

Job Aid

Substance Use and Lead FAQs

This job aid provides additional clarity on the new substance use education and lead referral requirements.

Starting January 1, 2026, WIC staff must provide:

- Information on drugs and other harmful substances must be provided to all prenatal, breastfeeding and postpartum women, and parents/caregivers of infants and children.
- Lead screening and referral for all children at each certification and mid-certification.

WIC compliance reviewers will start reviewing for these two new requirements on June 1, 2026.

Substance Use FAQs

1. When will the OHA cannabis resource be updated?

The updated resource “Cannabis, You & Your Baby” is available in 8 languages. You can download or print it from [OHA’s website](#).

2. Will the [Small Steps](#) poster be updated?

No, this poster will not be updated as it no longer meets the federal requirements related to substance use education. Local agencies are encouraged to keep posters visible to support a trauma-informed clinic environment.

3. Is substance use education required for all postpartum participants or just breastfeeding participants? (Example: question #12 on the postpartum health history questionnaire)

12	Have you used any drugs since delivery? (for non-BF, drugs other than marijuana) 372	No
13	Do you have any concerns about your safety at home or in your relationships? 901	No
		Yes- describe in notes, referral made

Substance use education must be provided verbally at least once during each certification period for ALL women participants, regardless of breastfeeding or substance use status, as well as parents/caregivers of infants and children.

Question #12 on the postpartum health history questionnaire is part of the assessment and risk assignment. If a pregnant or breastfeeding participant report marijuana use, risk 372 (Alcohol and Substance Use) applies. If a non-breastfeeding participant reports marijuana use as their only substance use since delivery, risk 372 does not apply. For more information on risk 372, please review the [risk 372 info sheet](#).

4. During each certification, do we need to provide substance use education/referrals and mark the "smoking/secondhand smoke" dropdown in the NE provided? Similar to how we are required to offer food package tailoring education and mark that at each appointment?

No. The NE dropdown is not required to document substance use education. Verbal substance use education is required. For example, unless "smoking/secondhand smoke" is part of your nutrition education, you would not need to select an NE dropdown for the required substance use education.

Documentation of the referral is required if the participant discloses use. If they do disclose, provide a referral and choose the TWIST dropdown response "Yes – describe in notes, referral made" in the health history questionnaire.

Lead FAQs

1. What are the required testing timeframes for children enrolled in Medicaid/OHP?

All children enrolled in Medicaid/OHP must be tested at 12 months and 24 months. If there is no record of testing, any child 24-72 months must be tested.

For example, a 36-month-old participant has a certification appointment today and their guardian reports that they last received a lead test when they were 24 months old. The participant's lead test at 24 months satisfies the requirement for their age and they do not need to be referred (answering "a. Yes" to the TWIST question is appropriate).

For more information on screening, Oregon's EPSDT Program (Early and Periodic Screening, Diagnostic and Treatment) requires following the [Bright Futures schedule](#) by the American Academy of Pediatrics.

2. When asking the lead-related question, do we use the word "screening," "testing" or both? Some participants have been confused by the wording.

The wording of "screening" or "testing" can be confusing. WIC's use of the word lead "screening" refers to a screening questionnaire at their provider's office. A certifier could also say "blood test" instead of "test/testing." If a child is on Medicaid/OHP, it could be helpful to say "testing" because a blood test is required and parents may recognize the term more easily.

If the participant is enrolled in Medicaid/OHP, testing is required (see question 1 for timeframes). If a participant has other insurance, they may be screened with only a questionnaire. Keep in mind that providers

and health systems may be at different stages in putting lead screening and testing rules into practice.

3. If a participant 12-24 months has been screened using a questionnaire at their provider's office (not through blood test), how is the TWIST question answered?

If a child is not on Medicaid/OHP, their provider may only use a questionnaire. This counts as screening, so you can answer "yes." If a child is on Medicaid/OHP, blood testing is required. If the child has only had a screening questionnaire, answer "No, referred" and offer a referral. Keep in mind that providers and health systems may be at different stages of putting these lead testing and screening rules into practice.

4. If a participant is 24 months old and has recently been tested for lead, is there further follow up related to lead at their healthcare provider's office?

Yes, if a 24-month-old child is up to date on blood lead testing, it is likely that their health care provider would be screening with questionnaires related to lead risk at future appointments.

For more information on screening, Oregon's EPSDT Program (Early and Periodic Screening, Diagnostic and Treatment) requires following the [Bright Futures schedule](#) by the American Academy of Pediatrics.

5. What if a participant's guardian says they don't have any concerns related to lead. Do we still have to provide a referral?

WIC certifiers are required to offer a referral and the participant is able to decline. If the referral is declined, the certifier can document that in the participant's record. This can be documented in the notes section of the questionnaire, in the referral tab or in progress notes.

6. Do WIC staff need to communicate with healthcare providers when making a lead screening/testing referral?

No, WIC staff do not need to communicate with or send referrals for lead screening/testing directly to providers. The referral is for the participant, guiding them to their provider or offering information about where to get lead screening or testing in their area.

7. Is there information available for WIC staff to provide to healthcare providers on this requirement?

The Office of the State Public Health Director sent a [letter to medical providers](#) on September 9, 2024 about increasing child blood lead screening and testing.

Visit the [Medical Providers and Laboratories page](#) on the Oregon Lead Poisoning Prevention Program [website](#) includes further resources and information.

The referral card ([1/2 sheet English](#), [1/2 sheet Spanish](#) and [full page English/Spanish](#)) also includes information for providers.