

Drug Diversion Training for School Nurses and School Based Health Staff

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WV Perinatal Partnership

The work of the West Virginia Partnership is centered on the goal of improving health outcomes for pregnant women and their babies in West Virginia.



objectives

- Understand the current landscape of substance use in pregnancy in West Virginia.
- Learn drug diversion techniques used by pregnant teens and adults.
- Understand the consequences of drug dependency during pregnancy including Neonatal Abstinence Syndrome (NAS).
- Know the current resources and tools to prevent drug diversion and treat NAS.



Discovery Place presents...

Opiate Addiction

Facts, figures and suggestions for family and friends of an active opiate addict.



Opiate addiction is an American epidemic. Current figures support this claim, as more people die from complications of opiate addiction than all other drugs combined.

For every opiate-related death, there are...



Opiate Addiction

By the numbers...

According to the CDC, 100 people die from drug overdose deaths in America every day.

300%
Increase in prescribed pain meds



14,800
Number of painkiller deaths in 2008

how to
You can help by deciding to stop enabling

help the
You can help by offering the chance to change

opiate addict
Learn to say "no."

-10 Treatment Admissions

-32 Emergency Room Visits

-130 People Who Abuse Opiates

-825 Nonmedical Users

Stop the cycle

If family/friends have a legitimate prescription for opiate-based medication, make sure it is locked away.

Offer help

If you know someone suffering from opiate addiction, offer to assist them in finding treatment.

55%

Obtain opiates for free from friend or relative

11%

Bought opiates from friend or relative

5 Tips

For family and friends of opiate addicts

1. No "negative enabling"
2. Seek outside support
3. Offer opportunity to change
4. Make family/friends aware
5. Know the risks



- 2010 - West Virginia was one of the top-ten states for past-year rates of non-medical pain reliever use among young adults ages 18 to 25.
- West Virginia was also one of the top-ten states for past-month use of illicit drugs among persons ages 12 years and older.
- Between 2000 and 2010, deaths from drug overdose and poisonings in West Virginia were higher than the national average (CDC, 2014).

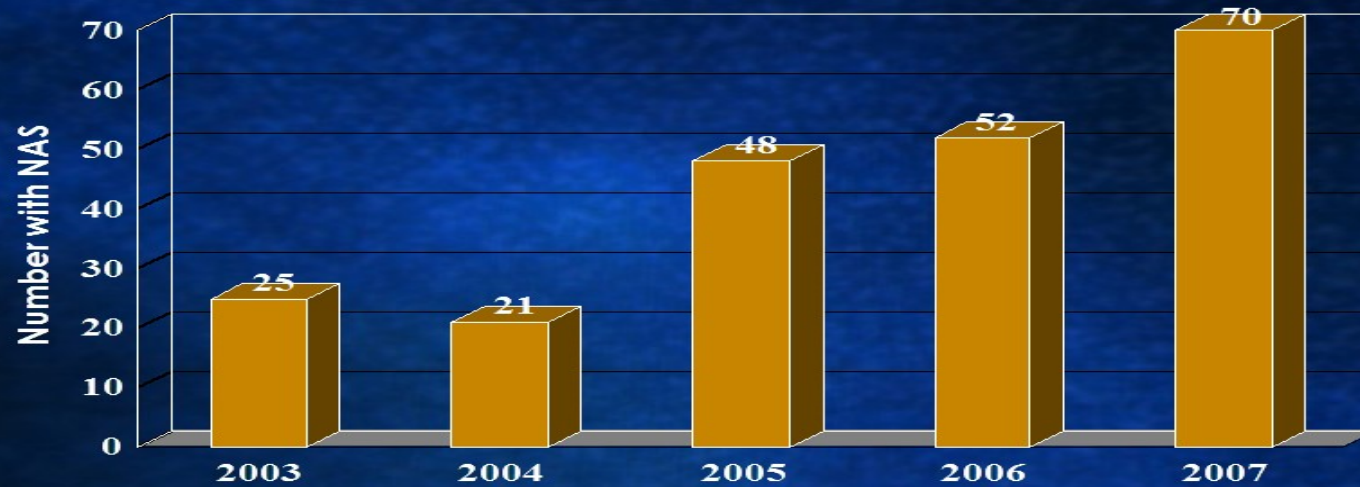


Contributing Factors to rising drug problem

- More aggressive pain management practices
- Increased prescribing of controlled substances
- Patient perception and lack of knowledge
- Consumer culture



