

Opiate Abuse Webcast

Thursday, October 16, 2014

Handout Materials



**New York State
Office of
Children & Family
Services**

New York State
Office of Children and Family Services
and
PDP Distance Learning Training Initiatives

OPIATE ABUSE WEBCAST

October 16, 2014

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Learning Objectives:

After participating in today's training, you will be able to:

- Identify drugs of abuse and explain why people use drugs which lead to addiction
- Recognize the impacts of addiction on the brain, including short and long-term issues
- Describe the process and modalities for the treatment of addiction
- Discuss the effects of addiction on child welfare systems
- Explain current OCFS and OASAS efforts and policies on opiates and addiction.

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If you have come with questions:
please fax 518-472-5165
or phone 518-408-4821

2

Basic Questions

- Why do people do drugs?
- Why can't or won't some people stop?



3

Drive to Get High

People will seek any means to alter their state of consciousness



4



5

Some people will try anything to get high

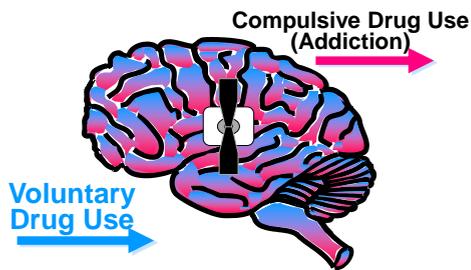


6

How Drugs Work

- ▶ Interact with neurochemistry
- ▶ Results:
 - ▶ Feel good – euphoria/reward
 - ▶ Feel better – reduce negative feelings

7



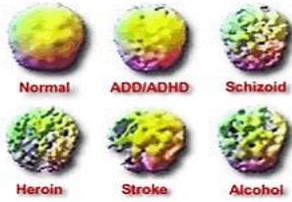
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Addiction is a Brain Disease

Prolonged use changes the brain in fundamental and long lasting ways

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Brain Changes



National Institute on Drug Abuse.

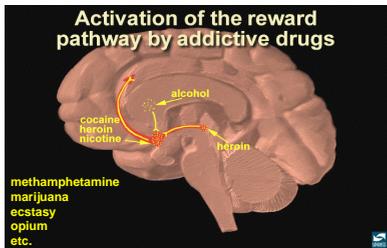
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Natural Rewards



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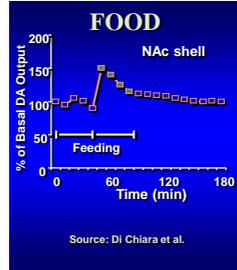
Activation of the reward pathway by addictive drugs



National Institute on Drug Abuse (2007).

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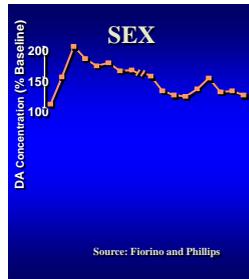
Food



Blum K, Oscar-Berman M, Giordano J, Downs BW, Simpatco T, et al. (2012).

13

Sex

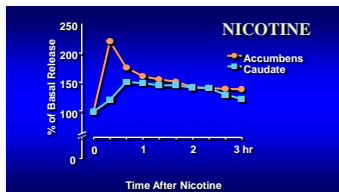


Source: Fiorino and Phillips

Blum K, Oscar-Berman M, Giordano J, Downs BW, Simpatco T, et al. (2012).

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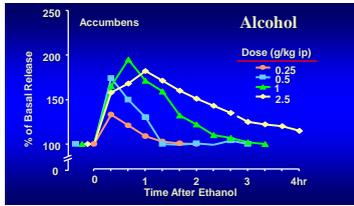
Nicotine



Blum K, Oscar-Berman M, Giordano J, Downs BW, Simpatco T, et al. (2012).

15

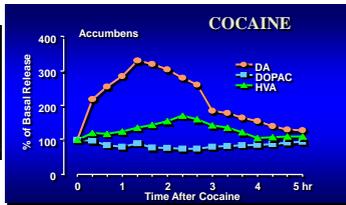
Alcohol



Blum K, Oscar-Berman M, Giordano J, Downs BW, Simpalico T, et al. (2012).

