READY, SET, SIMPLE!

TOP 10 LOW COST, BEST PRACTICE STRATEGIES TO PREVENT RX MEDICATION MISUSE

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AGENDA

• Best Practice Terminology
• Criteria for Chosen Strategies
• How Addiction Starts & Combatting Stigma
• What NOT to Do!
• Top 10!
BEST PRACTICES

• Applies research findings from scientific experimentation
• Uses meticulous observation and analysis that replaces anecdotal case description / replaces gut assumptions
• Records and catalogues the evidence for systematic retrieval, so that others can use it
• A philosophical approach that is in opposition to rules of thumb, folklore, and tradition
• Informs decision-making
• Encourages professionals to use the best evidence possible
TERMINOLOGY

Best Practices
A broad category of procedures that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption

- Evidence-Informed Practice
- Emerging Practice
- Promising Practice
- Evidence Based Practice
GOOD
BETTER
BEST

STILL GOOD, BUT ONLY IN THE ABSENCE OF BETTER OPTIONS

Evidence-Informed Practices
Emerging Practices
Promising Practices
Evidence Based Practices
CRITERIA FOR CHOSEN STRATEGIES

- Evidence-Informed Practices
- Emerging Practices
- Evidence Based Practices
- Promising Practices

LOW COST
EASY TO REPLICATE
Public Health Model

Agent
The catalyst, substance or organism that causes the health problem

Host
Individual(s) affected by the health problem

Environment
Conditions that promote the health problem.

Prevention or Interventions focus on one or more of the three areas:

40 Developmental Assets Model

EXTERNAL ASSETS
- Support
- Empowerment
- Boundaries & Expectations
- Constructive Use of Time

INTERNAL ASSETS
- Commitment to Learning
- Positive Values
- Social Competencies
- Positive Identity

Criteria: Based on Sound Prevention Theory
<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>PROTECTIVE FACTORS</th>
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<tbody>
<tr>
<td>Risk factors increase the likelihood young people will develop health and social problems.</td>
<td>Protective factors help buffer young people with high levels of risk factors from developing health and social problems.</td>
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**COMMUNITY**
- Low community attachment
- Community disorganisation
- Community transitions and mobility
- Personal transitions and mobility
- Laws and norms favourable to drug use
- Perceived availability of drugs
- Economic disadvantage (not measured in youth survey)

**PROTECTIVE FACTORS**
- Opportunities for prosocial involvement in the community
- Recognition of prosocial involvement
- Exposure to evidence-based programs and strategies (some are measured in youth survey)

**FAMILY**
- Poor family management and discipline
  - Family conflict
  - A family history of antisocial behaviour
  - Favourable parental attitudes to the problem behaviour

**PROTECTIVE FACTORS**
- Attachment and bonding to family
- Opportunities for prosocial involvement in the family
- Recognition of prosocial involvement

**SCHOOL**
- Academic failure (low academic achievement)
  - Low commitment to school
  - Bullying

**PROTECTIVE FACTORS**
- Opportunities for prosocial involvement in school
- Recognition of prosocial involvement

**PEER / INDIVIDUAL**
- Rebelliousness
  - Early initiation of problem behaviour
  - Impulsiveness
  - Antisocial behaviour
  - Favourable attitudes toward problem behaviour
  - Interaction with friends involved in problem behaviour
  - Sensation seeking
  - Rewards for antisocial involvement

**PROTECTIVE FACTORS**
- Social skills
  - Belief in the moral order
  - Emotional control
  - Interaction with prosocial peers
PUBLIC HEALTH MODEL

Public Health Model

- **Agent**: The catalyst, substance or organism that causes the health problem
- **Host**: Individual(s) affected by the health problem
- **Environment**: Conditions that promote the health problem

Prevention or interventions focus on one or more of the three areas.
DEVELOPMENTAL ASSETS FRAMEWORK

The first four asset categories focus on external structures, relationships, and activities that create a positive environment for young people.

1. Support
   - Young people need to be surrounded by people who love, care for, appreciate, and accept them.
   - Family support
   - Positive family communication
   - Other adult relationships
   - Caring neighborhood
   - Caring school climate
   - Parent involvement in schooling

2. Empowerment
   - Young people need to feel valued and valuable. This happens when youth feel safe and respected.
   - Community values youth
   - Youth as resources
   - Service to others
   - Safety

3. Boundaries and expectations
   - Young people need clear rules, consistent consequences for breaking rules, and encouragement to do their best.
   - Family boundaries
   - School boundaries
   - Neighbourhood boundaries
   - Adult role models
   - Positive peer influence
   - High expectations

4. Constructive use of time
   - Young people need opportunities - outside of school - to learn and develop new skills and interests with other youth and adults.
   - Creative activities
   - Youth projects
   - Religious community
   - Time at home

The next four asset categories reflect internal values, skills, and beliefs that young people also need to fully engage with and function in the world around them.

