



62nd Annual Greenville Postgraduate Seminar
Spotlight: Primary Care

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Opioids and the Family

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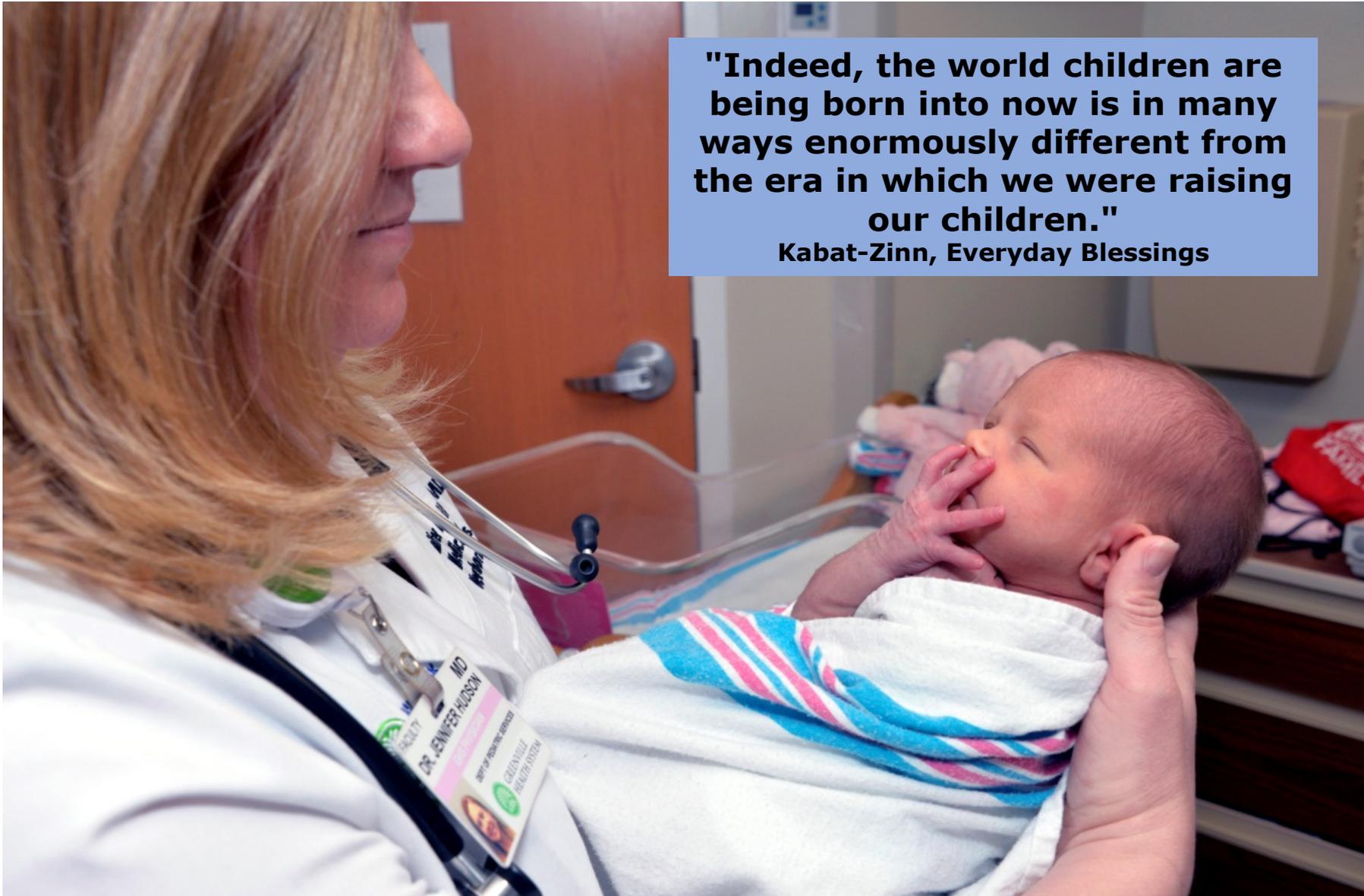
Prisma Health–Upstate

Disclosures

- The presenter has no significant financial or commercial interests to disclose.
- Today's discussion will include the use of oral methadone solution to prevent and treat neonatal opioid withdrawal, which is an "off-label" use. There are no FDA-approved medications for treating withdrawal in children, but the American Academy of Pediatrics supports the use of oral methadone and morphine solutions for this purpose.
- This presentation is for educational purposes only. No portion may be video taped or reproduced for future distribution or presentation without the express consent of the presenters.

Objectives

- Assist families in minimizing negative effects of fetal substance exposures on infants and children
- Comply with mandated reporting law in SC to prevent child neglect and abuse
- Recognize and address risks to children and adolescents related to an opioid presence in the home



**"Indeed, the world children are being born into now is in many ways enormously different from the era in which we were raising our children."
Kabat-Zinn, Everyday Blessings**

Point 1

- Fetal opioid/substance exposures can lead to a wide range of negative birth outcomes.
- Women of child-bearing age who routinely take controlled substances need...
 - Effective contraception
 - Specialized care during pregnancy

Substance use disorders affect women across all racial and ethnic groups and all socioeconomic groups, and affect women in rural, urban, and suburban populations.

ACOG Committee Opinion 524, Aug 2017



Definitions

- **Opiate? Opioid? Narcotic?**

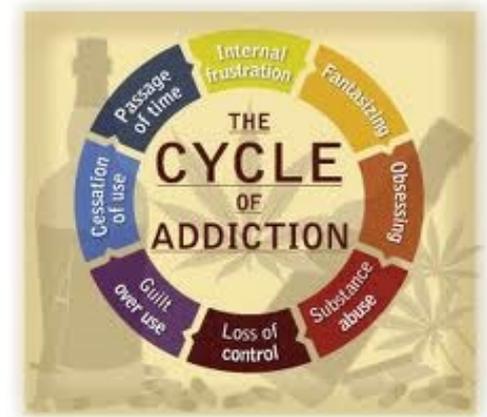
- Opiate: natural derivative of opium, such as morphine or heroin
- Opioid: synthetic or semi-synthetic opiate-like substance
 - Term currently used to refer to all categories acting on the brain's opioid receptors
- Narcotic: produces "narcosis" or insensibility
 - Implies illegal substances
 - Term not generally used in medical practice



- **Addiction:** chronic behavioral disease characterized by one or more of the following "three Cs"

- Compulsive drug use
- Continued use despite harm
- Craving

- **Dependence:** state of adaptation characterized by a withdrawal syndrome when a drug is suddenly stopped



Hospitals work to wean babies born addicted to drugs



Dr. Robert DiGiuseppe is a doctor who often deals with infants who are born dependent on narcotics.

