YOR CA PROJECT

The Youth Opioid Response (YOR) California project is part of the California Statewide Opioid Response.

This presentation is funded by YOR CA and Anthem Blue Cross.
GOALS

• Define opioids and how they impact the adolescent brain and adolescent behavior.
• Understand trends in U.S. and California opioid youth, including addiction, overdose, and death.
• Understand risk factors for opioid use, opioid addiction, and other substance abuse disorders.
• Understand the role of educators and health care providers in addressing the adolescent opioid crisis.
For audio, dial (415) 655-0003

Access code 661 635 196

The webinar is being recorded

Supporting materials will be shared
Presenter
Albert Hasson, MSW
Trainer/Project Director, UCLA Integrated Substance Abuse Programs

Moderator
Sierra Jue-Leong, MPH
Project Director, California School-Based Health Alliance
Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to improving the health & academic success of children & youth by advancing health services in schools.

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- Technical assistance

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The Opioid Epidemic in the United States

Albert L. Hasson, MSW
November 7, 2019

Pacific Southwest Addiction Technology Transfer Center at UCLA Integrated Substance Abuse Programs
Working with communities to address the opioid crisis.

- SAMHSA’s State Targeted Response Technical Assistance (STR-TA) grant created the Opioid Response Network to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis.
- Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Working with communities to address the opioid crisis.

- The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.

- The ORN accepts requests for education and training.

- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.
Contact the Opioid Response Network

To ask questions or submit a request for technical assistance:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900
Opioids and Opiates
What we’ll cover today

• Neurobiology of Addiction
• What are they? & What do they do?
• Why do we care?
  – Increased vulnerability
  – Risk factors
  – Overdose potential
• Who’s using them?
• What is being done about it?
Addiction Is a Brain Disease, and It Matters

Alan I. Leshner

Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain. As with many other brain diseases, addiction has embedded behavioral and social-context aspects that are important parts of the disorder itself. Therefore, the most effective treatment approaches will include biological, behavioral, and social-context compo-

Recognizing addiction as a chronic, relapsing brain disorder characterized by compulsive drug seeking and use can impact society’s overall health and social policy strategies and help diminish the health and social costs associated with drug abuse and addiction.

affects both the health of the individual and the health of the public. The use of drugs has well-known and severe negative consequences for health, both mental and physical. But drug abuse and addiction also have tremendous implications for the health of the public, because drug use, directly or indirectly, is now a major vector for the transmission of many serious infectious diseases—particularly acquired immunodeficiency syndrome (AIDS), hepatitis, and tu-
Why do people take drugs?

To feel good
- To have novel: Feelings, Sensations, Experiences
- AND
- To share them

To feel better
- To lessen: Anxiety, Worries, Fears, Depression, Hopelessness, Withdrawal
Natural Rewards Elevate Dopamine Levels

Food

% of Basal DA Output

NAc shell

Empty Box Feeding

Time (min)

Sex

DA Concentration (% Baseline)

Sample Number

Female Present

Effects of Drugs on Dopamine Release

Amphetamine

Cocaine

Nicotine

Morphine

Di Chiara and Imperato, PNAS, 1988
The Neurobiology of Addiction

MRI scan

Gray- and White-Matter Structure

PET Scan

Biochemistry Molecular Dynamics

Brain activity

functional MRI

Slide Courtesy of Edythe London, PhD; University of California, Los Angeles
Brain Regions Involved in Substance Use

Addiction is a Progressive Brain Disorder

- Diminished response to natural reward
- Increased motivation to seek substance
- Conditioned cravings (triggers)
- Compulsivity

- Withdrawal symptoms
- Anxiety and agitation
- Excessive stress
- Negative reinforcement (avoiding pain of withdrawal)


- Cravings
- Altered perception of substance’s value
- Impulse control deficit
- Decision making impairments
Drug addiction is a **chronic** brain disorder

The brain shows distinct changes after drug use that can persist **long after the drug use has stopped**.
DECREASED BRAIN METABOLISM IN PERSON WHO ABUSES DRUGS

