OPIOID TRAINING MICROMODULE 1
UNDERSTANDING PRESCRIPTION OPIOID MISUSE
This material is offered by the Florida Alcohol and Drug Abuse Association and JBS International and supported by funding from the Department of Children and Families, Office of Substance Abuse and Mental Health (Contract #LD987) as part of its Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to the Opioid Crisis (O-STR) grant efforts.
The purpose of the Opioid STR Grant

Through prevention, treatment, and recovery activities for opioid use disorder (OUD) including prescription opioids and illicit opioids (e.g., heroin) the grant aims to address the opioid crisis by:

✓ Increasing access to treatment;
✓ Reducing unmet treatment need; and
✓ Reducing opioid overdose-related deaths.
MODULE 1 LEARNING OBJECTIVES

Participants will:

- Name at least two harmful effects of misuse of prescription or counterfeit opioid medications by parents.
- In a photo simulation exercise, identify at least three signs in the home of possible prescription opioid medication misuse.
- List at least three potential harms to children from parental prescription opioid misuse.
DEFINING PRESCRIPTION OPIOID MISUSE, AND FACTORS THAT CONTRIBUTE TO THEIR WIDESPREAD USE
PRESCRIPTION DRUG MISUSE (NON-MEDICAL USE)

Taking a medication in a manner or dose:
- Other than prescribed;
- Taking someone else’s prescription, even if for a legitimate medical complaint such as pain; and
- Taking a medication to feel euphoria (i.e., to get high).
THREE CLASSES OF COMMONLY ABUSED MEDICATIONS (MEDS)

- Central nervous system [CNS] depressants (e.g., tranquilizers, sedatives, and hypnotics) — used to treat anxiety and sleep disorders
- Stimulants — most often prescribed to treat attention-deficit hyperactivity disorder (ADHD)
- Opioids — usually prescribed to treat pain.
WHAT ARE PRESCRIPTION OPIOID MEDICATIONS?

- Pain reliever medications available legally by prescription, illegally, and/or by counterfeit
OPIOID PRESCRIPTION MEDS

- Most typically come in pill form
- Given to treat severe pain (e.g., dental surgery, serious sports injuries, or cancer)
- Commonly prescribed to treat other kinds of pain that lasts a long time (e.g., chronic pain), but unclear if effective for such.
**OPIATES? OPIOIDS?**

- **Opiates** are drugs (e.g., codeine, morphine, and heroin) derived from the opium poppy plant.

- At one time, "opioids" referred to synthetic **opiates** that include certain prescription painkillers such as hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin® and Percocet®), oxymorphone (e.g., Opana®), morphine (e.g., Kadian® and Avinza®), hydromorphone (e.g., Dilaudid®), fentanyl, and others.
Now the term **Opioid** is used for the entire family of **opiates** (including natural, synthetic, and semi-synthetic).
COMMON PRESCRIPTION OPIOIDS

- Codeine
- Morphine
- Oxymorphone
- Oxycodone and Hydrocodone
- Fentanyl
The U.S. Food and Drug Administration (FDA) approved OxyContin and other opioid pain meds in the mid-1990s (for short-term pain only).

However, physicians quickly started prescribing the effective new pills for long-term/chronic pain management.

When patients built up a tolerance and the pills stopped working, pain experts and drug company representatives instructed doctors to give higher doses.

They assured doctors that the pills were safe and non-addictive. THEY WERE WRONG!!!!!
The amount of opioid prescriptions dispensed has **QUADRUPLED** since 1999.

But the pain that Americans report remains **UNCHANGED**.
DRUG POISONING/OVERDOSE MORTALITY

2006

2016

Estimated Age-Adjusted Death Rate per 100,000
This chart (partial display due to space limitations) from the Pew Charitable Trust reflects 2016 Centers for Disease Control and Prevention (CDC) data illustrating that enough painkiller prescriptions were written to provide roughly 75 out of 100 Floridians with opioids.
OPIOIDS PRESCRIBED PER PERSON VARIED BY FLORIDA COUNTY IN 2015
Source of prescription pain relievers for the most recent nonmedical use among past year users aged 12 or older: annual averages, 2013 and 2014

- From a friend or relative for free: 50.5%
- From one doctor: 22.1%
- Bought from friend or relative: 11.0%
- Took from friend or relative without asking: 4.4%
- Bought from drug dealer or other stranger: 4.8%
- From more than one doctor: 3.1%
- Other: 4.1%
EFFECTS OF MISUSE OF PRESCRIPTION OR COUNTERFEIT OPIOID MEDICATIONS
• Prescribed to dull pain, but also boosts dopamine, giving some people a high
• Can slow down breathing
• Is highly addictive/easy to get hooked because the body can build up a tolerance. As more opioids are used, a larger dose needed to get the same effect.
Natural endorphins: A group of chemicals (e.g., dopamine) released within the brain and nervous system that have a number of physiological functions: provide the body’s natural opioids; promote feelings of wellbeing; make a person happy (such as when we eat, have sex, etc.); and reduce/eliminate pain.
Drowsiness
- Mental confusion
- Nausea
- Constipation
- Respiratory depression
- Opioid meds act on the brain’s reward centers, and can induce euphoria (particularly when taken at a higher-than-prescribed dose or administered in other ways than intended).
Short term:
- Initial pleasurable rush
- Very drowsy for several hours:
  - “on the nod” back and forth between conscious and semi-conscious.
- Clouded mental functioning
- Various physical symptoms

Long term:
- Various and severe/detrimental physical effects such as
- Repeated use leads to addiction/OUD
More on Prescription Opioid Use/Misuse Stages

- Short-term (a few days), properly managed - rarely leads to an OUD

- Regular use (several times a day) for several weeks or longer can lead to:
  - Dependence – physical discomfort when not taking
  - Tolerance – diminished effect, and increasing the amount taken
  - Addiction/OUD – compulsive drug seeking and use.
Many people (including parents) are becoming addicted to and dying from opioid painkillers.