Photo by Chris Conway

Buy Photo

By Brian Freskos
Brian.Freskos@StarNewsOnline.com



Newborns Addicted to Pain Pills Up 300%

Go to Grid

HOSPITALS TRYING TO INVENT TREATMENT PROGRAMS



By Neal Colgrass, Newser Staff
 Posted Dec 29, 2012 3:43 PM CST

STORY

COMMENTS (14)



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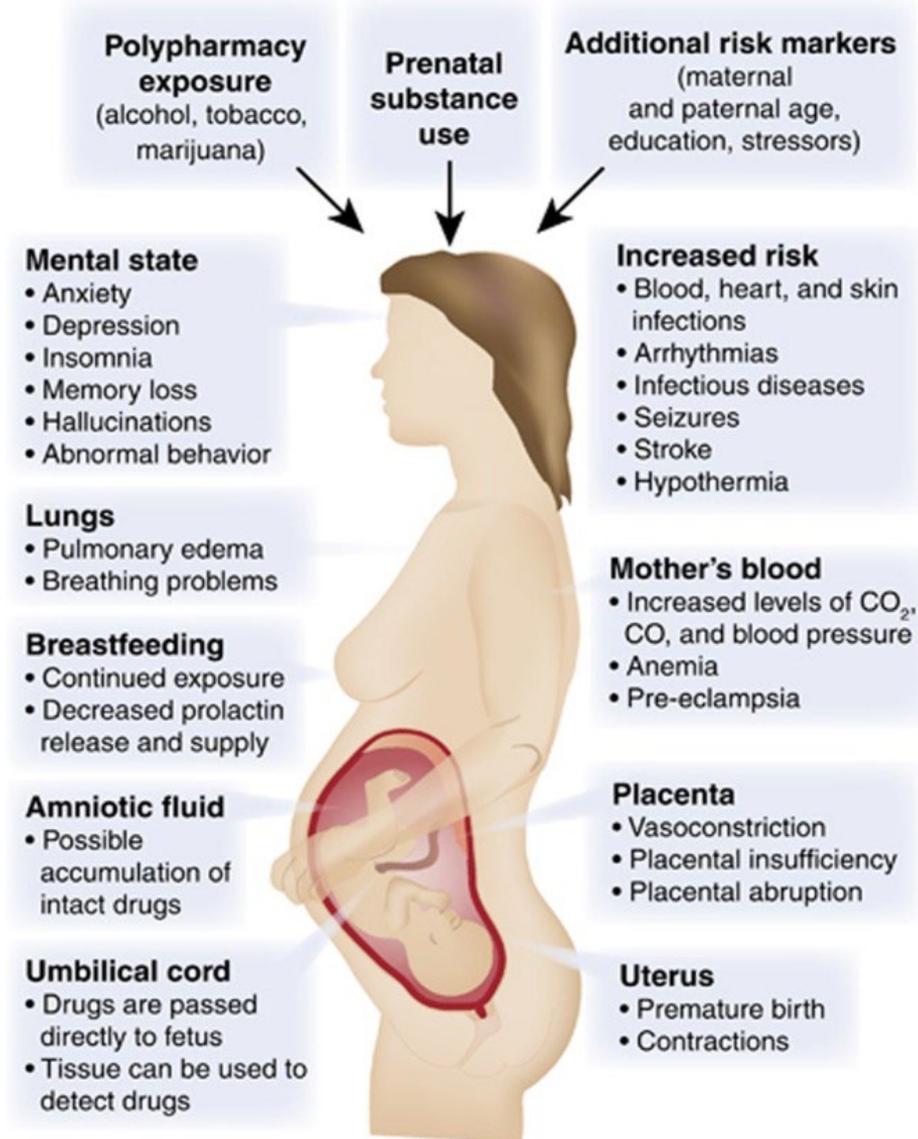


More than 13,000 babies were born in 2009 addicted to prescription drugs like painkillers. (Shutterstock)

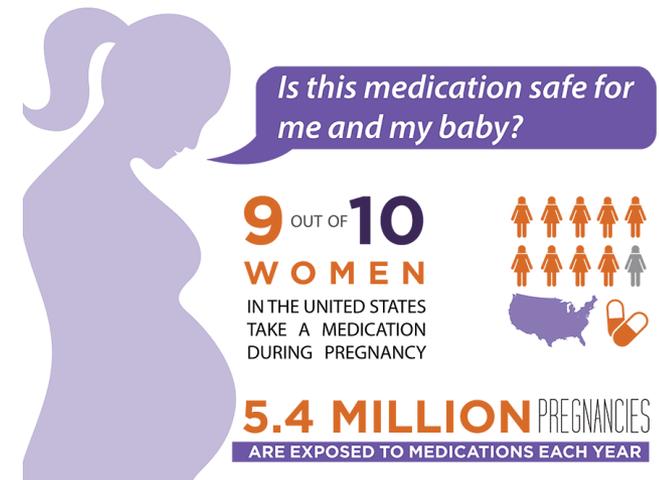
(NEWSER) – Heartbreaking medical news: Cases of babies born addicted to pain pills are up more than 300% over the past decade, forcing doctors and nurses to invent treatments on the fly, the *Wall Street Journal* reports. Crying non-stop, vomiting, jerking their limbs, these newborns are the result of America's addiction to drugs called opioids—including anti-addiction drugs like methadone and painkillers like oxycodone. More than 13,000 such babies were diagnosed in the US in 2009.

Ill-prepared hospitals have created different treatments, with one giving babies methodone and another trying morphine. But then newborns have to be weaned off of those drugs. Worse, care for drug-addicted babies can take weeks and fatten hospital bills; one study found a

Targets of Fetal Drug Exposures



Drug class, timing, dose, pattern of intake all determine long-term effects on the developing child

