



Department of

Children's Services

Understanding and Addressing Addiction and SUD

Shelby County Redesign

Objectives

- Gain an understanding of drugs short and long term effects and how children may be impacted by a caregiver that uses these substances.
- Gain an understanding on how substance use disorders have an effect on a person's judgment, decision making, behavior, memory and learning.
- Discuss the complexities involved when working with families involving drug exposed children, from a child welfare perspective.
- Participants will learn ways to engage families with substance use disorders and how they can help combat stigma in their every day work.
- Learn about current statewide initiatives to address policy, treatment, and service provision to this population



TM

*Understanding and
Addressing Addiction
and Substance Use
Disorders*

Personal Inventory

Strongly
Disagree

Disagree

Neutral
or
Unsure

Agree

Strongly
Agree

- A person with a substance use disorder should not be held accountable for his or her negative behavior
- If caregivers with substance use disorders had enough willpower, they would not need substance use disorder treatment
- The stigma associated with substance use disorders prevents parents from seeking treatment

Drug Classifications/Effects



Stimulants

- Increase alertness, attention, energy, blood pressure, heart rate, and breathing rate.
- **Short-term effects:**
 - Increased Alertness, Attention and Energy
 - Increased blood pressure and heart rate
- **Long -term effects:**
 - Heart problems, psychosis, anger and paranoia



Suppressants

- Slows brain activity, which makes them useful for treating anxiety and sleep problems
- **Short-term effects:**
 - drowsiness
 - slurred speech
 - poor concentration,
 - confusion
 - dizziness,
 - problems with movement and memory
 - lowered blood pressure
 - slow breathing
- **Long-term effects:**
 - Unknown



Hallucinogens

- Distort the perception of reality
- **Short-term effects:**
 - increased heart rate
 - nausea
 - intensified feelings and sensory experiences
 - changes in sense of time
- **Long-term effects:**
 - speech problems
 - memory loss
 - weight loss
 - anxiety
 - depression
 - Suicidal thoughts

Common Drugs/ Effects



Alcohol

- A depressant, which means it slows the function of the central nervous system
- **Short-term effects:**
 - Reduced inhibitions,
 - slurred speech
 - motor impairment
 - confusion
 - memory problems
 - concentration problems
- **Long-term effects:**
 - development of an alcohol use disorder,
 - health problems,
 - increased risk for certain cancers



Cocaine

- A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America
- **Short-term effects:**
 - Narrowed blood vessels,
 - enlarged pupils
 - increased body temperature, heart rate, and blood pressure
 - headache
 - abdominal pain
 - nausea
 - euphoria
- **Long-term effects:**
 - Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting, infection and death of bowel tissue from decreased blood flow



Heroin

- An opioid drug made from morphine, a natural substance extracted from the seed pod of various opium poppy plants
- **Short-term effects:**
 - euphoria
 - dry mouth
 - itching
 - nausea
 - vomiting
 - analgesia,
 - slowed breathing and heart rate
- **Long-term effects:**
 - Collapsed veins
 - abscesses (swollen tissue with pus),
 - infection of the lining and valves in the heart,
 - constipation
 - stomach cramps
 - liver or kidney disease
 - pneumonia

Common Drugs/Effects



Methamphetamines

Stimulant drug chemically related to amphetamine but with stronger effects on the central nervous system

•Short-term effects:

- Increased wakefulness and physical activity
- decreased appetite
- increased breathing, heart rate, blood pressure, temperature, and irregular heartbeat

•Long-term effects:

- Anxiety
- Confusion
- Insomnia
- mood problems
- violent behavior
- Paranoia
- Hallucinations
- Delusions
- weight loss



Marijuana

Made from the hemp plant, *Cannabis sativa*. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC.

•Short-term effects:

- enhanced sensory perception and euphoria followed by drowsiness/relaxation
- slowed reaction time
- problems with balance and coordination

•Long-term effects:

- Mental health problems
- chronic cough
- frequent respiratory infections



Opioids

Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used non-medically, leading to overdose deaths.

•Short-term effects:

- Pain relief
- drowsiness
- nausea
- constipation
- euphoria,
- slowed breathing, death

•Long-term effects:

Increased risk of overdose or addiction if misused

What are drugs are you seeing?



Drugs Trends in Tennessee

East Region	Middle Region	West Region
Opiates	Opiates	Opiates
Heroin	Heroin	
Meth	Meth	Meth
	Fentanyl	Fentanyl
Crystal Meth (Ice)	Crystal Meth (Ice)	
Cocaine		Cocaine
THC	THC	THC
		Crack

Substance Use Warning Signs



Physical



Psychological



Behavioral

Individual Factors that Increase Risk for Substance Use or Misuse

- Developmental
- Environmental
- Social
- Genetic
- Co-Occurring mental disorders



Co-Occurring Disorders



Understanding Co-Occurring Disorders

- Self-medicate untreated emotional or health problems
- Manage untreated anxiety or depression
- Express anger and discouragement
- Punish themselves for failure
- Escape negative aspects of their lives.

Addiction Does NOT Discriminate!



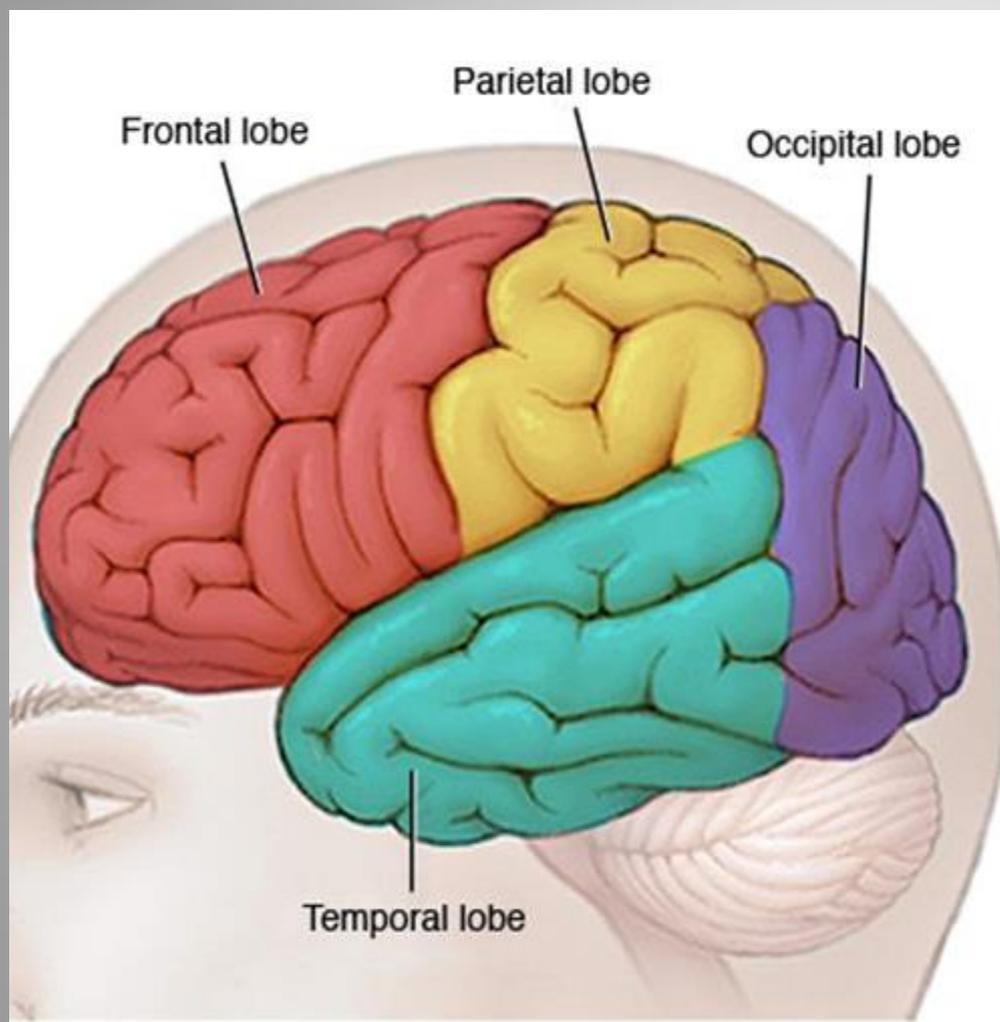
**Addiction, illness
and tragedy hit all
ethnic, genders,
age and economic
groups.**

