CONQUERING THE CRISIS: FIGHTING SUBSTANCE MISUSE IN ALABAMA

Substance Use Disorder Effects & Resources

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Disclosure/Conflict of Interest

- Board of Directors, Not One More Alabama, Inc.
- Board of Trustees, Huntsville Hospital Foundation
- I have no financial conflict of interest in relation to this program.
OBJECTIVES

- Discuss personal, family, and societal effects of drug abuse
- Discuss resources available for those with a drug addiction/SUD
- Describe the process for referring patients for drug abuse treatment
- Describe challenges and solutions for getting patients with drug addiction/SUD treatment
Societal Effects

Physical/Verbal Abuse

Theft/Law Enforcement

Isolation/Homelessness
FAMILY EFFECTS

- **Nuclear family**
  - Children compensate for parental deficiencies
  - Single Parent with SUD: Children likely not age appropriate
  - Aging parents: Inappropriately dependent relationships: Miss Launching Phase

- **Extended Family**
  - Feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt
  - May ignore or cut ties with the person abusing substances
  - Seek legal protection
  - Intergenerational effects: negative impact on role modeling, trust, and concepts of normative behavior: Damage the autonomous relationships between generations

- **Neighbors Friends Co-workers**
  - Unreliable, decreased productivity = resentment

Substance Abuse Treatment and Family Therapy (SAMHSA)
FAMILY CHARACTERISTICS (TYPICALLY PRESENT)

- Negativism
- Parental inconsistency
- Parental Denial
- Miscarried expression of Anger
- Self-medication
- Unrealistic parental expectations

(Reilly, 1992)
PERSONAL EFFECTS

- Overwhelming Shame
- Judgement
- Increasing Isolation
- Antisocial behavior: With others who abuse
- Debt
Mental Health Risks

The mental health of an addicted individual is just as important as their physical health. When a person becomes addicted to a substance, it changes the way their body works at the molecular level, affecting the production of a neurotransmitter called dopamine. Over time, this results in decreased happiness and mood swings. Other mental health issues that will vary according to the substance used include:

- Mood swings
- Agitation
- Anxiety
- Depression
- Suicidal thoughts
- Violent behaviors
- Paranoia, psychosis, and delusional thinking
- Cognitive impairment

Physical Health Risks

Ill effects from substance use can happen at any time, but the longer alcohol and drugs are used, the risk of damage to physical health increases, either by exacerbating short-term problems or creating new, long-term problems like:

- Damage to major organs like the liver (e.g., from alcohol use or abuse of acetaminophen-containing drugs).
- Malnutrition/weight loss.
- Stress on the heart (e.g., from stimulant use).
- Transmission of blood borne diseases like HIV and hepatitis from injection use.
- Dental and skin deterioration (common among methamphetamine users).
- Respiratory depression (common to depressants like alcohol and opioids).
- Harm to the reproductive system and in the case of pregnancy, the developing fetus.
- Sexual dysfunction.

Continued use also puts the user at an almost constant risk of overdose and death. Waiting to hit an undefined rock bottom can do irreparable damage.
RESOURCES AVAILABLE FOR THOSE WITH A DRUG ADDICTION/SUD
OUR ROLE

1. Teach patients about the risks of opioid diversion and nonmedical use.
2. Educate patients on the risks of opioid diversion.
3. Provide controlled substance disposal education
4. Assess risk
5. Provide resources
6. Track opioid use
STRATEGIES

