Drug Use and Young People

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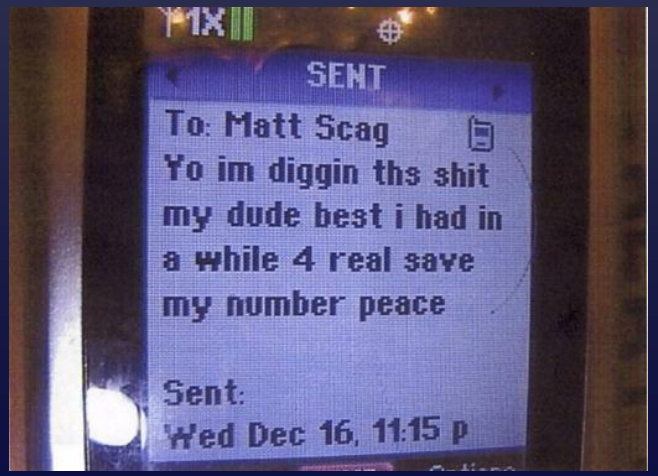
Overview of Addiction on LI

- Not necessarily a new problem, nor unique to Long Island.
- Pharmacy murders have advanced dialogue about prescription pill misuse/diversion. Collateral damage.
- Heroin price/availability.
- Methamphetamine.
- Let's not forget about benzos, alcohol and other drugs.
- Public health implications.



Overdose

- From 2004-2009, the number of deaths due to prescription opioids more than **tripled** in Nassau, increasing from 28 deaths to 90. From 2009-2010, the number of prescription opioid-involved deaths declined from 90 to 75.
- From 2004- 2010, the number of deaths in which prescription opioids were detected (but not necessarily identified as a cause of death) increased by **250%** from 101 to 258.
- In 2005, illicit and prescription opioids were detected in 53% of all fatal drug/alcohol cases. By 2009, that number had risen to **75%**.
- Since 2007, prescription opioids have **contributed to more deaths in Nassau County** than heroin and cocaine combined.
- Since 2006, oxycodone has contributed to more deaths than any other prescription opioid in Nassau, followed by methadone, then hydrocodone.
- Deaths involving methadone, oxycodone and/or hydrocodone increased from 26 in 2004 to 55 in 2010.
- Suffolk County – Less data, but deaths have averaged between **280-310** annually for the past few years.

Treatment Admissions

Total Nassau/Suffolk – 2010 admissions totaled 35,079.

Nassau County

- *Crisis* admissions to drug treatment involving **other opiates** increased by 57% in Nassau County between 2007 and 2010 (from 442 admissions to 692). Other opiates were cited in 24% of all crisis admissions in 2010 (as primary, secondary or tertiary drug of abuse).
- *Non-crisis* admissions to drug treatment involving **other opiates** as the primary drug of abuse rose from 535 in 2007 to 895 in 2010, an increase of almost 70%.

<u>2010 Non-Crisis Admissions Breakdown:</u>

- Marijuana – 39%
- Heroin – 21%
- Cocaine – 19%
- Other opiates – 15%
- Other unknown – 6%

Treatment Admissions (cont.)

Suffolk County

- Crisis admissions to drug treatment involving **other opiates** increased by 40% in Suffolk between 2007 and 2010 (from 765 admissions to 1,062).
- **Other opiates** were cited in 25% of all crisis admissions in 2010 (as primary, secondary or tertiary drug of abuse).
- Non-crisis admissions involving **other opiates** as the primary drug of abuse rose from 963 in 2007 to 1,717 in 2010, an increase of almost 80%.

2010 Non-Crisis Admissions Breakdown:

- Heroin – 32%
- Marijuana – 26%
- Cocaine – 21%
- Other opiates – 17%
- Other unknown – 4%

Treatment Admissions – U.S.

Treatment Episode Data Set (TEDS) 1999 – 2009 – SAMHSA

Heroin

- Heroin admissions increased from 15% of adult admissions in 1999 to 16% in 2001. They declined to 14% in 2005 and remained there through 2009.
- Heroin represented 92% of all opiate admissions in 1999 but declined steadily to 67% in 2009.
- About two-thirds (67%) of primary heroin admissions were male.
- For primary heroin admissions, the average age at admission was 35 years.
- More than half (59%) of primary heroin admissions were non-Hispanic White, followed by 20% who were non-Hispanic Black and 19% who were Hispanic.
- 67% of primary heroin admissions reported injection as the route of administration, and 29% reported inhalation.

- **Opiates Other than Heroin**

- Opiates other than heroin increased steadily from 1% of admissions aged 12 and older in 1999 to 7% in 2009.
- Opiates other than heroin represented 8% of all opiate admissions in 1999 but rose to 33% in 2009.
- Just over half (54%) of primary non-heroin opiate admissions were male.
- For primary non-heroin opiate admissions, the average age at admission was 31 years.
- Most primary non-heroin opiate admissions (88%) were non-Hispanic White.
- Two-thirds (66%) of primary non-heroin opiate admissions reported oral as the route of administration, while 18% reported inhalation and 13% reported injection.

Prescriptions Filled

Nassau County

- In 2008 and 2009, hydrocodone was the most commonly prescribed controlled prescription drug (CPD), followed by zolpidem (Ambien®), then oxycodone.
- In 2010, oxycodone became the most commonly prescribed CPD, followed by hydrocodone, then zolpidem (Ambien®).
- Oxycodone prescriptions grew by 42% from 2008 to 2010; alprazolam (Xanax®) prescriptions grew by 21%.

Suffolk County

- From 2008 to 2010, hydrocodone was the most commonly prescribed CPD, followed by oxycodone, then zolpidem (Ambien®).
- The number of oxycodone prescriptions filled grew by 23% from 2008 to 2010.
- The number of zolpidem (Ambien®) prescriptions filled grew by 25% from 2008 to 2010, as did the number of alprazolam (Xanax®) prescriptions.

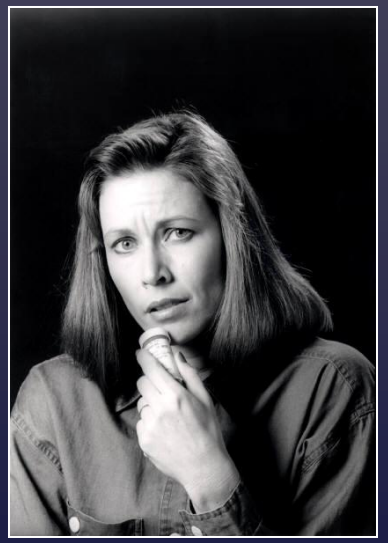
Why drug use?

- Why do people get high?
- Why do individuals drink?

Answer…..

- Curiosity
- Peer pressure
- Relaxation
- Anxiety
- Social acceptance
- Depression
- Escape
- Energy
- Lose inhibitions

Use of drugs range from recreational use to coping skills and self medication



Adolescence is…

- Experimentation
- Personality and character development years

Drug Dependence

- **Physical:**
  - the body has adapted to the drug and the lack of it will lead to specific withdrawal symptoms.
- **Psychological:**
  - a sense of need for a specific substance is felt either for the drugs' perceived effects, or to avoid the negative effects associated with abstinence.

Substance Use Dependence

- "A disease process characterized by the continued use of a substance despite physical, psychological or social harm."
- A disease of the mind (as seen in the DSMIVR).
- Dysfunctional defense mechanisms and lack of healthy coping skills.

40% of those who start drinking and drugging at age 13 or younger develop dependence later in life.

10% of teens who began after the age of 17 develop dependence.

NIDA, 2009

Signs and Symptoms

- Abrupt changes in work or school attendance, quality of work, work output, grades, discipline.
- Unusual flare-ups or outbreaks of temper. Withdrawal from responsibility. General changes in overall attitude. Deterioration of physical appearance and grooming.
- Marked changes in friends, particularly associations with known substance abusers.
- Unusual borrowing of money from friends, co-workers or parents.
- Stealing small items from employer, home or school.
- Secretive behavior regarding actions and possessions; poorly concealed attempts to avoid attention and suspicion such as frequent trips to storage rooms, restroom, basement, etc.

Signs and Symptoms (cont.)

- Lethargy, drowsiness, slurred speech.
- Constricted pupils fail to respond to light.
- Redness and raw nostrils from inhaling heroin in powder form.
- Scars (tracks) on inner arms or other parts of body from needle injections.
- Bags of pills, packets of powder.
- Use or possession of paraphernalia, including syringes, burnt spoons, eyedroppers, rubber tubing, cotton and needles.

Overall Tips for Working With Young People Who Use Drugs

- Try not to blame or judge young people if they use substances. Understand that they may have good reasons for their choices. Build on their strengths

- Talk about why they use- friendship, fun, relief of pain, loneliness, hunger, boredom, or to forget bad experiences Understand that self-medication is a way of dealing with anxiety and stress

- Ask what else they need, and how they might begin to get it. Young people may want friendship and encouragement as well as outlets for their energy in play, music, sport, work, crafts or training. Some of these things may be out of reach if the young person continues to use substances

Five Principles

1. EE- Express Empathy
2. AA- Avoid Argumentation
3. RR- Roll with Resistance
4. SS- Support Self-Efficacy
5. DD- Develop Discrepancy

Teen Intervene:

A Brief Intervention with Alcohol and Drug Abusing Adolescents

Organized around these strategies:

- **Motivational interviewing**
- **Stages of change**
- **Cognitive-behavioral**

Modeled after existing evidence-based approaches

- **Breslin et al., 2002**
- **Monti et al., 1999**
- **Winters & Leitten, 2007 (Teen Intervene background research)**

Treatment Options and Services

- Self Help Groups
- Outpatient
- Inpatient
- Residential

- Detox

- LICADD Services

" Too Good For Drugs"

- Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers.

- The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups.

- TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions.