

Overview of High Synthetic Opioids in Dependency

Dependency Judicial Training
Academy

May 2026



Learning Objectives

Explain how Senate Bill 6109 modified the legal standard for child removal related to high potency synthetic opioids (HSPO), including the key factors that influenced this change.

Describe how fentanyl enters the body and explain its relative potency compared to other opioids.

Identify the risks of overdose associated with HSPO exposure across different ages and developmental stages.

Apply practical risk-reduction strategies to cases involving HSPO exposure

Evaluate the risks and protective factors associated with breastfeeding in the context of HSPO exposure.

Recognize commonly used medications for opioid use disorder and their role in treatment.

SB 6109

Effective: June 6, 2024

Requires courts to give “great weight” to the lethality of high-potency synthetic opioids and public health guidance from the DOH related to high-potency synthetic opioids;

Public Health Guidance on High-Potency Synthetic Opioids

Considerations in Assessing Child Safety

In fulfillment of the legislative requirements of Engrossed Senate Substitute Bill 6109

June 26, 2025



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QR Code



SB 6109

Was in response to:

- a significant increase in the number of child fatalities and near fatalities involving fentanyl in WA and Nationwide

Was intended to:

- provide clarity to judges, social workers, advocates, and families about the safety threat that high potency synthetic opioids pose to vulnerable children.

Did not change the:

- imminent physical harm removal standard
- the obligation for the court to inquire if there are prevention services that would prevent or eliminate the need for removal

High Potency Synthetic Opioid (HPSO) are synthetic opioids that have stronger effects than other opioids. The primary HPSO on the illegal drug market currently is fentanyl. It is:

- Unregulated
- 50 times stronger than heroin
- 100 times stronger than morphine
- Varying strengths in each batch
- Varying strengths within a batch
- May be mixed with other illicit drugs
- Rapidly changes a person's brain chemistry



High-Potency Synthetic Opioids

Enter the body through:

- Swallowing -
- Inhaling -
- Snorting -
- Injecting -

Overdose Risk via Direct Skin Contact

HPSO's need to be administered with a transdermal patch in order to be absorbed through the skin.

Secondary and Environmental Exposure

There is no known risk of OVERDOSE from exposure to HPSO second-hand smoke or environmental smoke.

Lethality of Fentanyl

A lethal dose of fentanyl is equivalent to a few grains of sand. The naked eye cannot recognize if drugs are laced with fentanyl and evening using a test strip is not 100% reliable.



Highest Risk Populations

Children **zero to 4** are at the highest risk for **unintentional** overdose through hand to mouth ingestion.

Babies are also at high risk of asphyxiation through co sleeping with parents under the influence.

Youth age **13-19** are at the highest risk of **experimental** overdose



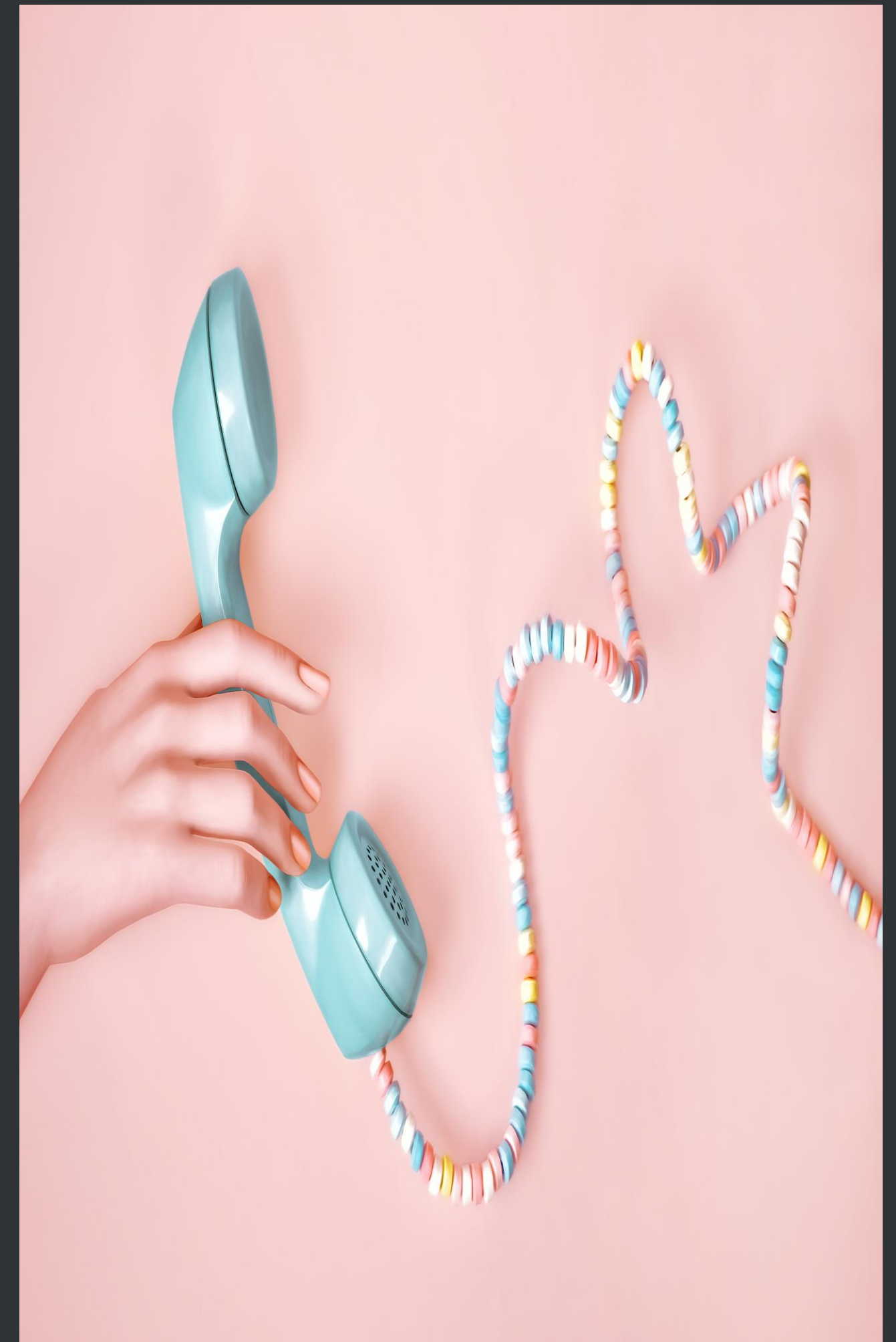
FDA-Approved Medication Treatment for OUD