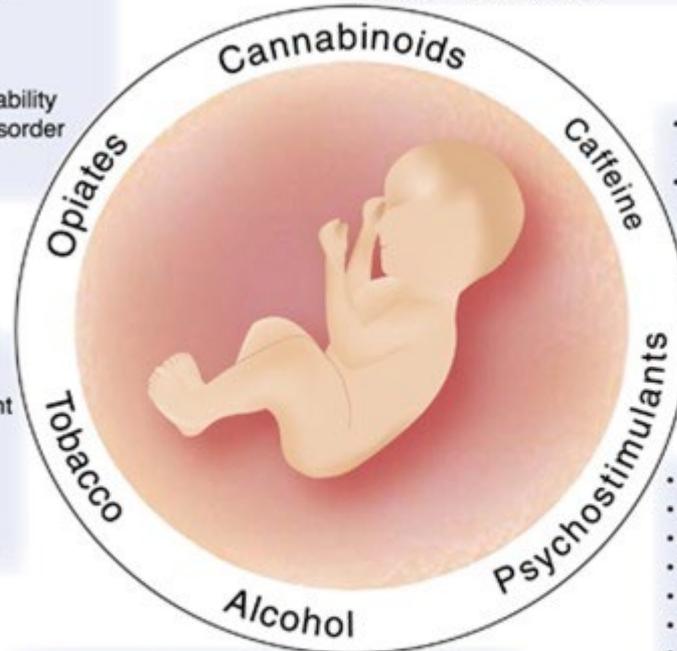


Ross EJ, Graham DL, Money KM, Stanwood GD. Developmental consequences of fetal exposure to drugs: what we know and what we still must learn. *Neuropsychopharmacology*. 2015;40(1):61-87.

cdc.gov

- Neonatal abstinence syndrome
- Preterm birth and obstetric complications
- Attenuated myelination in infants
- Respiratory insufficiency
- Heart defects
- Reduced growth
- Deficits in cognitive and motor ability
- Attention deficit hyperactivity disorder
- Lower IQ
- Behavioral problems

- Decreased growth
- Deficits in attention
- Increased impulsivity
- Long-term deficits in executive function
- Depression diagnosis
- Future substance use



- Increased risk of growth restriction and prematurity (at high levels)
- Possible decrease in executive function at school age

- Decreased birthweight
- Altered response to stimuli
- Poorer academic achievement
- Poorer cognition
- Attention deficits and hyperactivity
- Adolescent aggression
- Oppositional defiance issues

- Preterm labor
- Short- and long-term growth deficits
- Cardiac and cardiovascular anomalies
- Cranial and brain abnormalities
- Behavior problems
- Emotional and social effects
- Deficits in attention, memory and motivation
- Anxious/depressed behaviors and symptoms
- Aggression and delinquent behavior

- Prematurity and spontaneous abortion
- Limb and facial development
- Reduced growth
- Cognitive delays and impairments
- Reduced brain volumes
- Abnormalities in the corpus callosum
- Deficits in attention, memory, verbal fluency, executive functioning, reaction times, and motor learning

Ross EJ, Graham DL, Money KM, Stanwood GD. Developmental consequences of fetal exposure to drugs: what we know and what we still must learn. *Neuropsychopharmacology*. 2015;40(1):61-87.

Fetal Opioid Exposure

- Congenital anomalies – small increased risk for birth defects overall
- Heroin – high risk for withdrawal, increased risk of sudden unexpected infant death
 - Possible increase in heart defects, nystagmus, strabismus
 - Small head circumference and overall size
 - Motor and cognitive impairments, ADHD
- Buprenorphine – few studies, no ADHD
- Methadone
 - Increased preterm birth, low birth weight, respiratory issues
 - Mixed evidence of problems related to cognitive and behavioral development
 - Confounders
- Normal developmental potential after exposure to treatments
- Home environment is most influential factor for development



Opioids, Pregnancy, and NAS

Can taking opioids during pregnancy lead to neonatal abstinence syndrome (NAS)?

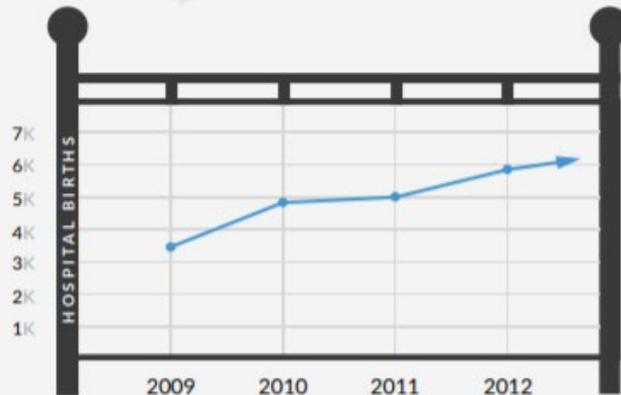
YES



Every hour, a baby is born suffering from opioid withdrawal.



In 2015, 79,000 pregnant women reported using heroin in the past month.



Between 2009 and 2012, NAS-related charges increased from \$732 million to nearly \$1.5 billion.

- Among women using opioids, **86%** of pregnancies are **unplanned**
- Rates of NAS cases from **rural** communities has risen from 12.9% to 21.2%
- Over 80% of NAS cases are billed to **Medicaid**

drugabuse.com

Villapiano NL, et al. JAMA Peds, 2016

Prenatal Drug use and Neonatal Health. US Government Accountability Office, 2015

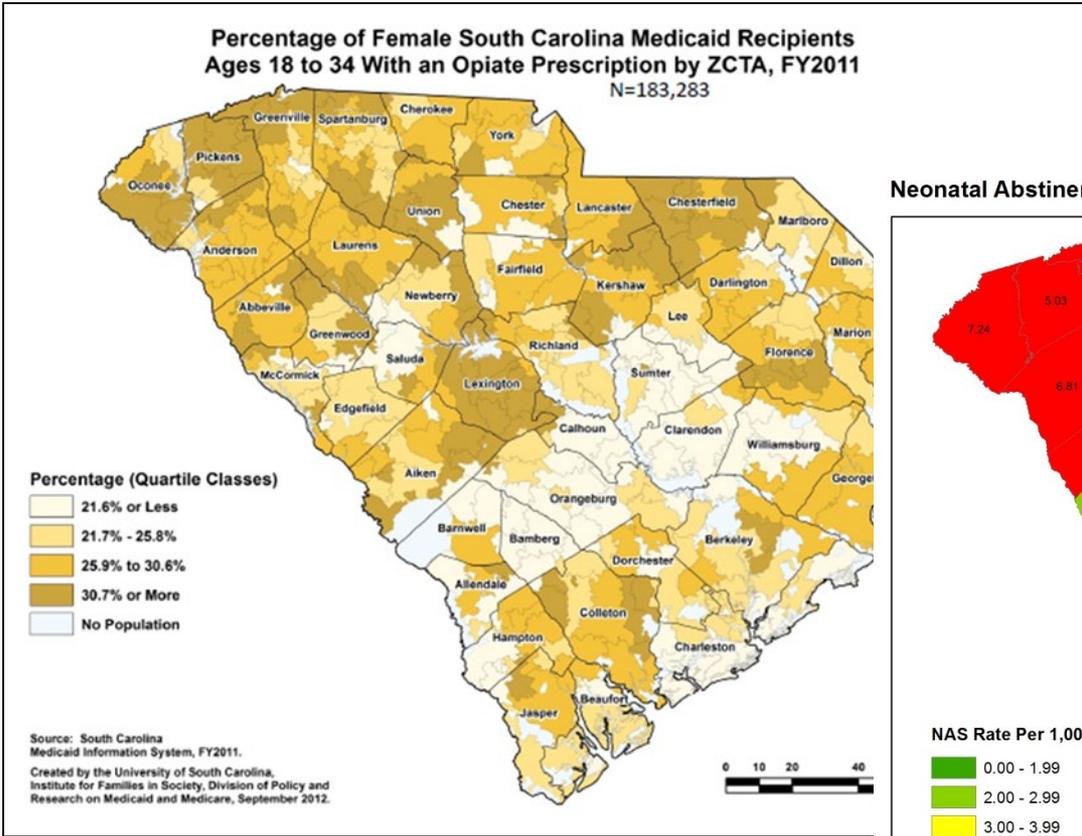
NAS Risk

- Risk of withdrawal exists when a mother uses substances that can create dependence **chronically** in the weeks prior to delivery
- High risk
 - Daily dosing, especially around-the-clock
 - Using long-acting substances
 - Using multiple substances that create dependence
- Lower risk
 - Sporadic or occasional use
 - Use of short-acting substances
 - Use of single substance
 - Prematurity

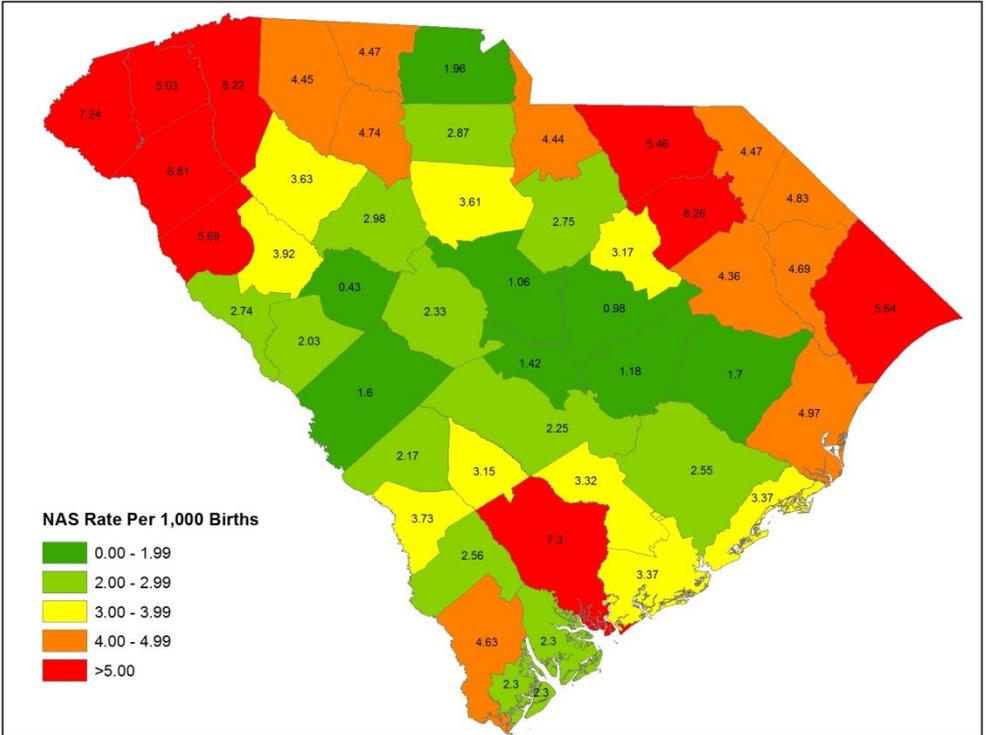
Opioids
Benzodiazepines
SSRIs
Nicotine
Clonidine
Gabapentin
Pregabalin
Kratom (herbal)
Alcohol

Neonatal Abstinence Syndrome

- Greenville County: 6421 births in 2015 = 52 cases per year



Neonatal Abstinence Syndrome Rate Per 1,000 Births by South Carolina County, 2006-2014



Sports

Everthorns
fresh snitch
Candidates
cancel him
over Bengalia

Why Clemson's 5th best is
up until 2 a.m. on nights

Special... assessed to... student



Palmetto

A daily, deeper look at the people, places and issues shaping South Carolina



JOSH MORGAN, The Greenville News

Dr. Jennifer Hudson checks a baby girl's heartbeat at Greenville Memorial Hospital on Feb. 6. The baby is receiving treatment at the hospital for opioid addiction.

Greenville hospital pioneers new way to treat babies in withdrawal

MAiN Program



Early Medication Treatment for Qualified Newborns (within 24 hours of birth)



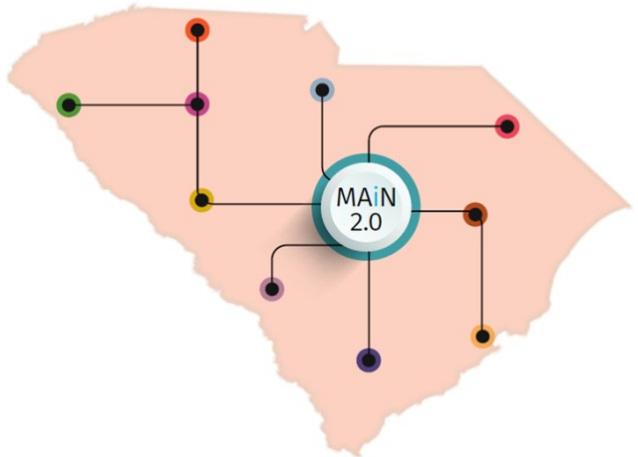
Rooming-in with Mother or Care in Level I Nursery



Inpatient Stabilization with Outpatient Wean (average LOS 8 days)



mainbabies.org



Hudson JA et al. Early Treatment for Neonatal Abstinence Syndrome: A Palliative Approach. Am J Perinatol. 2017;34:576–584

Summey J, et al. Early Treatment Innovation for Opioid-Dependent Newborns: A Retrospective Comparison of Outcomes, Utilization, Quality and Safety. Jt Comm J Qual Patient Saf. 2018;

Outpatient CARE

February						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5 Methadone 0.75ml orally twice a day Morning Night	6 Methadone 0.75ml orally twice a day Morning Night
7 WEAN and give methadone 0.7ml orally twice a day. Morning Night	8 Methadone 0.7ml orally twice a day Morning Night	9 Methadone 0.7ml orally twice a day Morning Night	10 WEAN and give methadone 0.6ml orally twice a day. Morning Night	11 Methadone 0.6ml orally twice a day Morning Night	12 Methadone 0.6ml orally twice a day Morning Night	13 Methadone 0.6ml orally twice a day Morning Night
14 WEAN and give methadone 0.5ml orally twice a day. Morning Night	15 Methadone 0.5ml orally twice a day Morning Night	16 Methadone 0.5ml orally twice a day Morning Night	17 WEAN and give methadone 0.4ml orally twice a day. Morning Night	18 Methadone 0.4ml orally twice a day Morning Night	19 Methadone 0.4ml orally twice a day Morning Night	20 Methadone 0.4ml orally twice a day Morning Night
21 WEAN and give methadone 0.3ml orally twice a day. Morning Night	22 Methadone 0.3ml orally twice a day Morning Night	23 Methadone 0.3ml orally twice a day Morning Night	24 WEAN and give methadone 0.2ml orally twice a day. Morning Night	25 Methadone 0.2ml orally twice a day Morning Night	26 Methadone 0.2ml orally twice a day Morning Night	27 Methadone 0.2ml orally twice a day Morning Night
28 WEAN and give methadone 0.1ml orally twice a day. Morning Night	29 Methadone 0.1ml orally twice a day Morning Night					

Weaning Calendar with Pre-Filled Oral Syringes

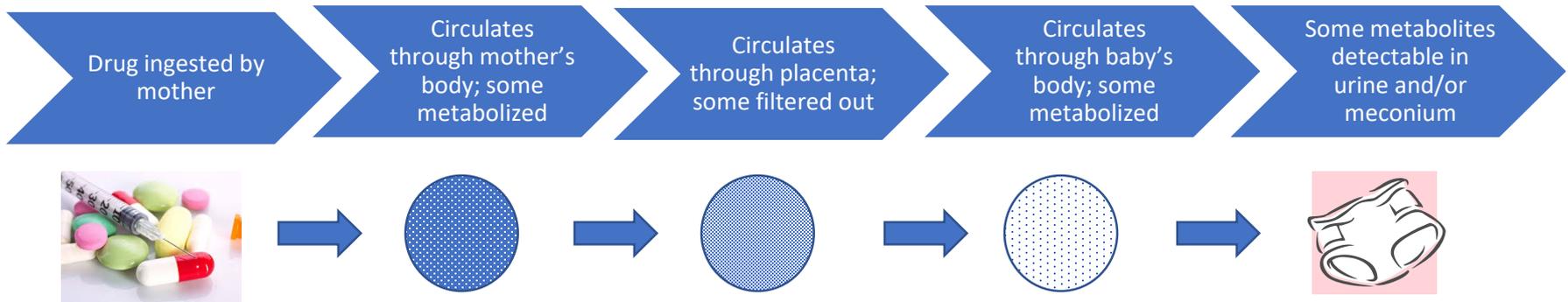
Outpatient Check-Ups Weekly for 4 Weeks



SC DHEC Nurse Home Visit(s)



Interpreting Neonatal Drug Screens



Short-acting drugs stay in urine for 2-3 days (cocaine, amphetamine)
Long-acting drugs stay in urine for weeks (cannabis)
Drug metabolites collect in meconium and cord starting around 20 weeks
Meconium and cord testing takes 5-7 days

Negative screen on baby **does not rule out** drug exposure
Positive screen on baby is **highly sensitive** for drug exposure

Substance-using mothers often don't tell the (whole) truth
People often obtain/claim prescriptions to explain positives

“Being around” a user is highly **unlikely** to cause positive screen



Medication administered, prescribed, or misused	Urine drug screen result may be positive for...
Heroin	Morphine Normorphine
Morphine	Morphine Normorphine Hydromorphone
Hydrocodone	Hydrocodone Hydromorphone Norhydrocodone Dihydrocodeine
Hydromorphone	Hydromorphone
Codeine	Morphine Hydrocodone Norcodeine
Oxycodone	Oxycodone Oxymorphone Noroxycodone
Oxymorphone	Oxymorphone
Fentanyl	Fentanyl Norfentanyl
Methadone	Methadone
Buprenorphine	Buprenorphine Norbuprenorphine

Point 2

8.7M children (12.5% in US) live in a household with at least one parent who had a substance use problem within past year (SAMHSA, 2017)

- Parenting with a substance use disorder is hard.
- Parenting substance exposed infants and children is hard.

Parenting with SUD

- More likely to be: single, incarcerated, hospitalized, with chronic health problems
- Less stable family life; disrupted routines
- Poor physical and emotional availability; unpredictable and inconsistent
- Lower resources (dedicating money and time to substances or treatment services)

- Irritability, depression, mood instability
- Lack of energy for play and parenting
- Lower levels of bonding, supervision and positive attention
- Higher power-assertive behaviors by mothers (disapproval, commanding, provoking)
- Swings between overly strict (irritable, inattentive) and overly permissive (rewards, bribes) parenting
- Elevated risk for neglect, unsafe conditions
- Low confidence in parenting; guilt and remorse; self-critical of weakness

Our Most Vulnerable Citizens

“A lot of officials – nurses, social workers – say, ‘We don’t report when the mother is trying to get better.’ I always come back and say, ‘Well, it’s not about the mother. What about the baby?’”

Ila Baugham, retired pediatrician and member of child-fatality review team

A Reuters investigation found 110 examples of children whose mothers used opioids during pregnancy and who later died preventable deaths after they were sent home from the hospital. A federal law meant to protect those children has largely been ignored by states across America.

Helpless & Hooked, Reuters.com, 2015



I wish Social Services had come to my house. Checked on Jacey and I. Put me on a case plan which included parenting and drug classes, outpatient rehab. Helping with day-care so I could attend. Also giving regular drug test.

Jennifer Frazier with Jacey. In a letter from prison, Frazier laments that she couldn't get more help before accidentally killing her daughter.



Police said they found 47-year-old James Lee Acord and 50-year-old Rhonda L. Pasek overdosing in a Ford Explorer in East Liverpool, Ohio, on Wednesday, with a 4-year-old boy in the back seat. His face has been digitally altered to protect his identity. (courtesy of the City of East Liverpool)

Nearly 1/3 of children entering foster care do so in part because of parental drug abuse.



Child TRENDS

SC Mandated Reporter Law

Must
report
when

- in the reporter's **professional capacity**
- the reporter has received information
- which gives the reporter **reason to believe**
- that a child has been or may be abused or neglected

S.C. Code §63-7-310

- Physicians and nurses, among other professionals, are required to report child abuse and neglect
 - Exposing a child to illegal drugs is abuse/neglect
 - Creating an unreasonable risk of harm to child is abuse/neglect
- A viable fetus is a child for the purposes of the mandated reporter law

What about HIPAA and Doctor/Patient Confidentiality?

- When the issue is the abuse and/or neglect of a child, then the professional has no restrictions to disclosure and reporting.
- In other words...
 - ANY information is appropriate to disclose, even “hearsay”
 - You have no obligation to inform a patient or family that you are making a report
- And...
 - DSS will not disclose the identity of any reporter

Aberrant Drug-Related Behavior

- Behavior that suggests prescription or illicit drug misuse
 - Appearing **intoxicated** or **over-sedated**
 - Showing **deteriorating functioning** at home or work
 - **Criminal, intimidating or threatening** behavior
 - Excessive **defensiveness** or over-compliance
 - Emotional **detachment**
 - **Neglecting** personal hygiene, nutrition, home environment or health needs
 - **Resisting drug screening**, referrals for therapy, or questioning about use
 - **Resisting home visits** by nurses or case workers: prefer “privacy”
 - Avoidance of seeking medical care with one provider
 - Refusal to consent for record transfers
 - Giving **variable** addresses, birth dates, phone numbers, medical history or other information to providers; frequent moving
 - Repeatedly **losing** medications, prescriptions or seeking **early refills**
 - Reporting **events** that typically warrant police involvement or medical care, without seeking it (car accident, stolen prescriptions, assault, etc.)

Exposed Infants Have More...

- Colic, fussiness
 - Feeding problems
 - Sleep issues
 - May persist 4-12 months
-
- Increased risk for SIDS
 - Infectious exposures (STIs, hepatitis C)
 - Vision and hearing problems
 - Abusive trauma



Exposed Children Have More...

- Social and psychological difficulties
- Behavioral problems and difficult temperament
- Injuries and illness
- Home and parental displacements
- Peer relationship and social adaptability problems
- Difficulty receiving counseling geared toward coping
- Negative health outcomes
 - Missed well visits, vaccinations, hepatitis C testing
 - Nutrition-related problems



communitiesinschools.org

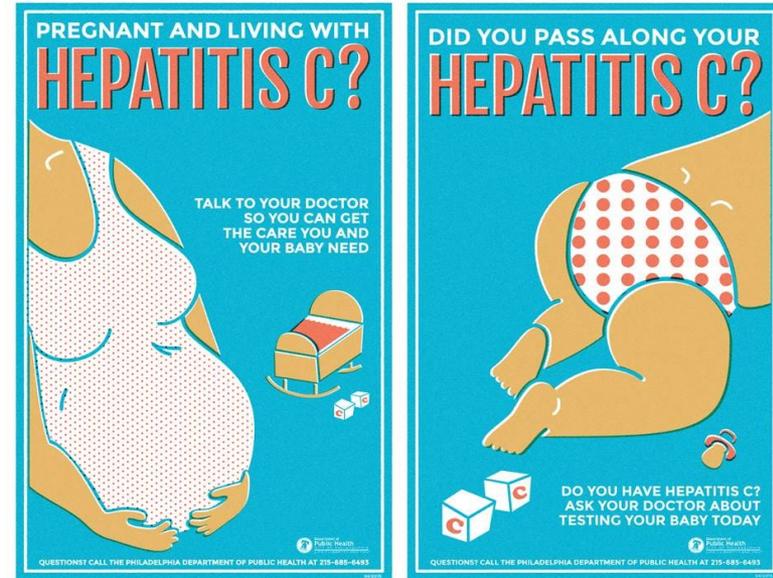
Parenting Substance Exposed Children

- Have a team of professionals to identify and address special needs of the child
- Have a support system beyond friends and family for encouragement and support – mentors, support groups, peers with similar challenges
- Avoid labels and stereotypes – teach kids not to share entire life history, have a cover story or opt out of conversations to promote self esteem
- Respect the child’s privacy – only share background on as-needed basis to avoid stigma – share the challenge but not the cause
- Have predictable routines – plan in advance and explain changes in routines, even if positive
- Nurture physically and emotionally – expect different responses to affection – test frequency and acceptability of hugs, kisses, pats, closeness, etc.
- Advocate for educational needs
- Develop success in at least one area of talent or interest
- Maintain a realistic but positive attitude
- Learn tolerance for the unknown
- Avoid burnout

Oregon Post Adoption Resource Center, 2006

Hepatitis C During Pregnancy

- Prevalence among pregnant women is 1-2%
- As high as 7-8% among those misusing opioids
- Risk of transmission to the baby is about 6%
- Infant testing needed at 2-4 months and 18 months
- How well do we screen exposed infants?
 - 1025 exposed newborns, 2006-2014
 - 31% received well-child services
 - 30% of those who received well-child services were screened for hepatitis C



What Else?

- Optimize child health outcomes
 - Well visits and specialty care (developmental follow-up)
 - Encourage vaccinations
 - Encourage continuity with a medical home
 - Access early intervention services
 - Promote optimal nutrition
 - Support honesty and trust in the medical system
 - Prevent ongoing exposures
- Prevent adverse childhood experiences
 - Parenting skills to promote consistency and emotional availability
 - Employment for economic and resource stability
 - Choose healthy and stable relationships
 - Coping skills to handle stress; promote resilience in parents and children
 - Seek treatment for co-occurring disorders

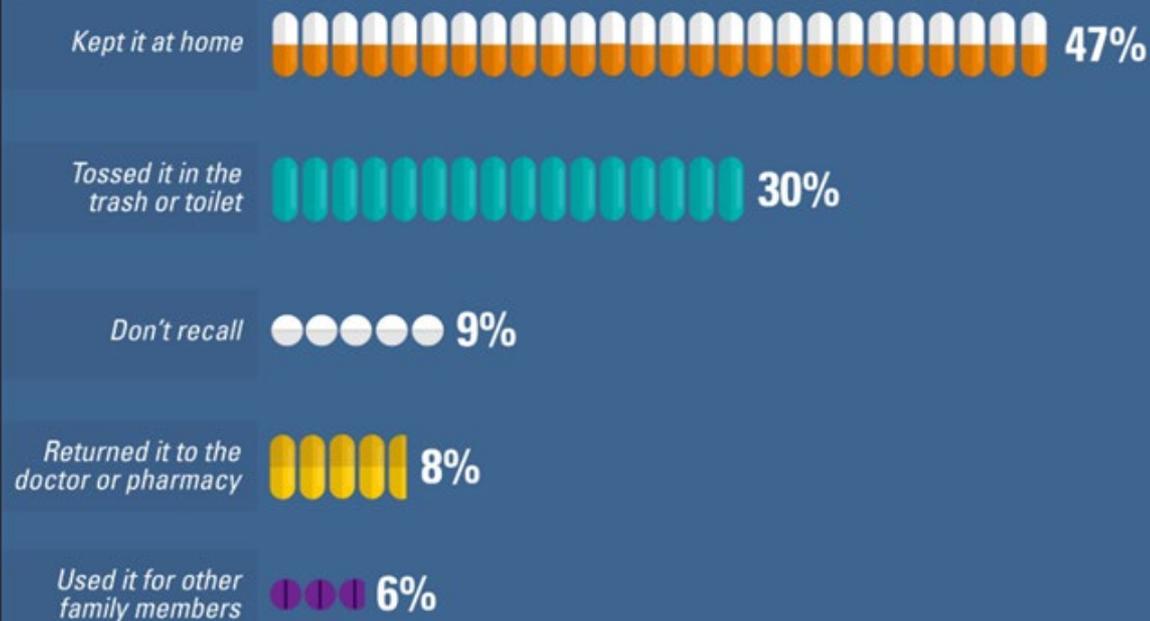
Point 3

- Opioids in the home create special risks to children and adolescents



Half of parents with prescription painkillers for their child said they had leftover medication.

Of these parents...



Household opioid prescriptions increase overdose risk for young children



Researchers looked at health data of Ontario children under the age of 10 who were treated in emergency departments for acute opioid overdose. They compared the likelihood that their mothers had been prescribed opioid vs. non-opioid painkillers before the child's overdose episode.

Risk of severe overdose in children whose mothers had been prescribed opioids:

nearly 2.5 times higher

than children whose mothers had been prescribed non-opioid pain medications.

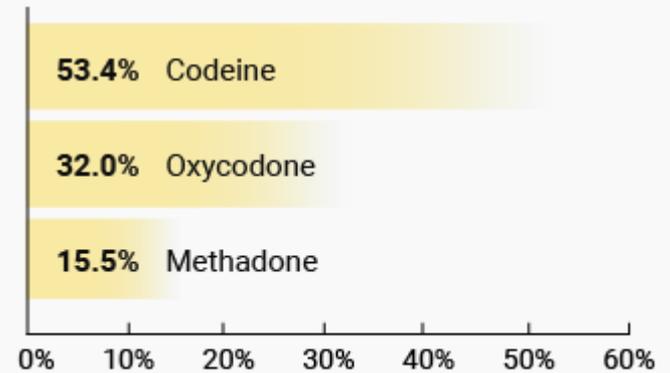
Finkelstein Y et al. *Pediatrics*. 2017.



2017

Institute for Clinical Evaluative Sciences
ices.on.ca

Medications commonly associated with opioid overdose among young children.



Finkelstein Y, Macdonald EM, Gonzalez A, Sivilotti MLA, Mamdani MM, Juurlink DN; Canadian Drug Safety And Effectiveness Research Network (CDSERN). Overdose risk in young children of women prescribed opioids. *Pediatrics*. 2017;139:e20162887.

Reducing Misuse and Diversion



NEARLY 25%
OF TEENS REPORT
abusing or misusing a prescription drug at least once in their life.



1/3

OF **TEENS** BELIEVE IT IS **OK** TO TAKE A PRESCRIPTION DRUG WITHOUT A PRESCRIPTION FOR AN INJURY OR TO DEAL WITH PAIN.



OVER 70%
OF PEOPLE WHO'VE ABUSED PRESCRIPTION PAIN RELIEVERS SAY THEY GOT THEM FROM FRIENDS OR RELATIVES.

Nonmedical Prescription Opioid Use by Parents and Adolescents in the US

Results showed 14% of adolescents misused prescription opioids if their parents did compared to 8% if their parents did not. The findings held true after controlling for other factors, according to the study "Nonmedical Prescription Opioid Use by Parents and Adolescents in the US" (Griesler PC, et al. *Pediatrics*. Feb. 25, 2019, <https://doi.org/10.1542/peds.2018-2354>).

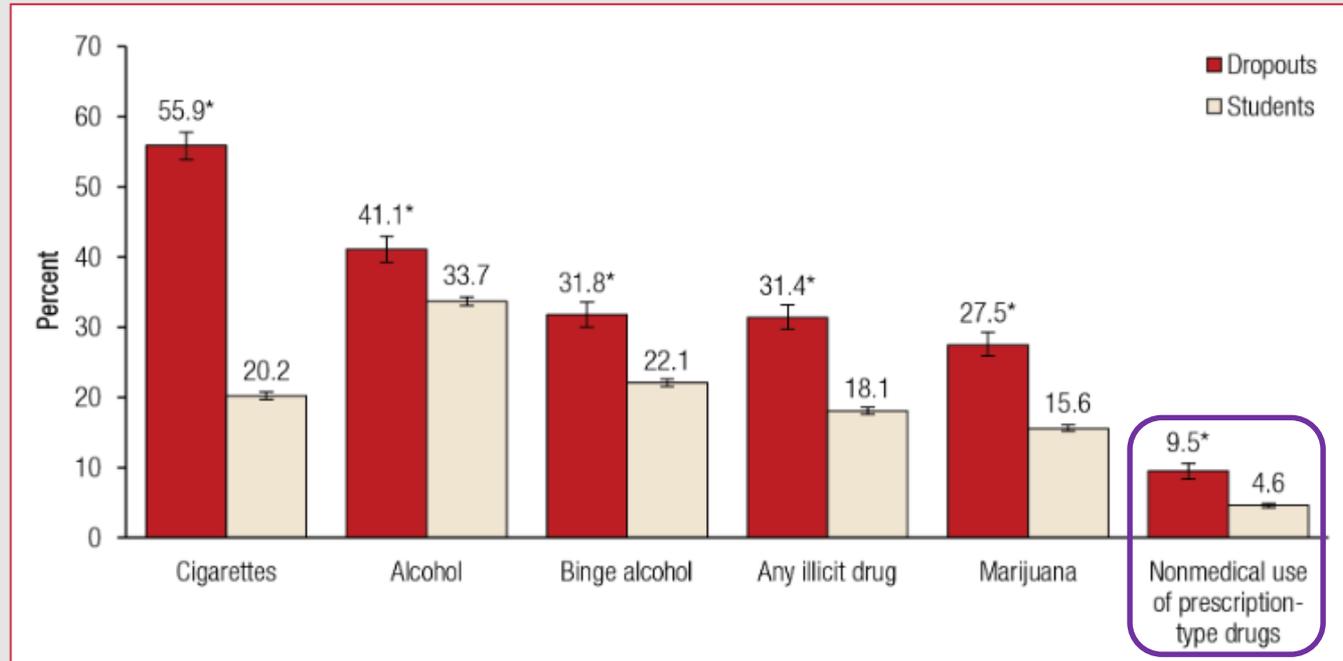
Further analysis found mothers' opioid use predicted teen use. Race and gender were not significant factors in parent-child use

In addition, teens were more likely to misuse prescription opioids if their parents smoked, did not monitor them closely or had a troubled relationship with them, the study showed. Teens' own smoking, marijuana use, depression and delinquency also made them more likely to misuse prescription opioids. Those who were religious or believed the drugs to be risky were less likely to use them.