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Cocaine



Blum K, Oscar-Berman M, Giordano J, Downs BW, Simpalico T, et al. (2012).

17

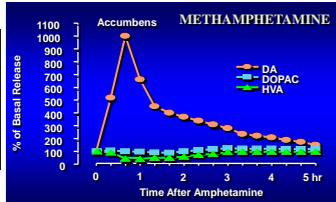
Morphine



Blum K, Oscar-Berman M, Giordano J, Downs BW, Simpalico T, et al. (2012).

18

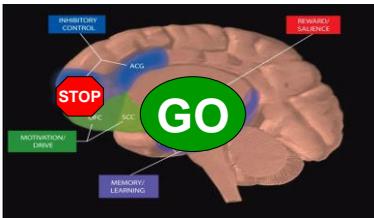
Methamphetamine



Blum K, Oscar-Berman M, Giordano J, Downs BW, Simpatico T, et al. (2012).

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Circuits Involved In Drug Abuse and Addiction



All of these must be considered in developing strategies to effectively treat addiction

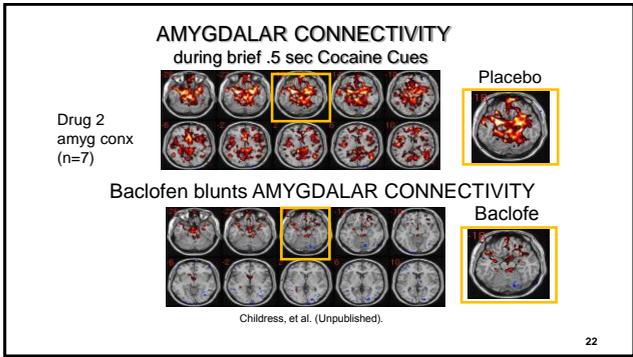
National Institute on Drug Abuse (2008).

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Go & Stop Go!!

- ▶ Craving elicits **Go!!**
- ▶ Powerful
- ▶ Activity in limbic system not frontal cortex
- ▶ Feeling/reacting vs. thinking/planning
- ▶ Thinking initiates **Stop!!**
- ▶ Addicts have "bad brakes" - **Stop!**
- ▶ Hard to stop this fast moving car

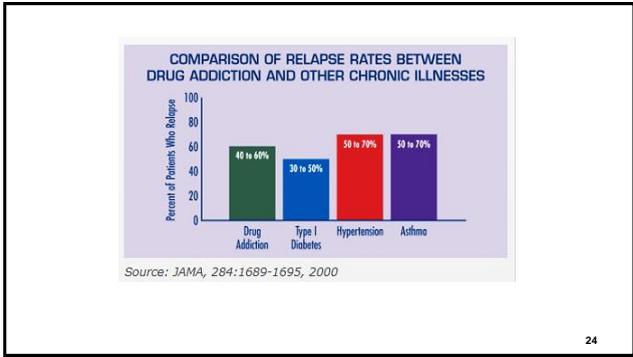
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Chemical Dependency

- ▶ Chronic disease prone to relapse
- ▶ Requires significant behavior changes
- ▶ Similar to heart disease, diabetes, asthma, gingivitis, etc.
- ▶ Similar treatment "success"

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Opioids

Natural Opiates

Derived from raw opium

- Morphine
- Codeine

Semi-synthetics

Modified natural

- Heroin
- Vicodin/OxyContin

Synthetics

- Fentanyl
- Demerol
- Methadone

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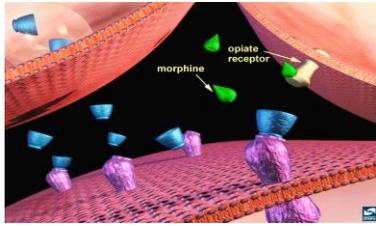
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Addiction/Dependency

- ▶ Opioids trigger reward system – euphoria – leads to continued use – addiction
- ▶ Withdrawal symptoms are significant – regular use to avoid withdrawal – dependence

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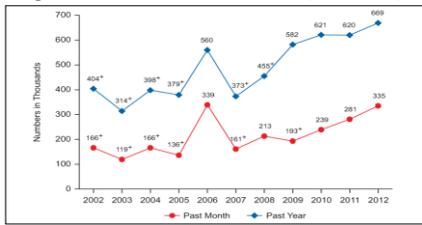
Opiates Increase DA Release



National Institute on Drug Abuse (2007).

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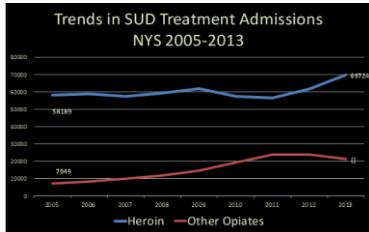
Past Month and Past Year Heroin Use among Persons Aged 12 or Older: 2002-2012 (National)



SAMHSA (2013).

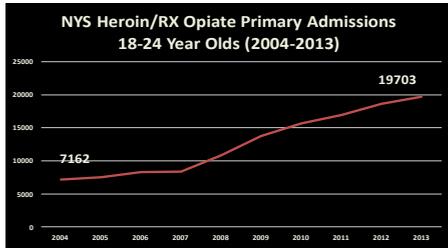
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Trends in SUD Treatment Admissions NYS 2005-2013



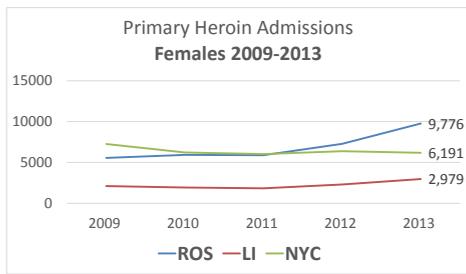
OASAS CDS Data (2014).

30



OASAS CDS Data (2014).

31



OASAS CDS Data (2014).

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Heroin

- ▶ Heroin more potent - 50-80% - <10% in '70's
- ▶ Younger age group - 18-24 y.o. and younger
- ▶ Suburban/rural
- ▶ Users start with snorting - IV within 12 months
- ▶ Withdrawal painful - not deadly
- ▶ Lots of relapse

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Heroin

Effects

- Analgesia - change in pain perception
- Euphoria - intense
- Sedation - "on the nod"
- Respiratory depression
- Cough suppression
- Nausea/vomiting
- Constipation

Withdrawal

- Pain
- Depression
- Alert
- Rapid breathing
- Coughing
- Nausea/vomiting
- Diarrhea
- 3-5 days

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Heroin Usage Patterns

- ▶ Highly addictive and dependence producing
- ▶ Significant tolerance up to 35X
- ▶ Increased cost

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Heroin Usage Patterns

- ▶ Tolerance management (Tx, jail, etc.)
- ▶ Mixing with other opiates and other drugs (speedballing/cocaine)
- ▶ Risk of other infections – HIV, hep C, etc.

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Pregnancy/Newborns

- ▶ Increased miscarriages
- ▶ Low birthweight
- ▶ The onset of narcotic withdrawal, including methadone withdrawal, is frequently during the first 48 to 72 hours, but may be delayed as late as 4 weeks

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American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Policy on Neonatal Drug Withdrawal - 2012

- ▶ Active or passive maternal detoxification is associated with increased risk of fetal distress and fetal loss
- ▶ Maintenance programs with methadone for pregnant women can sustain opioid concentrations in the mother and fetus in ranges that minimize opioid craving, suppress abstinence symptomatology, block heroin-induced euphoria, and prevent fetal stress

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American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Policy on Neonatal Drug Withdrawal - 2012

- ▶ Other benefits are optimization of prenatal care and general maternal physical and mental health, as well as anticipation of potential withdrawal signs in the newborn infant
- ▶ Disadvantages of methadone include a more severe and prolonged course of Neonatal Abstinence Syndrome (NAS) compared with heroin exposure. These issues have encouraged the development of other synthetic opioids as alternative treatments to methadone