Early identification and intervention can prevent people who abuse opioids from becoming addicted.
The journey to (and through) opioid misuse stages and associated timeframes vary by person, and are based on a number of variables.
A powerful synthetic opioid analgesic similar to morphine, typically administered by physicians via injection, transdermal patch, or in lozenges.

- 40-50 times more potent than heroin, and 50-100 times more potent than morphine.
Fentanyl patch abuse:

- Wearing one not prescribed
- Wearing several at once
- Opening the patch to eat the gel beads
- Smoking the gel (on tinfoil or “frosting” the top of a cigarette)
- Chewing on the patch or the plastic.
Pain reliever medications are available legally (by prescription), illegally, and by counterfeit.
FENTANYL

- Fentanyl can be mixed with other substances, injected, snorted/sniffed, smoked, taken orally by pill or tablet, or spiked onto blotter paper.
FENTANYL CUTTING TABLE
More than 80% of fentanyl seizures in the US in 2014 were reported in 10 states: OH, MA, PA, MD, NJ, KY, VA FL, NH, and IN (CDC 2015).
From 2016-2017, 14 states saw a drop in overdose deaths, while several saw death spikes of more than 30 percent, most likely due to the increasing presence of fentanyl (a deadly synthetic drug) in their illicit drug supply.

Those states with spikes include Delaware, Florida, New Jersey, Ohio, and Pennsylvania, along with the District of Columbia.
CARFENTANIL

- A synthetic opioid 100 times more potent than fentanyl, and 10,000 times more potent than morphine
- A tranquilizing agent for elephants and other large mammals -- not approved for use in humans
- Linked to a significant number of overdose deaths in various parts of the country
- Improper handling of carfentanil, fentanyl, and other fentanyl-related compounds can have deadly consequences.
Of people entering treatment for heroin addiction...

- Among those that began abusing opioids in the 1960s, more than 80 percent started with heroin.

- Research shows that 4 out of 5 heroin users first began with recreational use of prescription pain relievers.
OVERDOSE AND INFECTIOUS DISEASE
WHAT TO LOOK FOR...PARENTAL MISUSE OF PRESCRIPTION OR COUNTERFEIT OPIOID MEDICATIONS
Hydrocodone is the most frequently prescribed/misused opioid painkiller. It is a more powerful form of codeine that is often mixed with acetaminophen.
Oxycodone is marketed alone as OxyContin®.

It is also marketed in combination products with aspirin such as Percodan® or acetaminophen such as Roxicet®.

Common nicknames for Oxycodone include “oxys” and “roxys”.
WHAT MAKES OPIOIDS DANGEROUS?

- Misinformation about the addictive properties of prescription opioids, and the perception that prescription drugs are less harmful than illicit drugs
- Confer an increased risk of addiction and overdose
- Medical prescription opioids use is associated with a greater risk of future opioid misuse
- Misuse of prescription opioids is a risk factor for transitioning to heroin use.
PRESCRIPTION OPIOIDS

Prescription opioids can be swallowed, injected, snorted, or smoked.
SAMPLE SIMULATION EXERCISE: PRESCRIPTION OPIOID MEDICATIONS/ PARAPHERNALIA
Did you notice these items?

What concerns do you have?
Did you notice these items?

What concerns do you have?
DID YOU FIND THESE?
DIFFERING PHYSICAL SIGNS

Constricted pupils are a common sign of someone under the influence of an opioid or other depressant substance.

Dilated pupils are a common sign of someone under the influence of methamphetamine or other amphetamines.
POTENTIAL HARDS TO CHILDREN FROM PARENTAL PRESCRIPTION OR COUNTERFEIT OPIOID MISUSE
EFFECTS THAT CAN AFFECT PARENTING

- Poor ability to regulate one’s own behaviors
- Impaired emotional processing
- Impaired memory
- Decreased capacity for making decisions
- Decreased ability to imagine future events and interactions

- Poor executive functioning:
  - Diminished ability in being flexible with tasks
  - Impaired reasoning skills
  - Poor ability to problem-solve
  - Poor planning skills.
HOW OPIOIDS IMPACT PARENTAL CAPACITY:

- Physical or mental impairments caused by opioids.
- Reduced capacity to respond to a child’s cues and needs.
- Difficulties regulating emotions.
- Estrangement from family and other social supports.
NEGLECT:
PERSISTENT ABSENCE OF RESPONSIVE CARE DISRUPTS THE DEVELOPING BRAIN.
FOR QUESTIONS OR FOR ADDITIONAL INFORMATION

For additional opioid training modules:

- FADAA.org

For additional information about Florida’s opioid treatment options or other DCF opioid information, contact:

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Slide 8: https://www.drugabuse.gov/drugs-abuse/opioids


REFERENCES/RESOURCES


Slide 22: https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/which-classes-prescription-drugs-are-commonly-misused

Slide 23: https://www.drugabuse.gov/publications/drugfacts/heroin

Slide 25:
http://www.nsc.org/RxDrugOverdoseDocuments/Rx%20community%20action%20kit%202015/CAK-Early-Intervention.pdf

### REFERENCES/RESOURCES

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<tr>
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Slide 50: https://www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf