



# Adolescent Opioid Abuse in the Midst of an Epidemic: A Nursing Perspective

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## Opioid Deaths

- Daily approximately 46 people die from prescription opioids
- Approximately 28.29% of deaths are females
- Approximately 71.71% of deaths are males
- Prescription and Non-prescription opioid deaths were 5 times higher in 2016 compared to 1999
- Heroin use has doubled among adolescents aged 18-25 over the last decade
- Heroin overdoses have quadrupled since 2010
- Synthetic opioid death rates increased by 72.7% in past 5 years
  - Tramadol and fentanyl

## Regional Statistics

New England opioid related deaths in 2014 vs. 2016

- RI
  - 2014: 247; rate: 21.0-35.5
  - 2016: 326; rate: 21.1-52.0
- MA
  - 2014: 1,289; rate: 18.6-21.0
  - 2016: 2,227; rate: 21.1-52.0
- CT
  - 2014: 623; rate: 16.1-18.5
  - 2016: 971; rate: 21.1-52.0

Number of opioids prescribed/100 people by state in 2012

- RI: 82.2-95
- MA: 52-71
- CT: 72-82.1

## Rhode Island Statistics

Number of accidental drug overdose deaths from August 2017-November 2017

- August 2017: 24
- September 2017: 24
- October 2017: 28
- November 2017: 31

Fentanyl vs. non-fentanyl overdose deaths from August 2017-November 2017

- August 2017
  - Fentanyl: 13
  - Non-fentanyl: 11
- September 2017
  - Fentanyl: 20
  - Non-fentanyl: 4
- October 2017
  - Fentanyl: 17
  - Non-fentanyl: 11
- November 2017
  - Fentanyl: 23
  - Non-fentanyl: 8

Fentanyl overdoses 2009 vs. 2016

- 2009
  - Total: 138
  - Fentanyl: 7
- 2016
  - Total: 336
  - Fentanyl: 195

Opioid deaths in 2016 by age

- 18-29 years: 22
- 30-39 years: 51
- 40-49 years: 35
- 50-59 years: 64
- 60+ years: 11