Rising Incidence of Neonatal Abstinence Syndrome



2009 Umbilical Cord Study

1 in 5 babies have been exposed to drugs and/or alcohol in utero

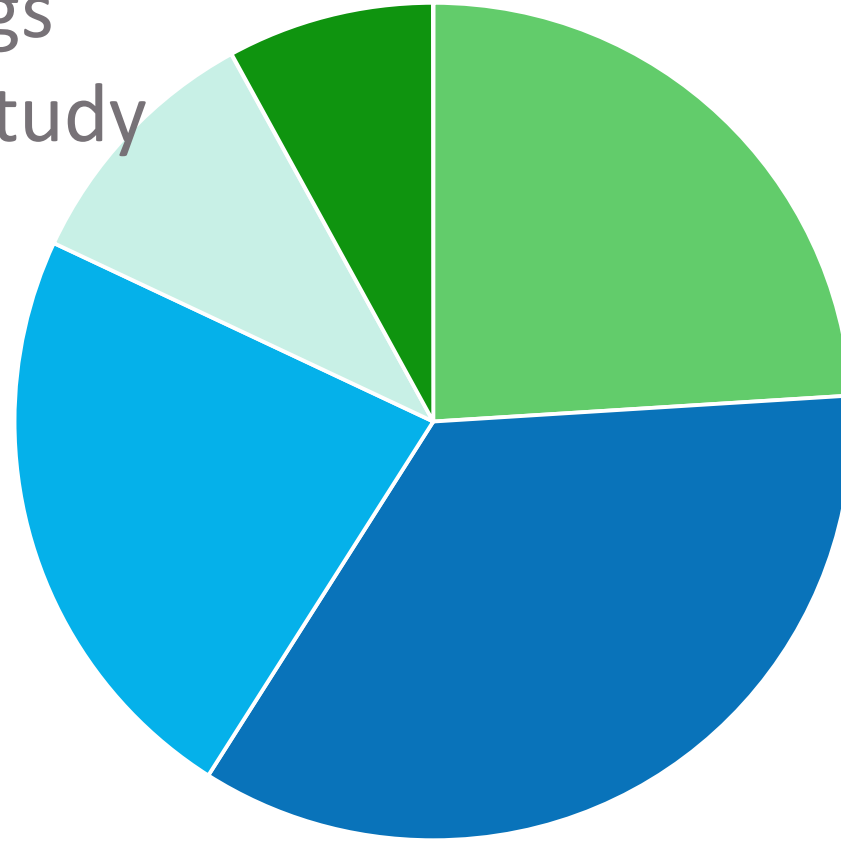


Participating Hospitals

- Bluefield Regional
- Raleigh General
- Thomas Memorial
- Charleston Area Medical Center
- Cabell Huntington Hospital
- Ruby Memorial Hospital
- Wheeling Hospital
- City Hospital Martinsburg



Distribution of Drugs From the 2009 Cord Study



■ Opiates 24%

■ Marijuana 35%

■ Alcohol 23%

■ Benzodiazepines 10%

■ Methadone 8%



Medication Assisted Treatment or New fix?

- Methadone

- Subutex/Suboxone
(Buprenorphine/Buprenorphine&Naloxone)



Prenatal & Maternal Drug Screening

Drug screens are now very much a part of new OB patient workup just like blood type, STD screen and family history



Why don't pregnant women just stop using drugs?

- Addiction is a disease
- Pregnant addicts are a different breed
- http://rockcenter.nbcnews.com/_news/2012/07/05/12570381-prescription-drug-addiction-among-pregnant-women-becoming-monstrous-tidal-wave?lite



What are the effects of these substances?

- Marijuana
- Opiates
 - (Rx Pain meds, Subutex, Methadone, Heroin)
- Alcohol
- Benzodiazepines – Valium, Xanax
- Nicotine and Caffeine
- Methamphetamine, Cocaine



Opiates and Delivery Issues

- Late prenatal care (Burns, et al., 2006)
- More often require NICU admission
- Antepartum hemorrhage
- Increased risk of HIV (if mother an intravenous heroin user)
- More likely to require resuscitation (Ludlow, et al, 2004)
- Higher incidence of placental abruption
- Higher incidence of premature delivery, preterm labor
- Higher incidence of chorioamnionitis
- Higher rates of meconium staining



Opiates (prescription pain pills, heroin, methadone, subutex)

