The Heroin Epidemic in Adolescents and Young Adults

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AOAAM
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Marla Kushner, DO, Disclosures

- Speaker Bureau
  - Alkermes
  - Reckitt Benckiser
TARGET AUDIENCE

• Family Practice
• Underserved urban & rural areas
• The AOAAM has a strong grass-roots network of providers serving in both underserved urban and rural areas. AOAAM also has established a close association with the majority of osteopathic medical schools in an attempt to ensure core competencies in addiction medicine are being taught. The osteopathic profession makes up 8% of physicians in the U.S., however, because of the emphasis on family practice it is estimated 20% of primary care in this country is delivered by osteopathic physicians.
EDUCATIONAL OBJECTIVES

- Substance abuse is on the rise in all population groups particularly prescription opiate abuse.
- Prescription opiate abuse is becoming the precursor drug of abuse for heroin.
- The adolescent population is particularly vulnerable due to their inexperience, segue of prescription opiate abuse and the easy availability of heroin.

- After participating in this seminar, physicians and attendees will be able identify patients that are at risk for substance abuse and be prepared to discuss treatment options as we all as motivations to enhance treatment participation, recovery potential and improve outcomes.
I'm having an unpleasant feeling. Is there a pill I can take for that?
WHAT PERCENTAGE DO PHYSICIANS SEE?

- 15% of outpatient visits
- 25%-40% of hospitalizations
- 50% of emergency department visits
- 80% in some specialty units (Burns)
- 70% of smokers see a physician each year
Almost 40 percent of teens don’t perceive any great risk in trying heroin once or twice. Almost 19 percent of teens don’t perceive any great risk in trying heroin once or twice a week. (**SAMHSA, 2006)
According to a presentation at the American Society of Addiction Medicine 42nd Annual Medical Scientific Conference, 67 percent of teens who were admitted for painkiller addiction were given prescriptions for those drugs in the previous year.
• The use of heroin is rising significantly.

• The number of people aged 12 and older who used heroin in the past year rose from 373,000 in 2007 to 669,000 in 2012.

• The rate of current illicit drug use among people 12 or older also rose from 8.1 percent in 2008 to 9.2 percent in 2012.
NEW FACES OF ADDICTION
**HEROIN TRENDS IN TEENS**

- Monitoring the Future Study: Trends in Prevalence of Heroin for 8th-Graders, 10th-Graders, and 12th-Graders; 2013 (in percent)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Time Period</th>
<th>8th-Graders</th>
<th>10th-Graders</th>
<th>12th-Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>Lifetime</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Past Year</td>
<td>0.50</td>
<td>0.60</td>
<td>0.60</td>
</tr>
<tr>
<td></td>
<td>Past Month</td>
<td>0.30</td>
<td>0.30</td>
<td>0.30</td>
</tr>
</tbody>
</table>

- **Source:** University of Michigan, 2013 Monitoring the Future Study
OPIATE DRUG USE IN TEENS

• Monitoring the Future Study: Trends in Prevalence of Various Drugs for 8th-Graders, 10th-Graders, and 12th-Graders; 2013 (in percent)*

<table>
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<th>12th-Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vicodin</td>
<td>Past Year</td>
<td>1.40</td>
<td>4.60</td>
<td>5.30</td>
</tr>
<tr>
<td>OxyContin</td>
<td>Past Year</td>
<td>2.00</td>
<td>3.40</td>
<td>3.60</td>
</tr>
</tbody>
</table>

• For the most recent statistics on teen drug abuse, see results from NIDA’s Monitoring the Future study.
PROGRESSION OF USE

• Pills
  ▪ Given after a procedure, ER Visit, dental appointment
  ▪ Medicine cabinet
  ▪ Friends
  ▪ On the Street
  ▪ Online
• Heroin
  ▪ Snorting
• Heroin
  ▪ IV use
WHAT IS THE PROBLEM?
PREVENTION

• Any opportunities to educate
  ▪ Office visits
• Ask about family history of addiction
• Screening
• Careful prescribing
WHEN TO SCREEN?

• During an initial history and physical exam
  ▪ Ask about any use of cigarettes, alcohol, other drugs.
  ▪ Ask about Family History of Alcoholism and Drug Dependency
• During each regular visit
  ▪ Follow-up on previous conversations about use
  ▪ Ask about attempts to quit
ILLINOIS PRESCRIPTION MONITORING

- www.ILPMP.org
HOW TO SCREEN?

• Ask Questions!
• CAGE
• How many times in the past year have you had 5 or more drinks in a day (for men) 4 (for women)
Have you ever tried to cut down on your use of alcohol or drugs?
Have you ever been annoyed by others criticizing your drinking or drug use?
Have you ever felt guilty because of your use of alcohol or other drugs?
Have you ever needed an “eye opener” in the morning to settle your nerves?
ADDICTION IS A CLINICAL DIAGNOSIS!
MANAGEMENT

- Understanding their desire to stop using
- Increasing motivation for change
- Continuing to motivate the patient over time.
ASSURING MEDICAL AND PSYCHOLOGICAL STABILITY

- Do they need hospitalization?
- Can they go to an outpatient program?
  - What level?
  - Day Treatment-partial hospitalization
  - Intensive outpatient
WITHDRAWAL SYNDROMES AND DETOXIFICATION

- Must be assessed for withdrawal symptoms
- Most common in:
  - opiates
    - uncomfortable
  - sedative-hypnotics including alcohol
    - uncomfortable and medically more dangerous
OPIATE WITHDRAWAL

- Mydriasis
- Piloerection
- Abdominal cramps
- Myoclonic jerks
- Rhinorrhea
WHAT’S THE THOUGHT ON MEDICATION IN RECOVERY?
• Methadone: classic substitution pharmacotherapy. Opiate that causes little euphoria. Must go to a methadone center daily.
• Buprenorphine (Suboxone, Subutex, Zubsolv): A partial opiate agonist
  ▪ Certification is needed.
  ▪ Limited number of patients per doctor.
  ▪ Prescribed at a doctors office
PHARMACOTHERAPY: NEW SCHOOL
NALTREXONE

• Revia

• Vivitrol
NARCAN

• The Chicago Recovery Alliance
  ▪ Anypositivechange.org
RECOVERY PROGRAMS

• 12- Step meetings
  ▪ NA
  ▪ HA
• Smart Recovery
• Suboxone Therapy Groups
FAMILY INTERVENTION

• Family is affected by this disease
  ▪ Are they using?
  ▪ Enabling?
  ▪ Caring for?
• 12 step programs for families
  ▪ Al-anon
  ▪ Families anonymous
  ▪ Adult Children of Alcoholics
LONG-TERM MONITORING

• *Avoid prescribing mind-altering substances for patients in recovery.
• Treatment contracts with patient. How to handle allergies, viral illnesses, anxiety, depression, insomnia, pain.
• Opiates?
PAIN…WHAT TO DO?

- Aches and pains
- Surgical procedures
CASES
THANK YOU!

• doctormarlak@gmail.com
• 773-244-9600
References

- State of Illinois experiencing Heroin epidemic - new statute recognizes issue by creation of the Young Adults Heroin Use Task Force. State of Illinois Public Act 098-0374
PCSS-O Colleague Support Program

- PCSS-O Colleague Support Program is designed to offer general information to health professionals seeking guidance in their clinical practice in prescribing opioid medications.

- PCSS-O Mentors comprise a national network of trained providers with expertise in addiction medicine/psychiatry and pain management.

- Our mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.

- The mentoring program is available at no cost to providers.

For more information on requesting or becoming a mentor visit: pcss-o.org/ask-colleague

- Listserv: A resource that provides an “Expert of the Month” who will answer questions about educational content that has been presented through PCSS-O project. To join email: pcss-o@aaap.org.
PCSS-O is a collaborative effort led by American Academy of Addiction Psychiatry (AAAP) in partnership with: Addiction Technology Transfer Center (ATTC), American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing (ASPMN), International Nurses Society on Addictions (IntNSA), and Southeast Consortium for Substance Abuse Training (SECSAT).

For more information visit: [www.pcss-o.org](http://www.pcss-o.org)
For questions email: [pcss-o@aaap.org](mailto:pcss-o@aaap.org)

Twitter: [@PCSSProjects](https://twitter.com/PCSSProjects)

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