5. Commitment to learning
   - Young people need a sense of the lasting importance of learning and a belief in their own abilities.
   - Achievement motivation
   - School engagement
   - Homework
   - Bonding to school
   - Reading for pleasure

6. Positive values
   - Young people need to develop strong guiding values or principles to help them make healthy life choices.
   - Caring
   - Equality and social justice
   - Integrity
   - Honesty
   - Responsibility
   - Restraint

7. Social competencies
   - Young people need the skills to interact effectively with others, to make difficult decisions, and to cope with new situations.
   - Planning and decision making
   - Interpersonal competence
   - Cultural competence
   - Resistance skills
   - Peaceful conflict resolution

8. Positive identity
   - Young people need to believe in their own self-worth and to feel that they have control over the things that happen to them.
   - Personal power
   - Self-esteem
   - Sense of purpose
   - Positive view of personal future
CAMP (FOR ENVIRONMENTAL PREVENTION STRATEGIES)

Community Norms
Access & Availability
Media Messages
Policies
BEFORE WE GET STARTED…

• Know what puts people at risk of addiction

• Combat stigma

• Know what NOT to do
COMBAT STIGMA BY HELPING PEOPLE UNDERSTAND HOW ADDICTION STARTS

• There are four traits that put kids at risk for addiction:

  Sensation-seeking
  Impulsiveness
  Anxiety Sensitivity
  Hopelessness

And then there’s this.....

Use https://www.youtube.com/watch?v=HDfSx_Q7_Yk to illustrate this point
WHAT NOT TO DO...

If people were educated about drugs, they would know what NOT to do.

We just need to tell people to say NO to drugs...

If people knew my recovery story, they wouldn't use drugs.

Once a year, we'll do an all-school assembly...

If people just knew how bad drugs are, they'd never do them.
TOP 10!

HTTPS://WWW.YOUTUBE.COM/WATCH?v=GKJBNUGYPNW

LOW COST, BEST PRACTICE PREVENTION STRATEGIES
Basic drug education and facts about consequences of use are not shown to have an impact on decreasing substance use in young people.

It has in some adults, however (think BI in SBIRT, which is an EBP).

Fact sheets can be used to teach adult audiences, particularly parents.

*Handouts included
Under the Age of 21

Low Risk Drinking: How much?

- It’s illegal
- It increases your chance for becoming addicted
- Lowers inhibition leading to risky decisions
- It increases social problem (school, parents, relationships)
- The brain is still developing at this age – drinking can damage your brain
ADOLESCENT BRAIN DEVELOPMENT

- Motor control
- Touch and pressure
- Concentration, planning, problem solving
- Speech
- Taste
- Body awareness
- Language
- Reading
- Vision
- Hearing
- Facial recognition
- Coordination

- Frontal lobe
- Parietal lobe
- Temporal lobe
- Occipital lobe
- Cerebellum
AGE OF INITIATION: ALCOHOL USE RELATED TO LIFETIME DEPENDENCE

Figure 3. Association between age at initiation of alcohol use and lifetime dependence (i.e., meeting the DSM–IV criteria for dependence at some point in life). The blue curve represents all respondents, the red curve represents respondents with a family history of alcoholism, and the black curve represents respondents without a family history of alcoholism.
LOW RISK ALCOHOL GUIDELINES
AGE 21+

Moderate alcohol consumption:
Women = 1 drink per day
Men = 2 drinks per day

Heavy or high-risk drinking:
Women = 3+ drinks on any day (or more than 7 per week)
Men= 4+ drinks on any day (or more than 14 per week)

Binge drinking:
Women= consumption within 2 hours of 4+ drinks
Men= consumption of 5+ drinks within 2 hours
MARIJUANA USE IS NOT LOW RISK

- Marijuana is addictive!
- 1 out of 11 users become addicted
  - Similar to alcohol
- When use starts in adolescence, addiction rate is 1 out of 6
- Marijuana withdrawal is similar to that of nicotine withdrawal
- 1 out of 4 people seeking treatment is due to marijuana use
WHEN YOU THINK OF MARIJUANA . . .