- More likely to require resuscitation
- More feeding problems
- Higher rates of prematurity
- Higher incidence of SIDS



Drug Exposure vs. Withdrawal

- Approximately 21,000 babies born in WV a year
- 1 in 5 babies exposed (4,000)
- 1,000 babies a year diagnosed with withdrawal (best estimate at this time)



Long Termwe don't know

- **Marijuana:** Developmental delays, mood & behavioral disorders, childhood leukemia, neuroblastoma
- **Alcohol:** Distinctive facial features. Birth defects. Growth problems. Learning and behavior problems.
- **Cocaine:** Higher infection rates. Higher risk of SIDS
 - Negative behavioral outcomes at 3, 5 and 7 year follow-up (Bada, et al., 2007)
 - Lower IQ scores



How is substance exposure in babies determined?

● Urine

- Not so great, narrow detection window of only last 2-3 days of pregnancy
- Very difficult to obtain
- Parents can remove specimen bag

● Meconium

- Great IF you can collect ALL stools – takes time to collect all
- Most drug exposed babies get stressed in utero and stool

● Hair

- Not as prevalent, baby must have hair and must be pulled out at root

● Cord blood

- Relatively new, also narrow detection window- 1 to 3 days before birth

● Umbilical cord sampling

- Every baby has one!
- Turnaround time improving (2-5 days)
- Longer detection window (can get more “history” of drug abuse)



Neonatal Abstinence Syndrome

A syndrome of drug withdrawal observed in infants of mothers physically dependent on drugs, manifested by nonspecific symptoms and signs in the infant. NAS is more common in infants born to opioid-dependent women than in infants born to women dependent on other substances.



Symptoms of Neonatal Abstinence Syndrome

- Irritability
- Excessive Crying
- Jitteriness
- Tremulousness
- Hyperactive reflexes
- Increased tone
- Sleep disturbance
- Seizures
- Excessive sweating
- Mottling
- Hyperthermia
- Hypertension
- Tachypnea (rapid breathing)
- Nasal stuffiness
- Diarrhea
- Excessive Sucking
- Hyperphagia (eating too much)

****** *All effect baby's ability to sleep, eat and therefore grow*



How do we determine withdrawal?

Observation (minimum of 72 hours especially with subutex or methadone)

Finnegan scoring done on all “at risk” babies (mother had + urine drug screen or has history of drug abuse or meets other criteria)



Treatment Options

- Therapeutic Handling
- Pharmacologic
 - Methadone
 - Morphine
 - Phenobarbital



Therapeutic Handling

- Swaddling
- “C” Position
- Head to Toe movement
- Vertical Rock
- Clapping
- Feeding
- Controlling the environment
- Introducing stimuli



What is the Cost?

The human cost:

- Withdrawal can cause or attribute to death
- We are only beginning to understand long term consequences
- also seeing rise in Shaken Baby Syndrome incidence and SIDS deaths

The \$\$ cost

- Average cost of treatment in NICU \$36,000-\$50,000
(vs \$3-5,000 for normal term birth)