Healthy Brain

Diseased Brain/Cocaine Abuser

DECREASED HEART METABOLISM IN HEART DISEASE PATIENT

Healthy Heart

Diseased Heart

Source: From the laboratories of Drs. N. Volkow and H. Schelbert
Dopamine D2 Receptors are Lower in Addiction

Reward Circuits

Non-Drug Abuser

Drug Abuser

Cocaine

Meth

Alcohol

Heroin

Dopamine D2 Receptors are Lower in Addiction
Vulnerability to Addiction Differs from Person to Person

Between 40 and 60 percent of a person’s vulnerability to alcohol and tobacco addiction is due to \textit{genetic influences}. 
Addiction is, Fundamentally, A Brain Disease

...BUT

It’s Not Just a Brain Disease
Vulnerability to addiction differs from person to person.

Environmental factors (e.g., conditions at home, at school, and in the neighborhood) also play a role.
Why Can’t People Just Stop Drug Use?

Prolonged drug use changes the brain in fundamental and long-lasting ways!
Voluntary Drug Use

Compulsive Drug Use (Addiction)
Opioids and Opiates
What we’ll cover today

• Neurobiology of Drug Addiction
• What are they? & What do they do?
• Why do we care?
• Who’s using them?
• How did we get here?
• What is being done about it?
Opioids
What are Opioids?

- The term “Opioid” refers to ALL:
  - Opiates
  - Derived compounds
  - Natural and synthetic analogs

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endogenous Opioids</td>
<td>Endorphins, Dynorphins, Enkephalins</td>
</tr>
<tr>
<td>Opiates</td>
<td>Morphine, Codeine</td>
</tr>
<tr>
<td>Semisynthetic Opioids</td>
<td>Buprenorphine, Heroin, Oxycodone</td>
</tr>
<tr>
<td>Fully Synthetic Opioids</td>
<td>Fenatyl, Methadone</td>
</tr>
</tbody>
</table>

Stein, 2016
What do they do?

**Description:**
Opium-derived or synthetic compounds that are usually prescribed to treat pain; reduce the signaling of pain messages to the brain and reduce pain. Act on the opioid receptors to produce morphine-like effects including dependence, and can relieve symptoms during withdrawal from morphine addiction.

**Route of administration:**
Intravenous, smoked, intranasal, oral, intrarectal, and implantable
Effects of Opioids on the Brain

• Opioids are highly addictive.
• Brain cells can become dependent to the extent that users need it in order to function in their daily routine.
• Opioids initially cause a rush of pleasure.
• Opioids slow down the way you think, slows down reaction time, and impacts memory. This affects the way you act and make decisions.
Acute Opioid Effects

- Pupil constriction
- Slurred speech
- Impaired attention/memory
- Constipation
- Urinary retention
- Nausea
- Confusion, delirium
- Seizures
- Slowed heart rate

- Euphoria
- Sedation
- Pain Relief
- Suppresses Cough
- Warm flushing of the skin
- Drowsiness and lethargy
- Sense of well-being
- Histamine release

- Respiratory depression

- Respiratory depression
Long-Term Effects of Opioids

- Fatal overdose
- Collapsed veins (intravenous use)
- Infectious diseases
- Higher risk of HIV/AIDS and hepatitis
- Infection of the heart lining and valves
- Pulmonary complications & pneumonia
- Respiratory problems
- Abscesses
- Liver disease
- Low birth weight and developmental delay
- Constipation
- Cellulitis
Opioid Withdrawal

- All opioids produce similar withdrawal symptoms when stopped abruptly
  - Severity varies with the amount and duration of use
- Timing of withdrawal symptoms depends on the opioid:
  - With longer-acting opioids, symptoms usually begin later and last longer:

<table>
<thead>
<tr>
<th>Opioids used</th>
<th>onset of withdrawal</th>
<th>symptoms peak</th>
<th>duration of withdrawal</th>
</tr>
</thead>
<tbody>
<tr>
<td>short-acting opioids (e.g. heroin, oxycodone)</td>
<td>6-12 hours</td>
<td>36-72 hours</td>
<td>about 5 days</td>
</tr>
<tr>
<td>long-acting opioids (e.g. methadone)</td>
<td>36-48 hours</td>
<td>~ 72 hours</td>
<td>up to 3 weeks</td>
</tr>
</tbody>
</table>

