

Heroin and Opioid Addiction

Jennie Park-Taylor, Ph.D., Merle Keitel, Ph. D., Lisa Suzuki, Ph.D.,
Janelle Hayslett, and Joann Wang



Most Common Opioid Pain Relievers

- Morphine
- Oxycodone (e.g., Percocet, OxyContin®)
- Hydrocodone (e.g., Vicodin®)

Opioids- How do Youth get Access?

- Bought from friends and relatives
- Found in home medicine cabinets (prescribed to family member or to youth to manage pain)
- Bought from a dealer
- Stolen from family/friends

56% of teens responded in the Partnership Attitude Tracking Survey (2009) that it is easier to find prescription drugs than illegal drugs, especially from within the home.

Opioid Use Statistics

- 61,862,364 patients in the US have had at least 1 prescription filled for opioids (CDC, 2017)
- 2,456,537 are between the ages of 15-19

Heroin and Prescription Pain Medication

- An opioid drug in the same class of drugs as prescription pain medication
- 1 in 15 individuals who abuse non-prescription pain medication will abuse heroin
- Individuals who abuse painkillers, such as OxyContin, are 19 times more likely to start using heroin



Heroin Facts



- What is heroin? --- an opioid drug made from morphine.
- What does it look like? ---It can be a powder or tar
- How is it used?---It can be snorted, sniffed, smoked & injected.
- How does it affect you? It enters the brain and binds to opioid receptors involved in pleasure, pain, sleep, breathing and heart rate.
- Is heroin always pure heroin? Street heroin often contains contaminants or additives such as arsenic.

Usage and Prevalence

- Sales of prescription opioids in the U.S nearly quadrupled from 1999 to 2014, despite there being no overall change in the amount of pain Americans report.
- About 80% of opioid prescriptions worldwide are distributed in the United States
- In 2014, the United States alone saw nearly 4.3 million people age 12 or older using prescription painkillers non-medically
- Dramatic increase in the number of substance disorder treatment admission rates

Usage and Prevalence

- Every day, over 1,000 people are treated in emergency departments for misusing prescription opioids
- Over 2 million Americans had a substance use disorder involving opioids in 2015
 - About 591,000 had a substance use disorder involving heroin
- 4 in 5 new heroin users started out misusing prescription painkillers.
- Dramatic increase in overdose deaths --> the result of Fentanyl and other synthetic opioids

Overdose and Deaths

- More than 6 out of 10 drug overdoses involve an opioid.
 - 8 out of 10 in NYC
- In 2015, 33,091 American people died from overdosing on opioids
 - * This number has quadrupled since 1999
- Approximately 91 Americans die every day from an opioid overdose
- In 2015, 12,989 people died from overdosing on heroin in the U.S
 - * This number has more than tripled since 2010
- More New Yorkers died from opioid overdoses last year than from car accidents and homicides combined

Overdose and Deaths in New York

According to the NYS Department of Health - County Opioid Quarterly Report (2016)

New York State (excluding NYC):

- 1,238 opioid overdose deaths
- 513 heroin overdose deaths

Nassau County:

- 91 opioid overdose deaths
- 28 heroin overdose deaths

Suffolk County:

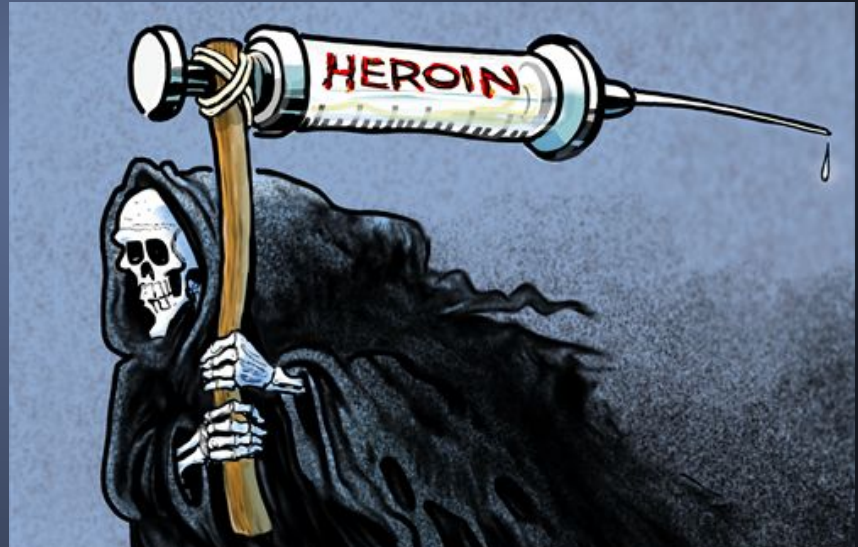
- 206 opioid overdose deaths
- 72 heroin overdose deaths

Westchester County:

- 59 opioid overdose deaths
- 35 heroin overdose deaths

NYC:

- 241 opioid (excluding fentanyl) overdose deaths
- 989 heroin/fentanyl overdose deaths



Special Populations

Adolescents

- Nearly 1 in 4 high school seniors in the United States has had some lifetime exposure to prescription opioids, either medically or non-medically.
- In 2015, 276,000 adolescents were reported as current nonmedical users of pain relievers
 - 122,000 had an addiction to prescription pain relievers
- Common for adolescents to share/exchange pain relievers.

Women

- Women may become dependent on prescription pain relievers more quickly than men
- Prescription pain reliever overdose deaths among women increased more than 400% from 1999 to 2010, compared to 237% among men.

Risk Factors

Contextual

- Lack of parental monitoring and supervision
- Normalizing of heroin use
- Peer group
- Social media
 - Images of friends/peers engaging in drug use
- Nationwide crackdown on prescription pill abuse



Risk Factors

Individual

- Poor social and communication skills
- Academic difficulties
- Poor self-control
- Aggressive behavior
- Lack of social problem-solving skills
- Lack of self-efficacy and assertiveness

Warning Signs

For School Personnel to watch for:

- Behavioral changes
 - Lying/elusivity
 - Stealing
 - Poor decision-making and judgment
 - Increase in risky behavior
- Slow reaction time, slurred speech
- Loss of concentration, confusion
- Declining grades
- Lack of interest in sports, activities, and hobbies



Warning Signs

For Parents to watch for:

- Financial problems
- Physical/Appearance changes
- Breaking curfew
- Spending less time with family
- Change in sleeping habits

Warning Signs

For Peers to watch for:

- Distance from friends
- Spending time with new groups of people
- Change in eating habits
- Mood swings



Physical Consequences

Short-Term:	Long-Term:
<ul style="list-style-type: none">● “Rush” of pleasure● Dry mouth● Warm flush of skin● Heavy feeling in arms/legs● Nausea, vomiting, Itching● Cloudiness and in and out of consciousness	<ul style="list-style-type: none">● Insomnia● Collapsed veins (from injecting)● Damaged tissue inside of nose (from snorting)● Infection of heart lining/valves● Abscesses (swollen tissue filled with pus)● Constipation and cramps● Liver and kidney disease● Lung complications● Mental disorders● Sexual dysfunction● Irregular menstruation● Bacterial infections● HIV and other STDs● Overdose and death

Mental Health Consequences

- For many who are addicted, obtaining and using heroin becomes the primary purpose of their lives.
- During withdrawal, one may experience:
 - Severe depression and feelings of hopelessness
 - Emptiness and despair
 - Inability to sleep
 - Anxiety, panic and dread
 - Fatigue
 - Intense cravings

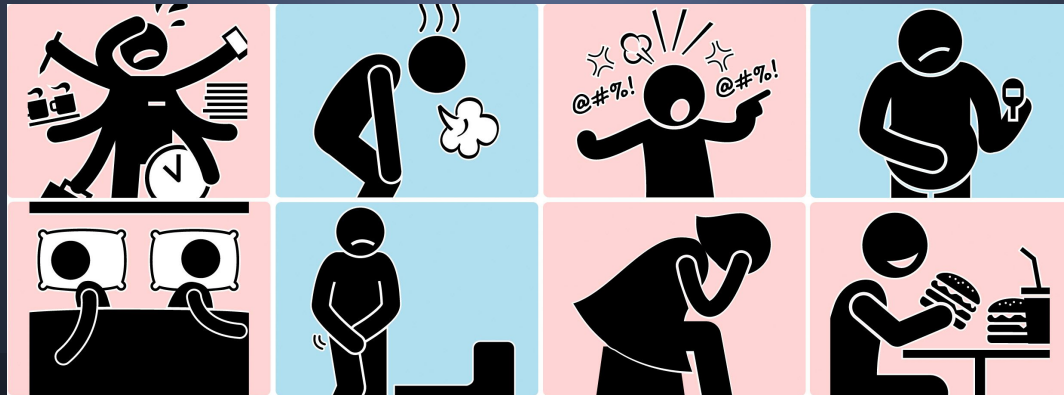


Behavioral Problems

- Poor Communication/Socialization
- Lying, breaking promises and commitments
- Apathy
- Impaired motor coordination
- Inability to maintain regular employment or school functioning
- Anger outbursts
- Criminal activity
- Engaging in risky activities

Social Problems

- Financial problems/theft
- Impact on families
- Homelessness
- Incarceration
- Change in family and peer networks



School Counseling: ASCA Guidelines

Excerpt from ASCA Standards:

- Keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student
- Serious and foreseeable harm is different for each minor in schools and is defined by students' developmental and chronological age, the setting, parental rights and the nature of the harm
- Do not release a student who is a danger to self or others until the student has proper and necessary support.

School Counseling: Role of School Counselor

- School counselors are not meant to treat for heroin use
- They *can* serve as a helpful intermediary between detection and treatment
- By using motivational interviewing techniques, school counselors can “roll with the resistance” that may come from students who are good candidates for treatment

Motivational Interviewing

What is motivational interviewing?

- Aims to move individual away from a state of indecision and uncertainty and towards finding motivation and accomplishing established goals
- Collaborative effort between counselor and student building a compassionate relationship
- Success is defined not by student's abstinence, but as any reduction in drug-related harm

Cited in Winters, Leitten, Wagner, & O'Leary Tevyaw (2007)

Denning (2002)



Empirical Evidence for MI

- Aubrey (1998) - A single-assessment and feedback session using MI for adolescents about to start drug treatment resulted in a greater reduction in heavy substance than those receiving treatment as usual
- Breslin et al. (2002) - A 4-session, MI intervention was superior to a psychoeducational control group with adolescent drug abusers. At 6 months adolescents had reduced drug use, had fewer consequences related to using, and increased confidence to limit intake in high-risk situations

Techniques

Useful techniques for motivational interviewing with this at-risk population:

- Asking Permission
 - “Do you mind if we talk about [insert behavior]?”
 - “Can we talk a bit about your [insert behavior]?”
 - “I’ve noticed your grades are dropping and you’re telling me it’s hard to focus in class and you’re not hanging out with your friends as much. Do you mind if we talk about what might have changed in your life recently?”
- Questions to Elicit Change Talk
 - “What would you like to see change about your current situation?”
 - “What makes you think you need to change?”
 - “How would your life change if you sought treatment?”
 - “What would be the good things about changing your [risky behavior]?”
 - “Why do you think others are concerned about your [risky behavior]?”
 - “How can I help you get past some of the difficulties you are experiencing?”
 - “Suppose you don’t change, what is the WORST thing that might happen?”
 - “What is the BEST thing you could imagine that could result from changing?”

Techniques

Useful techniques for motivational interviewing with this at-risk population:

- Summarizing/using the “on-the-one-hand/on-the-other-hand” technique (the Columbo approach)
 - “On the one hand, I can tell that you are really worried that your heroin use is getting out of control, but you also seem to like the feeling you get from using it.”
- Eliciting Statements Supporting Self-Efficacy
 - “It seems you’ve been working hard to stop using heroin. That is different than before. How have you been able to do this? How has this made you a better student? A better friend?”
 - “I see your grades are improving. How do you feel about the changes you’ve made?”

Policies and Prevention

Schools can update and ensure policies have efficient safety plans and protocols

Schools can establish programs that stay ahead of the issue of illicit drug use. Characteristics of effective school-based drug prevention programs include:

- Interactive
- Cultivate social competencies
- Led by mental health professionals
- Smaller groups
- Delivered in the middle school years



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