Medication	Mechanism	Risk of Overdose and All-Cause Mortality	Other Benefits	Notes
Methadone	Full Agonist (activates opioid receptors)	Reduces overdose risk; reduces overall mortality risk	Helps manage cravings and withdrawal symptoms.	Methadone is preferred by some patients but is difficult to access due to state and federal regulations.
Buprenorphine	Partial Agonist-Antagonist (partially activates opioid receptors)	Reduces overdose risk; reduces overall mortality risk	Helps manage cravings and withdrawal symptoms.	Buprenorphine is easier to get from providers, but there is not enough available in most communities.
Naltrexone	Antagonist (blocks opioid receptors)	Does not reduce overdose risk or death by other cause	May reduce cravings	Reduces tolerance to opioids, increases the risk of overdose if a relapse occurs.

Teleburprenorphine Hotline 206-289-0287

**The Washington
Telebuprenorphine Hotline is a
statewide telehealth program
providing low-barrier access to
buprenorphine, a medication for
opioid use disorder (MOUD), to
anyone ages 13+ years,
including pregnant people. 9am-
9pm Daily**



Breastfeeding



The decision to breastfeed, if a mother is using fentanyl, is a complex one that should be decided on by the mother and a qualified health care provider.

Knowing the mother is using fentanyl does not, alone, make it unsafe for the baby to drink her breastmilk.

Benefits

Benefits of Breastfeeding for babies whose mother are using fentanyl:

- Supported immune function
- Healthy brain development
- Reduced risk of infection and chronic conditions
- Lowered risk of SUIDS
- Enhanced parent-infant bond
- Enhanced infant development
- Decreased risk of withdrawal symptoms in newborns exposed in utero.
- May motivate the mother to maintain recovery



Special circumstances

Very small amounts of fentanyl can pass into the breast milk but there is no evidence that this small amount causes overdose or harm in full-term healthy infants. In most cases, breastfeeding is not only safe, but protective.

Special circumstances when it may not be safe:

- An infant is diagnosed with classic galactosemia, a rare disorder
- Some situations when the mother has HIV and has not sustained viral suppression
- The mother has suspected or confirmed Ebola virus disease.
- The mother has untreated, active tuberculosis

NOTE: Parents should be assessed for their capacity to safely feed (breastmilk or formula) their baby when using fentanyl.

When Families Do Best

Systems provide stigma-free, non-biased, culturally competent care and address non-medical factors that impact health, including:

- Poverty
- Quality health care access
- Housing stability

Assess safety threats individually for each child and family over time.

We make efforts to keep children in the care of their families when it is safe to do so. If removal is necessary, support the parents to reestablish custody as quickly as is safe.



Risk Reduction & Protective Factors

There are effective strategies to reduce the risk of accidental overdose from high-potency synthetic opioids, including:

- Safe storage in homes (e.g., lockboxes)
- Safe Sleep
- Ensuring children are under the care of another person while using
- Treatment for opioid use disorder
- Provide access to naloxone, as well as teaching parents how to use it, including for use on children

“Efforts should be directed primarily towards enabling the child to remain in, or return to the care of their parents, including by assisting drug-dependent parents in carrying out their childcare responsibilities.”

-World Health Organization

Thank You!

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