

# Prescription Drug Abuse Prevention Learning Circle - Session 4 Preventing Prescription Drug Abuse Among Teens and Young Adults

Monday, May 14, 2012 1:30 to 2:30 pm Eastern Standard Time

#### **Featured Speaker:**

Dr. Patricia Schram, Michelle Lipinski, Joanne Peterson

**Moderators:** 

Erica Streit-Kaplan, Cindy Rodgers

On your telephone please dial:

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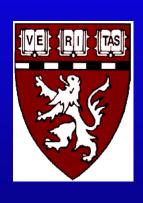
The webcast will begin shortly.



#### **Meeting Orientation Slide**

- ➤ If you are having any technical problems joining the webinar please contact the Adobe Connect at **1-800-416-7640**.
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# Preventing Prescription Medication Abuse Among Teens and Young Adults





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May 14<sup>th</sup>, 2012

#### Brain Development and Addiction

- Adolescence is a period of neurodevelopmental vulnerability for developing addiction disorders.
- Addiction is a developmental disease that starts in adolescence and childhood.

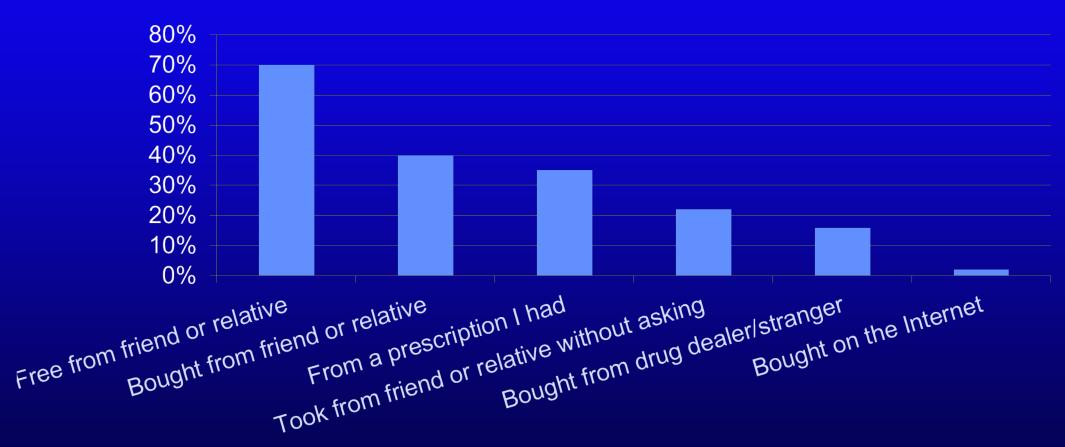
#### What are Adolescents Using?

 As a group, prescription medications are misused by adolescents more than any illicit drug except marijuana.

#### Why Using Prescription Meds?

- Many adolescents believe prescription medications are safe because they are prescribed by a physician.
- 41% of teens agreed that prescription drugs are much safer to use than illegal drugs.
- Prescription drugs are available everywhere.
- It is easy to get prescription drugs from parents' medicine cabinets or from a friend.

# Source of Opioid Prescription Drugs Among 12th Graders



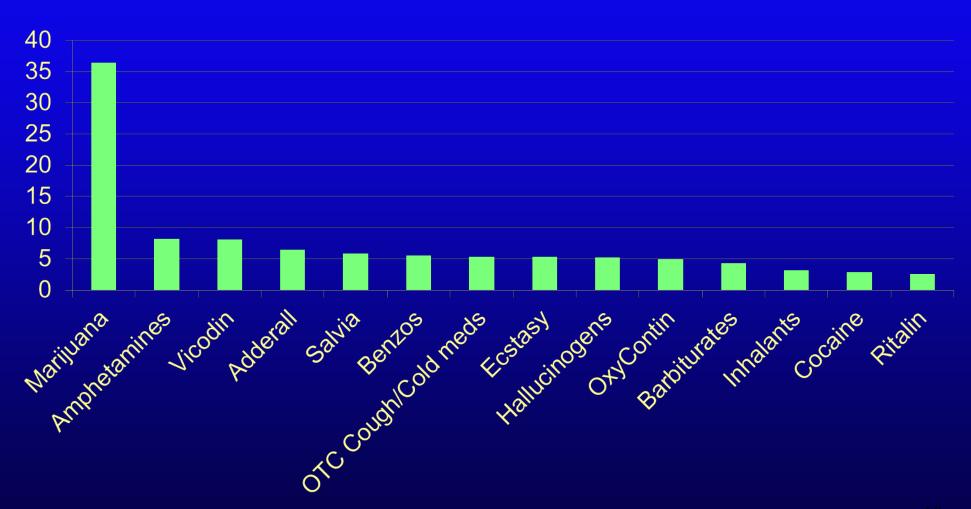
#### **Sharing Medications**

- 20% girls and 13% boys aged 9 -18 have borrowed or shared prescription medications in their lifetime.
- 23% of the students who were prescribed stimulant medications had been asked to sell, trade, or give away their medications at least once.

