Understanding & Recognizing OUD in Adolescents & Adults

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Disclosure/Conflict of Interest

I, Angela Camp, have no actual or potential conflict of interest in relation to this program.

Learning Objectives

- Discuss adolescent and adult opioid use patterns
- Review risk factors for OUD in adolescents and adults
- Discuss signs and symptoms specific to adolescents and adults with OUD
- Identify protective factors against OUD for adolescents and adults
- Discuss adolescent and adult OUD treatment and the importance of family and friend involvement
- Discuss common behaviors, warning signs, and risks of those currently misusing opioids
- Demonstrate best practices for communicating with those suspected of OUD
- Discuss strategies for difficult conversations with those with suspected OUD

Setting the Stage…

- Biggest increase in use over last decade = Rx drugs (opioids top the list)
- Kratom = controlled substance in Alabama as of May 2016 but continues to be a problem; new alternatives available (Mitrgyna Javanica-Kra Thum Na & Ashwagandha-Indian Gingeng
- IV drug use and heroin use have increased to epidemic levels

Addiction is a pediatrically-acquired disease.

90% of addicted Americans begin use before age 18.

Addiction Risk Factors

- Age of first use (younger, higher risk)
- Learning disabilities, behavioral problems, psychological disorders
- Trauma (abuse, divorce, bullying)
- Stress (feelings of inadequacy & insecurity…adolescents have little life experience to help them cope, turn to destructive behaviors)
- Quality of parenting (parents who use…or sanction use… have kids who use)
- Genetic history = 4x more likely to become addicts

Protective Factors

- High self-esteem
- Emotional self-control and regulation
- Resiliency (coping skills and problem-solving skills). Family structure and supervision
- Clear family expectations of behavior and values
- Opportunities for positive connections: peer, school, athletics, religious, community

Protective Factors

- Lock up everything in your home that contains alcohol (liquor cabinet, etc.)
- Lock up all OTC and Rx medications
- Talk to your teen (help them feel heard)
- Know your teen’s friends and hangouts

History of The Opioid Crisis

"A Brief, Blood-Boiling History of the Opioid Epidemic" by Julia Lurie (Mother Jones Magazine, Jan/Feb 2017)

1995: The American Pain Society promotes the "Pain Is the Fifth Vital Sign" standard…Purdue Pharma is one of 28 corporate donors.

1996: Purdue Pharma debuts OxyContin with the most aggressive marketing campaign in pharmaceutical history, downplaying its addictiveness. Over the next five years, the number of opioid painkiller prescriptions jumps by 44 million.

1998: Purdue distributes 15,000 copies of "I Got My Life Back," a promotional video featuring a doctor saying opioids "do not have serious medical side effects" and "should be used much more than they are."…

"A Brief, Blood-Boiling History of the Opioid Epidemic"

by Julia Lurie
(Mother Jones Magazine, Jan/Feb 2017)

2002: US doctors prescribe roughly 23 times more OxyContin than they did in 1996; sales of the drug have increased more than thirty-fold.

2004: With input from a Purdue exec, the Federation of State Medical Boards recommends sanctions against doctors who undertreat pain.

2007: Three drug distributors – McKesson, Cardinal Health, and AmerisourceBergen – make $17 billion by flooding West Virginia pharmacies with opioid painkillers between 2007 and 2012, according to a subsequent Pulitzer Prize-winning *Charleston Gazette Mail* investigation.

"A Brief, Blood-Boiling History of the Opioid Epidemic"

by Julia Lurie

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2009: (JCAHO) removes the requirement to assess all patients for pain. By now, the US is consuming 99% of the world's hydrocodone and 81% of the world's oxycodone.

2010: Cheap, strong Mexican heroin makes its way to American rural and suburban areas. Meanwhile, the ACA offers addiction treatment coverage to many Americans for the first time. Annual OxyContin sales exceed $3 billion.

2011: CDC declares that painkiller ODs have reached "epidemic levels."

"A Brief, Blood-Boiling History of the Opioid Epidemic"

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2012: Health care providers write 259 million opioid painkiller prescriptions – nearly enough for every American to have a bottle of pills. The increasingly white face of addiction changes how policymakers frame the problem, from a moral failing necessitating prison time to a disease requiring treatment.

2013: Fentanyl, a painkiller up to 50 times more powerful than heroin, starts to make its way into the heroin supply. Most of it is illicitly produced in China.

2015: Seizures of fentanyl have multiplied by fifteen-fold since 2013. About 12.5 million Americans report misusing painkillers; nearly 1 million report using heroin.

"A Brief, Blood-Boiling History of the Opioid Epidemic"

by Julia Lurie

(Mother Jones Magazine, Jan/Feb 2017)

2016: An estimated 64,000 Americans die of drug overdoses—more than all US military casualties in the Vietnam and Iraq wars combined. In December, Congress passes legislation allotting $1 billion to fund opioid addiction treatment and prevention efforts over two years.

2017: President Donald Trump declares a public health state of emergency, which opens up a fund of just $57,000. The GOP tries repeatedly to repeal Obamacare, a move that would take away addiction treatment coverage for an estimated 3 million Americans.

Current Status of the Opioid Epidemic

A recent CDC report reveals that between Q3 of 2016 and Q3 of 2017, opioid overdoses have increased by 30%, and the increases have occurred all across the USA

In that one year, ODs increased by:

70% in the Midwest

40% in the West

21% in the Northeast

20% in the Southwest

14% in the Southeast

Acting CDC Director:

"We think that the number of people addicted to opioids is relatively stable. But the substances are more dangerous than five years ago. The margin of error for taking one of these substances is small now and people may not know what they have."

Current Trends

Prescription Opioids

Pain relievers with an origin similar to that of heroin

Codeine

Street Names

Captain Cody, Cody, Schoolboy, Doors and Fours, Loads, Pancake and Syrup

Common Forms

Tablet, capsule, liquid

Methods of Use

Injected, swallowed (often mixed with soda and flavorings)

Fentanyl

Street Names

Apache, China Girl, China White, Dance Fever, Friend, Goodfellas, Jackpot, Murder 8, Tango and Cash, TNT

Common Forms

Lozenge, sublingual tablet, film, buccal tablet

Methods of Use

Injected, smoked, snorted

Hydrocodone (Vicodin, Lortab, Lorcet)

Street Names

Vike, Watson-387

Common Forms

Capsule, tablet, liquid

Methods of Use

Swallowed, snorted, injected

Hydromorphone (Dilaudid)

Street Names

D, dillies, footballs, juice, smack

Common Forms

Liquid, suppository

Methods of Use

Injected, rectal

Meperidine (Demerol)

Street Names

Demmies, pain killer

Common Forms

Tablet, liquid

Methods of Use

Swallowed, snorted, injected

Methadone (Dolophine, Methadose)

Street Names

Amidone, fizzies, chocolate chip cookies

(when used with MDMA)

Common Forms

Tablet, dispersible tablet, liquid

Methods of Use

Injected, swallowed

Morphine (Duramorph, Roxanol)

Street Names

M, Miss Emma, monkey, white stuff

Common Forms

Tablet, capsule, liquid, suppository

Methods of Use

Injected, swallowed, smoked, rectal

Oxycodone (OxyContin, Percodan, Percocet)

Street Names

OC, oxycet, oxycotton, oxy, hillbilly heroin, percs

Common Forms

Tablet, capsule, liquid

Methods of Use

Injected, swallowed, snorted

Oxymorphone (Opana)

Street Names

Biscuits, blue heaven, blues, Mrs O, O bomb, octagons, stop signs

Common Forms

Tablet

Methods of Use

Injected, swallowed, snorted

Heroin

An opioid drug made from morphine,

a natural substance extracted from

the seed pod of the

Asian opium

poppy plant

Heroin

Street Names

Brown sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse, Cheese (With OTC cold medicine and antihistamine)

Common Forms

White or brownish powder, or black sticky substance known as "black tar heroin," newest is pill form

Methods of Use

Injected, smoked, snorted, swallowed

Black Tar Heroin

Brown Heroin

White Heroin

Heroin in Pill Form

Heroin in Pill Form

- Originating in Mexico
- Made using pill presses and pharmaceutical opiate dyes
- Pressed and stamped to look like Percocet, Oxy, Vicodin, Hydrocodone
- Buyers may not be aware that it's heroin and overdose
- Made to transport and sell H while fooling law enforcement

Fentanyl/Carfentanil-Laced Heroin

- Fentanyl-100x more potent than morphine, 30-50x more potent than heroin
- Carfentanil-an analogue of the synthetic opioid analgesic fentanyl, which is 100 times more potent than fentanyl; animal tranquilizer for elephants and other large mammals (not approved for human use)
- Federal drug agents say in the last two years Mexican cartels have increased production of a variant of fentanyl called acetyl fentanyl, and are smuggling it into the United States
- Mixtures are responsible for spike in overdoses in many communities

