Strategies for Reducing Adolescent Opioid Abuse in Ohio

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Overview

• Brief description of the problem

• Possible Solutions:
  1. Education
  2. Drug Monitoring
  3. Proper medication disposal
  4. Enforcement of laws
  5. Deliver confidential services to teens
  6. Prevent early initiation of substance use
  7. Improved mental health services for children/teens
  8. Adolescent focused substance abuse treatment programs
  9. Harm reduction concept/programs
Concerning Trends in Teen Prescription Drug Abuse

According to the New Partnership Attitude Tracking Study (2008-2012)

- 27% of teens believe that abusing prescription drugs is safe
- 33% think it’s okay to use prescription drugs that were not prescribed to them
- 23% say their parents don’t care as much if they are caught using Rx drugs
<table>
<thead>
<tr>
<th>Reason</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>To help me relax</td>
<td>18%</td>
</tr>
<tr>
<td>To have fun</td>
<td>16%</td>
</tr>
<tr>
<td>Because being high feels good</td>
<td>14%</td>
</tr>
<tr>
<td>To help me forget my troubles</td>
<td>13%</td>
</tr>
<tr>
<td>To deal with pressures and stress of school</td>
<td>11%</td>
</tr>
<tr>
<td>My friends are using</td>
<td>11%</td>
</tr>
<tr>
<td>To help deal with problems at home</td>
<td>8%</td>
</tr>
<tr>
<td>To feel better about myself</td>
<td>8%</td>
</tr>
<tr>
<td>To look cool</td>
<td>6%</td>
</tr>
<tr>
<td>It’s a habit, I can’t stop</td>
<td>4%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>70%</td>
</tr>
</tbody>
</table>

“What was the main reason why you last used a prescription drug without a prescription?”

2012 Partnership Attitude Tracking Study, sponsored by MetLife Foundation
Death Rates from Unintentional Overdose Involving Heroin and Prescription Opioids by Age and Sex, Ohio, 2012

Source: Ohio Department of Health, Vital Statistics
ODH Violence and Injury Prevention Program
What Can We Do to Help?
Dr. Matson’s Thoughts

- Increase use of Prescription Monitoring Programs
- Prevent early initiation of substance use
- Deliver confidential services to teens
- Educate Providers
  - Proper prescribing
  - Limiting numbers and amounts
- Educate Families
  - Communication with their children
  - Proper medication storage and dispensing in the home
- Improved mental health services for children/teens
- Improved adolescent focused substance abuse treatment programs
Ohio Automated Rx Reporting System Handbook

Ohio State Board of Pharmacy
Prescription Monitoring Program
77 South High St., Room 1702
Columbus, OH 43215-6126
Average Opioid Doses per Age Group 2008-2012

Almost 800,000,000 doses in 2012
Opioid Doses per Person by Age Group and Year 2008-2012

Doses per Person

Age Group

0-11 Years 12-20 Years >20 Years

2008 2009 2010 2011 2012
The doses per person was 1.36 units greater on average in 2008 than it was in 2012 among 12 to 20 year olds (95% CI: 1.00 to 1.71; p-value < 0.0001).
The doses per person did not differ significantly between 2008 and 2012 among those over 20 years old (95% CI: -2.17 to 2.81; p-value = 0.8007).
Prescription of opioids to minors.

- As part of the prescriber's examination of the minor, assess whether the minor has ever suffered, or is currently suffering, from mental health or substance abuse disorders and whether the minor has taken or is currently taking prescription drugs for treatment of those disorders;
- Discuss with the minor and the minor's parent, guardian, or another adult authorized to consent to the minor's medical treatment all of the following:
  - The risks of addiction and overdose associated with the compound;
  - The increased risk of addiction to controlled substances of individuals suffering from both mental and substance abuse disorders;
  - The dangers of taking controlled substances containing opioids with benzodiazepines, alcohol, or other central nervous system depressants;
  - Any other information in the patient counseling information section of the labeling for the compound required under 21 C.F.R. 201.57(c)(18).
- Obtain written consent for the prescription from the minor's parent, guardian, or, subject to division (E) of this section, another adult authorized to consent to the minor's medical treatment.
Ohio Laws

• "Minor" means an individual under eighteen years of age who is not emancipated.

• For purposes of this section, an individual under eighteen years of age is emancipated only if the individual has:
  ✓ Married,
  ✓ Entered the armed services of the United States,
  ✓ Became employed and self-sustaining,
  ✓ Has otherwise become independent from the care and control of the individual's parent, guardian, or custodian.
Teen Brains are Uniquely Susceptible to the Effects of Drugs
Adolescent Brain Development
Alcohol Dependence or Abuse in the Past Year among Adults Aged 21 or Older, by Age at First Use of Alcohol: 2011 NSDUH

- **14 or Younger**:
  - Alcohol Abuse: 7.0%
  - Alcohol Dependence: 6.8%
  - Total: 13.8%

- **15 to 17**:
  - Alcohol Abuse: 4.1%
  - Alcohol Dependence: 4.5%
  - Total: 8.6%

- **18 to 20**:
  - Alcohol Abuse: 2.0%
  - Alcohol Dependence: 2.5%
  - Total: 4.5%

- **21 or Older**:
  - Alcohol Abuse: 0.8%
  - Alcohol Dependence: 0.9%
  - Total: 1.8%
Prior Alcohol and Cigarette Use Among Recent Marijuana Initiates, by Gender

