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The Opioid Crisis: Impact on Children and Seniors

I. History

- 1991 – 1997 – Advocacy work by “Pain Experts”
- 1996 – American Pain Society’s ‘Fifth Vital Sign”
- 2001 - Dramatic increase in prescriptions
- 2005-2010 – Pill Mill Shut Down
- Legislation passed to regulate pharmacy data base – Flag “Doctor Shoppers”



The Opioid Crisis: Impact on Children and Seniors

- Supply access greatly reduced – demand met by affordable Heroin
- “Grey Death”: heroin, fentanyl, carfentanil
- Columbia 2016-2017 – saw increase in production of cocaine
- Supplies 90% of Florida’s cocaine
- Next crisis awaits



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II. Opioid Epidemic and Older Adults

- Greatest overdose death rates in adults - 50-64 in 2015 (CDC)
- Prescription opioid misuses increased 66% for ages 50-64 and doubled for age 65 and older
- One-third of the 43.6 million Medicare Part D beneficiaries were prescribed an opioid drug in 2016, with one in 10 receiving opioid prescriptions on a regular basis



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- Opioid pain medications prescribed for chronic conditions such as lower back pain, fibromyalgia, headache or arthritis
- Opioids were designed for acute pain, not chronic pain
- There is a tolerance that occurs, so you need more and more for the required effect.



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- 78% rise in the number of visits among older adults with misuse of prescriptions or illicit drugs between 2006 and 2012.
- 53% were ages 65 -74
- Half of the visits occurred among people 75 and older
- One in three Americans who have taken prescription opioids for at least two months say they became addicted to or physically dependent on the medications

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- Rising rates of elder abuse and financial exploitation correlate with rising opioid drug addictions
- 37 percent increase in elder abuse in past 5 years
- Monthly Social Security and pension checks become easy targets for financial, physical, and emotional abuse
- 2.6 million grandparents are raising the children of alcohol-and drug-addicted parents
- Relative caregivers are often grieving a host of losses

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III. Neonatal Abstinence Syndrome

- Symptoms often begin within one to three days after birth, but may take up to a week to appear
- Infant going through withdrawal has a distinctive cry – high-pitched, non-stop and shrill
- Gastrointestinal symptoms such as poor appetite, regurgitation, vomiting and diarrhea
- Sucking reflex can be incessant and uncoordinated
- Birth defects



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- Low birth weight
- Premature birth
- Small head circumference
- Sudden infant death syndrome (SIDS)
- Neonatal abstinence syndrome treatment can last from 1 week to 6 months



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- Some babies with sever symptoms need medicines such as methadone and morphine
- The goal of treatment is to prescribe the infant a drug similar to the one the mother used during pregnancy and slowing decrease the dose over time
- Between 2000 and 2009, total hospital charges for NAS have increased from \$190 million to \$720 million



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IV. Impact on Children

- 30% rise in children entering foster care system
- Parental substance abuse was cited as a reason for removal in about one-third of all cases
- Children traumatized and present with behavioral symptoms
- Disruptive in classrooms and often expelled



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Gov. Scott Signs Legislation and Highlights \$65 Million in Funding to Fight National Opioid Epidemic in Florida

- \$14.6 million for enhancements to the substance abuse system of care. This funding will provide additional residential treatment beds, outpatient treatment and case management, emergency room treatment and follow up, peer recovery support services and targeted outreach for pregnant women with substance abuse disorders;
- \$5 million for Naloxone for first responders;



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- \$27 million in federal funding from the Opioid State Targeted Response Grant;
- \$1.2 million to enhance the Prescription Drug Monitoring System;
- \$16.5 million for Department of Children and Families, State Courts and Department of Corrections for Medication Assisted Treatment related to opioid addiction; and
- More than \$885,000 for handheld narcotic analyzers for the Florida Highway Patrol to keep officers in the field safe.



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HB 21 continues Florida's fight against opioids by:

- Placing a three-day limit on prescribed opioids for acute pain, unless strict conditions are met for a seven-day supply;
- Requiring healthcare prescribers or dispensers of opioids to consult the Florida Prescription Drug Monitoring Program, a statewide database that monitors controlled substance prescriptions, to review a patient's medication history prior to prescribing or dispensing a controlled substance;

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- Requiring continuing education courses for healthcare practitioners on responsibly prescribing opioids;
- Increasing penalties for healthcare practitioners that provide medically unnecessary controlled substance to a patient by fraud, misrepresentation, or other deception; and
- Implementing additional reforms to fight unlicensed pain management clinics.



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