



YOUTH OPIOID USE & PREVENTION

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Drug Classification Chart

How Drugs Are Classified In The U.S.

Classification	Examples	Description
Schedule I	<ul style="list-style-type: none"> - Marijuana - LSD - Ecstasy (MDMA) - Heroin 	Schedule I drugs are classified as substances that have a high potential for abuse and no accepted medical use and are not safe to use under medical supervision.
Schedule II	<ul style="list-style-type: none"> - Cocaine - Opium - High Grade Morphine - Oxycodone - Methamphetamines (i.e. Adderall) 	Schedule II drugs are classified as substances that have a high potential for abuse, despite having an accepted medicinal use in the U.S.
Schedule III	<ul style="list-style-type: none"> - Low-Grade Morphine - Anabolic Steroids - Ketamine - Certain Codeine Mixtures 	Schedule III drugs are classified as substances that have less potential for abuse than Schedule I or II but abuse can lead to moderate physical dependence or high psychological dependence.
Schedule IV	<ul style="list-style-type: none"> - Ambien - Valium - Xanax - Rohypnol - Zolpidem - Soma - Darvon - Darvocet - Ativan - Talwin 	Schedule IV drugs are classified as substances that have less potential for abuse than Schedule III and has accepted medical use in the U.S. but abuse of the drug may lead to limited physical or psychological dependence compared to those of Schedule III
Schedule V	<ul style="list-style-type: none"> - Cough Syrup (less than 200 mg) - Lomotil - Motofen - Lyrica - Parepectolin 	Schedule V drugs are classified as substances with limited quantities of certain narcotics that have less potential for abuse than Schedule IV and have accepted medical use in the U.S. with limited risk of physical/ psychological dependency.

Notes

This chart represents Federal drug classifications in the United States as of 2020.

WHAT IS MISSING?



NATURAL OPIOIDS

- Opium: (aunti, big O, black stuff, Chinese tobacco, chocolate, dopium, dover's deck, dream gun, hard stuff, hocus joy)
- Morphine: (White Lady, Salt and Sugar, Miss Emma and M)



SEMI-SYNTHETIC OPIOIDS

- Heroin: **Medical Name:** Diacetylmorphine (H, Smack, Dope, June, Horse, Skag)
- Oxycodone: **Medical Names:** OxyContin, Percodan, Percocet
Street: Oxy, OC, Roxy, Blues, Hillbilly Heroin
- Hydrocodone: **Medical Names:** Vicodin, Lortab, Lorcet
Street: Vikes, Norco, Watsons, Hydros,
- Hydromorphone: **Medical Name:** Opana
Street: Dillies, Dust, Hydro, Hospital Heroin, Dilweed





SYNTHETIC OPIOIDS

- Fentanyl: **Medical Names:** Actiq, Duragesic, Sublimaze
Street: Apache, China Girl, China Town, Dance Fever
- Methadone: **Medical Names:** Dolophine, Methadose
Street: Meth, Dollies, Metho, Jungle Juice, Fizzies
- Tramadol: **Street Names:** Trammies, Ultras, Chill Pills, Trams, Train Tracks

WHAT IS ALL THE “TO DO” ABOUT FENTANYL?

Fentanyl Takes All

<https://www.fentanyltakesall.org/facts>



WHILE NOT AN OPIOID: XYLAZINE

- Sedative and muscle relaxant drug used by veterinarians to anesthetize animals. Not approved for human use.
- May be included in street drugs and counterfeit pills – cheap filler that increase potency of various opioids.
- When taken by humans can lower blood pressure, heart rate, and breathing rate.
- When combined with opioids like fentanyl, xylazine enhances the life-threatening effect of respiratory depression.
- There is no medication or antidote to reverse xylazine overdose.
- People should still administer naloxone to block any opioids, even if that overdose may involve xylazine.
- There is a readily available test people can use to detect xylazine, though it does not show the amount, purity or potency of the xylazine sample.