NOW:

13 types of Butane Hash Oil

- Purple Diesel
- Green Crack
- Blue Dream
- Champagne
- Blue Dream
- Grape Ape
- Bubblegum
- White Gas
- AK-47
- Headband
- Durban Poison
- Honeycomb
INCREASED POTENCY

Average:

- 1970s: < 1% THC
- 1990s: 3 – 4 % THC
- Today: 13% THC

Source: The University of Mississippi Potency Monitoring Project
IN ADDITION TO PLANT FORMS…

(80 to 90% THC) Concentrates

“Ear Wax”

“Green Crack” Wax

Butane Hash Oil (BHO)

“Budder”

Hash Oil Capsules

“Shatter”
STRATEGIES TO PREVENT UNDERAGE DRINKING AND MARIJUANA USE

• Cumulatively:
  • Coping Strategies
  • Drug Refusal Skills
  • “What is Your WHY?”

*Evidence-Informed Practice; Public Health Model/Risk & Protective Factors Model/40 Developmental Assets Model
COPING STRATEGIES

• Physical health – eat right, stay hydrated, exercise, regular check ups

• Stress management – get enough sleep, decrease screen use, actively utilize stress management techniques

• Have a healthy support system – caring adults, non-toxic friends

• Social health – constructive, fulfilling hobbies/activities

• Spiritual health – connection to something larger than themselves

• In times of crisis – having someone to turn to, crisis hotlines
ROLE PLAY:

• Say “NO” quickly. Do not hesitate.
• Your voice should be clear and firm.
• Make direct eye contact.
• Suggest an alternative
• Ask the person to stop offering you a drink (or drugs) and to not do so again.
• Change the subject.
• Do not feel guilty about refusing to use.
• Avoid the use of vague answers or excuses (e.g., “Not right now” or “I’m driving tonight”). **
• **How to “save face” in a tough situation
WHAT IS YOUR “WHY”

• Just saying “NO” is not enough…. Help them to find something to say “YES” to…
• Help young people find their why…..

WHY DO YOU CHOOSE NOT TO USE ALCOHOL OR DRUGS?

• My parents would kill me
• The coach would find out and bench me
• I care about my future
• I care about my brain
• I want to go to college
• It’s bad for my body
• I want to be a good role model for my little sister
#2: TEACH PARENTS TO TALK TO THEIR KIDS ABOUT DRUGS

By talking to your kids regularly about the dangers of drugs and alcohol, you reduce their chances of using them by 42%.

The problem is only 1 in 4 teens report having these conversations. Don’t let your child be a statistic.

*Evidence-Informed Practice; Risk & Protective Factor Model/40 Developmental Assets Model*
TALKING TO YOUR KIDS ABOUT DRUGS

1. Be clear with your kids you do not want them using drugs or alcohol
2. Begin discussions early in life
3. Talk often
4. Be a good listener
5. Don’t lie if you’ve used drugs in your past
6. Don’t react in a way that will cut off discussion
7. Use entertainment news as learning opportunities
8. Role play ways to refuse drugs and alcohol
9. Establish a written or verbal contract

FREE!
• Handouts (PDF)
• Placemats (PDF)
• Presentations

Contact:
Montgomery County ADAMHS
937.443.0416
#3: ATTEND (AND PROMOTE) A MENTAL HEALTH FIRST AID TRAINING

- **Youth MHFA** is designed to teach caring adults who interact with you ages 12-18

- **Adult MHFA** course for adults who interact with other adults ages 18+

- **Audience Specific:**
  - Fire/EMS * newest module!!
  - Public Safety
  - Rural Communities
  - Military/Veterans
  - Higher Education
  - Older Adults

*Evidence Based Practice; Public Health Model/Risk & Protective Factors Mode/40 Developmental Assets Model*
MENTAL HEALTH FIRST AID TRAININGS

- 8-hour certification course
- Cost is $20 per participant if taken by a training sponsored by Montgomery County ADAMHS
#4: LEARN (AND PROMOTE) SAFE MEDICATION PRACTICES

- Generation Rx trainings
  - Elementary
  - Teen
  - College
  - Adult
  - Senior
  - Patient
  - Workplace

*Promising Practice; Public Health Model; CAMP

All materials are available for FREE download at:

https://www.generationrx.org/
Montgomery County Rx Medication Safety Campaign

• How to have a healthy relationship with your medications
  • Never take a prescription not prescribed to you
  • Never take more than what is prescribed to you
  • Never combine medications with other prescriptions without first checking with your doctor
  • Never mix medications with alcohol

• That there is NEVER a safe way to get high off of medications

Contact:
Gail Dafler
937.684.0316
#5: Prevent prescription medication abuse

*Promising Practice; Public Health Model; CAMP

- Monitoring
- Storage
- Disposal
SAFE MEDICATION MONITORING AND STORAGE

- Nearly 70% of people 12 and older who abuse prescription drugs say they got them from friends and family (SAMHSA, NSDUH, 2013)
- Monitor quantities and control access
- Keep an inventory
- Remove drugs from medicine cabinet and hide them, lock them up, or take them out of the house
- Purchase a medication lock box
DISPOSAL OF UNUSED MEDICATION

• Don’t leave them sitting around
• Do NOT flush them down drain or toilet
• Crush, mix with coffee grounds or kitty litter
• Contact a police department to find a medication drop box near you
  • http://rxdrugdropbox.org/
• Use a medication deactivation disposal bag
If your physician is recommending a pain reliever...

You Are In Control Of Your Pain

Ask your doctor about an alternative to prescription painkillers

Talk to Your Doctor About:

- Physical Therapy
- Massage Therapy
- Yoga
- Meditation
- Chiropractics

mcadamhs.org
#7: SIGN UP FOR KNOW! TIPS

- FREE
- Provides emails twice a month with tips and facts about alcohol and drugs, as well as action steps to help children resist peer pressure to use
  - KNOW! Parent Tips
  - KNOW! Teachable Moments
  - KNOW! Faith Leaders & Communities
- Subscribe at: https://preventionactionalliance.org/about/programs/know/sign-up-to-receive-know-parent-tips/

*Evidence-Informed Practice; Risk & Protective Factor Model/40 Developmental Assets Model/Public Health Model
#8: PROVIDE RX OPIOID MISUSE PREVENTION PRESENTATIONS TO STUDENT ATHLETES AND COACHES/ATHLETIC DIRECTORS

*Evidence-Informed Practice: Public Health Model*
#9: KNOW (AND TEACH) THE SIGNS AND SYMPTOMS OF WHEN SOMEONE IS IN TROUBLE

- Signs and Symptoms Fact Sheet
  - Physical
  - Behavioral
  - Psychological
- What to look for in your surroundings
- Signs of withdrawal

*Evidence-Informed Practice; Risk & Protective Factor Model
*Problem Identification and Referral
PHYSICAL WARNING SIGNS

- Bloodshot eyes, pupils larger or smaller than usual
- Changes in appetite or sleep patterns
- Sudden weight loss or weight gain
- Deterioration of physical appearance, personal grooming habits
- Unusual smells on breath, body, or clothing
- Tremors, slurred speech, or impaired coordination
BEHAVIORAL WARNING SIGNS

• Drop in attendance and performance at work or school
• Skipping class; declining grades; suddenly getting into trouble at school
• Unexplained need for money or financial problems; may borrow or steal to get it
• Engaging in secretive or suspicious behaviors
• Sudden change in friends, favorite hangouts, and hobbies
• Frequently getting into trouble (fights, accidents, illegal activities)
• Demanding more privacy; locking doors; avoiding eye contact; sneaking around
PSYCHOLOGICAL WARNING SIGNS

- Unexplained change in personality or attitude
- Sudden mood swings, irritability, or angry outbursts
- Periods of unusual hyperactivity, agitation, or giddiness
- Lack of motivation; appears lethargic or “spaced out”
- Appears fearful, anxious, or paranoid, with no reason
LOOK FOR SIGNS IN YOUR SURROUNDINGS

• A person who has been crushing pills and snorting them may leave short straws, pen parts, and rolled dollar bills around, along with small mirrors & white dust.

• If they smoke drugs, there may be pipes left around.

• If they inject drugs, there may be syringes, rubber tubes, syringe caps, droppers, spoons, burnt foil, burnt carpet.

• Also look at hiding places, missing vent screws, sunglasses cases, torn corners of plastic bags, cut cigarette filters/torn Q-tips, blackened fingers, blood spots.
SIGNS OF WITHDRAWAL

**SIGNS**
- Fast pulse
- High blood pressure
- High body temperature
- Insomnia
- Enlarged pupils
- Abnormally heightened reflexes
- Sweating
- Gooseflesh
- Increased respiratory rate
- Tearing (as in crying)
- Yawning
- Runny nose
- Muscle spasms

**SYMPTOMS**
- Abdominal cramps
- Nausea
- Vomiting
- Diarrhea
- Bone and muscle pain
- Anxiety
#10: JOIN A COALITION!

*Evidence-Informed Practice; CAMP*

« Those who have the privilege to know have the duty to act. »

~ Albert Einstein (1879-1955)
CONTACT INFORMATION

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