SAMHSA, 2018
Symptoms of Opioid Withdrawal

- Dysphoric mood
- Nausea or vomiting
- Diarrhea
- Tearing or runny nose
- Dilated pupils
- Muscle aches
- Goosebumps
- Sweating
- Yawning
- Fever
- Insomnia
- Protracted withdrawal generally less severe than the acute symptoms may persist for weeks/months
Opioids and Opiates
What we’ll cover today

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- Why do we care?
  - Increased vulnerability
  - Risk factors
  - Overdose potential
- Who’s using them?
- How did we get here?
- What is being done about it?
Most Illicit Drug use Starts in Adolescence

Age of First Drug Use Matters

- Age of first use associated with risk of later SUD
  - Initiation < 18 years: 25% risk of SUD
  - Initiation > 18 years: 4% risk of SUD
Addiction is a Pediatric Disorder

- 90 percent of adults with any substance use disorder initiated substance use as teens
- Early adverse experiences strongly influence risk for substance use disorder
  - Child neglect and maltreatment
  - Drug use and addiction among parents

Addiction is a Pediatric Disease

- **9 out of 10** people with a substance use disorder started using in adolescence
- Those who use addictive substances before age 15 are **6.5 times more likely** to develop an addiction as those who delay use until age 21 or older
- **11%** of adolescents develop a substance use disorder before they reach 18
- Earlier onset of substance use **predicts greater addiction severity**

Delaying Initiation is **Key** to Prevention

Addiction Changes Your Stress Response

In a healthy brain:
- the stress response is activated
- cortisol is released and spreads through the body
- when cortisol reaches the brain it turns off the stress response

In an addicted brain:
- The brain circuits that normally turn off the stress response don’t work very well
- Their stress response stays on high for longer

https://www.sciencedirect.com/journal/international-journal-of-psychophysiology/vol/59/issue/3
The interaction between the developing nervous system and drugs of abuse leads to:

- Difficulty in decision making
- Difficulty understanding the consequences of behavior
- Increased vulnerability to memory and attention problems

This can lead to:

- Increased experimentation
- Opioid (and other substance) addiction

Feillin, 2009
Risk Factors for Prescription Opioid Pain Reliever Abuse and Overdose

- Obtaining overlapping prescriptions from multiple providers and pharmacies.
- Having mental illness or a history of alcohol or other substance abuse.
- Taking high daily dosages of prescription opioid pain relievers.
- Living in rural areas and having low income.
Serious Mental Illness (SMI) Rising among Young Adults (18-25 y.o.) and Adults (26-49 y.o.)

Past Year, 2008-2018 NSDUH, 18+

53.8%
1.4 million young adults with SMI received treatment in 2018
46.2% got NO treatment

63.7%
3.8 million adults (26-49 y.o.) with SMI received treatment;
36.3% got NO treatment

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Major Depressive Episodes

PAST YEAR, 2015-2018 NSDUH, 12+

Note: The adult and youth MDE estimates are not directly comparable.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Major Depressive Episodes with Severe Impairment among Adolescents

PAST YEAR, 2015-2018 NSDUH, 12-17

The difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

MDE with Severe Impairment

- 2015: 8.8% + 2.1M
- 2016: 9.0% + 2.2M
- 2017: 9.4% + 2.3M
- 2018: 10.0% + 2.4M
Co-Occurring Issues: Substance Use Is More Frequent among Adults (>18 y.o.) with Mental Illness

PAST YEAR, 2018 NSDUH, 18+

<table>
<thead>
<tr>
<th>Category</th>
<th>No Mental Illness</th>
<th>Any Mental Illness</th>
<th>Serious Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illicit Drugs</td>
<td>15.7%</td>
<td>36.7%+</td>
<td>49.4%+</td>
</tr>
<tr>
<td>Marijuana</td>
<td>13.2%</td>
<td>29.2%+</td>
<td>38.9%+</td>
</tr>
<tr>
<td>Opioid Misuse</td>
<td>5.2M</td>
<td>2.6%</td>
<td>1.7M</td>
</tr>
<tr>
<td>Prescription Pain Reliever Misuse</td>
<td>2.5%</td>
<td>9.2%+</td>
<td>14.6%+</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.2%</td>
<td>0.9%+</td>
<td>1.8%+</td>
</tr>
</tbody>
</table>

Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.
THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...