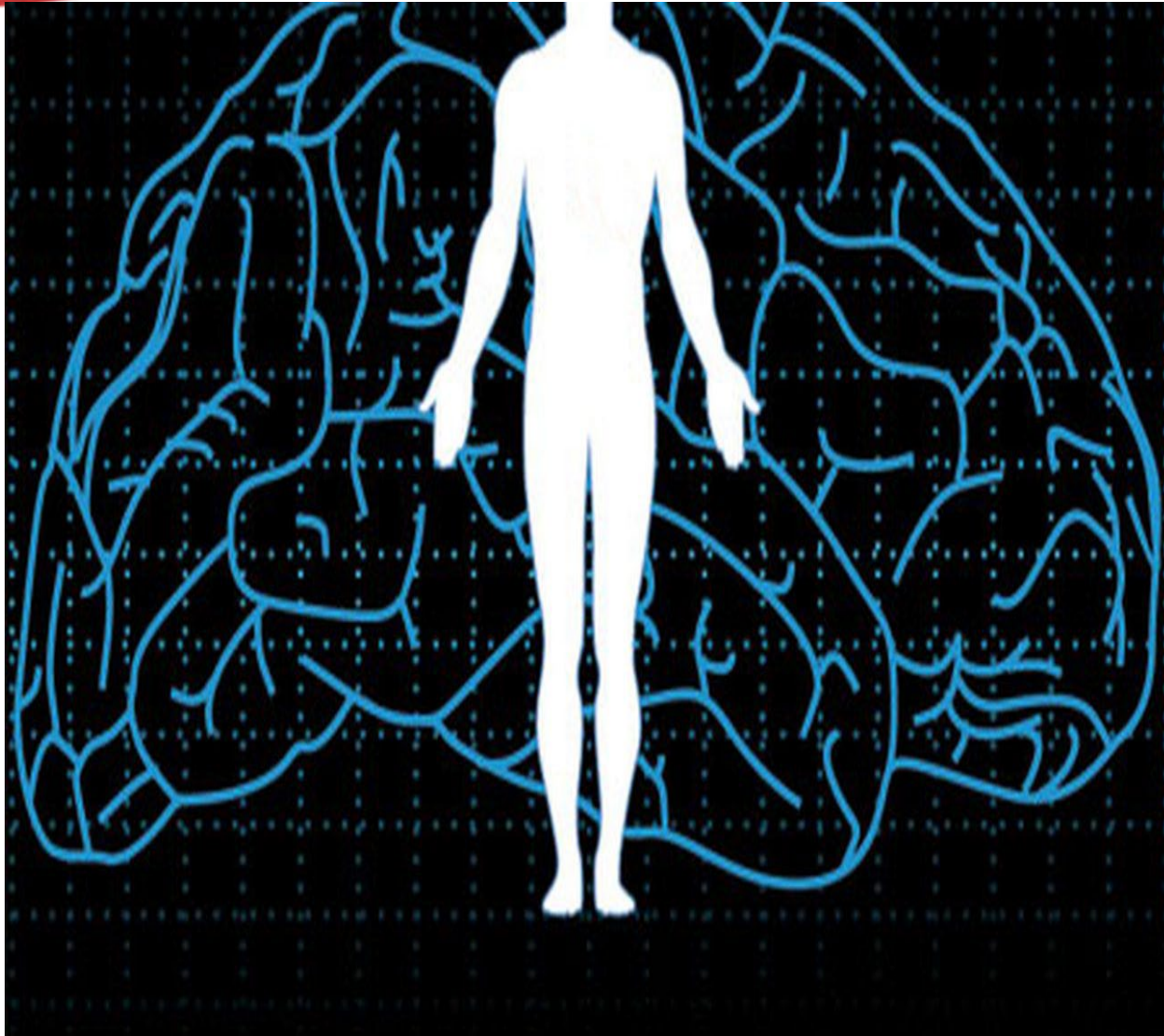
- Xylazine: Street names: “tranq, “tranq dope, or “zombie drug”

July 11, 2023: White House Office of National Drug Control Policy (ONDCP) releases National Response Plan to Address the Emerging Threat of Fentanyl Combined with Xylazine

“Xylazine is making the deadliest drug threat our country has ever faced, fentanyl, even deadlier,” said DEA Administrator Milgram. “DEA has seized xylazine and fentanyl mixtures in 48 of 50 States. The DEA Laboratory System is reporting that in 2022 approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA contained xylazine.” (Public Safety Alert)

WARNING: GRAPHIC PHOTO AHEAD





WHY USE OPIOIDS

Physical Effects


- Pain Relief
- Sedation and Drowsiness
- Respiratory Depression
- Constipation
- Nausea and Vomiting

Mental and Psychological

- Euphoria
- Sedation and Relation
- Mood Swings
- Cognitive Impairment
- Cravings and Addiction

<https://www.youtube.com/watch?v=llQRgceBcSc&t=3s>

<https://www.youtube.com/watch?v=2M6jkWutyh0&t=116s>

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- 9.2 million people 12 and older misused opioids in the past year. (2021, NSDUH)
 - 27.5 (32.8 million individuals) used prescription opioids in the previous year, including 21% of adolescents and 32.2% of young adults.
 - The prevalence of opioid misuse was 3.8% among adolescents and 7.8% among young adults.
 - Most individuals misusing prescription opioids obtained them for free from a friend or relative or from a single prescriber.
 - Individuals with prescription opioid misuse reported high prevalence of use of other substances, including cocaine, hallucinogens, heroin and inhalants.

IDAHO

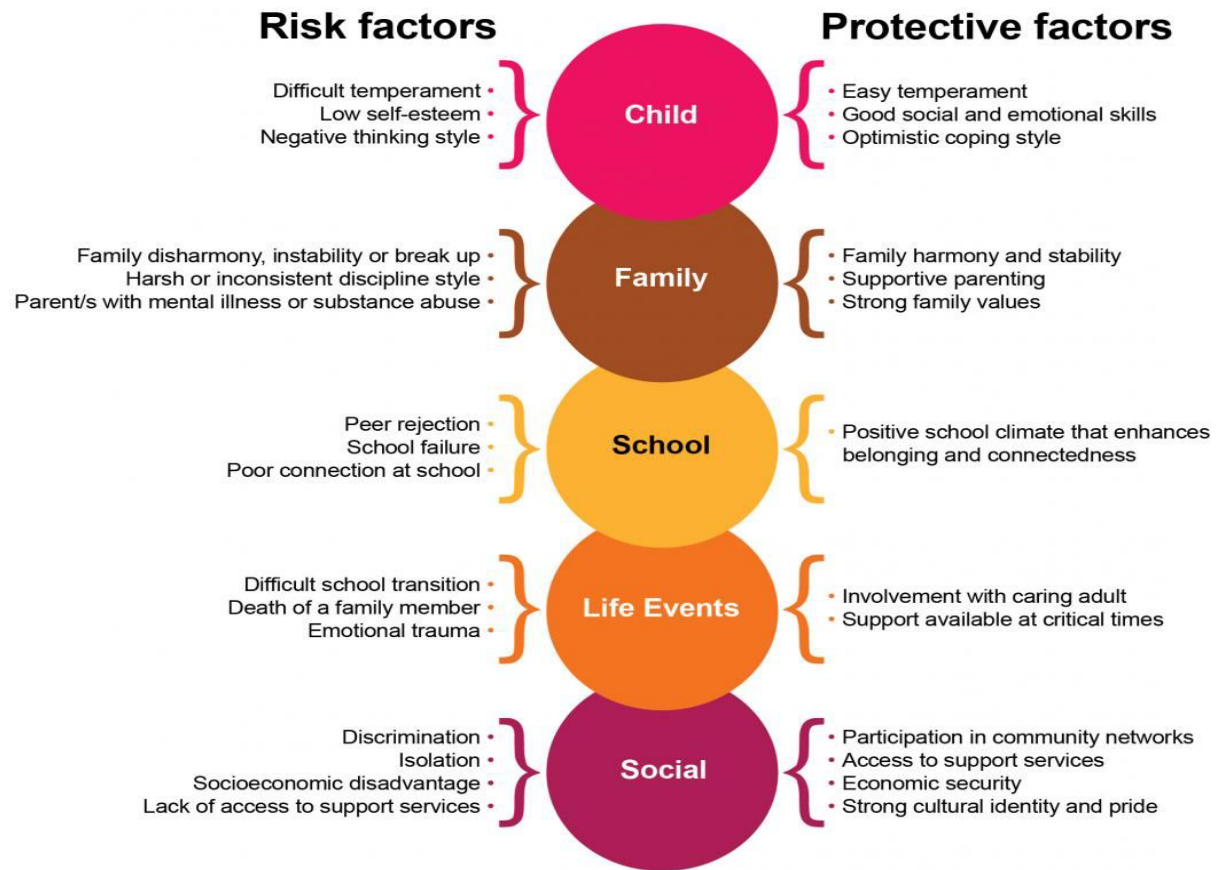
- Drug overdose deaths in the U.S. continue to escalate, with overdose deaths from opioids rising more than six-fold between 1999-2019.
- COVID-19 pandemic further escalated the opioid crisis, with an estimated 89,000 Americans dying from a drug overdose between 2019-2020 – 30% increase from previous year.
- In Idaho between 2015-19, a total of 1,221 Idaho residents died from a drug overdose.
- Provisional data for 2020 predicts the loss of 284 Idahoans to overdose-related deaths by October of that year – a 10% increase.
- 2019 Idaho Youth Risk Behavior Survey found that nearly 23% of high school seniors reported misusing a prescription medication: 71% misused pain relievers, 45% misused their own prescription, and 41% took or received the medication from a family member or friend.

WHO IS MOST AT RISK FOR USING OPIOIDS IN THE U.S.?

- Individuals with chronic pain
- Individuals with a history of substance use disorders
- Individuals with mental health disorders

Adolescents and Young Adults!!!

- Individuals with trauma history
- Individuals with genetic predisposition





VULNERABLE POPULATION GROUPS

- Sexual Minority Young Adults
- Young Adults Who are Homeless
- Young Adults who Are Aging out of Foster Care
- Young Adults with Attention Deficit Hyperactivity Disorder
- Juvenile Justice-Involved Young Adults
- Young Adults in the Military
- Young Adults in Sororities and Fraternities

Risk Factor Domains

- 👤 Community
- 👤 Family
- 👤 School
- 👤 Individual/Peer



Community Risk Factors

- ☛ Availability of drugs
- ☛ Community laws and norms favorable toward drug use
- ☛ Transitions and mobility
- ☛ Low neighborhood attachment and community disorganization
- ☛ Extreme economic deprivation



Family Risk Factors

- ☞ Family history of substance misuse
- ☞ Family management problems/inconsistent parenting
- ☞ Family conflict
- ☞ Parental attitudes and involvement in drug use



School Risk Factors

- ☞ Early and persistent antisocial behavior
- ☞ Academic failure beginning in elementary school
- ☞ Lack of commitment to school

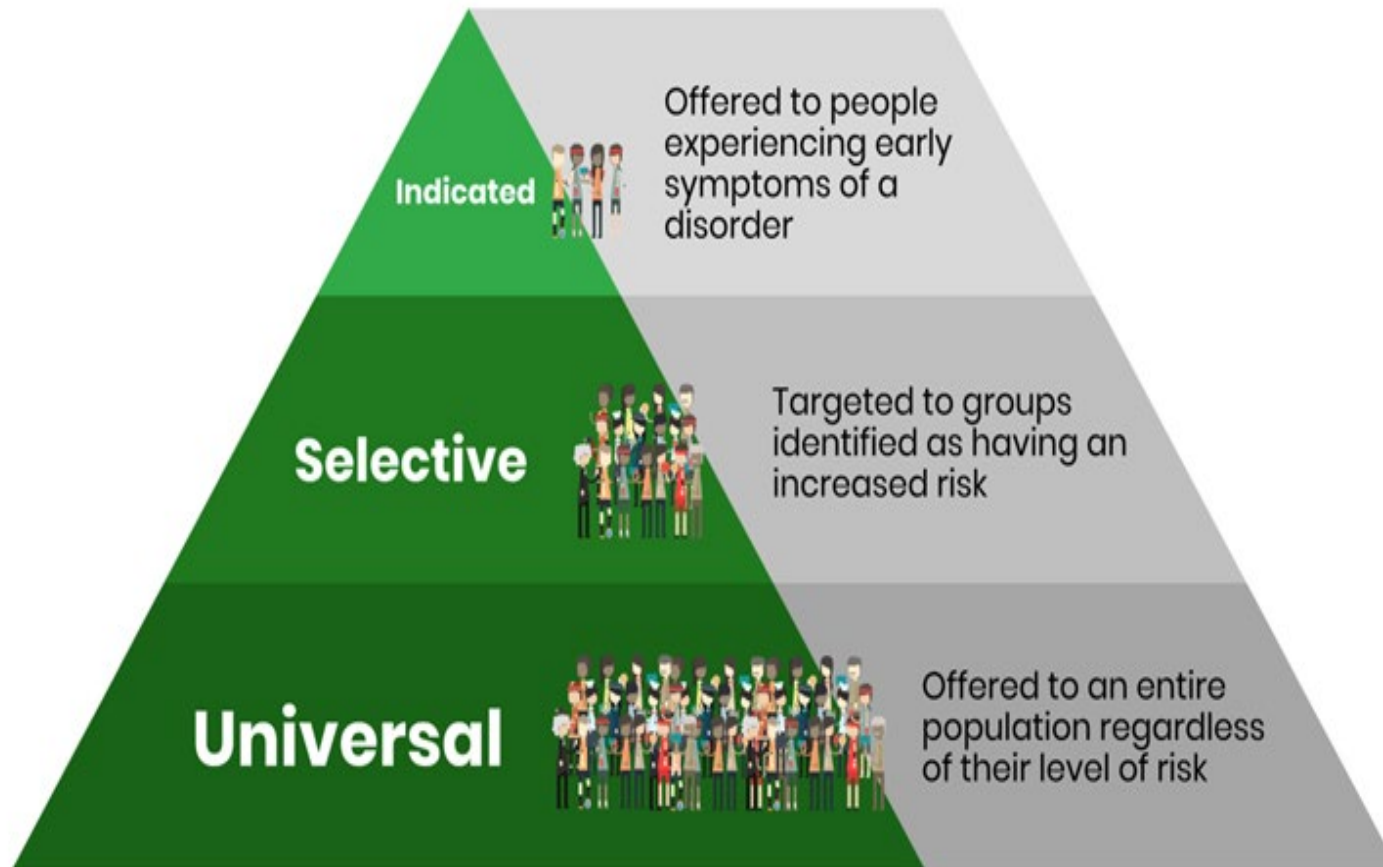


Individual/Peer Risk Factors

- ☞ Alienation/rebelliousness
- ☞ Friends who use drugs
- ☞ Favorable attitudes toward drugs
- ☞ Early initiation of drug use
- ☞ Constitutional factors



PREVENTION



Information dissemination

This strategy provides information about:

- the nature of drug use, misuse, addiction and the effects on individuals, families and communities
- available prevention programs and services
- The dissemination of information is characterized by one-way communication from the source to the audience, with limited contact between the two.

Prevention education

- ☞ This strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants.
- ☞ Activities under this strategy aim to affect critical life and social skills
 - Decision-making
 - Refusal skills
 - Critical analysis (e.g. of media messages)

Community-based processes

- ☛ This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for drug misuse disorders
- ☛ This may include:
 - Organizing, planning, and/or enhancing the efficiency of effectiveness of service implementation
 - Building coalitions
 - Networking

Alternative activities

- This strategy provides for the participation of the target populations in activities that exclude drug use.
 - The assumption is that because constructive and healthy activities offset the attraction to drugs, or otherwise meet the needs usually filled by drugs, then the population would avoid using drugs.



Environmental approaches

- This strategy seeks to establish or change community standards, codes, and attitudes, thereby influencing the incidence and prevalence of drug abuse in the general population.

GREATEST PROMISE: MULTIPLE EFFORTS ACROSS DOMAINS

- 🧡 Community
- 🧡 Family
- 🧡 School
- 🧡 Individual/Peer



BARRIERS AND FACILITATORS TO HELP-SEEKING AMONG YOUNG ADULTS

Barriers	Facilitators
Fear of being stigmatized	Positive experience with help-seeking
Limited confidentiality and trust	Social support and encouragement from others
Difficulty identifying symptoms	Perceiving problem as serious
Concern about provider characteristics	Confidentiality and trust in provider
Self-reliance	Ease of expressing emotion and openness
Limited knowledge about behavioral health services	Education and awareness
Stress about help-seeking	Positive attitudes toward help seeking

PREVENTION TYPE PROGRAMS

- Universal Programs (44/70)
- Selective Programs (13/70)
- Indicated Programs (14/70)

Substance Abuse and Mental Health Services Administration: Substance Misuse Prevention for Young Adults. Publication No. PEP19-PL-Guide-1
Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019.

https://store.samhsa.gov/?search_api_fulltext=substance+misuse+prevention+for+young+adults&sort_bef_combine=search_api_relevance_DESC

PRACTICES THAT FOCUS ON CHILDHOOD AND ADOLESCENCE WITH IMPACTS LASTING INTO ADULTHOOD

- Behavior Modification and Behavior Management
- Classroom Management
- Full Service Schools
- Home Visiting Services
- Parents Skills Education
- Social and Emotional Skills



PRACTICES THAT FOCUS ON YOUNG ADULTS

- Cognitive Restructuring
- Community Mobilization
- Social Norms Campaigns or Education
- Environmental Changes
- Policy Enforcement
- Screening and Brief Intervention
- Wraparound Services

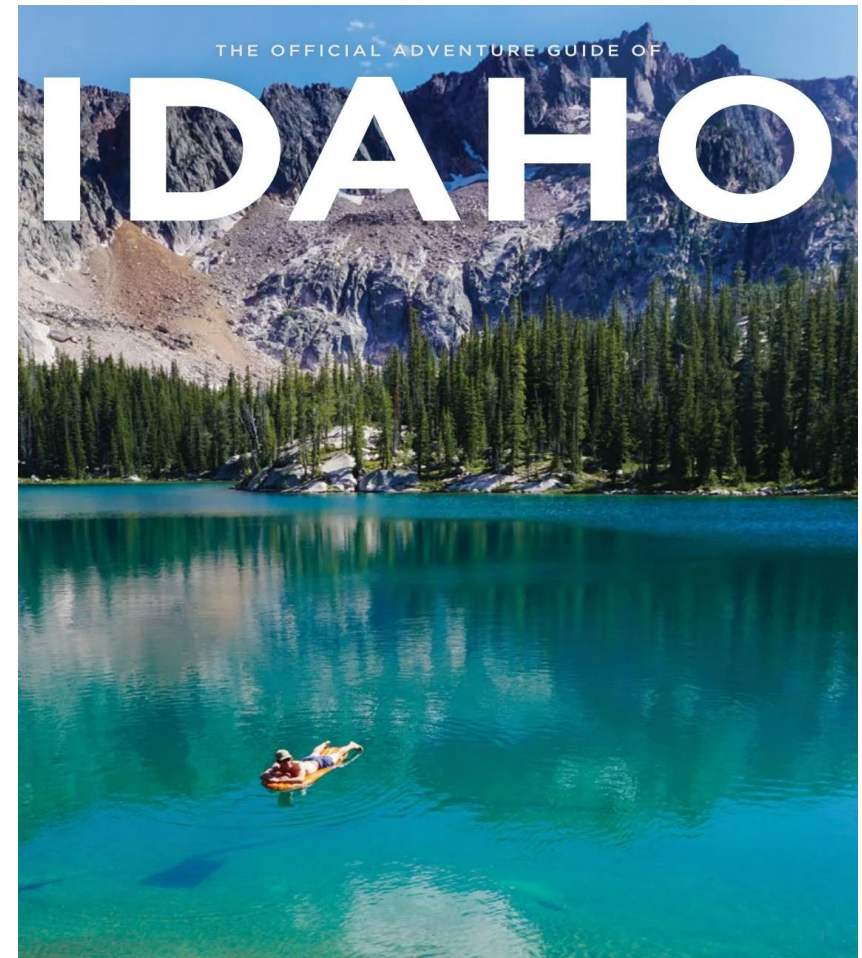


CRUCIAL WITH REGARD TO OPIATES

- Educate parents and youth about the dangers of misusing medications.
- Require prescribers to receive education on the appropriate and safe use and proper storage disposal of opioid medications.
- Prescription drug monitoring programs.
- Nonopioid pain management.
- Naloxone distribution.
- Access to opioid agonist and antagonist therapies.
- Evidence-based treatment = MAT and Harm Reduction Approaches.

IDAHO STRATEGIC PLAN

- Prescriber, Patient and Public Education
- Improving Opioid Prescriber Practices
- Strengthening and Supporting Families
- Increasing Awareness of and Access to Treatment



SIGNS OF AN OPIOID OVERDOSE

SIGNS OF AN OPIOID OVERDOSE. B.L.U.E.

BREATHING

Breathing during an overdose is shallow, gurgling, erratic, or completely absent.

LIPS

Lips and fingertips are blue, due to decreased oxygen throughout the body.

UNRESPONSIVE

The victim will not respond to verbal or physical stimulation.

EYES

Pupils are pinpoint, as the opioids constrict the pupils to an unusually small size.



Not moving and can't be woken



Slow or no breathing



Choking, gurgling sounds or snoring



Tiny pupils



Clammy or cold skin



Blue lips and blue nails

OPIOIDS ARE DEPRESSANTS THAT SLOW THE BODY DOWN. THEY INCLUDE HEROIN, FENTANYL, OXYCODONE, CODEINE, MORPHINE, METHADONE AND HYDROMORPHONE.



If you suspect an overdose: (SAMHSA.gov)

- Call out to the person to check for a response.
- If the person does not respond, rub the knuckles into the person's breastbone, in the center of their chest, or rub the knuckles on the person's lips.
- If the person responds to this, assess whether they can stay alert and responsive and maintain their breathing.
- If a person does not respond or their condition deteriorates, call 911.
After calling 911:
 - Stay with the person and continue to monitor them.
 - If the person is not breathing, begin performing CPR.
 - If available, give the person one dose of naloxone.
 - Stay with the person until medical help arrives.
- If the person does not respond to the first dose of naloxone within about 3 minutes, administer a second dose. (Note: every Narcan and Evzio box comes with two doses.)



RESOURCES

- <http://adaiclearinghouse.net/>
- <https://www.operationprevention.com/>
- <https://www.boisestate.edu/radar/>
- <https://www.samhsa.gov/>
- <https://www.nih.gov/>
- <https://odp.idaho.gov/>