<table>
<thead>
<tr>
<th></th>
<th>Never Used Alcohol or Cigarettes</th>
<th>Used Cigarettes, But Not Alcohol</th>
<th>Used Alcohol, But Not Cigarettes</th>
<th>Used Both Alcohol and Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>9.1</td>
<td>14.8</td>
<td>16.6</td>
<td>59.5</td>
</tr>
<tr>
<td>Males</td>
<td>9.7</td>
<td>16.5</td>
<td>16.0</td>
<td>57.8</td>
</tr>
<tr>
<td>Females</td>
<td>8.5</td>
<td>13.1</td>
<td>17.1</td>
<td>61.3</td>
</tr>
</tbody>
</table>

Prevalence of Past Year Alcohol and/or Illicit Drug Dependence or Abuse among Adults Aged 26 or Older by Age of Marijuana Initiation

From 2003 to 2013, there was a significant decrease in the percentage of students who reported trying marijuana for the first time before age 13. (5.8%)
Confidentiality

• Teens may delay or avoid medical care if not confidential
• The AMA in 1993 affirmed that confidential care was critical to improving adolescent health
• Physicians should discuss confidential care with families early in a child’s development and during the early teen years
• Written communication about confidential care practices in your office may be useful for families.
Start Talking!

The *Start Talking!* initiative was developed to:

- **Help parents understand the risks** to their children and empower them with simple, effective strategies to act;
- **Provide programming for schools** to reinforce the positive messages children should be hearing at home;
- **Encourage peer-to-peer conversations** among high school youth to promote healthy lifestyles; and
- **Focus on building resiliency** in our youth so that they have the necessary emotional tools to resist substance use.
# Start Talking! Consent Form
for Prescribing Opioids to Minors

<table>
<thead>
<tr>
<th>Patient Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
</tr>
</tbody>
</table>

| Prescription name & quantity: |
| Number of refills: |

The prescribed drug is a controlled substance containing an opioid. This means the medication has been identified by the United States Drug Enforcement Administration as having a potential for abuse, dependence or misuse.

I certify that I have discussed the following with the minor patient and the patient’s parent, guardian or authorized adult:

- (a) The risks of addiction and overdose associated with a controlled substance containing an opioid;
- (b) The increased risk of addiction to controlled substances of individuals suffering from both mental and substance abuse disorders;
- (c) The dangers of taking controlled substances containing opioids with benzodiazepines, alcohol or other central nervous system depressants;
- (d) Any other information in the patient counseling information section of the labeling for the medication required by Federal law.

<table>
<thead>
<tr>
<th>Signature of prescriber</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Adult Authorized to Consent to Minor’s Treatment*</th>
<th>Date</th>
</tr>
</thead>
</table>

*An adult to whom a minor’s parent or guardian has given written authorization to consent to the minor’s medical treatment. The prescription must be limited to not more than a single 72-hour supply if the person consenting to treatment is an adult authorized to consent to a minor’s treatment. See, Section 3719.061, Ohio Revised Code.

See the Start Talking! website for tips on talking to kids about drugs: [StartTalking.ohio.gov](http://StartTalking.ohio.gov)
Communication

• Good communication between parents and children is the foundation of strong family relationships.

• Developing good communication skills helps parents:
  ✓ Catch problems early
  ✓ Support positive behavior
  ✓ Stay aware of what is happening in their children’s lives.
Encouragement

• Encouragement is key to building confidence and a strong sense of self and helps parents to promote cooperation and reduce conflict.

• Many successful people remember the encouragement of a parent, teacher, or other adult.

• Consistent encouragement helps youth feel good about themselves and gives them confidence to:
  ✓ Try new activities
  ✓ Develop new friendships
  ✓ Tackle difficult tasks
  ✓ Explore their creativity
Negotiation

- Negotiating solutions offers parents a way to work together to solve problems, make changes, promote and improve cooperation, and teach youth how to:
  - Focus on solutions rather than problems
  - Think through possible outcomes of behavior
  - Develop communication skills
Setting Limits

• Setting Limits helps parents teach self-control and responsibility, show caring, and provide safe boundaries.

• It also provides youth with guidelines and teaches them the importance of following rules. This is a two-step process:

  • **Step 1: Setting Rules**
    - Make clear simple, specific rules.
    - Make sure your child understands your rules.
    - Have a list of consequences.
    - Be ready to follow through.

  • **Step 2: Following Up**
    - Give a consequence when rules are broken.
    - Offer encouragement when rules are followed.
Supervision (The 4 Cs)

• Supervision is the centerpiece of effective parenting
• When youth begin to spend more and more time away from home, monitoring their behavior and whereabouts is challenging.
• Supervision helps parents recognize developing problems, promote safety, and stay involved.
• The 4 Cs
  ✓ Clear Rules
  ✓ Communication with other parents and teachers
  ✓ Checking Up
  ✓ Consistency
Knowing Your Child’s Friends

• Youth tend to be uncertain about themselves and how they “fit in” and at times they can feel overwhelmed by a need to please and impress their friends.

• These feelings can leave children open to peer pressure.

• Knowing your child’s friends and peers helps parents improve communication, reduce conflict, and teach responsibility.
Ohio YRBS Mental Health

Ohio YRBS 2013

% Reporting

- Severe Depression
- Made a Plan for Suicide
- Get Counseling Help When Needed
- Have Long Term Emotional or Learning Problem

Female
Male
Finding Those at Risk

• Most do not present with substance use as a complaint, but rather will show changes in:
  ✓ Medical, mental health, home, legal, school, work

• Screening for Substance Use
  ✓ CRAFFT

• Brief Interventions
  ✓ SBIRT (Screening, Brief Intervention, and Referral to Treatment)
• Educate parents on parenting and care of medications
• Improve mental health services for adolescents
• Prevent youth from early substance abuse (<14 years)
• Decrease the total load of prescription opiates in the state.
• Find and treat adolescents with substance abuse problems.