Addiction Defined

American Society of Addiction Medicine (ASAM)

“Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

The Addicted Brain



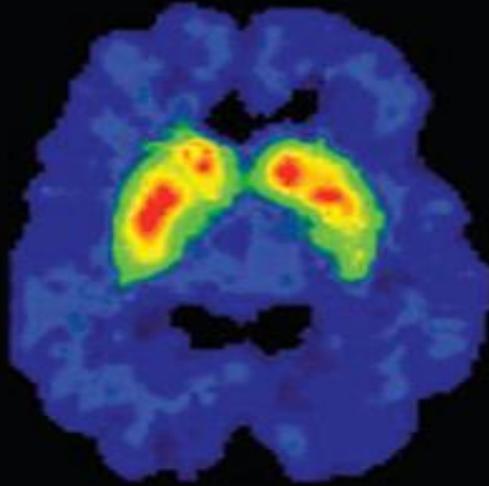
Brain imaging studies show physical changes in areas of the brain when a drug is ingested that are critical to:

- Judgment
- Decision making
- Learning and memory
- Behavior control

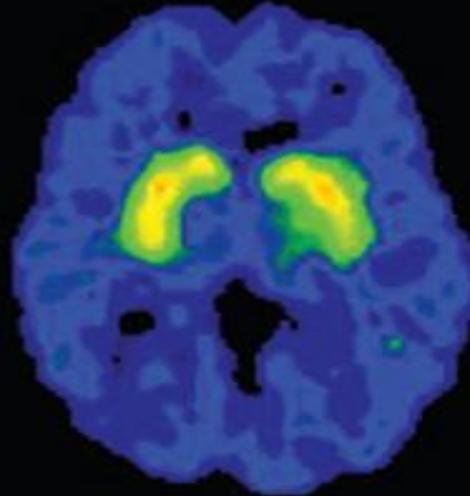
These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences.

The Addicted Brain

BRAIN RECOVERY WITH PROLONGED ABSTINENCE

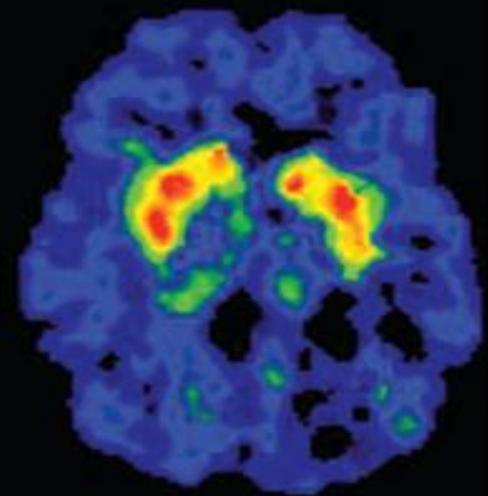


HEALTHY
CONTROL



PATIENT WITH METHAMPHETAMINE
USE DISORDER

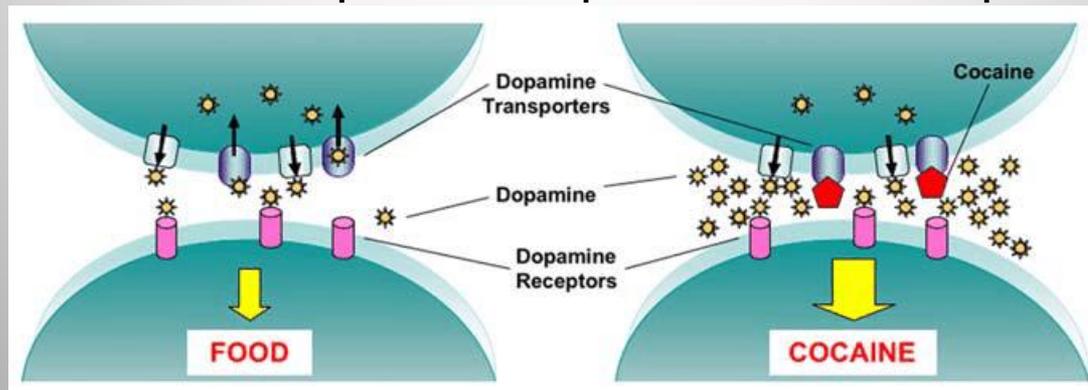
1 MONTH OF
ABSTINENCE



14 MONTHS OF
ABSTINENCE

Dopamine

- A neurotransmitter that is released during a pleasurable experience
- Connected to the reward circuit of the brain
- Acts by reinforcing behaviors that are pleasurable
- Leads to neural changes that help form habits
- Released during substance use and reinforces the connection between the substance and the pleasurable experience
- Trains the brain to repeat the pleasurable experience



Lets Discuss

- Think about the parenting implications for a caregiver who is actively using drugs or alcohol.
- Think about the implications for a caregiver who has just stopped using drugs or alcohol and is trying to resume normal interactions with their child/ren.
- How can we balance compassion, understanding and patience with a caregiver's temporarily compromised brain condition, while maintaining parent accountability and child safety?

Stigma

- Affects the attitudes of...
 - Medical and healthcare professionals
 - Social service agencies and workers
 - Families and friends
- Creates barriers to treatment and impedes access to programs



Stigma and Perceptions

Perceptions about people with substance use disorders:

- Once an addict, always an addict
- They don't really want to change
- They lie
- They must love their drug more than their child
- They need to get to rock bottom, before...

Combating Stigma

Are you using person-first language?

- Person “has” rather than a person “is”.

Instead of:	Try:
Addict	Person with a substance use disorder
	Person with a serious substance use disorder
Addicted to X	Has an X use disorder
	Has a serious X use disorder
	Has a substance use disorder involving X (if more than one substance is involved)
Addiction	Substance use disorder
	Serious substance use disorder
	Note: <ul style="list-style-type: none">• “Addiction” is appropriate when quoting findings or research that used the term or if it appears in a proper name of an organization.• “Addiction” is appropriate when speaking of the disease process that leads to someone developing a substance use disorder that includes compulsive use (for example, “the field of addiction medicine,” and “the science of addiction”).• It is appropriate to refer to scheduled drugs as “addictive.”