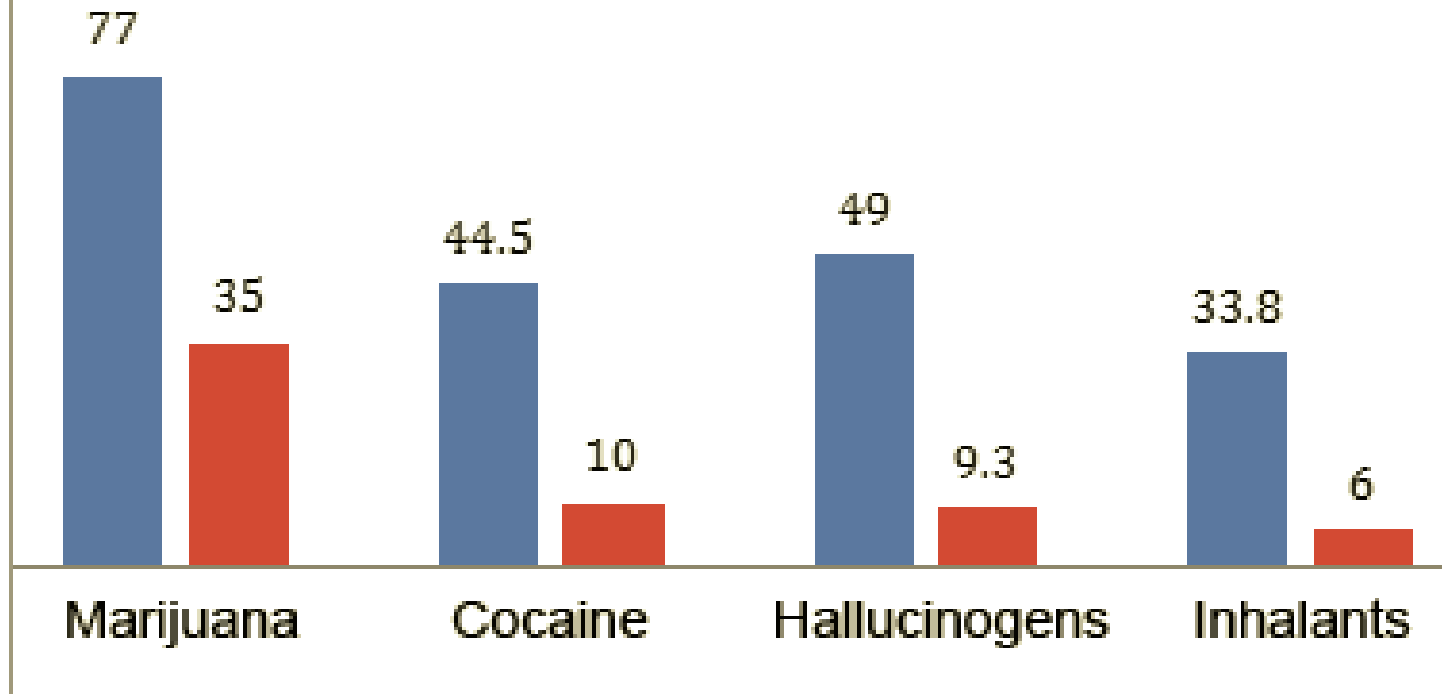
Risk factors for potential misuse/abuse or diversion of prescribed pain medications

- For the patient prescribed pain medication they may be experiencing poor pain control or have a fear of uncontrolled pain
- Anxiety, depression, insomnia, and stress. (looking for euphoric effect or to relax)



Greater Lifetime Use of Illicit Drugs among Prescription Opiate Abusers

- Any nonmedical use of pain relievers (in lifetime)
- No nonmedical use of pain relievers