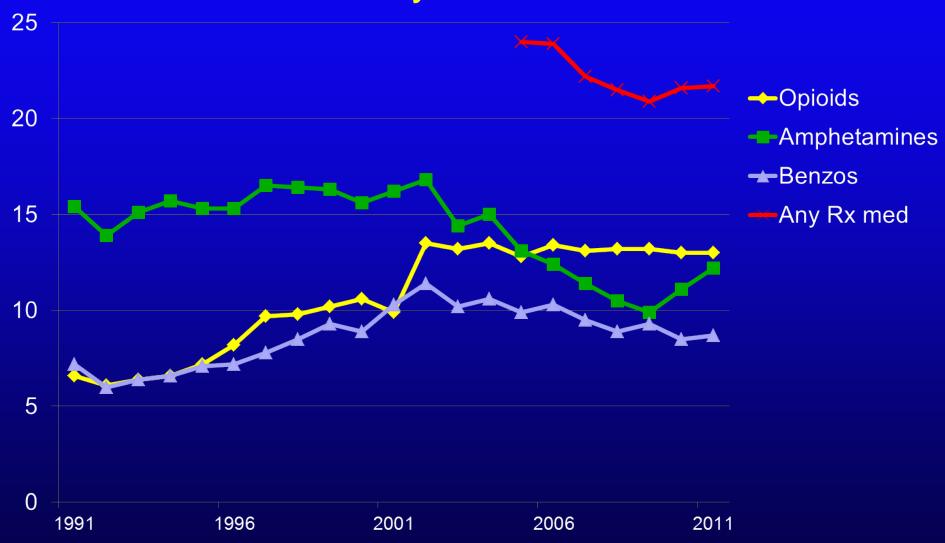
### "Pharming"

"Pharming" – refers to the practice of scavenging medicine cabinets for left over medications.

## Annual Prevalence of Use by 12<sup>th</sup> Graders



#### Lifetime of Prescription Meds Abuse by 12th Graders



#### Increasing Availability

Between 1991 and 2010, prescriptions for:

- Opioid analgesics increased from about 75.5 MM to 209.5 MM ("Pain" designated as the fifth vital sign)
- Stimulants increased from 5 MM to nearly 45 MM

#### Pain Control

#### Principles of Pain Control

- Accept and respect report of pain
- Patients with history of substance abuse may be under treated for pain
  - ✓ Medication requests are often seen as drug seeking
- Opioids are the most effective analgesics available, but are also some of the most addictive known substances
- With careful monitoring, opioids can be prescribed safely to patients who have pain
- However, prescribers should be aware and prevent misuse and diversion

### Tips for Prescribing

### Screening

Always screen adolescents at each yearly health maintenance visit for use of alcohol, marijuana or other drugs, including misuse of prescription or over the counter medications.

### Triage Guide

| Low Risk    | No history of substance abuse, minimal risk factors | Treat for pain                                       |
|-------------|---|--|
| Medium risk | Past history of substance abuse, risk factors       | Co-manage with mental health professional            |
| High risk   | Active substance abuse, high risk factors           | Refer to pain specialist and/or addiction specialist |

#### When Prescribing

- Use caution when prescribing medications with abuse potential
- Openly discuss the risks associated with controlled drugs, contraindications, interactions with other drugs and potential side effects if diverted
- Schedule frequent visits
- Involve parents

#### Prescribing for Low Risk Patients

- Parents must hold and keep medications locked up, must dispense and observe all doses
- Single prescriber and single pharmacy
- Keep careful medication records and monitor refill requests
- Medicate to point of pain relief without side effects
- Frequent visits to re-exam and re-assess
- Maximize non-opioid based therapeutics
- Maximize non-medication treatments; consult with pain specialists, psychiatrists, etc.
- Open communication between providers
- Consider drug test if diversion suspected
- Discard any unused medication

#### Prescribing for Medium Risk Patients

- Parents must hold and keep medications locked up, must dispense and observe all doses
- Single prescriber and single pharmacy
- Keep careful medication records and monitor refill requests
- Medicate to point of pain relief without side effects
- Frequent visits to re-exam and re-assess
- Maximize non-opioid based therapeutics
- Maximize non-medication treatments; consult with pain specialists, psychiatrists, etc.
- Identify and communicate with therapists and other healthcare providers involved in the care
- Consider drug test, if diversion suspected
- Consider using a treatment contract
- Discard any unused medication

#### Prescribing for High Risk Patients

- Parents to hold and keep medications locked up, dispense and observe all doses
- Single prescriber and single pharmacy
- Medicate to point of pain relief without side effects
- Prescribe a limited number of tablets and frequent visits to reexam and re-assess
- Maximize non-opioid based therapeutics
- Maximize non-medication treatments; consult with pain specialists, psychiatrists, etc.
- Identify and communicate with therapists and other healthcare providers involved in the care
- Drug test initially and periodically
- Use contract for the treatment
- Discard any unused medication

#### Contract for Opioid Treatment

- Single prescriber and single pharmacy
- Notify patient that record of controlled substance prescriptions will be obtained through state prescription drug monitoring program (PDMP)
- Notify patient of need to abstain from illicit substances and alcohol use
- Drug test initially and frequently at random
- Frequent check up visits; patient to return to scheduled visits to get any refill

#### Follow up Visits

- Evidence of pain control
- Treat side effects
- Evaluate social, school, and employment functioning
- Determine if pain control has improved quality of life

#### Red Flags

- Deterioration in home, school or work
- Resistance to changes in therapy
- Requests for early refills
- Lost or stolen prescriptions
- Unauthorized dose increases
- Demands immediate-release compounds or specific drug
- Doctor shopping (check PDMP)
- Frequent ER visits
- Falsifying prescriptions
- Abuse of other substances
- Refuses or tapers urine drug test
- Refuses referral to specialists

#### Provide Parent Guidance

#### The Role of Parents

- Teens who learn a lot about the risks of drugs at home are 50% less likely to use drugs.
- 77% of teens reported that they have talked about the dangers of alcohol and marijuana with their parents, but ....
- only 23% of teens reported discussions about prescription pain reliever.

# Parental Involvement is a Protective Factor Against Misuse of Prescription Opioids

- Youths who perceived strong disapproval of marijuana use from their parents
- Youths whose parents often checked their homework
- Youths who had been frequently praised by their parents

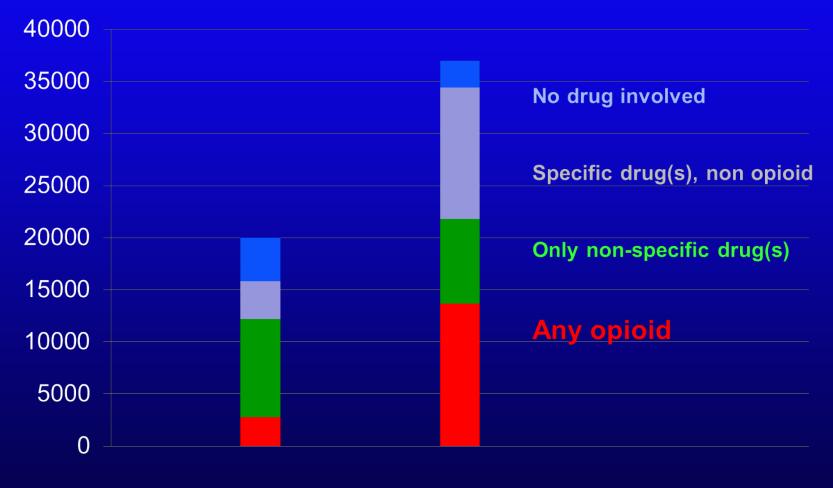
#### Parent Guidance

- Maintain open communication about drugs and medications
- Monitor all medication usage
- Restrict availability of drugs with misuse potential
- No medications to be taken without parents' knowledge
- If medication needed during school, have it supervised by school staff
- Discard any unused medication

## Prescription Drug Monitoring Programs (PDMPs)

- Studies have shown that PDMPs decrease diversion and doctor shopping.
- In October 2011, 37 states have PDMP
- Despite implementation of PDMPs, prescription drug rates for controlled substances and abuse rates have risen.

## Poisoning Deaths Involving Opioids USA, 1999 and 2006



1999

2006

#### Preventive Measures

 State-based PDMPs' records and insurance claims information can identify and address inappropriate prescribing and use by patients.

http://www.mass.gov/eohhs/provider/licensing/compliance/drug-control/maonline-prescription-monitoring-program/

- State Medical Licensure Boards are now requiring opioid prescription training for renewal of license.
- FDA is requiring drug manufacturers to develop educational materials.
- Abuse resistant formulations
- Elimination of Internet pharmacies

#### **Thanks**

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#### icanhelp<sup>SM</sup>

a program for early engagement by establishing "safe" places for adolescents to develop a trusting rapport with adults in the community

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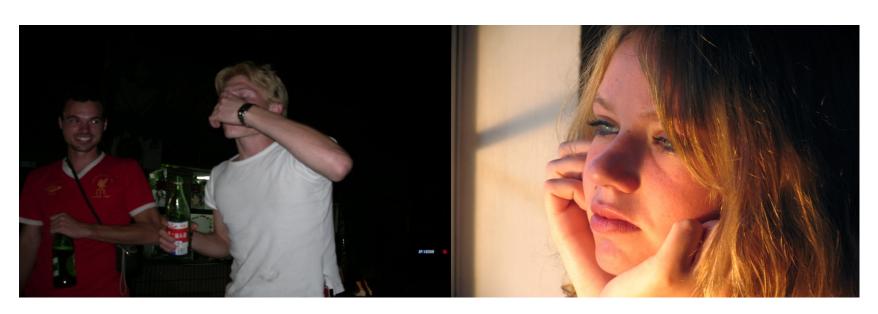
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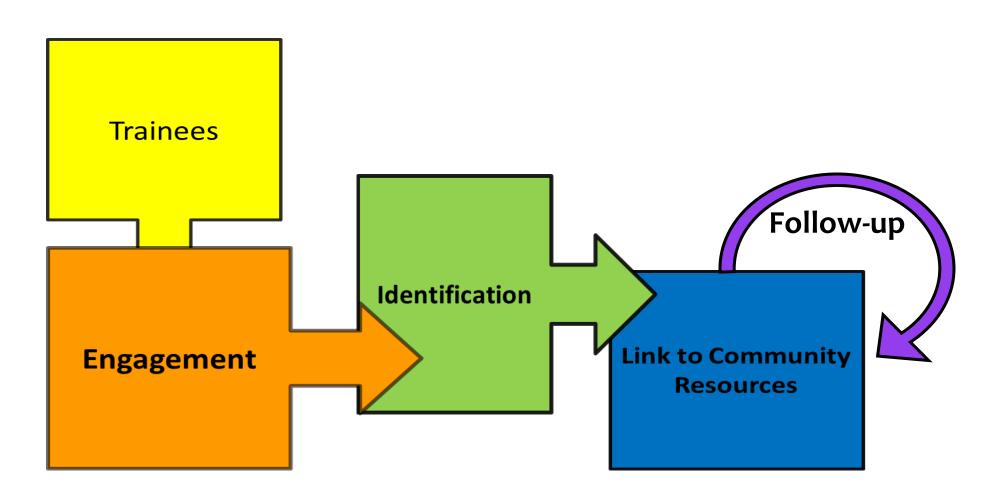
#### The problem

We are not reaching our youth who need help They do not realize they have a problem



They do not believe that we can help

#### icanhelp Representative



#### Alyssa....

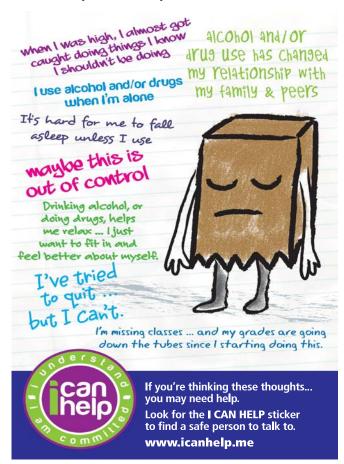
http://www.youtube.com/watch?v=q6JqSOcfmn0&feature=share