Combating Stigma

Alcoholic	Person with an alcohol use disorder
	Person with a serious alcohol use disorder
Alcoholics Anonymous / Narcotics Anonymous / etc.	Note: When using these terms, take care to avoid divulging an individual's participation in a named 12-step program.
Clean	Abstinent
Clean Screen	Substance-free
	Testing negative for substance use
Dirty	Actively using
	Positive for substance use
Dirty Screen	Testing positive for substance use
Drug habit	Substance use disorder
	Compulsive or regular substance use

Combating Stigma

Drug/Substance Abuser	Person with a substance use disorder
	Person who uses drugs (if not qualified as a disorder)
	Note: When feasible, “Drug/Substance Abuse” can be replaced with “Substance Use Disorder.”
Former/reformed Addict/Alcoholic	Person in recovery
	Person in long-term recovery
Opioid Replacement or Methadone Maintenance	Medication assisted treatment
	Medication-assisted recovery
Recreational, Casual, or Experimental Users (as opposed to those with a use disorder)	People who use drugs for non-medical reasons
	People starting to use drugs
	People who are new to drug use
	Initiates

Drug Specific Risks Involving Children



Alcohol

- Lowers inhibitions, impairs judgment and motor skills
- Caregivers may have rage or depressive episodes which compromise parenting abilities



Cocaine

- Causes increased irritability and aggression with prolonged use, psychotic distortions of thought
- A child's cry to a Caregiver may trigger angry and/or excessive reactions



Crack Cocaine

- Causes 5-15 minute high, followed by anxiety, depression, paranoia, and intense craving
- Some Caregivers will do whatever it takes to pursue their habit, even if it means sacrificing the health and well-being of loved ones

Drug Specific Risks Involving Children



Methamphetamine

- Releases high levels of dopamine, which stimulates brain cells, enhancing mood and body movement
- Children may be the victims of parental violence, aggression, and paranoia due to parental meth use



Marijuana

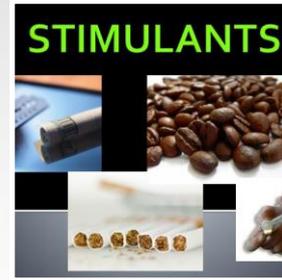
- Slows down the nervous system function, producing a drowsy or calming effect
- Children may be left unsupervised, as Caregivers may fall asleep while under the influence of marijuana.

Drug Specific Risks Involving Children



Opioids

- Opioids block the transmission of pain messages to the brain and produce euphoria followed by drowsiness
- Children may be left unsupervised by Caregivers who “nod out” while under the influence



Stimulants

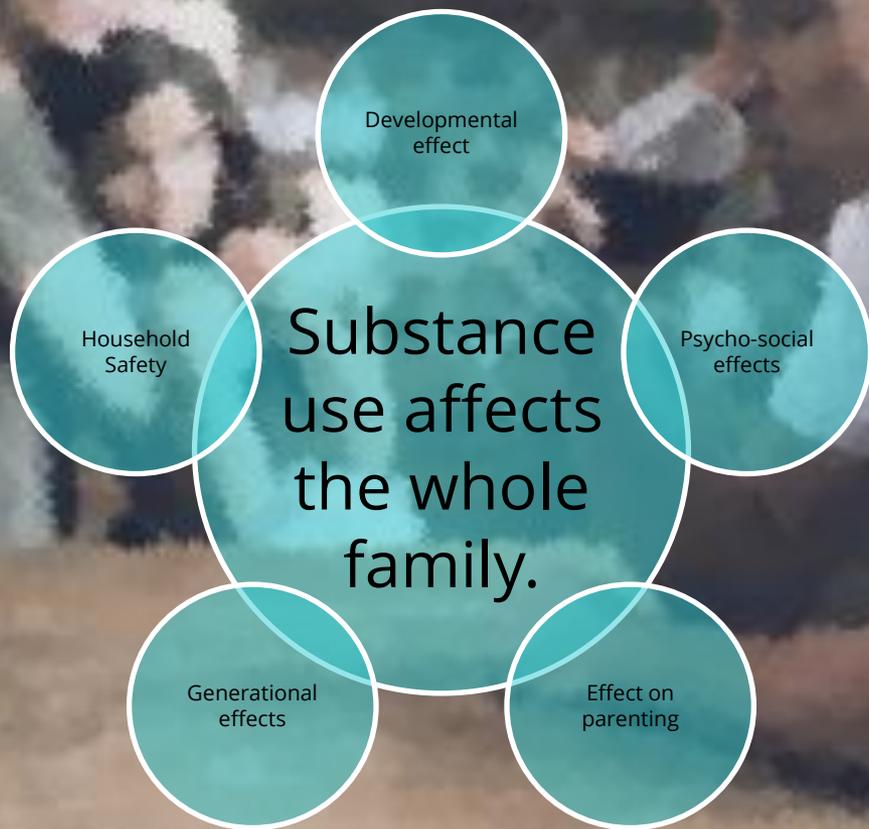
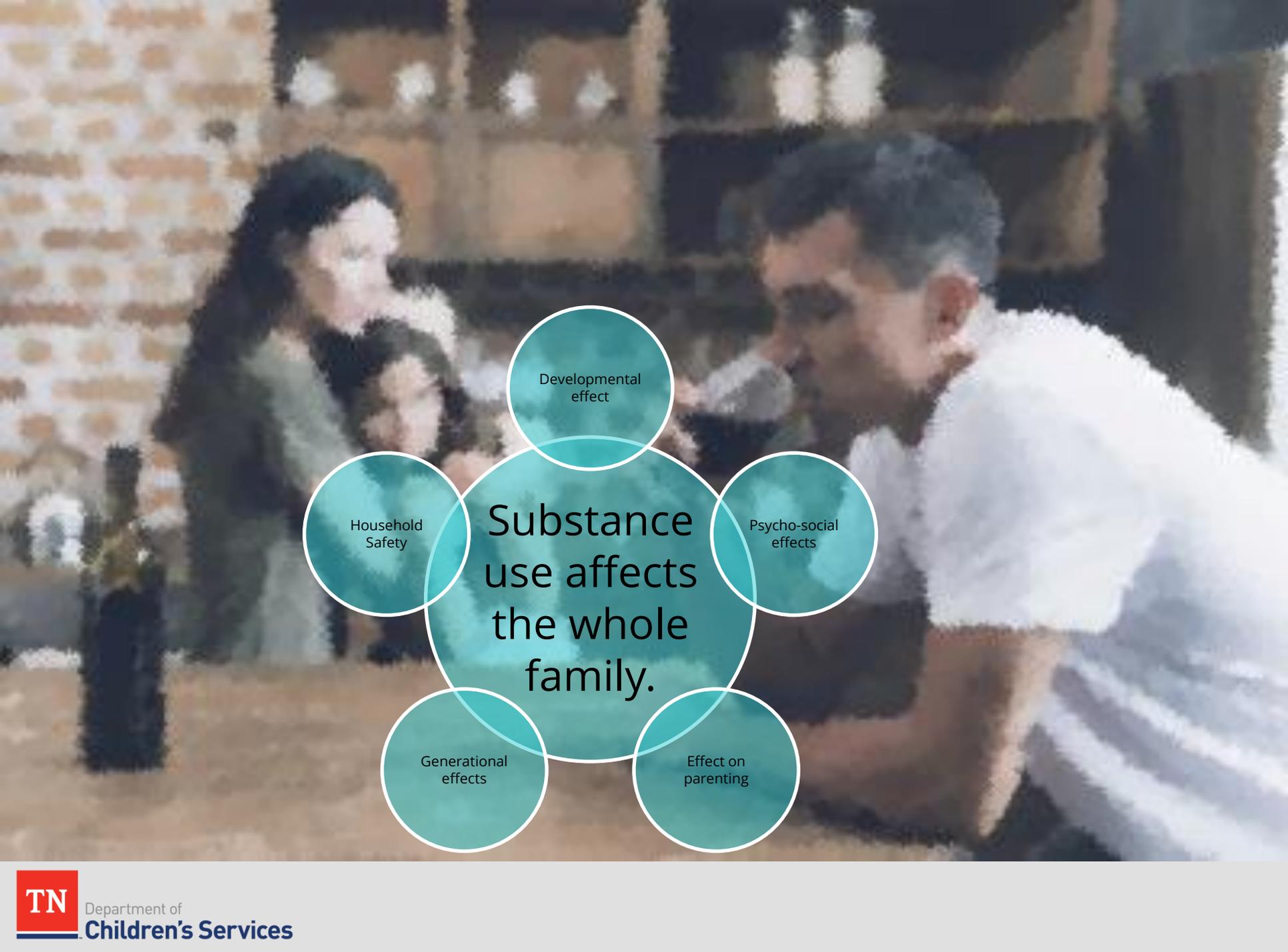
- A stimulant user may feel energetic with very little sleep
- Because their own sleep-wake cycles are so distorted by the drug, Caregivers on amphetamines may be unable to attend to a child’s need for structure and pattern.

Short-Term Effects of Prenatal Substance Exposure

	Growth	Anomalies	Withdrawal	Neurobehavioral
Alcohol	Strong Effect	Strong Effect	No Effect	Effect
Nicotine	Effect	No consensus	No Effect	Effect
Marijuana	No Effect	No Effect	No Effect	Effect
Opiates	Effect	No Effect	Strong Effect	Effect
Cocaine	Effect	No Effect	No Effect	Effect
Methamphetamine	Effect	No Effect	Lack of Data	Effect

Long-Term Effects of Prenatal Substance Exposure

	Growth	Behavior	Cognition	Language	Achievement
Alcohol	Strong Effect	Strong Effect	Strong Effect	Effect	Strong Effect
Nicotine	No consensus	Effect	Effect	Effect	Effect
Marijuana	No Effect	Effect	Effect	No Effect	Effect
Opiates	No Effect	Effect	No consensus	Lack of Data	Lack of Data
Cocaine	No consensus	Effect	Effect	Effect	No consensus
Methamphetamine	Lack of Data	Lack of Data	Lack of Data	Lack of Data	Lack of Data



Impacts on Family Members



- Financial Instability
- Enabling
- Isolation

Ongoing Assessments and Screenings

Child welfare assessment of families is a process, not an event.

Building Rapport



Interviewing

- Collaborative
- Nonjudgmental
- Empathetic
- Family-centered



Interviewing Strategies for a Substance User

- Ask fewer questions
- Don't ask multiple questions in a row



- Ask more open-ended questions rather than closed ended questions
- Offer some reflections for each question asked

OARS

Open Ended Questions

Affirmation

- Emphasize a strength
- Notice and appreciate a positive action
- Be genuine
- Express positive regard and caring

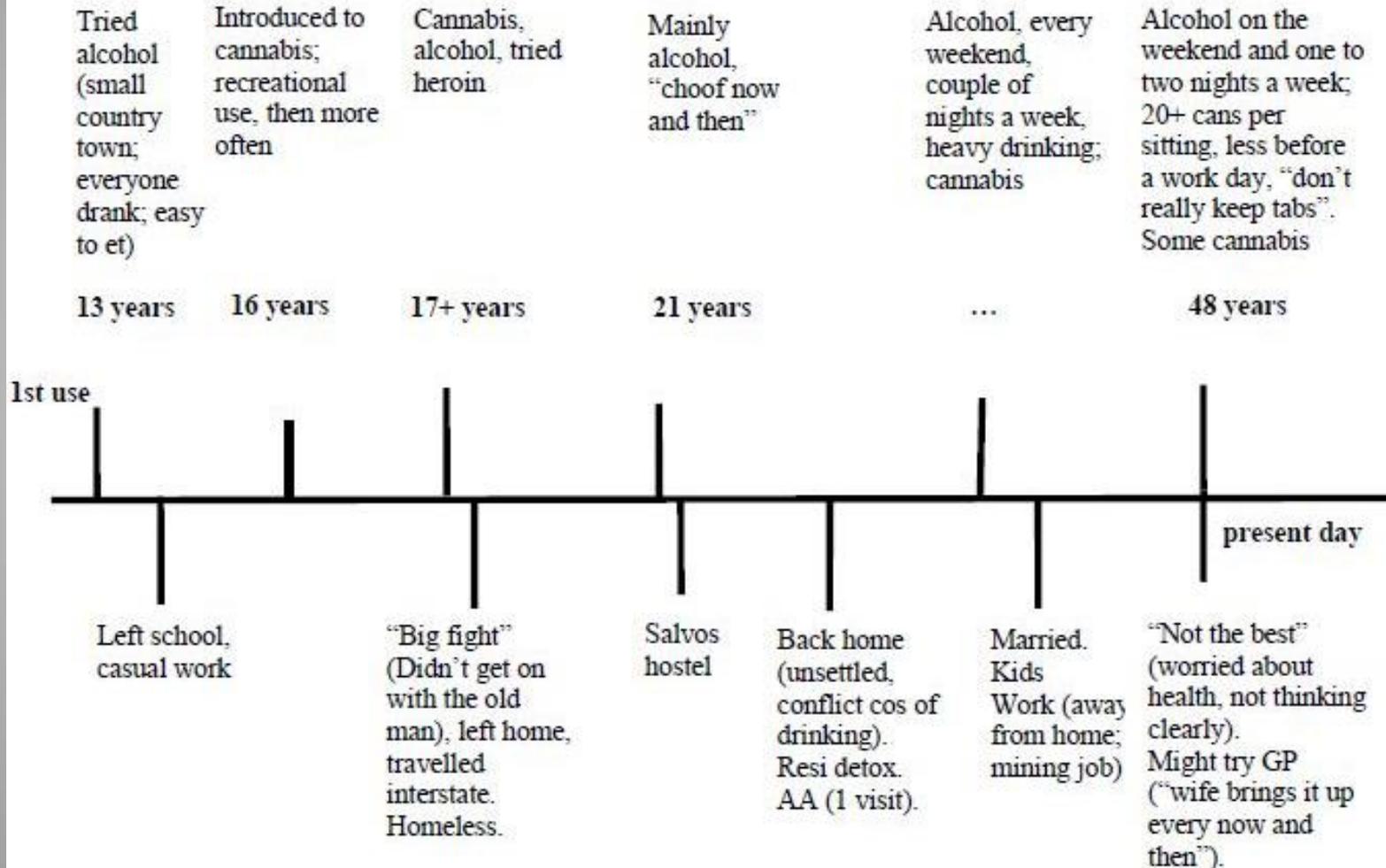
Reflections

- Reflections are statements rather than questions
- Reflections make a guess about the client's meaning (rather than asking)
- Reflections yield more information and a better understanding
- Questions can often be turned into reflections

Summaries

- Collect material that has been offered
- Link something just said with something discussed earlier.
- Draw together what has happened and transition to a new task

Understanding their history



Current/Recent Substance Use

- Current/Recent Substance Use
 - What substances are being used?
 - How often are they being used?
 - What method are they being used?
 - When was the last use?
- If substances are prescribed
 - What is the name of medication?
 - Who prescribed the medication?
 - Why is the medication prescribed?
 - What amount is prescribed?



Household Screening Tool Guide

Domestic Violence History:
Current/Recent Substance Use:
Who do you use with? Who was buying it? How do you obtain it?
Substance Use Timeline:
<ul style="list-style-type: none">• Age – substance – method of usage•••••
Prior/Present Substance Use Treatment:
When, where and outcome.
Describe childhood:
What was relationship like with parents? Was there any abuse? How were you disciplined?
Discipline:
How do you discipline? Are you willing to learn other ways to discipline?

Engaging the Child

Some children may feel:

- Responsible for their caretaker's usage
- Angry with the non using parent/caretaker
- Embarrassed by their caretaker's behavior



Its important for you to explain to the children:

- That they are not responsible for their caretaker's usage.
- Its not their fault.
- They can't control their caretaker's usage.
- There are people and places that can help them get through this.