1. Prevention
2. Intervention
3. Treatment/Recovery
4. Enforcement
Stage of Change (Prochaska & DiClemente)

1. Precontemplation
2. **Contemplation (30-40% of addicted persons)**
3. **Preparation (10-15%)**
4. Action (altered behavior for 1-6 months)
5. Maintenance (preventing relapse)
<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Characteristics</th>
<th>Techniques</th>
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<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Not currently considering change: “Ignorance is bliss”</td>
<td>Validate lack of readiness</td>
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<td>Clarity: decision is theirs</td>
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<td></td>
<td></td>
<td>Encourage re-evaluation of current behavior</td>
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<td></td>
<td>Encourage self-exploration, not action</td>
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<td>Explain and personalize the risk</td>
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<tr>
<td>Contemplation</td>
<td>Ambivalent about change: “Sitting on the fence”</td>
<td>Validate lack of readiness</td>
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<tr>
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<td>Not considering change within the next month</td>
<td>Clarity: decision is theirs</td>
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<td>Encourage evaluation of pros and cons of behavior change</td>
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<td>Identify and promote new, positive outcome expectations</td>
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<tr>
<td>Preparation</td>
<td>Some experience with change and are trying to change: “Testing the waters”</td>
<td>Identify and assist in problem solving re: obstacles</td>
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<tr>
<td></td>
<td>Planning to act within 1month</td>
<td>Help patient identify social support</td>
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<td></td>
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<td>Verify that patient has underlying skills for behavior change</td>
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<td>Encourage small initial steps</td>
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<tr>
<td>Action</td>
<td>Practicing new behavior for 3-6 months</td>
<td>Focus on restructuring cues and social support</td>
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<td>Bolster self-efficacy for dealing with obstacles</td>
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<td>Combat feelings of loss and reiterate long-term benefits</td>
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<tr>
<td>Maintenance</td>
<td>Continued commitment to sustaining new behavior Post-6 months to 5 years</td>
<td>Plan for follow-up support</td>
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<tr>
<td></td>
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<td>Reinforce internal rewards</td>
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<td></td>
<td></td>
<td>Discuss coping with relapse</td>
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<tr>
<td>Relapse</td>
<td>Resumption of old behaviors: “Fall from grace”</td>
<td>Evaluate trigger for relapse</td>
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<tr>
<td></td>
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<td>Reassess motivation and barriers</td>
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<td>Plan stronger coping strategies</td>
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</tbody>
</table>
REFERRING PATIENTS FOR DRUG ABUSE TREATMENT
Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment
1-800-662-HELP or search www.findtreatment.samhsa.gov

“Find A Physician” feature on the American Society of Addiction Medicine (ASAM)
https://www.asam.org/resources/patient-resources

Patient Referral Program on the American Academy of Addiction Psychiatry
http://www.aaap.org/?page_id=658?sid=658

Child and Adolescent Psychiatrist Finder on the American Academy of Child and Adolescent Psychiatry
Welcome to the Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.

PLEASE NOTE: Your personal information and the search criteria you enter into the Locator is secure and anonymous. SAMHSA does not collect or maintain any information you provide.

Find treatment facilities confidentially and anonymously.

Enter an Address, City, or ZIP code

Search Facilities

Get Help

**Suicide prevention lifeline & 1-800-237-TALK (8255)**
Free and confidential support for people in distress, 24/7.

**National Helpline 1-800-662-HELP (4357)**
Treatment referral and information, 24/7.

**Disaster Distress Helpline 1-800-985-5990**
Immediate crisis counseling related to disasters, 24/7.
PRESCRIPTION DRUG
ABUSE & MISUSE IS A PROBLEM.

See YOURSELF as part of the solution.

70% OF PEOPLE WHO USE OR MISUSE
PRESCRIPTION DRUGS GET THEM
FROM A FRIEND OR RELATIVE.

ARE YOU PART OF THE PROBLEM OR THE SOLUTION?
• Do not share your prescription drugs with friends, family or coworkers.
• Keep a personal record of all medications that you take.
• Follow practitioner’s orders for taking medications.
• Dispose of left over prescriptions properly.

24/7 Helpline
844-307-1760

Are you, or a family member, struggling with addiction or in need of support?
Do you prefer chat? Live chat is available through our website: www.rosshelpline4u.org
Want to send an email? Send us a message: helpline4u.al@gmail.com

Every call, live chat and email is answered by a person in recovery at:
RECOVERY ORGANIZATION OF SUPPORT SPECIALISTS
R.O.S.S.

