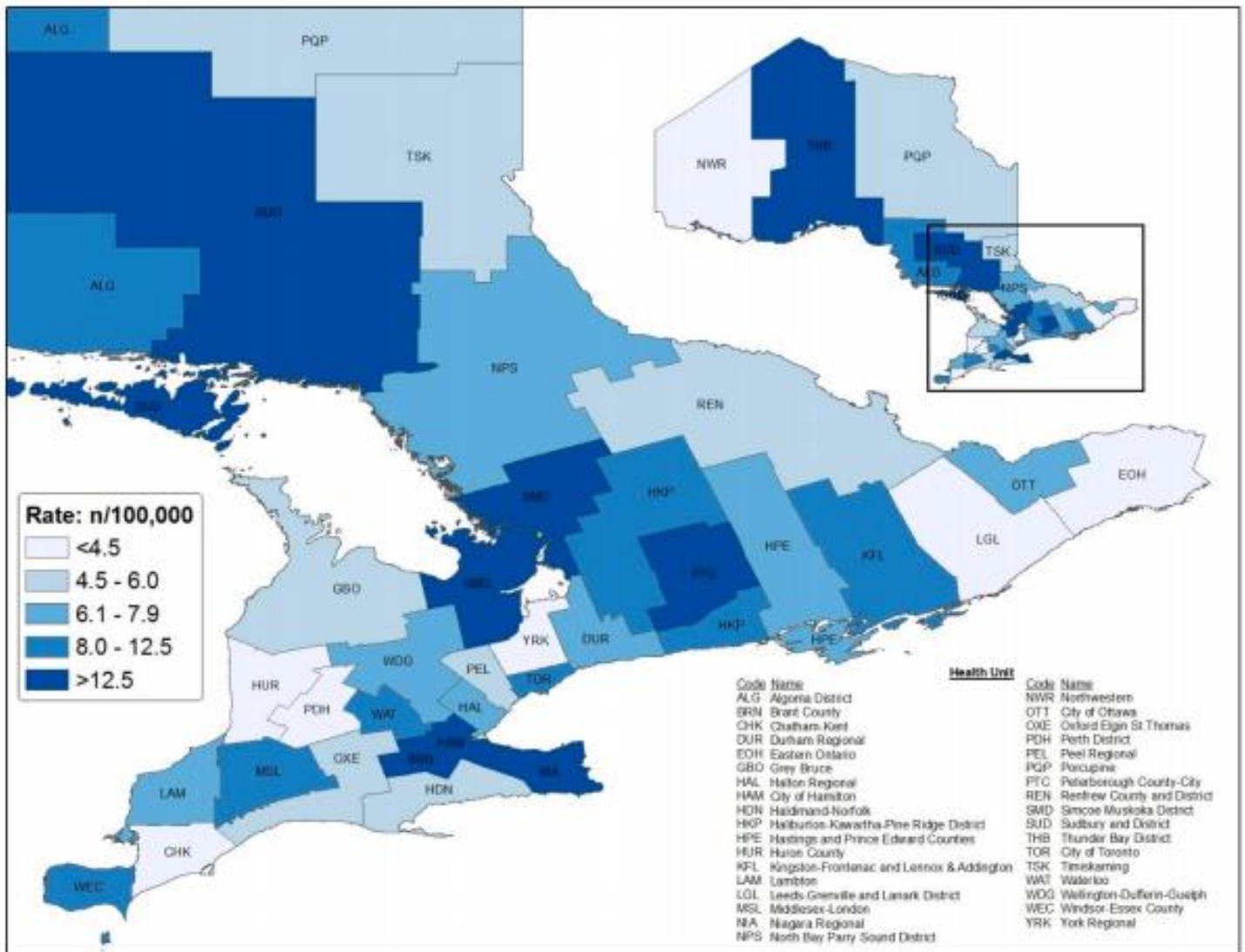


Figure 5. Rate (per 100,000) of Accidental Opioid-Related Deaths by Public Health Unit, 2017-2018.

EFFECTS OF THE OPIOID CRISIS

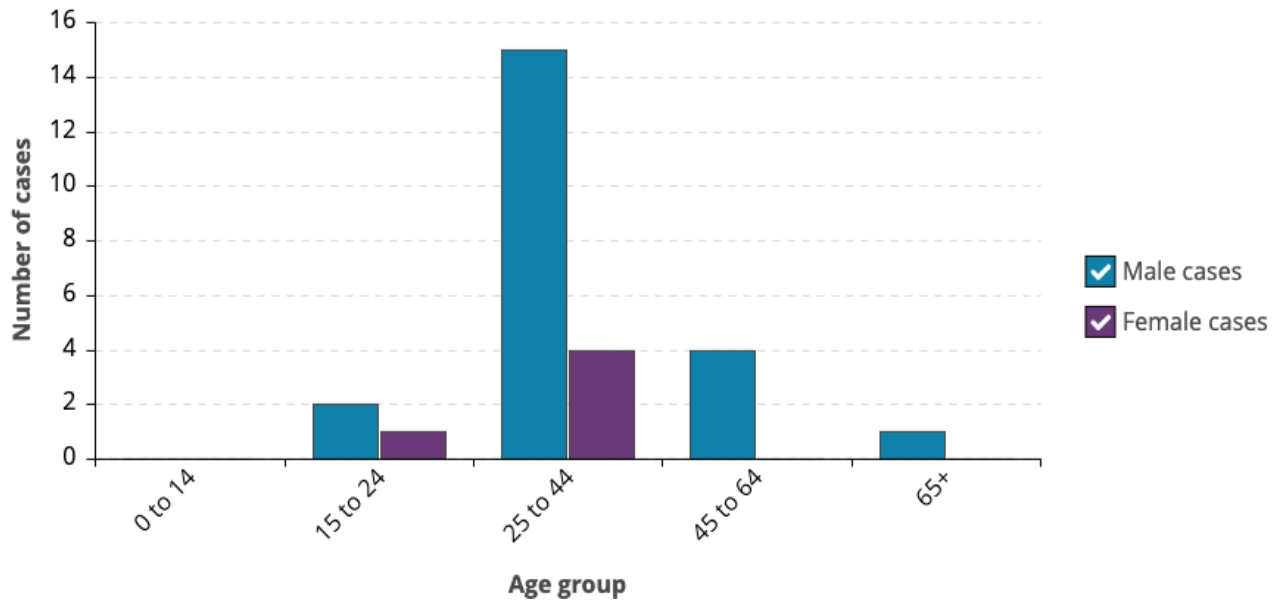


Figure 6. Cases of Opioid-Related Deaths by Age Group in Peterborough in 2018. From Public Health, 2019.