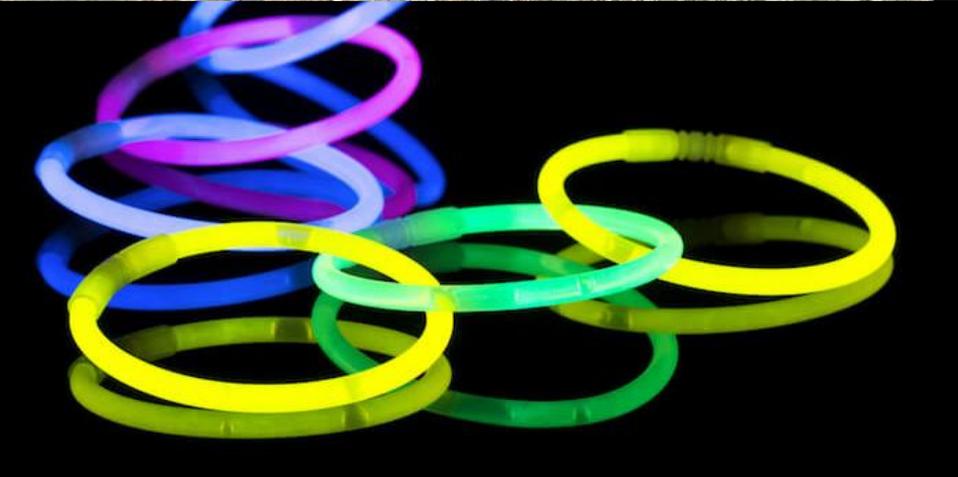
Determining Child Safety

- How does the substance use impact the child?
- What are the risks for the child living in the home?
- How does the age of the child impact the safety & risk in their situation?
- How does the parent plan for the child's safety when using?
- Is there a non-using parent or caregiver in the home?

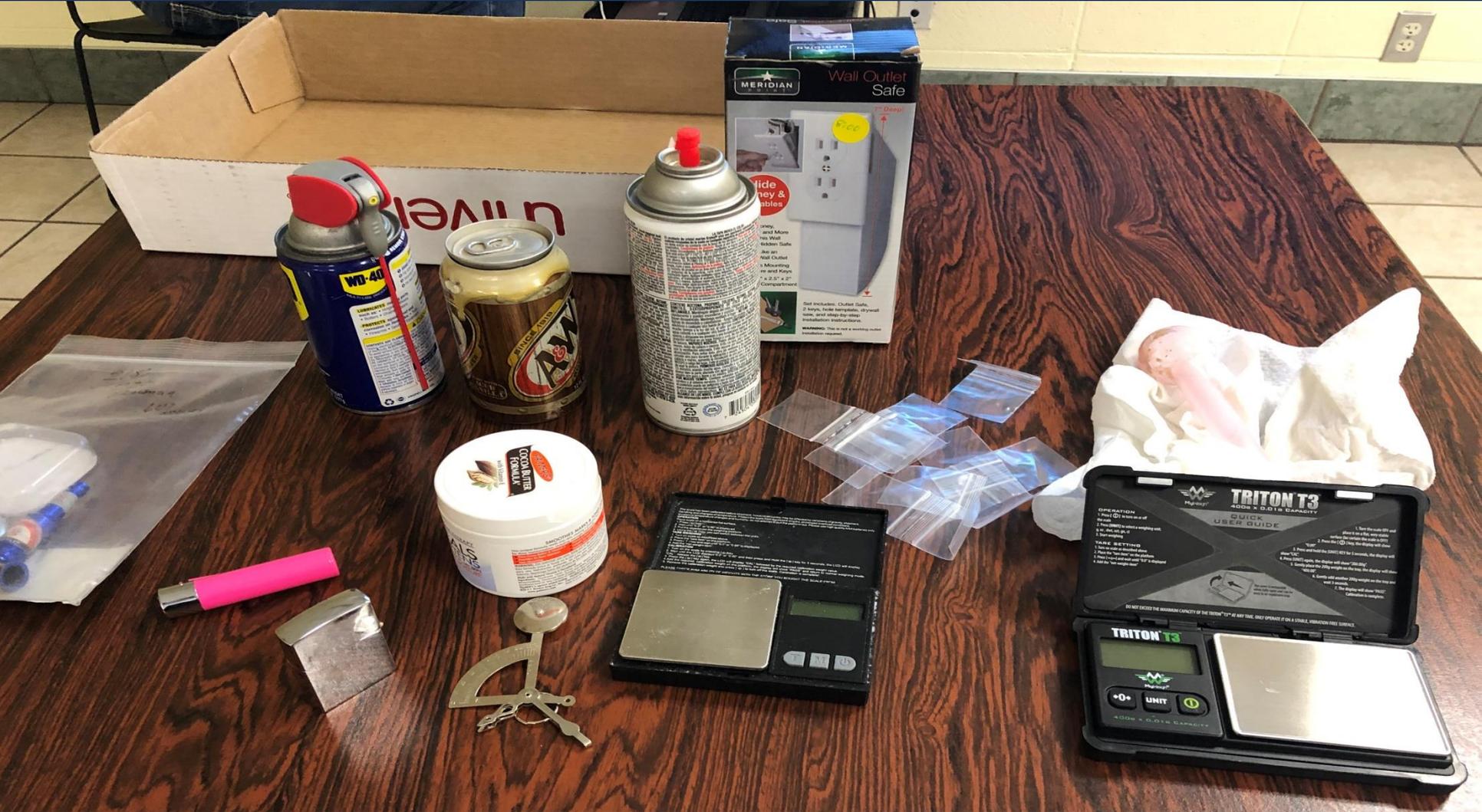
Documenting Indicators of Substance Use

- Paraphernalia was observed or reported in the home
- The smell of alcohol, marijuana, or other drugs on the caregiver or in the home
- A child reports use by caregiver or adults in the home
- Reports from witnesses of caregiver substance use
- Caregiver's behavior suggests intoxication
- Caregiver exhibits signs of a substance use disorder
- Caregiver reports their own substance use
- Caregiver shows or reports experiencing physical effects of a substance use disorder and/or withdrawal

What to look for: Drug Paraphernalia



It may not be what it seems



What to look for : Track Marks



DO NOT TOUCH!





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Case Planning

Drug Screening

Should not be using drug screening as a “got you”. Instead we should be using these screens frequently to get better understanding of where they are in their addiction.



No Single Agency Can Do This Alone



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Treatment MUST be based on:

- Addiction is treatable disease that affects the brain function and behavior.
- There is no single treatment that is right for everyone.
- People need to have quick access to treatment.
- All of the patient's needs (not just usage) must be addressed for treatment to be effective.
- Medications are important part especially used in combination with behavioral therapies.
- Treatment plans must be reviewed often and adapted to align with their changing needs.
- Treatment should address other mental disorders.
- Treatment does not need to be voluntary for it to be effective.
- Drug use during treatment must be monitored on a continual basis.

Different Types of Treatment

- **Outpatient** (less than 9 hours of service per week)
- **Intensive Outpatient Programs (IOP)** (at least 9 hours of service per week)
- **Partial Hospitalization** (at least 20 hours of service per week)
- **Half way House** (provides transitional living for persons in recovery)
- **Residential** (inpatient – 24 hour care)
- **Medically Monitored Detox** (residential setting for person who need to withdraw from substances prior to entering another program – provided by medical professionals)

What is Recovery?

“A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.”