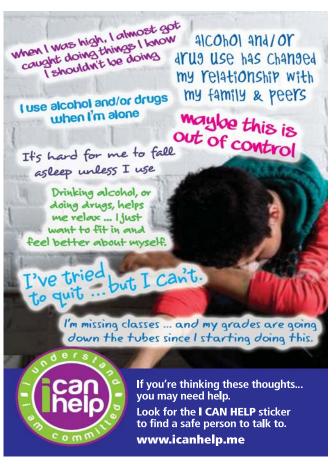


## Increasing Your Presence Youth awareness and facilitating a conversation

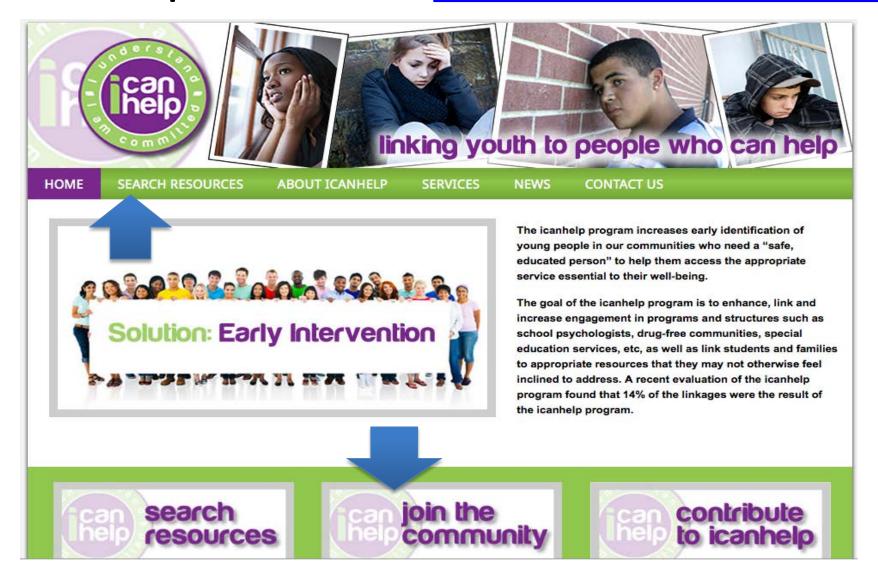
Display icanhelp posters

Examples of posters related to addictive behavior and issues





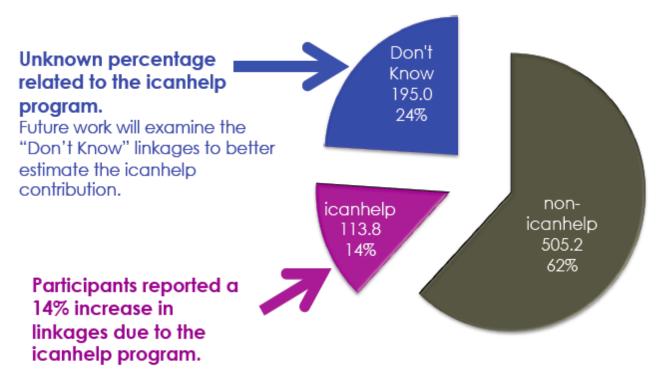
#### icanhelp Website: <a href="http://icanhelp.me">http://icanhelp.me</a>



#### icanhelp Outcomes

Teachers indicated the largest increase in linkages due to icanhelp

Total Number of Linkages Related to the icanhelp Program



#### Thank You!

In today's society with undeniable amounts of access to technology, our young people need a village of supports to help them navigate safely into adulthood. Help us expand this village.

Icanhelp.me

Michelle

http://www.learn2cope.org



Contact

#### There is hope... You are not alone



Learn to Cope is a support group for parents and family members dealing with a loved one addicted to heroin, Oxycontin and other drugs. It began in 2004 when I needed a place to go to get support for our family and today our son is alive and well, so there is hope. Currently there is a crisis, an epidemic of OC and Heroin use in Massachusetts. Most of the kids are between 17-26 years old, some start in high school, others have started in college. The rules have changed in society today, because Heroin is now in a snort able form and 80-90% pure. Young people do not realize they will become addicted even by just experimenting and it normally begins with crushed up Oxy Contin and a bad choice, even if they have been warned all their lives by their parents about drug use. It doesn't matter where you live, how you have parented, what your income is......it knows no boundaries and it's out there. Young people and communities need to be educated on

prescription drug use as well as the gateway drugs that can lead them to it. Countless lives have been lost. Learn to Cope is a support group but also plans and facilitates local forums with real world experience to help educate the public on this issue.

One life lost is too many. As we all say, addiction doesn't discriminate and no matter how well you parented your kids, they can make terrible decisions at times that can ultimately ruin their future, many of them didn't realize what they were dealing with when they tried it, they know now. We are out there warning young people and their parents because this is a community crisis, not just a family's crisis. As many of us say "By the grace God go I". This website was formed to support families and educate them on addiction and well as





#### **Questions?**

Save the Date:

Next Prescription Drug Abuse Learning Circle
June 11, 2012