Addiction is a disease, not a moral failing.
All services are free, made possible through funding from ADMH and SAMHSA.
Find Treatment & Prevention Services

Prevention Directory --- (report changes, click here)
Treatment Directory --- (report changes, click here)

SAMHSA Treatment Locator For all state recognized treatment facilities
Support, Educate & Inspire those impacted by disease of addiction

http://www.notonemorealabama.org/
NOMA, Inc. Program Overview

Remember, people don't just get sober, they learn to be sober. - Center for Motivation and Change

- Rehab 101
- Adolescent Programs
- AL State Assisted Facilities and Other Low Cost Programs
- Detox Programs (Medically managed)
- Faith-Based Programs
- Interventionists
- Medication Assisted Treatment
- Primary and Extended Care Programs
- Sober Living Programs

One size does not fit all
AMERICAN SOCIETY FOR ADDICTION MANAGEMENT

DOWNLOADABLE PATIENT POCKET GUIDE

www.ASAM.org

Opioid Addiction Treatment
A Guide for Patients, Families and Friends

American Society of Addiction Medicine
CHALLENGES AND SOLUTIONS FOR GETTING PATIENTS WITH SUD TREATMENT
Typical Barriers to Treatment

- Not knowing what to signs or symptoms to look for
- Lack of script for discussion.
- Chemical changes in the brain
- Non-linear process
Put the Puzzle Together
DON’T WAIT FOR ROCK BOTTOM

The “Hitting Rock Bottom” Myth

Instead Influence Motivation


https://drugabuse.com/hitting-rock-bottom-myth/
Separate 12-Step groups

- Al-Anon
- Alateen
- Co-Dependents Anonymous (CoDA)
- Adult Children of Alcoholics, (ACOA)
- Adult Children Anonymous
- Families Anonymous
- Co-Anon
Destigmatize to Improve Treatment

The Office of National Drug Control Policy recommends these adjustments.\textsuperscript{2}

<table>
<thead>
<tr>
<th>Words to avoid</th>
<th>Words to use</th>
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</thead>
<tbody>
<tr>
<td>Addict</td>
<td>Person with substance use disorder</td>
</tr>
<tr>
<td>Drug abuser</td>
<td>Person with substance use disorder</td>
</tr>
<tr>
<td>Drug problem, drug habit</td>
<td>Substance use disorder</td>
</tr>
<tr>
<td>Clean</td>
<td>Abstinent, not actively using</td>
</tr>
<tr>
<td>Dirty</td>
<td>Actively using</td>
</tr>
<tr>
<td>A clean drug screen</td>
<td>Testing negative for substance use</td>
</tr>
</tbody>
</table>

\textsuperscript{1}This report is included in the Appendix.

TREATMENT CONSIDERATIONS

- Evaluating which type of interventions are best to help manage the patient’s pain – this could be alternative drugs to opioids or a low dose opioid with other therapies
- Educating patients that reducing pain—not completely alleviating it—is the goal of therapy
- Coming to an agreement with patients on what is a tolerable level of pain, one where the patient can be functional and still have quality of life
- Initiating contracts with patients prescribed opioids
- Evaluating and managing the patient’s anxiety through relaxation techniques
- Using correct patient positioning
- Using ice or heat when appropriate
- Using compression and elevation for sprains or strains
- Encouraging rest
- Consulting physical therapy and utilizing modalities such as a transcutaneous electrical nerve stimulation (TENS) unit for joint and muscle pain
- Using acupuncture, Tai Chi, yoga, mindful meditation, and other complementary or naturopathic techniques
- Offering other types of medications to help manage pain such as gabapentin, pregabalin, or duloxetine for neuropathic pain; ibuprofen or naproxen for pain due to inflammation from a sprain or strain; and acetaminophen for pain such as headache
- Recognizing when a patient has an opioid use disorder and needs access to vetted resources to manage the addiction
Screening and Assessment Tools Chart - Provides validated tools to guide screening, evaluation, and referral to treatment of patients with a substance use disorder. Listed on this chart are several NIDA products including the following:

- **Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)** - Clinician's combine screening component followed by a brief assessment for those who screen positive.
- **Screening Tools for Adolescent Use** - Clinician's screening tools to assess substance use disorder risk among adolescents 12-17 years old.
  - **Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)**
  - **Screening to Brief Intervention (S2BI)**
- **NIDA-Modified ASSIST (NM ASSIST)** - Clinician's screening tool for drug use in general medical settings.
CERTIFICATIONS

- Substance Abuse Nursing Specialty
- Certified Addictions Registered Nurse
- **Substance Abuse Practitioner** - Health Care Professionals seeking Certification as a Substance Abuse Practitioner.
- **Addiction Counseling Competencies** Substance Abuse & Mental Health Service Administration (SAMHSA)
RESOURCES

- Center on Addiction
- Partnership for Drug free Kids
- Addiction Prevention Coalition
- Addiction Policy Forum
- Shatterproof
- Center for Motivation & Change
- National Institute on Drug Abuse
- Not One More
Opioids Education

Opioid addiction is a grave public health issue and drug overdoses are the leading cause of death from injury in the United States.(1)

AAMC-member medical schools and teaching hospitals are on the front lines in our communities dealing with the opioid epidemic: responding with new approaches to prevent, identify, and treat pain and substance use disorders, delivering pain management and addiction education, and leading efforts in this area to advance medical research and promote innovations in clinical care. For more information on the AAMC response to this epidemic, please see www.aamc.org/opioidresponse.

1. McCarthy M. Drug overdose has become leading cause of death from injury in US. BMJ. 2015;350:h3328. https://doi.org/10.1136/bmj.h3328

The objectives of this collection are:

- To highlight examples of how pain management, addiction medicine, and opioid curricula can be integrated as a standard practice of care in medical education, clerkships, residencies, and hospital/clinic practice.
- To provide deans, faculty, staff, and other institutional leaders with tangible, practice-based, peer-reviewed resources for improving practice in pain management, addiction medicine, and opiate education.
- To recognize faculty developers for their educational scholarship in pain management, addiction medicine, and opioid education.
- To foster collaboration and research pain management, addiction medicine, and opioid education.
AL-SBIRT: Screening, Brief Intervention, and Referral to Treatment in Alabama proposes to implement SBIRT practices in West Alabama that will cover alcohol, tobacco, and drug use in patients at two Federally Qualified Health Centers (FQHC) and one VA Medical Center (VAMC). The program design is guided by the need to reduce harmful and hazardous alcohol and drug use, improve associated mental health problems, reduce related healthcare costs, and to close the treatment gap between residents who have a substance abuse problem and those receiving services. The target population has health disparities due to lower income status, lack of insurance and financial resources, and a lack of a regular source of care. AL-SBIRT program staff will work with the clinical partners to incorporate SBIRT into their operations. A Health Educator will work with the FQHCs and the VAMC to provide education to both clinicians and patients on health, substance use, and mental health. Public service announcements will be used throughout the project to increase awareness and service utilization. Licensed Counselor/Social Workers will be placed at the points of care to conduct SBIRT and provide care coordination and follow-up. A specialized referral process has been developed with the Alabama Department of Mental Health and Opioid Treatment Centers. Transportation and language assistance will also be available. The project goals and objectives are to: increase access to SBIRT for adults in primary care settings; ensure SBIRT as the standard of care in Alabama’s healthcare settings; improve health and behavioral outcomes among adults, including veterans, with substance use disorders and with co-occurring mental illness. The project will pre-screen 17,793 adults annually, for a five-year project total of 88,965. Of this total, 26,690 will receive a full assessment and at least brief intervention.
Provide Disposal Education

- Disposal instructions are available at:
  - [http://1.usa.gov/1eq6jVz](http://1.usa.gov/1eq6jVz)
  - [local controlled substance disposal locations at](http://1.usa.gov/1SQJE7r)
  - [http://rxdrugdropbox.org](http://rxdrugdropbox.org)
  - [www.americanmedicinechest.com](http://www.americanmedicinechest.com)
MAKE A DIFFERENCE AT EACH ENCOUNTER WITH PATIENTS...

- Set expectations.
- Discuss alternatives.
- Lay out the risk of addiction.
- Review the unpleasant side effects.
- Teach the symptoms of overdose & addiction.
- Co-prescribe Narcan with repetitive Rx

26,500 Overdoses reversed by laypeople using naloxone from 1996 to 2014.⁶
EDUCATE PATIENT/FAMILIES AVOID OTCs

Dexamethasone (DXM). This is an active ingredient in cough medicine, found in cough and cold medicines. It effects the brain to suppress cough. It causes euphoria, distorted perceptions, even hallucinations. It is being used now recreationally and it is easy to obtain. This medication will alter brain chemistry, even in small doses. Avoid it, period! It is unsafe for any individual in early recovery.

Diphenhydramine (Benadryl). This is an antihistamine. By nature, it is a very effective drug for any allergic reactions (bee stings, hives). However, it has harmful side effects that are detrimental to recovery. It causes profound drowsiness, dry mouth, lack of coordination and even hallucinations in larger doses. It is found in numerous over the counter medications. There may be medical indications to take Benadryl, but it should be used with extreme caution and with medical supervision.

Pseudoephedrine. This is a very effective decongestant cold medication. It is a stimulant, used to produce Methamphetamine and is highly abused. While it is over the counter, it is controlled. It is found behind the counter and requires a signature. Many brand name and generic products, along with combination products contain this drug. This drug is detrimental to anyone in early recovery. Its stimulant effects are dangerous and it will show up positive on a urine drug screen.

Alcohol containing products. Many over the counter products contain alcohol. Some are obvious, but many are not. Night time cold medicine, cough medicine, sleep aids and mouth wash commonly contain alcohol. The effects of the alcohol in combination with the medication contained in the product make this even more harmful. Always check labels of liquid medications to identify whether alcohol is included. Ingesting these products causes a “high” and will effect a breathalyzer and urine drug screen. Any product containing alcohol is absolutely contraindicated in early recovery.
FUTURE CONSIDERATIONS

- Interprofessional communication for intervention. Save a life, call each other.
- Refer to ADPH peer coaching; consider parent coaching.
- Expansion of insurance coverage.
- Strategies for friends of users.
- Post NARCAN resuscitation: consider AUTOMATIC.
  - Protocol - may include initiation of MAT/withdrawal treatment so don’t patient at less risk of overdose when they leave with symptoms from depletion of serotonin/dopamine.
- Patient leave with Narcan care kit.
REFERENCES


REFERENCES

- Drug Abuse and Addiction. (n.d.).
TIPS

- Use the medication reconciliation process as an opportunity to **educate your patients** about issues like tolerance, physical dependence, opioid misuse, and drug diversion.

- Inform patients that **sharing a prescription drug with another person is not only a federal crime according to the Controlled Substances Act**, but could cause serious harm to a person who is using a medication without medical oversight. Don’t fall into the trap of believing everyone already knows this.

- **Educate yourself and your patients about ways to store controlled substances to prevent diversion**, and how to **properly dispose of any leftover medications** that are no longer needed. Please be aware that **flushing pills down a toilet or garbage disposal is no longer considered to be an environmentally sound practice**.

- **Consider taking a continuing education course that focuses on best prescribing and patient monitoring practices.**

- **Advocate for and support relevant policies at every level of government, from municipal to federal**, i.e. expanded access to **medication-assisted treatment** (MAT) for addiction, interoperability between state-run electronic pharmaceutical databases, drug take-back programs, programs that address the psychosocial needs of those living with chronic pain, and policies regarding the responsible **distribution of naloxone**.
HB208 was signed into law in 2015 and provided immunity for prescribing and administering an opioid antagonist, such as naloxone. This is commonly known as a "Good Samaritan Law". In 2016, HB379 was signed into law, providing the State Health Officer or a county health officer the authority to write a standing order for dispensing naloxone.
STANDING ORDER OF THE STATE HEALTH OFFICER
NALOXONE DISTRIBUTION FOR OVERDOSE PREVENTION

Naloxone Hydrochloride (naloxone) is an opioid antagonist indicated for the reversal of an opioid overdose, whether from legally prescribed opioids or from illegal opioids such as heroin or illegally produced fentanyl, in the setting of respiratory depression or unresponsiveness. It may be delivered intranasally with a mucosal atomizer device, intranasally with a nasal spray, or intramuscularly with a needle.

I. PURPOSE

This standing order is intended to ensure that naloxone is readily obtainable by any person who is:

A. An individual at risk of experiencing an opioid-related overdose; or
B. A family member, friend, or other individual, including law enforcement, fire department, rescue squad, and volunteer fire department personnel, who is in a position to assist a person at risk of experiencing an opioid-related overdose.

II. AUTHORITY

This standing order is issued pursuant to Act 2016-307, which authorizes the State Health Officer to prescribe naloxone via standing order.

III. AUTHORIZATION

This standing order may be used as a prescription to obtain naloxone from a pharmacy in the event there is an inability to obtain naloxone or a prescription for naloxone from an eligible person’s regular health care provider or another source. This order is authorization for pharmacists to dispense naloxone and devices for its administration solely in the forms prescribed herein.

IV. ORDER TO DISPENSE

Upon receipt of written communication that provides a factual basis for a reasonable conclusion that the person to receive the naloxone is an eligible person, and upon receipt of basic instruction and information on how to recognize and respond to a possible opioid overdose and how to administer naloxone, dispense one naloxone kit. (Refer further to Protocol, Pharmacist Actions set out on page 5.) Naloxone kits may be dispensed in bulk quantities to law enforcement agencies, fire departments, rescue squads, and volunteer fire departments. Pharmacists should use clinical judgment to determine preferred formulation. Unlimited refills are authorized.

A. Intranasal naloxone with atomizer kits must contain a minimum of the following:
   - Two 2-mL Luer-Jet Luer-lock syringes prefilled with naloxone hydrochloride
   - Two mucosal atomization devices (MAD).
NARCAN

Standing Order RX for Patients or Families with anyone at risk for

- Misusing prescription opioids (like oxycodone) or using heroin or illicit synthetic opioids (like fentanyl or carfentanil).
- Having an opioid use disorder, especially those completing opioid detoxification or being discharged from treatment that does not include ongoing use of methadone, buprenorphine, or naltrexone.
- Being recently discharged from emergency medical care following an opioid overdose.
- Being recently released from incarceration with a history of opioid misuse or opioid use disorder.

(Turning Hope into Action: Allen County Initiative, 2019)
Nursing’s Role in Addressing Nation’s Opioid Crisis

Opioid drug-related overdose has risen steadily over the past two decades, becoming one of the leading causes of death in the United States. The American Nurses Association (ANA) recognizes the central role nurses can play in addressing this crisis and has set out to develop resources aimed at promoting a comprehensive approach.

As health care providers practicing on the front lines of the opioid epidemic, registered nurses are qualified and well positioned to play a leading role in assessing, diagnosing, and managing patients battling addiction.

Stemming the tide of opioid addiction and overdose deaths in the U.S. demands a comprehensive approach. ANA recognizes the significance of this public health crisis and is committed to helping nursing stand as a leading provider in the fight against opioid dependence, overdose, and death.

Expanded Access to Medication-Assisted Treatment

Expanding access to medication-assisted treatment (MAT) is a critical step in addressing the growing opioid epidemic, comprehensively. ANA has sought to amend the Drug Addiction Treatment Act of 2000 (DATA 2000) in order to allow Advance Practice Registered Nurses (APRNs) with appropriate training to prescribe buprenorphine. Expansion of the DATA 2000 waiver program to include the four APRN roles would safely and significantly increase access to medication-assisted treatment (MAT) for patients who need it most.

Prescriber Education & Training

ANA believes the current crisis calls for additional support and focus on prescriber education—advanced practice registered nurse (APRNs) education already prepares practitioners to effectively and safely prescribe opioids. Taking steps to ensure that health care professionals who prescribe opioids are properly trained and educated in opioid prescribing is a critical and necessary investment.

In collaboration with the White House, ANA proudly joined forces with 40 other provider groups in a pledge to train more than 540,000 opioid prescribers over the next two years.

Deterrent Formulations

ANA urges greater investments in the scientific and clinical research needed to advance the development, assessment, and deployment of abuse-deterrent technologies. Issues surrounding abuse and misuse of prescription opioids must be balanced with the real and legitimate needs of those seeking treatment for pain. Developing abuse deterrent formulations (ADFs) is an important tool in preventing abuse. The US Food and Drug Administration (FDA) considers the development of these products a high public health priority.
Monitoring Future NIDA
Dr. Nora Volkow Director NIDA 2017

- Surgeon general's letter to clinicians in crusade against opioid abuse: Our Health Crisis” (5 minutes)
- Prescription Opioids: Even When Prescribed by a Doctor
- The US Heroin Epidemic - Mike Young Not One More Illinois
- Medicine Abuse Project

Greek Life Associated Binge Drinking

- Close to half of fraternity members report symptoms of alcohol use disorder at age 35