Recovery Occurs in the Context of the Family

- **Substance use disorder is a disease that affects the family**
- **The parenting role and Caregiver-child relationship cannot be separated from treatment**
- **Adult recovery should have a parent-child component including prevention for the child**



A Family Focus



Caregiver Recovery

- Parenting skills and competencies
- Family connections and resources
- Parental mental health
- Medication management
- Parental substance use
- Domestic violence

Family Recovery and Well-being

- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling

Specialized parenting

Child Well-being

- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance use

At-risk youth prevention

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(Werner, Young, Dennis, & Amatetti, 2007)

Does Relapse Mean Treatment Has Failed?



Relapse

- Cravings are lifelong
- Cravings come on quickly
- Cravings are 10 times stronger than when craving food and water.



Relapse Planning

MOST COMMON RELAPSE RISK FACTORS



exposure to triggers



stress



interpersonal problems



peer pressure



lack of social support



pain due to injuries, accidents, or medical issues



low self-efficacy



positive moods

- Indication that treatment needs to be reinstated, adjusted, or changed.
- Increase behavioral therapy
- Increase support
- Ensure safety of child(ren).



Following Up and Transferring to FSS

Following Up with Treatment Providers

Transferring cases to FSS

Understanding Conflicting Pressures and Timelines:

- Timeframes required by federal legislation to promote permanency
- Time required to access open treatment slots
- Time necessary for successful treatment participation

Treatment: What Works?



Medication Assisted Treatment (MAT)

Buprenorphine or Buprenorphine/Naloxone

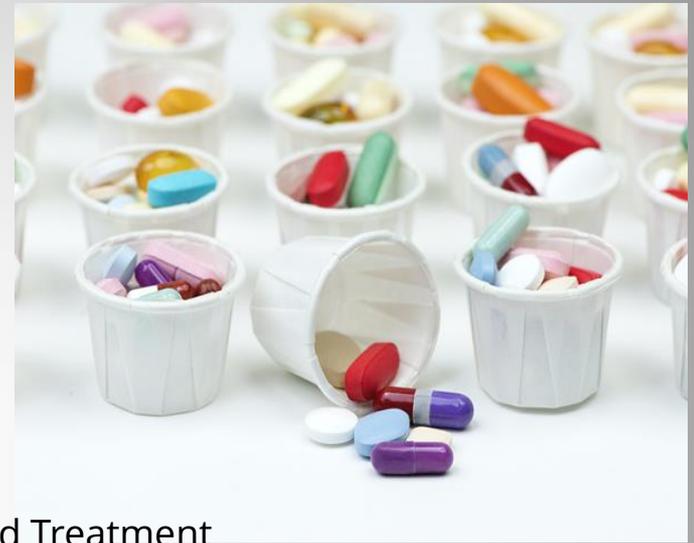
Known as Subutex/Suboxone. A Schedule III opioid narcotic that can be used in an Opioid Treatment Program setting. It works similarly to Methadone, but it does not cause a full opioid response in the body.

Methadone

Methadone is a long-acting opioid used to treat addiction in Opioid Treatment Programs. The aim of methadone treatment is to prevent withdrawal symptoms and to reduce cravings for opioid drugs. Methadone is a Schedule II opioid narcotic. Due to risk of overdose, doctors prescribe a low dose to begin treatment and observe patients closely.

Naltrexone

Naltrexone (Vivitrol) comes as a tablet or long-acting injection. It is not a controlled substance. Naltrexone is an “opioid antagonist” which means its effects are opposite of narcotic drugs. Naltrexone has been shown to be effective at encouraging sobriety and reducing substance abuse. Naltrexone may be available through your regular doctor’s office.



DCS Policy Safety Notice

Suboxone is the brand name for a drug containing both buprenorphine and naloxone (brand name: Narcan). Naloxone is a medication that reverses the effects of opiates. Because naloxone could be harmful to an unborn child, medical providers generally prescribe **Subutex** rather than Suboxone during pregnancy. Since **Suboxone** contains naloxone, abusing opiates alongside **Suboxone** is unlikely. However, Suboxone is sometimes abused alongside non-opioid drugs, such as benzodiazepines (e.g. Xanax, Valium).

Subutex is the trade name for buprenorphine. This drug does *not* contain naloxone. While **Subutex** is safer for an unborn child, **Subutex** is able to be abused and can even be abused alongside opiates. Most pregnant women will be prescribed **Subutex** if the treating provider knows of the pregnancy. **Suboxone** and **Subutex** are created in multiple forms, including strip (sublingual) forms. Strips can be melted down, intravenously abused, and cause significant impairment.

- If a pregnant women reports she is taking **Suboxone**, it could be a "red flag."
- If a man or non-pregnant women reports taking **Subutex**, it could be a "red flag."

TN Statewide Crisis Line 1-855-274-7471

- **Get help now! If you are experiencing a mental health emergency, Call 855-CRISIS-1 (855-274-7471).**
- Are you or someone you know experiencing feelings such as:
 - Sadness or loneliness
 - Depression
 - Sleeping too much or too little
 - Mood swings
 - Desperation
 - **Powerless over drugs or alcohol**
 - Hearing voices or seeing things that others don't
 - Racing thoughts
 - Thoughts of harming yourself or others
 - Helplessness
 - Think others are out to harm you
- **The statewide crisis line is a 24/7/365 call system to help anyone experiencing a mental health crisis.**
- **All calls are routed to a trained crisis specialist within your area. The service is free.**

Judicial System



Tennessee Recovery Courts Work!

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[VETERANS TREATMENT COURTS](#) ▾ [ONLINE TRAINING REQUESTS](#)



➤ Tennessee Recovery Courts Work!

◀ It works if you work it!

➤ Together we can!

➤ Recovery Court = Hope!

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Recovery Support Services

Addictions Recovery Support Services

The Addictions Recovery Program (ARP) offers a variety of services to individuals with issues brought on by their substance abuse.

What's Available?

- Recovery Assessment and Service Plan
- Screening for Drug & Alcohol Abuse
- Case Management
- Drug Testing
- Pastoral/Spiritual Support
- Recovery Skills
- Relapse Prevention Skills
- Transitional Housing
- Transportation

To find a provider in your area, refer to the [Addiction Recovery Program Providers List](#) on the Department of Mental Health & Substance Abuse Services website.



Who's Eligible?

Tennessee residents eighteen and older who have a substance use disorder or co-occurring disorder may be eligible based on a formal screening and assessment. They must also meet the 133% federal poverty guidelines as set by the United States Department of Health and Human Service.

ONE Team, One Vision

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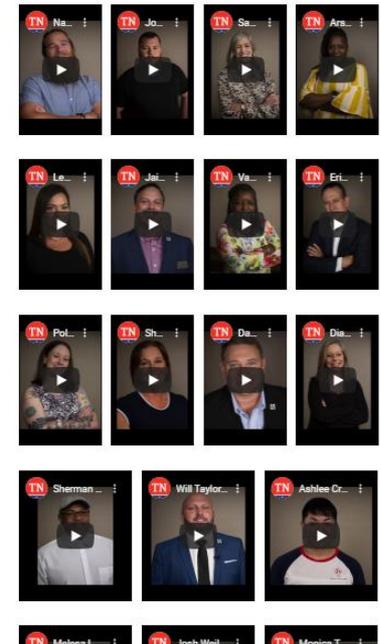
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🏠 Crisis Services Mental Health Services ▾ Substance Abuse Services ▾ Hospitals ▾ Licensing Data ▾ For Providers

ONE | Team
Vision
TENNESSEE'S COMMUNITY-BASED CHANGE AGENTS

Meet the Team



Tennessee's communities are on the front lines of our state's addiction crisis. Communities feel the effects first, and people in those individual communities also know best how to respond to their unique challenges. That's why the Department of Mental Health and Substance Abuse Services and our partner Substance Abuse Prevention Coalitions and treatment providers employ community-based change agents in several programs all across the state. The programs include:

CARE Teams: Partner with law enforcement to interface with individuals and families after an overdose

Faith-Based Community Coordinators: Interface with the faith community to empower congregations to impact addiction in their communities

Lifeline Peer Project: Work with communities and faith-based groups to increase recovery supports and connect people with treatment resources

Regional Overdose Prevention Specialists: Train community members on opioid overdose reversal and distribute naloxone to priority populations

Tennessee Recovery Navigators: Interact with people receiving treatment in priority emergency departments after an overdose

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<https://www.tn.gov/behavioral-health/oneteam.html>

Faith Based Community Coordinators

Faith-Based Initiatives

Join our Faith-Based Recovery Network

Become a Tennessee Certified Recovery Congregation

Questionnaire for Certification

Faith-Based Organization Toolkit

Faith-Based Community Coordinators

Lifeline Peer Project

Recovery Support Resources

Emotional Fitness Centers

Faith-Based Community Coordinators



Faith-Based Community Coordinators (L to R) Jaime Harper, Kristen Wilson, and Sarah Keel with Monty Burks, TDMHSAS Director of Faith-Based Initiatives.

The TDMHSAS Faith-Based Community Coordinators are people with lived experience to connect with communities of faith to recruit, train, and certify through the Tennessee Certified Recovery Congregation program. Each community coordinator is employed by their local Community Anti-Drug Coalition. The department currently has three Faith-Based Community Coordinators, one for each grand division of the state.

West Tennessee

Kristen Wilson

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Middle Tennessee

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East Tennessee

Sarah Keel

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<https://www.tn.gov/content/tn/behavioral-health/substance-abuse-services/faith-based-initiatives1/faith-based-community-coordinators.html>

Lifeline Peer Project



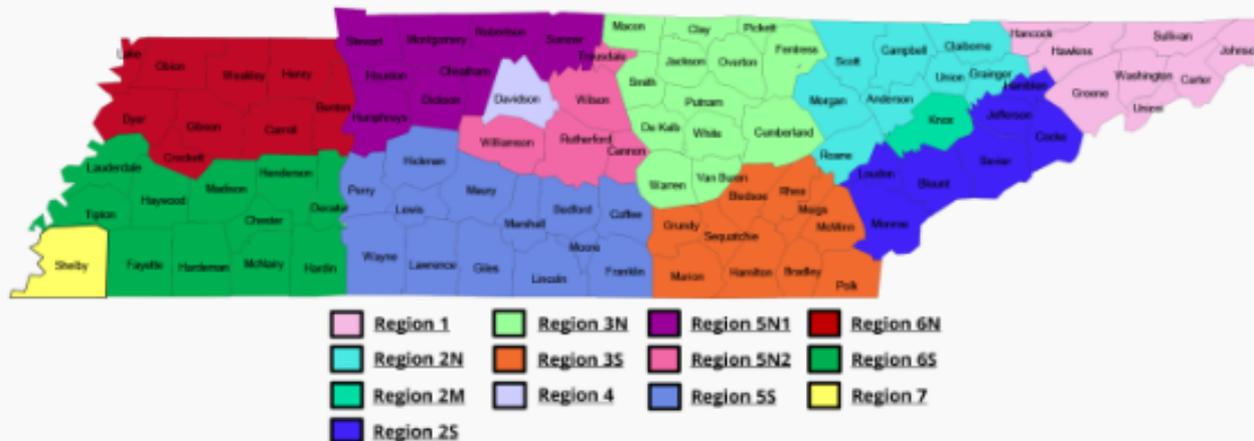
- <https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/prevention/lifeline-peer-project.html>

Regional Overdose Prevention Specialist

Regional Overdose Prevention Specialists

Regional Overdose Prevention Specialists (ROPS) are located throughout the state of Tennessee as a point of contact for training and education on opioid overdose and for overdose prevention through the distribution of naloxone. From October 2017 to February 2019, the ROPS distributed more than 35,000 units of naloxone with more than 14,000 of those units distributed to law enforcement. TDMHSAS has documented at least 2,000 lives saved because of naloxone distributed during that time. Because of stigma and other factors, the department believes the actual number of lives saved is much higher.

The ROPS have varied backgrounds, including peer nurses who are in recovery, paramedics, and [Certified Peer Recovery Specialists](#). TDMHSAS has a total of 20 ROPS operating in 13 regional divisions across the state. [Click this link or the map below for contact information.](#)



Tennessee Recovery Navigators

Tennessee Recovery Navigators

Tennessee Recovery Navigators are people in long-term recovery who meet patients who have recently overdosed in the Emergency Department and connect them with the substance abuse treatment and recovery services they need.

Navigators maintain a [Certified Peer Recovery Specialist \(CPRS\) Certification](#) in order to use their lived experience to help others find recovery.

> Who employs the TN Recovery Navigators?

✓ Which hospitals currently receive Navigator services?

Methodist North	Shelby
Methodist South	Shelby
Methodist University	Shelby
Regional One	Shelby
St. Francis	Shelby

SAMHSA Support Group Locator

Substance Abuse and Mental Health Services Administration

SAMHSA

SAMHSA Home Newsroom Site Map Contact Us

Search SAMHSA.gov Search

Facebook Twitter YouTube Blog

Home About FAQ's Locator Map State Agencies Widgets Contact Us Help

Self-Help Groups (Addiction) >> Self-Help Groups (Addiction)

Behavioral Health Links

- Federal Government
- Health and Human Services Agencies
- Behavioral Health Agencies
- Informational Websites
- Self-Help, Peer Support, and Consumer Groups**
- Self-Help Groups (Addiction)
- Peer Support (Mental Health)
- Mental Health Consumer Assistance
- Consumer Advocates
- Children**

Behavioral Health Treatment Services Locator

Self-Help, Peer Support, and Consumer Groups-Self-Help Groups(Addiction)

[Alcoholics Anonymous\(AA\)](#)
Web portal to U.S. government information and services on the web.

[Cocaine Anonymous\(CA\)](#)
Recovery from crystal meth addiction through a 12-step program including regular attendance at group meetings.

[Crystal Meth Anonymous](#)
Comprehensive information about disability programs, services, laws and benefits.

[Dual Recovery Anonymous](#)
Recovery from joint chemical dependence & emotional/psychiatric illness through a 12-step program including regular attendance at group meetings.

[Marijuana Anonymous](#)
Recovery from marijuana addiction through a 12-step program including regular attendance at group meetings.

[Narcotics Anonymous\(NA\)](#)
Recovery from drug addiction through a 12-step program including regular

SHARE+

Find Help

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-8255 (TALK)

NATIONAL HELPLINE
1-800-662-HELP (4357)

Disaster Distress Helpline
1-800-985-5990

Other Treatment Program Locators

- Find physicians and treatment programs providing buprenorphine for opioid addiction (heroin or pain relievers).
- Find programs providing methadone for the treatment of opioid