116
People died every day from opioid-related drug overdoses

11.5 m
People misused prescription opioids

42,249
People died from overdosing on opioids

2.1 million
People had an opioid use disorder

948,000
People used heroin

170,000
People used heroin for the first time

2.1 million
People misused prescription opioids for the first time

19,413
Deaths attributed to overdosing on synthetic opioids other than methadone

15,469
Deaths attributed to overdosing on heroin

17,087
Deaths attributed to overdosing on commonly prescribed opioids

504 billion
In economic costs

Sources: 1 2016 National Survey on Drug Use and Health, 2 Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, 3 CEA Report: The underestimated cost of the opioid crisis, 2017
Number of Pediatric Opioid Deaths and Mortality Rates by Year
Pediatric Deaths from Prescription and Illicit Opioids

US National Trends in Pediatric Deaths from Prescription and Illicit Opioids, 1999-2016
Gaither, J, Shabanova, V and Leventhal, J., JAMA, December, 2018

<table>
<thead>
<tr>
<th>Demographic and Clinical Characteristics</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No.</strong></td>
<td>8986</td>
</tr>
<tr>
<td>Age category, y</td>
<td></td>
</tr>
<tr>
<td>0-4</td>
<td>605 (6.7)</td>
</tr>
<tr>
<td>5-9</td>
<td>96 (1.1)</td>
</tr>
<tr>
<td>10-14</td>
<td>364 (4.1)</td>
</tr>
<tr>
<td>15-19</td>
<td>7921 (88.1)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>6567 (73.1)</td>
</tr>
<tr>
<td>Female</td>
<td>2419 (26.9)</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>7183 (79.9)</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>642 (7.1)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>929 (10.3)</td>
</tr>
<tr>
<td>Other</td>
<td>232 (2.6)</td>
</tr>
<tr>
<td><strong>Place of death</strong></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td>3419 (38.0)</td>
</tr>
<tr>
<td>Inpatient</td>
<td>939 (10.4)</td>
</tr>
<tr>
<td>Emergency department or outpatient</td>
<td>2165 (24.1)</td>
</tr>
<tr>
<td>Dead on arrival</td>
<td>345 (3.8)</td>
</tr>
<tr>
<td>Other or unknown</td>
<td>2118 (23.6)</td>
</tr>
<tr>
<td><strong>Manner of death</strong></td>
<td></td>
</tr>
<tr>
<td>Unintentional</td>
<td>7263 (80.8)</td>
</tr>
<tr>
<td>Suicide</td>
<td>445 (5.0)</td>
</tr>
<tr>
<td>Homicide</td>
<td>219 (2.4)</td>
</tr>
<tr>
<td>Undetermined</td>
<td>1059 (11.8)</td>
</tr>
</tbody>
</table>
Teen Overdose Deaths in the US 1999-2015 (age 15-19)

Source: National Center For Health Statistics

Forbes statista
Opioid Overdose in Youth

- Tripling of deaths from Rx & illicit opioids in youth 1999→2016 (Gaither, et al JAMA Network Open, 2018)
- Largest increase in deaths in youth aged 15-19 yrs

Figure 3. Drug overdose death rates for adolescents aged 15–19, by type of drug involved: United States, 1999–2015

Centers for Disease Control (2017)
Focus on Opioid Use in Youth

Percent of Students Reporting Nonmedical Use of Vicodin in Past Year, by Grade

SOURCE: University of Michigan, 2017 Monitoring the Future Study
# Reasons for Misusing Opioids