## Government Recommendations

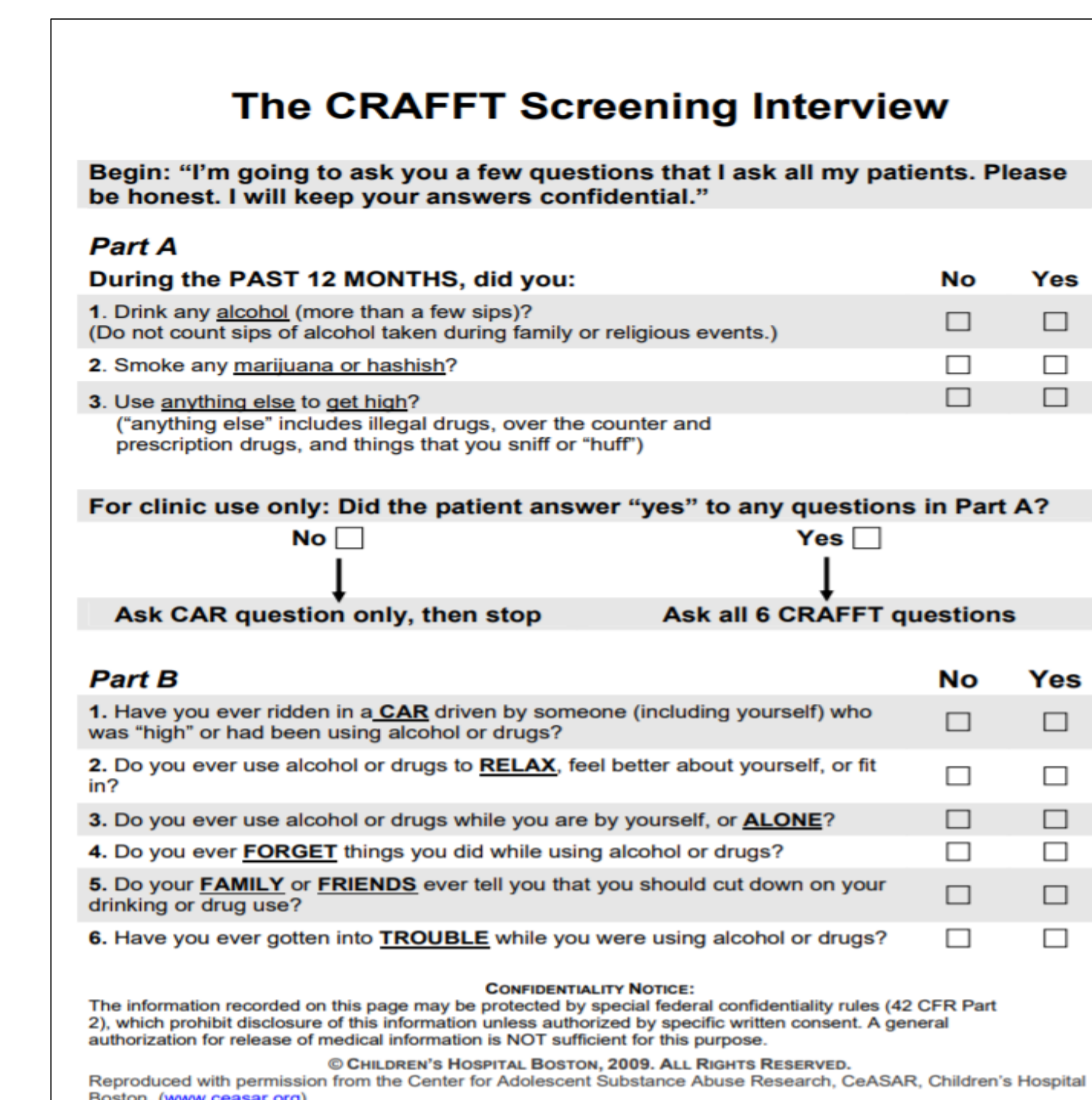
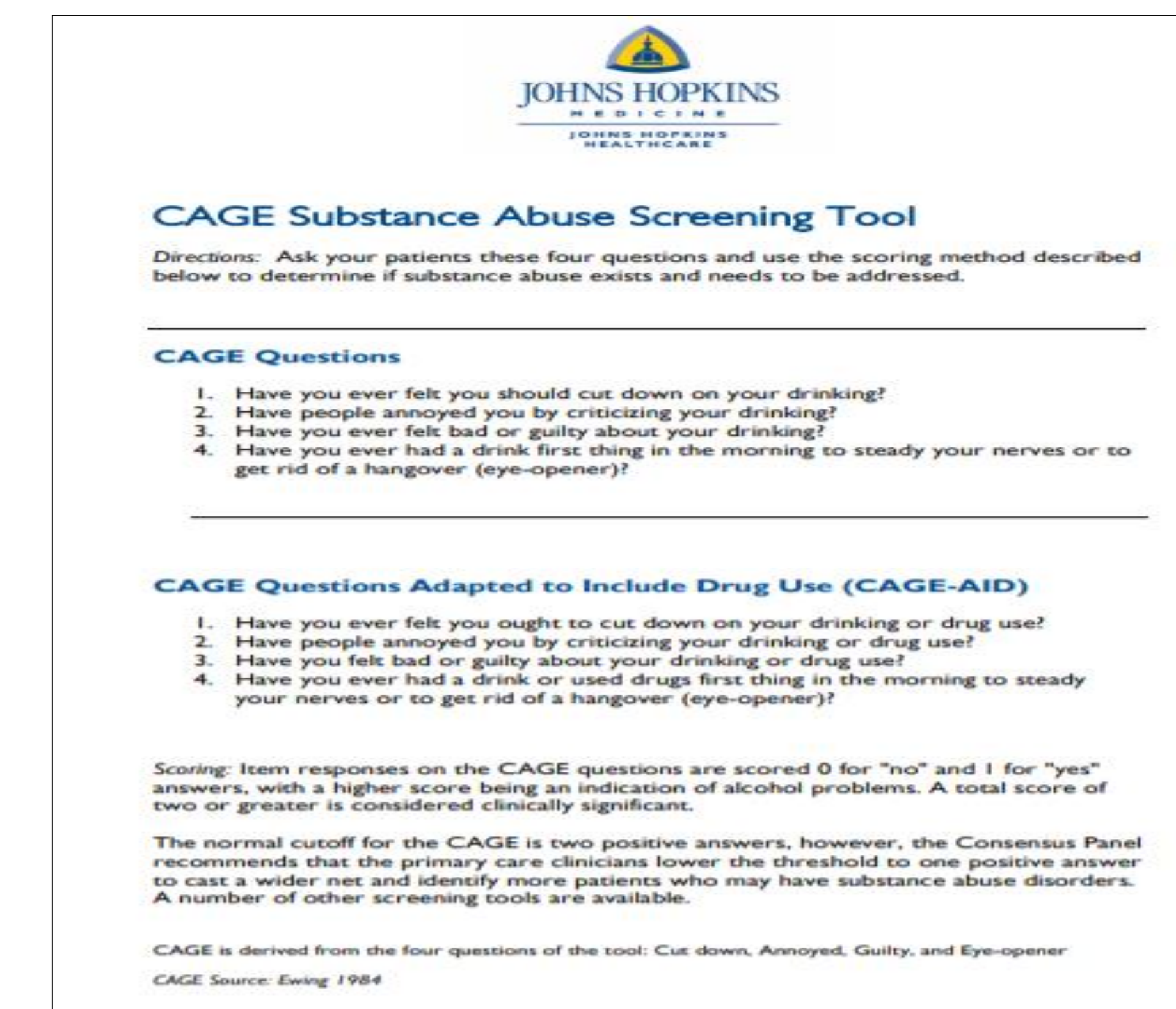
- Increase federal funding of Opioid/ Substance Abuse programs
- Increase opioid addiction prevention programs in adolescents
  - Collaborate with the Department of Education
    - Develop student evaluation and supportive programs for middle school, high school, and college aged students
    - Improve referral strategies
  - Increase media campaigns through collaboration with the private sector and non-profit organizations
    - Focus on prevention, education and access to resources
- Prescription Drug Monitoring Programs (PDMP)
  - Encourage mandating provider PDMP usage
    - health records and overdoses/naloxone use
  - Integrate PDMP data with other electronic resources
    - Collaborate with Department of Transportation and Health care agencies
  - Update regulations for electronic prescriptions of controlled substances