Headline – DEA Warning to Police and Public: Fentanyl Exposure Kills

"Fentanyl is not only dangerous for the drug's users, but for law enforcement, public health workers and first responders who could unknowingly come into contact with it in its different forms. Fentanyl can be absorbed through the skin or accidental inhalation of airborne powder can also occur. DEA is concerned about law enforcement coming in contact with fentanyl on the streets during the course of enforcement, such as a buy-walk, or buy-bust operation. Just touching fentanyl or accidentally inhaling the substance during enforcement activity or field testing the substance can result in absorption through the skin and that is one of the biggest dangers with fentanyl."

"The onset of adverse health effects, such as disorientation, coughing, sedation, respiratory distress or cardiac arrest is very rapid and profound, usually occurring within minutes of exposure.

Canine units are particularly at risk of immediate death from inhaling fentanyl."

DEA Press Release

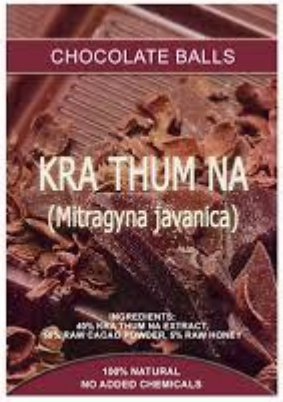
https://ndews.umd.edu/sites/ndews.umd.edu/files/DEA%20Fentanyl.pdf

Kratom

Kratom

- Made from leaves of tree grown in southeast Asia (mitragyna speciosa)
- In small doses, stimulant; high doses, sedative
- Added to Alabama's controlled substance legislation, Schedule I as of May 2016
- Still legal in majority of states (Alabama is one of only six (6) states to pass legislation)
- Also known as Mr. Smiley, Black Flame Kratom

Synthetic Heroin- Kra Thum Na & Indian Ginseng



Synthetic Heroin- Kra Thum Na & Indian Ginseng

- Legal alternative to Kratom (as of 2/2018)
- Mitrogyna Javinica = Kra Thum Na
- Ashwagandha = Indian Gingeng
- Not as potent as Kratom, often used for Kratom withdrawal
- Sold by the gram:
  - 8 gm = $13.99
  - 15 gm = $25.99
  - 30 gm= $40.99

Imodium (Loperamide)

Imodium (Loperamide)

- Used as both an alternative to opiate pain prescriptions and as a self-detox medication for opiate withdrawals
- Loperamide is safe in low doses (as directed on packaging) but is dangerous at high doses
- Loperamide is an opioid agent, helps to bind receptors in the brain
- Its accessibility, low cost OTC status, and lack of stigma contribute to its potential for abuse
- Dosage needed for euphoria 50-300 pills per day.

Signs and Symptoms

Paraphernalia

- Burnt spoons: “Pretty Spoons”
- Tiny baggies
- Rx bottles (labeled and unlabeled)
- Tan or whitish powdery residue
- Dark, sticky residue
- Small glass pipes
- Syringes
- Rubber tubing
- Laxatives and stool softeners

Mood/Psychological Symptoms

- Increased general anxiety
- Anxiety attacks
- Euphoria
- Psychosis
- Improved self-esteem
- Depression
- Irritability
- Lowered motivation

Behavioral Symptoms

- Drowsiness
- Slurred speech
- “Doctor shopping” or visiting a number of doctors to obtain prescriptions for more opiates
- Using larger amounts of opioids than prescribed
- Using medication in a manner that is not intended
- Taking opiates for longer than prescribed
- Persistent unsuccessful attempts to quit taking opiates

Behavioral Symptoms

- Desire to cut down on opiate use
- Preoccupation with obtaining, using, and recovering from the effects of opiates
- Craving opiates
- Compulsive opiate abuse
- Usage of opiates results in failure to fulfill roles at work, home, school, or socially
- Recurrent usage of opiates despite negative consequences
- Using opiates in physically dangerous situations – such as while driving
- Decrease in personal hygiene

Physical Symptoms

- Improved alertness
- Increased sensitivity to sensory stimuli
- Constricted blood vessels
- Increased heart rate
- High blood pressure
- Increased energy
- Decreased appetite
- Increased sexual arousal
- Physical agitation
- Difficulty sleeping
- Over arousal and hyper-vigilance