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to get from medicine cabinet</td>
<td>62%</td>
</tr>
<tr>
<td>Available everywhere</td>
<td>52%</td>
</tr>
<tr>
<td>Not illegal</td>
<td>51%</td>
</tr>
<tr>
<td>Easy to get through other people’s prescription</td>
<td>50%</td>
</tr>
<tr>
<td>Can claim you have a prescription if caught</td>
<td>49%</td>
</tr>
<tr>
<td>Cheap</td>
<td>43%</td>
</tr>
<tr>
<td>Safer to use than illegal drugs</td>
<td>35%</td>
</tr>
<tr>
<td>Less shame attached to using</td>
<td>33%</td>
</tr>
<tr>
<td>Easy to purchase over the Internet</td>
<td>32%</td>
</tr>
<tr>
<td>Fewer side effects than street drugs</td>
<td>32%</td>
</tr>
<tr>
<td>Parents don’t care as much if you get caught</td>
<td>21%</td>
</tr>
</tbody>
</table>

Where Pain Relievers Were Obtained for People Who Misused Prescription Pain Relievers

- From Friend or Relative for Free (35.5%)
- Given by, Bought from, or Took from a Friend or Relative (51.3%)
- Stole from Doctor’s Office, Clinic, Hospital, or Pharmacy (0.9%)
- From Friend or Relative (9.5%)
- Bought from Friend or Relative without Asking (3.2%)
- Some Other Way (4.6%)
- Bought from Drug Dealer or Other Stranger (6.5%)
- Got through Prescription(s) or Stole from a Health Care Provider (37.6%)
- Prescription from One Doctor (34.7%)
- Prescriptions from More Than One Doctor (2.0%)

83.2% of the friends or relatives were prescribed the pain reliever by a single doctor.

9.9 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year
## Reasons for Misuse: Adults

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Relieve physical pain</td>
<td>63.4 (1.26)</td>
<td>-- (--)</td>
<td>-- (--)</td>
<td>-- (--)</td>
</tr>
<tr>
<td>Relax or relieve tension</td>
<td>10.9 (0.82)</td>
<td>46.2 (1.84)</td>
<td>-- (--)</td>
<td>12.0 (2.47)</td>
</tr>
<tr>
<td>Help with sleep</td>
<td>4.5 (0.54)</td>
<td>21.2 (1.54)</td>
<td>-- (--)</td>
<td>73.2 (3.42)</td>
</tr>
<tr>
<td>Help with feelings or emotions</td>
<td>3.2 (0.40)</td>
<td>10.9 (1.12)</td>
<td>-- (--)</td>
<td>3.9 (1.44)</td>
</tr>
<tr>
<td>Experiment or see what it is like</td>
<td>2.0 (0.25)</td>
<td>5.4 (0.77)</td>
<td>5.2 (0.76)</td>
<td>3.0 (0.84)</td>
</tr>
<tr>
<td>Feel good or get high</td>
<td>11.7 (0.75)</td>
<td>11.0 (1.03)</td>
<td>9.8 (0.95)</td>
<td>5.1 (1.71)</td>
</tr>
<tr>
<td>Increase or decrease effects of other drugs</td>
<td>0.9 (0.24)</td>
<td>1.6 (0.38)</td>
<td>1.5 (0.40)</td>
<td>1.3 (0.77)</td>
</tr>
<tr>
<td>Because the respondent is &quot;hooked&quot; or has to have it</td>
<td>2.5 (0.32)</td>
<td>0.4 (0.16)</td>
<td>0.1 (0.07)</td>
<td>** (**)</td>
</tr>
<tr>
<td>Help lose weight</td>
<td>-- (--)</td>
<td>-- (--)</td>
<td>4.3 (0.66)</td>
<td>-- (--)</td>
</tr>
<tr>
<td>Help concentrate</td>
<td>-- (--)</td>
<td>-- (--)</td>
<td>26.2 (1.39)</td>
<td>-- (--)</td>
</tr>
<tr>
<td>Help be alert or stay awake</td>
<td>-- (--)</td>
<td>-- (--)</td>
<td>28.4 (1.66)</td>
<td>-- (--)</td>
</tr>
<tr>
<td>Help study</td>
<td>-- (--)</td>
<td>-- (--)</td>
<td>22.4 (1.32)</td>
<td>-- (--)</td>
</tr>
<tr>
<td>Some other reason</td>
<td>1.1 (0.24)</td>
<td>3.4 (0.69)</td>
<td>2.1 (0.63)</td>
<td>1.6 (0.80)</td>
</tr>
</tbody>
</table>
Opioids and Opiates
What we’ll cover today

• Neurobiology of Drug Addiction
• What are they? & What do they do?
• Why do we care?
• Who’s using them?
• How did we get here?
• What is being done about it?
High Levels of Opioid Prescriptions have Facilitated Diversion & Contributed to Overdose Deaths

Oxycodone & Hydrocodone Prescriptions

Rx Opioid Overdose Deaths

Source: CDC Wonder
Abuse of Opioid Medications has led to a Rise in Heroin Abuse and Associated Deaths from Overdoses

**Past Month & Past Year Heroin Use Persons Aged 12 or Older**

**Heroin Overdose Deaths**
- Purple: Total
- Red: Female
- Blue: Male

**Source:** CDC Wonder

Respondents Who Endorsed Past-Month Use of OxyContin or Heroin Before and After Introduction of an Abuse-Deterrent Formulation (ADF)

- ADF Release
- Heroin
- OxyContin

Drugs Used to Replace OxyContin After the Introduction of the Abuse-Deterrent Formulation (ADF)

- Heroin
- Other
- Hydromorphone Hydrochloride
- Oxymorphone Hydrochloride
- Other Prescription Opioids
- Nonprescription

Cicero TJ and Ellis MS. JAMA Psychiatry. Published Online March 11, 2015.
3 Waves of the Rise in Opioid Overdose Deaths

- **Wave 1:** Rise in Prescription Opioid Overdose Deaths
- **Wave 2:** Rise in Heroin Overdose Deaths
- **Wave 3:** Rise in Synthetic Opioid Overdose Deaths

**Other Synthetic Opioids**
- e.g., Tramadol and Fentanyl, prescribed or illicitly manufactured

**Commonly Prescribed Opioids**
- Natural & Semi-Synthetic Opioids and Methadone

**Heroin**

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• What are we doing about it?
What are we doing about it?

- CDC Opioid Prescribing Guidelines (When to initiate their use, Opioid Selection and Risk Assessment)
- Educational initiatives delivered in school and community settings (primary prevention)
- Comprehensive Addiction and Recovery ACT (CARA) $1 billion in grants for states over two years to fight the opioid epidemic and to improve prescription drug monitoring programs
- Implementation of overdose education and naloxone distribution programs to issue naloxone directly to opioid users and potential bystanders
- Aggressive law enforcement efforts to address doctor shopping and pill mills
- Diverting individuals with substance use disorders to Drug Courts
- Expansion of access to MAT
- Abuse-deterrent formulations for opioid analgesics
Opioid Misuse

PAST YEAR, 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
FDA Approved Medications

• Naltrexone
  – Tablet
  – Extended Release (30-day Injectable)

• Methadone

• Buprenorphine
  – Implant (6-month-Probuphine)
  – Extended Release (30-day Injectable)

• Buprenorphine/Naloxone Combination
  – Tablet and Film
Naloxone-Narcotic Antagonist

- Used to counteract life-threatening depression of the central nervous system and respiratory system.
- Non-scheduled.
- Non-addictive.
- Works only if opioids are present.
- No abuse potential.
- Can be injected or used nasally.
- Wears off in 20 – 90 minutes.
Narcan (Naloxone) Nasal Spray

Adapt Pharma

- Partnership through the Clinton Health Matters Initiative-Free to all high schools and colleges in the U.S.
- Local & state government agencies $75.00 per dual pack.
- Without a prescription $110.00 through a local pharmacy.
Where does this leave us?

• Opioids are here to stay.
• Prevention works.
• Know the risk factors.
• Opioid Dependence is treatable.
• Medications for the treatment of opioid dependence are effective.
• Offer up treatment options and let your patients decide what is best.
Resources

- Shared Decision Making
- Opioid Fact Sheet Teens
- Addiction 101- Dr. Cory Waller-
  https://www.youtube.com/watch?v=M5Mky3Jr960
- California Department of Education Healthy Kids Survey-
  https://www.cde.ca.gov/ls/he/at/chks.asp
- NIDA Teen website-
  https://teens.drugabuse.gov/
- California Institute of Behavioral Health Solutions YOR-
  https://www.cibhs.org/glance
Questions? Use the “Chat” Function

Thank you for your attention

www.uclaisap.org    www.psattc.org
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