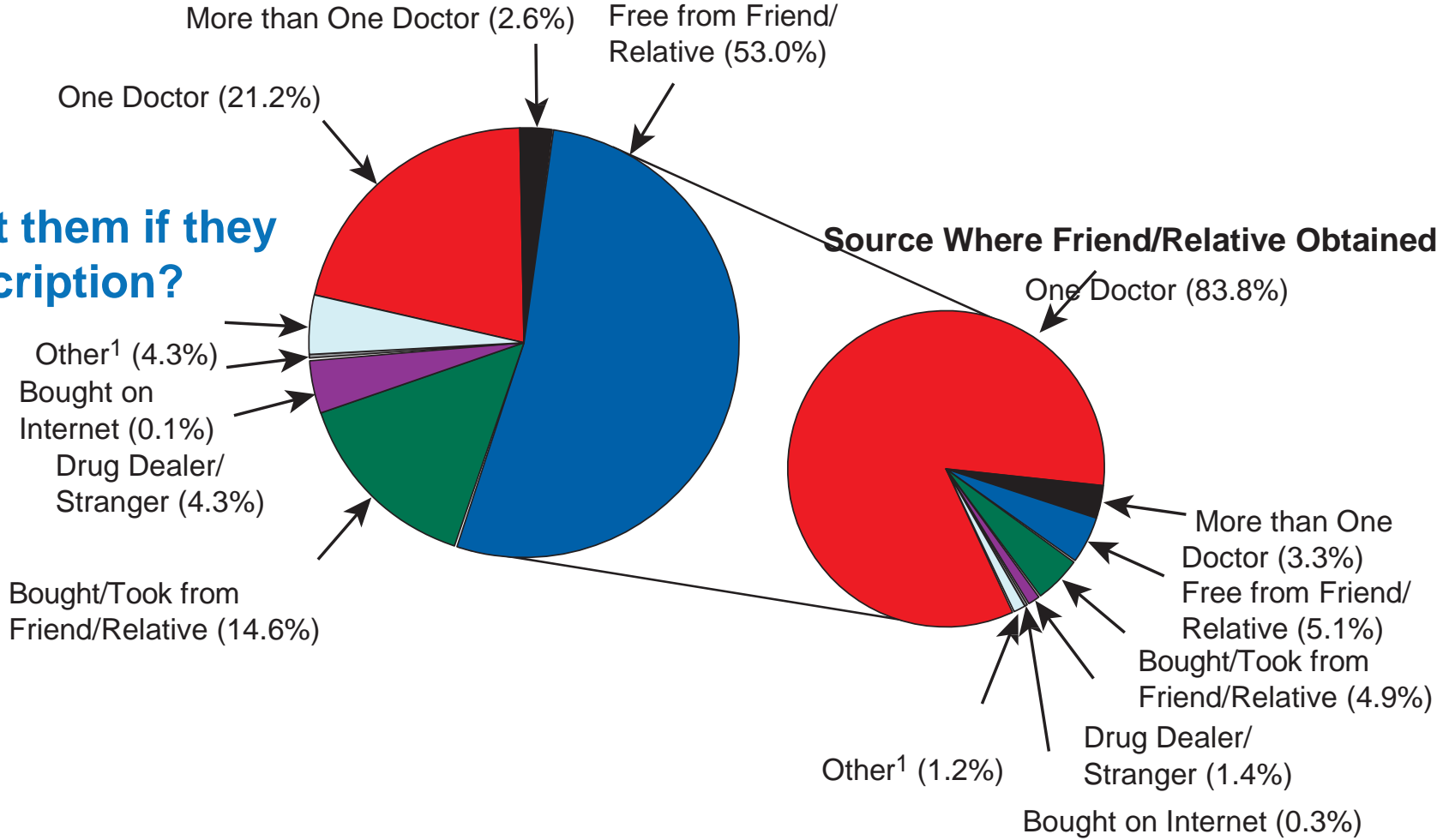


Classes of drugs that are most commonly abused and/or diverted

- Pain Medications
- Central Nervous System Depressants/sedatives/hypnotics
- Stimulants



Where did they get them if they didn't have a prescription?



¹The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

Note: The percentages do not add to 100 percent due to rounding.

Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older (NSDUH 2013)



Drug Seeking Behavior

- Arriving after office hours or seeking an appointment toward the end of regular hours;
- Stating that he or she is in the area visiting friends or relatives;
- Providing a convincing, specific description of symptoms but giving a vague medical history;
- Providing old medical records or X-rays (often from an out-of-state provider) to validate the request;
- Declining a physical exam or authorization to acquire past records or to perform diagnostic tests;
- An inability or unwillingness to give the name of his or her regular doctor;
- Explaining he or she lost or forgot to pack medication or that the prescription was stolen or damaged;
- Showing an exceptional knowledge of opioid medications;
- Citing allergies to non-opioid medications or unacceptable pain control with suggested non-opioid medications; or
- Pressuring the provider with threats or by eliciting guilt or sympathy.[5]
- Physical examination findings that are commonly seen in substance use disorders include:



Physical examination findings commonly seen in substance use disorders

Facial/periorbital puffiness

Scleral jaundice

Hypertension OR Low Blood Pressure

Atrial fibrillation

Nystagmus

Peripheral neuropathy

Needle track marks

Cellulitis

Skin abscesses

Caries

Mouth ulcers

Pinpoint or dilated pupils

Low respiratory rate

Underweight

Scratching associated with formication

Nasal septal necrosis.



Describe screening tools for assessing patient risk for opioid addiction

- Opioid Risk Tool (ORT)
 - 5 item self-report survey, can quickly differentiate between low-risk and high-risk patients
- Screener and Opioid Assessment for Patients in Pain (SOAPP)
 - 24 questions, helps clinicians determine how much monitoring a patient might require



Opioid Risk Tool

0-3 Low Risk
 4-7 Moderate Risk
 ≥ 8 High Risk

Mark each box that applies	Female	Male
1. Family hx of substance abuse Alcohol Illegal Drugs Prescription drugs	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2. Personal hx of substance abuse Alcohol Illegal Drugs Prescription drugs	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
3. Personal hx of substance abuse	<input type="checkbox"/> 1	<input type="checkbox"/> 1
4. Hx of preadolescent sexual abuse	<input type="checkbox"/> 3	<input type="checkbox"/> 0
5. Psychologic disease ADD, OCD, bipolar, schizophrenia Depression	<input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 1
Scoring totals:		



Substance Abuse Screening in Pregnancy

- Did either of your PARENTS have a problem with alcohol or drugs?
- Do any of you PEERS have a problem with alcohol or drugs?
- Does your PARTNER have a problem with alcohol or drugs?
- Have you ever drunk beer, wine or liquor to excess in the PAST?
- (Modified) Have you smoked any cigarettes, used any alcohol or any drug at any time in this PREGNANCY?