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AMERICAN ACADEMY OF PEDIATRICS
Neonatal Drug Withdrawal

Table 3.
 Clinical Features of the Neonatal Narcotic Abstinence Syndrome

Neurologic Excitability	Gastrointestinal Dysfunction
Tremors	Poor feeding
Irritability	Uncoordinated and constant sucking
Increased wakefulness	Vomiting
High-pitched crying	Diarrhea
Increased muscle tone	Dehydration
Hyperactive deep tendon reflexes	Poor weight gain
Exaggerated Moro reflex	Autonomic signs
Seizures	Increased sweating
Frequent yawning and sneezing	Nasal stuffiness
	Fever
	Metting
	Temperature instability

Hudak, Mark L., PhD., Tan, Rosemarie C., MD, PhD., et al. (2012).

From the American Academy of Pediatrics
Neonatal Drug Withdrawal

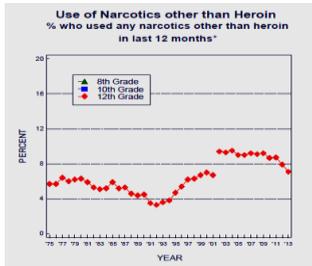
TABLE 5
 Drugs Used in the Treatment of Neonatal Narcotic Withdrawal

Drug	Initial Dose	Increment	Maximum Dose	Ref. No.
Oral morphine	0.04 mg/kg every 3-4 h	0.04 mg/kg per dose	0.2 mg/kg per dose	119,121,126,133
Oral methadone	0.05-0.1 mg/kg every 6 h	0.05 mg/kg per dose	To effect	127
Oral dionidine	0.5-1 µg/kg every 3-6 h	Not studied	1 µg/kg every 3 h	132-135

Hudak, Mark L., PhD., Tan, Rosemarie C., MD, PhD., et al. (2012).

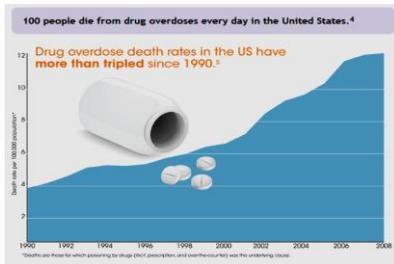
Prescription Opiates

- ▶ OxyContin(oxycodone)- an oral, controlled release form of the drug- crush the tablet - heroin-like high
- ▶ Tramadol
- ▶ Vicodin
- ▶ Dilaudid



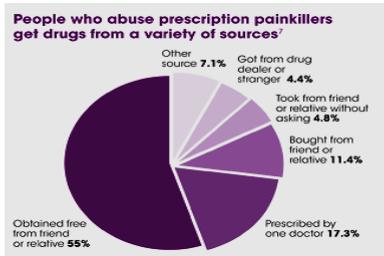
Monitoring the Future (2013).

46



Centers for Disease Control (2011).

47



Centers for Disease Control (2011).

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OxyContin



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OxyContin

- ▶ Oxycodone – synthesized from thebaine (part of opium)
- ▶ OxyContin – 1995
 - Crush the tablet for quicker high
 - Oral, snort, inject
- ▶ Percocet – oxycodone & acetaminophen
- ▶ Percodan – oxycodone & aspirin

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Vicodin



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Vicodin

- ▶ Hydrocodone and acetaminophen
- ▶ Lorcet, Lortab
- ▶ Schedule III – high psychological/medium physical
- ▶ Pain and post-surgical use (pain)

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Treatment

- ▶ Traditional recovery based/NA
- ▶ Naltrexone - antagonist/blocker
- ▶ Opiate maintenance Tx – withdrawal management
 - Methadone - daily
 - Buprenorphine/Suboxone/Zubsolv
 - Methadone to abstinence models

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Detox

- ▶ Detox: Medical risk with opioid withdrawal is low, while discomfort is very high
 - Inpatient
 - Outpatient
- ▶ Only recommended during 2nd trimester of pregnancy if mother is invested
- ▶ Otherwise methadone stabilization is in best interest of mother and fetus