Physical Symptoms

- Tiny pupils
- Sleepy eyes
- Tendency to nod off
- Slow breathing
- Flushed skin
- Runny nose
- Restless legs

Physical Symptoms

- Fatigue
- Constipation
- Breathlessness
- A sense of elation
- Bronchospasm
- Physical and psychological dependence
- Nausea
- Confusion
- Depressed respiration and difficulty breathing
- Death (often due to use of more than one substance)
- Chest pain

Additional Effects

- Organ system damage
- Increase in whole body pain
- Permanent changes to brain structure and function
- Hepatotoxicity
- Damaged interpersonal relationships
- Respiratory depression
- Psychosis

Signs of Overdose- High Risk
(IV increases risk)

- Awake, but unable to talk
- Body is very limp
- Face is very pale or clammy
- Fingernails and lips turn blue or purplish black
- For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen
- Breathing is very slow and shallow, erratic, or has stopped

Signs of Overdose- High Risk
(IV increases risk)

- Pulse (heartbeat) is slow, erratic, or not there at all
- Choking sounds, or a snore-like gurgling noise (sometimes called the “death rattle”)
- Vomiting
- Loss of consciousness
- Unresponsive to outside stimulus

Overdose Reversal Narcan (Naloxone)

- Opioid antagonist
- Works within 5 minutes; begins to wear off at 30 minutes, completely out of bloodstream at 90 minutes
- Preferred route of administration is injection
- Nasal mist can be used secondarily (once respiration has resumed)
- Intubation is being used frequently now due to potency of drug
- Many communities have equipped first responders with Narcan
- Alabama has suffered recent shortage due to epidemic of overdoses
- Legislation allowing civilians to purchase/carry to administer, including school faculty (alongside defibrillators and quick clot kits)

Opioid Addiction

Opioids increase the amount of dopamine released in the brain reward system and mimic the effects of endogenous opioids.

Heroin injected into a vein reaches the brain in 15 to 20 seconds and binds to opiate receptors found in many brain regions, including the reward system. Activation of the receptors in the reward circuits causes a brief rush of intense euphoria, followed by a couple of hours of a relaxed, contented state.

Opioids can alter the brain and affect one's motivation and emotions. With opioid use, the brain changes over time. The way in which the nerve cells communicate are changed so a compulsive, out of control use develops despite experiencing some of the many side effects.

More specific effects of opioids on the brain include changes in the synapses and shapes of brain cells. Chronic use is linked with structural changes in the size and shape of specific neurons.

Depressed respiration can affect the amount of oxygen that reaches the brain, a condition called hypoxia. Hypoxia can have short- and long-term psychological and neurological effects, including coma and permanent brain damage.

Deterioration of the brain's white matter due to heroin use affects a person's decision-making ability, the ability to regulate behavior, and responses to stressful situations.

Over time, the body stops producing dopamine on its own because the drugs are doing the work instead. Users report “I’m not using to get high anymore…I’m just using to feel normal.”

When you try to stop using opioids, your natural chemical system can’t turn back on like a light switch. It’s been damaged and it takes time to recover. You go through acute withdrawal, which lasts five to seven days, and then a long period of what’s called “post acute withdrawal syndrome” which can last weeks to months or years on end.

During this time, people often feel depressed, with no motivation, and every bump and bruise hurts. You go from being a person who is used to having a lot of opioids on board and feeling really motivated, energized, with no down days and no pain, to not having the base level amount of endorphin that people naturally have.

This is the key reason many opioid users relapse. They can't tolerate the physical and psychological effects of the long period of post-acute withdrawal. We do know that your own opioid receptors can come back. It just takes time and doing the things that help your brain recover.

NIDA, NCBI

The Role of the Family

Addiction is a family disease.

Family members can often become as sick, if not sicker, than the addicted person.

Parenting Styles Most Common in Kids with Substance Abuse Issues

- Dysfunctional Nurturing
- Dysfunctional Exploitative

Dysfunctional Nurturing

- **Dysfunctional Nurturing Orientation:** taking over life experiences for the child rather than letting him/her fully experience them…the good and the bad
  - **Over-indulgence**
    - Shields child from frustration
    - Motivated by desire for child's adoration, gratitude, dependency
    - Child often responds with failure to develop his/her own personal strength, and co-dependency
  - **Over-protection**
    - Excessive shielding from danger
    - Fosters helplessness and incompetence, as well as adoption of parent's fears

Dysfunctional Nurturing

- **Pity**
  - Excessive sympathizing…exaggeration of child's misfortune
  - Motivated by need to nurture, have one's own wounds licked, etc.
  - Child develops learned helplessness
- **Nagging**
  - Excessive reminding, correcting
  - Failure to simply connect behaviors with logical consequences
  - Again, excessive and irrational need to control
  - Child becomes "parent deaf"….learns passive/aggressive skills

Exploitation-Oriented

- Parents use child as a medium of gratification at the expense of his/her basic needs and rights…parents struggling with their own impulse control
  - **Verbal Abuse**
    - Belittling, name calling, threatening, sarcasm, yelling, swearing
  - **Physical Abuse**
    - Hitting, shaking, burning, hair pulling, slapping
    - Motive: confusion between discipline and physical pain, and poor impulse control
  - **Neglect**
    - Deprivation of shelter, food, clothing, etc.

Exploitation-Oriented

- **De-juvenilization**
  - Using child as adult for excessive closeness, companionship, emotional intimacy
  - Robbing child of childhood through various means
  - Attempts to gain adult support through child
- **Sexual Abuse**
  - Forcing or enticing child into witnessing or participating in sexual activity

How to Prevent or Correct…

- **Dysfunctional Nurturing-Oriented Parenting Styles:**
  - Clarify and resolve feelings of inadequacy
  - Affirm parenting skills
  - Help set realistic standards
  - Disengage parents from guilt motivation
    - Disengage love of person (child) from acceptance or rejection of inappropriate behavior
  - Tame the passion to please the child

How To Prevent Or Correct…

- **Exploitation-Oriented Parenting Style:**
  - Often, separating parents and children is necessary
  - Anger and/or impulse control training
  - Getting parents intensive treatment for their psychopathology and destructive behaviors
  - Providing empathy and compassion

Best Intervention For Poor Adolescent Parenting Skills

- Go to Al-Anon or other 12 step support groups (Families Anonymous)
- Understand the steps
- Understand the slogans
- Understand the Serenity Prayer
- Really try to separate what's yours and what's the kid's, and keep it separated!

Recovery is Possible:

Treatment Options for Adults

Opiate Antagonists

MAT = Medication-Assisted Treatment

Most effective when combined with 12-step treatment, extended inpatient stay with step-down to IOP level of care

Revia: Oral Naltrexone

- Opioid antagonist
- Blocks opioid receptors
- Also used for alcohol
- Preferred over other meds
  - Not addictive
  - Not a sedative
  - Doesn’t cause physical dependence

Vivitrol: Injectable Naltrexone

- Monthly, extended-release, injectable form of naltrexone
- No opiates for 7-10 days before 1st injection
- Detox required, body must be free of opiates or will be thrown into withdrawals from medication
- Blocks for 30 days; recommendation is minimum 6-month Vivitrol period along with treatment
- Main risk is overdose (addict who says “If I use enough, I can break through the block”)

Strategies for Adolescent Recovery

Intervention and Treatment Strategies

- **Intervention**
  - Never insist that a child be fully motivated to get help…unnecessary. External pushes can become internal pulls.
  - Make full use of all means of external leverage:
    - Juvenile justice
    - Schools
    - Family
  - Coerced or persuaded treatment can open doors of perception and awareness.

Holistic Approaches and Realities

- Pharmacology is not enough…
- Cognitive Sobriety
- Stress, emotions, and addiction
- Spirituality
- Changing playgrounds and playmates
- Longevity of engagement greatest predictor of success

Some Important Concepts

- Importance of long-term, medium-term, short-term goals
- Key developmental milestone in recovery: ability to postpone rewards
- Recovery is connecting values and behavior, addiction is disconnecting
- Anything you can do to help a child really internalize how the dots connect is powerful

The Difficult Conversation

- **Use “I” statements**
- **Listen effectively**
- **Keep your cool**
- **Have a plan**
- **Don’t take it personally**
- **Take care of yourself**

Bradford Health Services

We're here to help!

Emergency Consultation Service: Available for on-site consultations 24/7

Crisis Response: Available for in-office consultations 24/7

Our consultation services are available to the community at no charge. If we are unable to help the patient through a Bradford program, we will do our best to connect them to the appropriate community resources.

For More Information or to Schedule a Free Consultation:

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1-800-879-7272