*Chasnoff, et al. The four P's plus screen for substance use in pregnancy: clinical application and outcomes. J Perinat 2005;25:368-374



Current WV initiatives aimed at reducing prescription drug abuse and diversion

- Education
- Screening Brief Interventions, and Referral to Treatment (SBIRT)
- Treatment plans including contracts and random testing
- Prescription Drug Monitoring Programs
- Electronic Health Record Integration Systems
- Proper Medication Disposal
- Legal and Regulatory Oversight





Preventing Teen Abuse of Prescription Drugs Fact Sheet

What is prescription drug abuse?

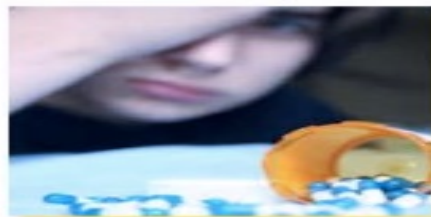
The use of prescription medication to create an altered state, to get high, or for reasons — or by people — other than those intended by the prescribing doctor.

How many teens are doing this?

According to research conducted by Partnership for Drug-Free Kids (as well as other reputable national studies) as many as one in five teens say they have taken a prescription drug without having a prescription for it themselves. This behavior cuts across geographic, racial, ethnic and socioeconomic boundaries.

Why are some teens doing this?

For a variety of reasons. To party and get high, in some cases, but also to “manage” or “regulate” their lives. They’re abusing some stimulants such as Ritalin and Adderall to give them additional energy and ability to focus when they’re studying or taking tests. They’re abusing pain relievers like OxyContin and tranquilizers such as Xanax to cope with academic, social or emotional stress. They’re abusing prescription amphetamines to lose weight, or prescription steroids to bulk up.



What are the risks?

There are both acute (immediate) and longer term risks. In the short term, overdosing (especially on prescription pain relievers) can be fatal, as can mixing prescription drugs with over-the-counter medication and/or alcohol. In the longer term, prescription opioids (pain relievers) and other prescription medicines are potentially addictive. Coming to rely at a young age on prescription medicine (or any drug) to “manage” your life risks establishing a learned, lifelong pattern of dependency and limitation and prevents learning coping skills.

Where are teens getting these prescription drugs?

The vast majority of teens abusing prescription drugs are getting them from the medicine cabinets of friends, family and acquaintances. Some teens traffic among themselves — handing out or selling “extra” pills of their own, or pills they’ve acquired or stolen from classmates. A very small minority of teens say they get their prescription drugs illicitly from doctors, pharmacists or over the internet.

Are parents educating their children about the risks of this behavior?

Research conducted by Partnership for Drug-Free Kids shows that parents are not communicating the risks of prescription drug abuse to their children as often as they talk about illegal drugs. This is partly because some parents are unaware of the behavior (it wasn’t as prevalent when they were teenagers), and partly because those who are aware of teen abuse of medicine tend to underestimate the risks just as teens do. Finally, a recent study by Partnership for Drug-Free Kids showed that 28% of parents have themselves taken a prescription drug without having a prescription for it themselves. This is not necessarily abuse, but it sets a dangerous example for kids — that the recommended dosage of prescriptions need not be strictly followed.

What should parents do?

1. Educate yourselves — drugfree.org has lots of support, tools, resources and answers.
2. Communicate the risks of prescription drug abuse to your kids. Children who learn a lot about the risks of drugs are up to 50% less likely to use drugs.
3. Safeguard your own medicines. Keep prescription medicine in a secure place, count and monitor the number of pills you have.

Learn more at www.drugfree.org

The development of this fact sheet was sponsored by Cephalon, National Supporter, Parent Resources ©2010

Resources

- Partnership for a Drug Free Kids www.drugfree.org

- West Virginia Prescription Drug Abuse Quit line

<http://wvrxabuse.org/> **1-866-WV-QUIT**

- WV Division on Alcoholism and Drug Abuse

<http://www.dhhr.wv.gov/bhhf/sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Pages/default.aspx>



Questions?

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