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Levels of Care

- ▶ Inpatient rehabilitation
 - 5-21 days length of stay
 - Focus on medical/psychiatric stabilization
 - May initiate Suboxone for opiates

- ▶ Community residence (halfway houses)
 - Supportive living environment
 - 3-12 months

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Levels of Care

- ▶ Intensive Residential
 - Supportive environment – therapeutic community
 - Longer term stays 6-24 months
 - Focus on rehabilitation/sober living skills

- ▶ Outpatient
 - Intensive outpatient

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Proposed Residential Redesign

- ▶ 3 levels of Residential:
 - Stabilization
 - Rehabilitation
 - Community Reintegration
- ▶ Enhanced medical/nursing/clinical staffing
- ▶ Medicaid reimbursement for clinical/medical portion of services

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Overdose Reversal Kits

- ▶ Kits can save lives
- ▶ Train first responders, families, treatment staff, and...PARTICIPANTS



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Addiction and Child Welfare

- ▶ Parental addiction greatly impacts the functioning and well-being of the family
- ▶ Depending on circumstances, Child Welfare system may remove the child(ren)
- ▶ ASFA- requires that states move to terminate parental rights for children who have been in foster care for 15 out of the last 22 months

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Addiction and Child Welfare

- ▶ Exceptions to the 15/22 rule include:
 - When the Agency documents a compelling reason why parental termination is *not* in the child's best interest
- ▶ This may conflict with longer residential treatment stays

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If the Parent is in Treatment

- ▶ Are they making progress?
- ▶ Are they cooperating with treatment and DSS?
- ▶ Is there visitation? How's it going?
- ▶ Availability of adequate recovery supports?

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Combat Heroin: <http://combatheroin.ny.gov/>

NYS Office of Alcohol and Substance Abuse Services:
<http://www.oasas.ny.gov/>

HOPELine: 1-877-8-HOPE NY,
or
1-877-846-7369

NYS OASAS Prescription Drug and Heroin Addiction Treatment
Services: <http://www.oasas.ny.gov/pio/needhlp-PDHeroin.cfm>

62

- 87% responded that opiate use/addiction problem in the community is a SIGNIFICANT PROBLEM
- 87% responded incidence of opiate misuse has INCREASED in the community over the past two years

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NYS Office of Children and Family
Services Opiate Abuse Resources and
Services:

http://ocfs.ny.gov/main/Opiate_Abuse/gen_info.asp

64

“Opiate Abuse Webcast” 10.16.14 - Reference List

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15. **(Slide 30)** NYS Office of Alcoholism and Substance Abuse Client Data System (CDS); April 2014 data.

16. **(Slide 31)** NYS Office of Alcoholism and Substance Abuse Client Data System (CDS); April 2014 data.

17. **(Slide 32)** NYS Office of Alcoholism and Substance Abuse Client Data System (CDS); April 2014 data.

18. **(Slide 40)** Hudak, Mark L., PhD., Tan, Rosemarie C., MD, PhD., et al. Neonatal Drug Withdrawal. *PEDIATRICS* Vol. 129 No. 2 January 30, 2012, pp. e540-e560. doi:10.1542/peds.2011-3212. Retrieved from:

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New York State Office of Children and Family Services, Bureau of Training and Development

Learning Gain

Alternate Level II Evaluation

Please rate your ability to explain or describe the following items, AFTER attending this training.
 (On a scale of 1 to 5, with 1=not at all confident and 5=very confident)

AFTER you attended this training:

How confident are you in your ability to:	Not at all confident	Not very confident	Somewhat confident	Confident	Very Confident
Identify drugs of abuse and explain why people use drugs which lead to addiction	1	2	3	4	5
Recognize the impacts of addiction on the brain, including short and long-term issues	1	2	3	4	5
Describe the process and modalities for the treatment of addiction	1	2	3	4	5
Discuss the effects of addiction on child welfare systems	1	2	3	4	5
Explain current OCFS and OASAS efforts and policies on opiates and addiction	1	2	3	4	5