## Implementing Government Interventions

- Institute the Office of National Drug Control Policy (ONDCP)
  - Organize national drug policies and guidelines
  - Streamline state resources to report life-saving activities
  - Identify appropriate allocation of funds
- Enhance effective funding of opioid-related programs
  - ONDCP oversight
  - Collaboration between federal and state programs
- Opioid Addiction Prevention
  - Focus on vulnerable populations: adolescent and college aged students
  - Education focus in primary and secondary schools
    - Risks and consequences of drug abuse
    - Signs of substance and drug abuse for parents and teens
    - Addiction is treatable
- Establish evidence based prevention programs
  - Target high risk populations and individuals
    - Reduce risk factors
    - Increase prevention of substance abuse
    - Provide early intervention for risk for drug misuse
- Mass media education campaigns
  - Drug prevention on harmful effects of opioid use
  - Identify easy access to opioid prevention programs
  - Mirror an effective media campaign i.e. *The Real Cost*
    - o A successful campaign educating teens, 12-17 years, about the harmful effects of tobacco use

## Nursing Initiatives

- Screening everyone! Vital Assessment for All



- Develop Parent Education Tools on Substance Abuse and Warning Signs
- Expedient access to opioid treatment within geographical location
  - Provide handouts of available resources
- Increase provider availability for medication-assisted treatment
  - Nurse practitioners and physician assistants may prescribe buprenorphine with training
- Increase Prescriber education on responsible prescribing
- Develop Deterrent formulations of opioids for transformation from tablet to powder for abuse
- Role of PDMPs
  - Increase awareness and number of registered prescribers to curb illegal availability of prescription opioids
- Increase access to naloxone for first responders, families and friends of known substance abuse users

## Rhode Island's Initiatives

- Increase access to naloxone
- Increase access to resources for posttreatment of opioid overdose
- Increase awareness of opioid statistic and resources
- Develop a Drug Overdose Death Review Team
- Implement Opioid Prevention Media Campaigns
- Evaluate mandatory laws surrounding prescriber PDMPs usage, naloxone access, and 48-Hour Opioid Overdose Reporting
- Enhance access to Community Health Navigators for recovery resources
- Encouraging Provider education on PDMP and prescribing guidelines