Get Smart About Drugs

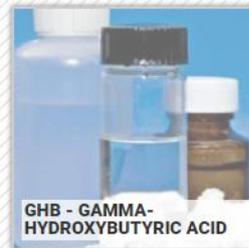
Identifying Drugs

VIEW DRUGS WITH IMAGES

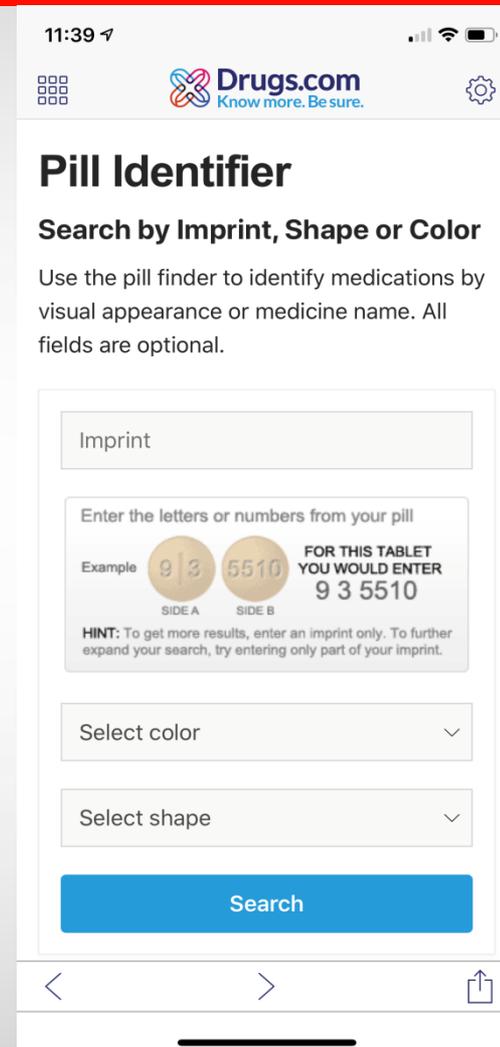
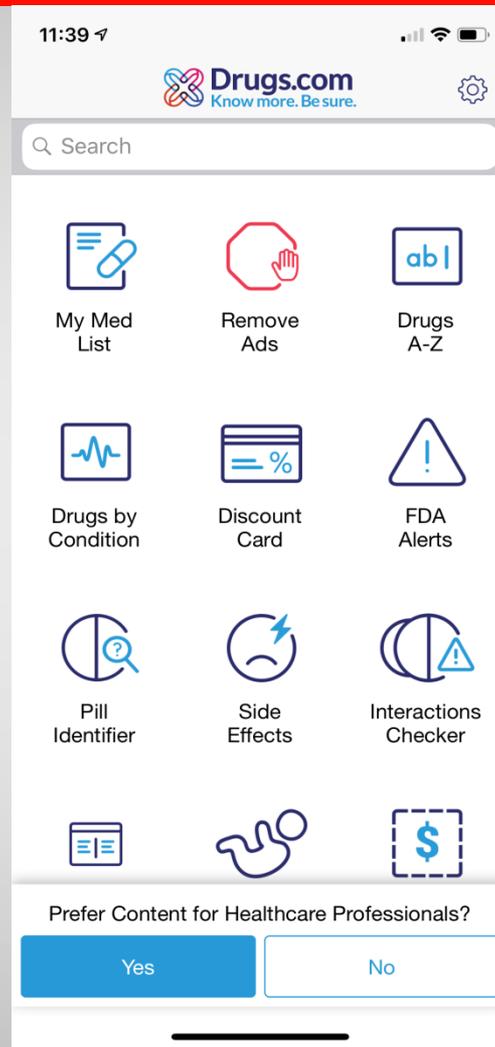
VIEW DRUGS AS LIST

VIEW PARAPHERNALIA

VIEW ALL NARCOTICS (OPIOIDS) STIMULANTS DEPRESSANTS HALLUCINOGENS CANNABIS STEROIDS INHALANTS DRUGS OF CONCERN DESIGNER DRUGS



Drugs.com App



Aunt Bertha App



Search for **free or reduced cost** services like medical care, food, job training, and more.

Select Language

Browse Categories ▾

- Food >
- Housing >
- Goods >
- Transit >
- Health >
- Money >
- Care >

Search for **free or reduced cost** services like medical care, food, job training, and more.

Select Language

Browse Categories ▾

- Health
 - Addiction & Recovery (56) >
 - Dental Care (14)
 - End-Of-Life Care (25) >
 - Health Education (224) >
 - Help Pay For Healthcare (143) >
 - Medical Care (267) >
 - Mental Health Care (137) >

Select Language

Browse Categories ▾

< Addiction & Recovery

Addiction & Recovery - All (56)

- 12-Step (14)
- Detox (6)
- Drug Testing (1)
- Outpatient Treatment (14)
- Residential Treatment (10)
- Sober Living (8)
- Substance Abuse Counseling (18)



TM

Additional Resources & Educational Material

Videos/Webinars

Why do our brains get addicted? Dr. Nora Volkow

- <https://www.bing.com/videos/search?q=Dr.+Nora+Volkow+%e2%80%93+Why+do+our+brains+get+addicted%3f&&view=detail&mid=2C4C24406D164D9F58AD2C4C24406D164D9F58AD&&FORM=VRDGAR>

If Only Movie (James Wahlberg)

- <http://www.ifonlymovie.org/>

What is Addiction?

- <https://www.youtube.com/watch?v=qRyeAL9tAVs>

USDTL Webinar on Umbilical Cord Drug Testing - A Discussion of Prevalent Issues

- <https://www.youtube.com/watch?v=jB1Us1DQc2A&feature=youtu.be>

Videos/Webinars

- **The Dangers of Fentanyl: More Deadly Than Heroin**
 - <https://ncjtc.fvtc.edu/training/details/TR00007593/TRI0007594/the-dangers-of-fentanyl-more-deadly-than-heroin>
- **Dangers of Opiates**
 - <https://ncjtc.fvtc.edu/training/details/TR00000463/TRI0000464/dangers-of-opiates>
- **The Rise of Fentanyl: Drug Addiction On The I-95 – Two Years On**
 - https://www.youtube.com/watch?v=_KsaWpeCj98
- **Chasing the Dragon**
 - <https://www.dea.gov/galleries/education-and-outreach-videos/chasing-dragon>
 - **Chasing the Dragon Discussion Guide**
 - <https://www.dea.gov/sites/default/files/resource-center/Publications/Chasingthedragon3.pdf>
- **ADDICTION || The Hijacker || Episode 1**
 - <https://www.youtube.com/watch?v=MbOAKmzKmJo&list=PLKYBcsTobTanXc7n0FEtFiav6GI03zTwm>
- **ADDICTION || Whirlpools of Risk || Episode 2**
 - <https://www.youtube.com/watch?v=YJ01SUcQySs>
- **ADDICTION || Understanding Severity || Episode 3**
 - <https://www.youtube.com/watch?v=PYjTKApza6E>

DCS Policies Involving DEC

- Policy 14.21: DCS Response to Allegations Involving Drug Exposed Children
 - <https://files.dcs.tn.gov/policies/chap14/14.21.pdf>
- Work Aid 1: Categories and Definitions of Abuse/Neglect
 - <https://files.dcs.tn.gov/policies/chap14/WA1.pdf>
- Work Aid 2: Child Protective Services Tasks by Allegations
 - <https://files.dcs.tn.gov/policies/chap14/WA2.pdf>
- Work Aid 4: Protocol for CPS Investigations Involving Methamphetamine
 - <https://files.dcs.tn.gov/policies/chap14/WA4.pdf>
- Controlled Substance and Medication Work Aid
 - <https://files.dcs.tn.gov/policies/chap4/ControlledSubMedWA.pdf>
- Safety Notice: Assessing a Newborn's Drug Exposure
 - <https://files.dcs.tn.gov/intranet/childHealth/SNNewbornDrug.pdf>
- Safety Notice: Understanding the Difference between Subutex and Suboxone
 - <https://files.dcs.tn.gov/intranet/childHealth/SNSubutexSubox.pdf>
- Safety Notice: Understanding Fentanyl and Avoiding Accidental Exposure
 - <https://files.dcs.tn.gov/intranet/childHealth/SNFentanyl.pdf>