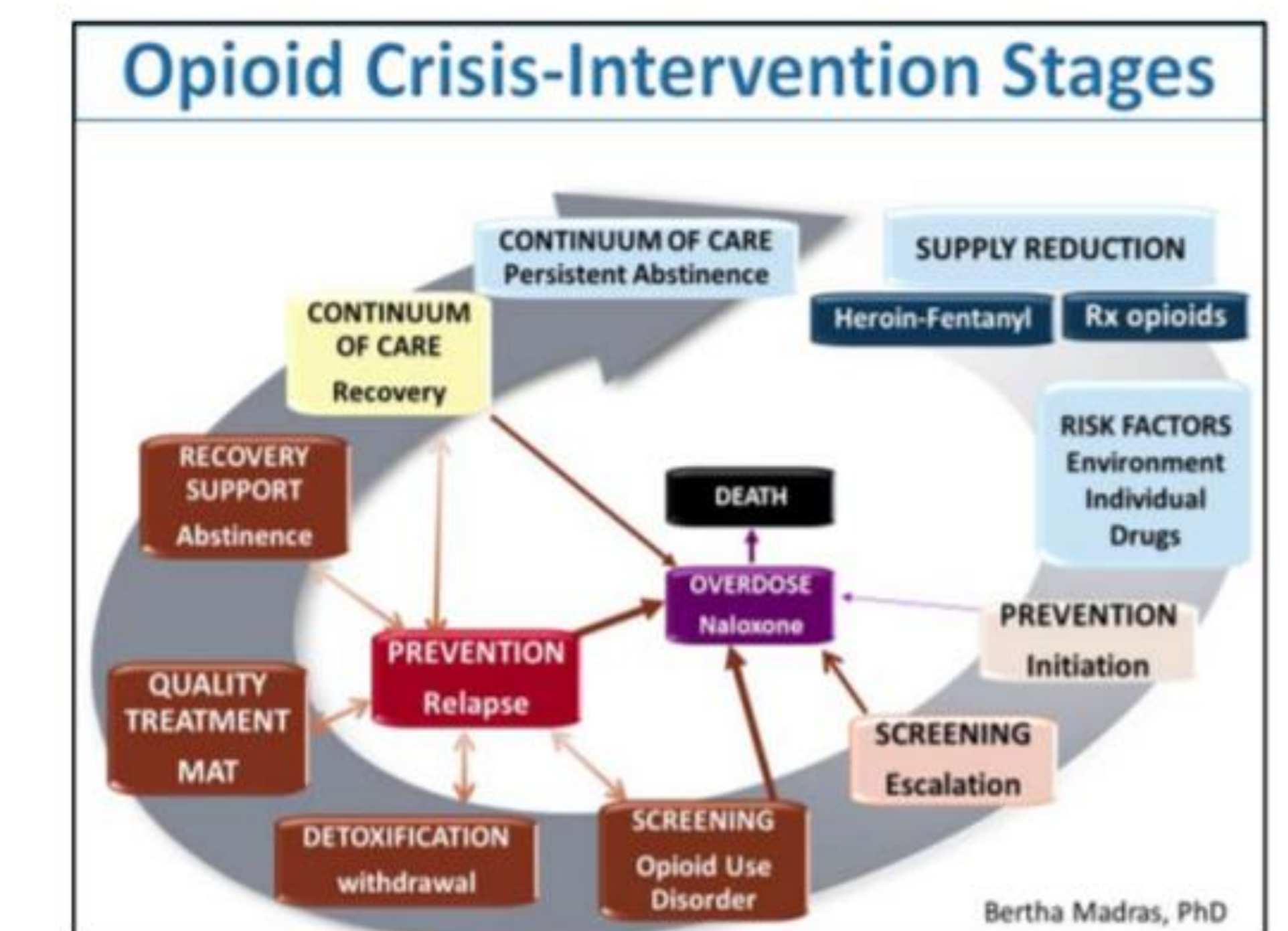


Figure 4. Opioid Crisis-Intervention Stages

## Resources in Rhode Island

- Prevent Overdose RI
  - Provides a 24/7 hotline to call for help
- CODAC Behavioral Health care (Newport, RI)
  - Provides help for substance use disorders, mental health, and health & wellness
- Child & Family (Middletown, RI)
  - Substance abuse counseling
  - Family centered services
- Newport County Community and Mental Health Center
  - Walk-in services
  - Hotline help
  - Counseling for substance abuse
- Recovery.org
  - List of facilities throughout the entire state
- Providence, RI Facilities
  - The Providence Center
  - Phoenix House
  - The Journey to Hope, Health & Healing
  - CODAC Behavioral Healthcare