Authors said there are several possible explanations for the link between parent and teen opioid use. Teens may have been copying their parents' behavior, drugs may have been more readily available in their homes or parenting strategies may be ineffective. Genetics also may play a role.

"Parent-based interventions targeted at NMPO (nonmedical prescription opioid use) use among youth should not only address parental NMPO use but should also promote positive parenting practices, such as monitoring and reduced conflict," they wrote.

Figure 2. Past month substance use among 12th grade aged youths, by dropout status: 2002 to 2014



* Difference between 12th grade aged students and 12th grade aged dropouts is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2002 to 2005, 2006 to 2010 (revised March 2012), and 2011 to 2014.

Prescription Opioids in Adolescence and Future Opioid Misuse

RESULTS: Legitimate opioid use before high school graduation is independently associated with a 33% increase in the risk of future opioid misuse after high school. This association is concentrated among individuals who have little to no history of drug use and, as well, strong disapproval of illegal drug use at baseline.

Miech R, Johnston L, O'malley PM, Keyes KM, Heard K. Prescription Opioids in Adolescence and Future Opioid Misuse. *Pediatrics*. 2015;136(5):e1169-77.

Reducing Misuse and Diversion

- Safe storage and disposal



bestsafesonline.com

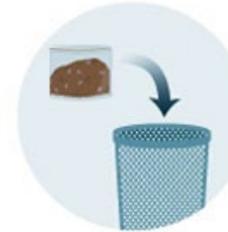
How to properly dispose of unused prescription drugs at home:



- 1** Mix unused medication with garbage, coffee grounds, cat litter or sawdust.



- 2** Place mixture in a disposable container such as a sealable plastic bag.



- 3** Discard sealed container in trash bin.



- 4** Remove and dispose of label from the empty medicine container.

Source: Substance Abuse and Mental Health Services Administration
THE COLUMBUS DISPATCH

List of medicines recommended for disposal by flushing

This list from the U.S. Food and Drug Administration (FDA) tells you which medicines you should flush when they are no longer needed. Links in the list below direct you to medicine information for consumers that includes specific disposal instructions.

Active Ingredient	Found in Brand Names
Benzhydrocodone /Acetaminophen	Apadaz
Buprenorphine	Belbuca , Bunavail , Butrans , Suboxone , Subutex , Zubsolv
Fentanyl	Abstral , Actiq , Duragesic , Fentora , Onsolis
Diazepam	Diastat / Diastat AcuDial rectal gel
Hydrocodone	Anexsia , Hysingla ER , Lortab , Norco , Reprexain , Vicodin , Vicoprofen , Zohydro ER
Hydromorphone	Dilaudid , Exalgo
Meperidine	Demerol
Methadone	Dolophine , Methadose
Methylphenidate	Daytrana transdermal patch system
Morphine	Arymo ER , Embeda , Kadian , Morphabond ER , MS Contin , Avinza
Oxycodone	Combunox , Oxaydo (formerly Oxecta), OxyContin , Percocet , Percodan , Roxicet , Roxicodone , Roxybond , Targiniq ER , Xartemis XR , Xtampza ER
Oxymorphone	Opana , Opana ER
Tapentadol	Nucynta , Nucynta ER
Sodium Oxybate	Xyrem oral solution



FDA believes that the known risk of harm, including death, to humans from accidental exposure to the medicines listed above, especially potent opioid medicines, far outweighs any potential risk to humans or the environment from flushing these medicines. FDA will continue to conduct risk assessments as a part of our larger activities related to the safe use of medicines.

For disposal information, specific to another medication you are taking please [visit Drugs@FDA](#). Once there type in the medication name and click on search. Then click on the label section for that specific medication. Select the most recent label and search for the term "disposal."

Updated: April 2018

Prevention

- For families with chronic opioids in the home (including grandparents), be sure to encourage...
 - Secure storage
 - Disposal of old medications
 - Using strategies to reduce risk for teen opioid misuse

Preventing Substance Use in Teens: 5 Questions

- **Communication:** Are you able to communicate calmly and clearly with your teenager about relationship problems?
- **Encouragement:** Do you encourage positive behaviors in your teenager on a daily basis?
- **Negotiation:** Are you able to negotiate emotional conflicts with your teenager and work toward a solution?
- **Setting limits:** Are you able to calmly set limits when your teenager is defiant or disrespectful? Are you able to set limits on more serious problem behavior such as drug use, if or when it occurs?
- **Supervision:** Do you monitor your teenager to assure that he does not spend too much unsupervised time with peers?

Resources

REACH OUT

Know the substance abuse facilities and other resources in your community. If you discover a problem, immediately contact professionals in your area. Ask your child's physician and school counselors for referrals. The following resources may also be helpful:

- DrugFree.org: Parent Toolkit: <http://www.drugfree.org/the-parent-toolkit/>
This site provides tips to help raise drug-free kids.
- Drug Enforcement Administration: Prescription for Disaster: How Teens Abuse Medicine: https://www.dea.gov/pr/multimedia-library/publications/DEA_Prescription-For-Disaster_508ver.pdf
This publication outlines the risks in prescription drug misuse.
- National Institute on Drug Abuse: Preventing Drug Use Among Children and Adolescents: <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/acknowledgments>
This site provides a wealth of information on all aspects of the teen drug risk:
- National Institute on Drug Abuse: Opioid Prescribing Resources: <https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/opioid-prescribing-resources>
This site provides resources specifically about opioids.
- National Institute on Drug Abuse: Pain Medicine (Oxy, Vike) Facts: <https://easyread.drugabuse.gov/content/pain-medicine-oxy-vike-facts>
This site provides a wealth of information on opioid and pain drug misuse.

Take Home Points

- Address contraception needs of women of child-bearing age who are chronically taking controlled substances.
- Monitor substance-exposed infants and children for developmental, behavioral, and family problems.
- Comply with mandated reporting law to protect children from potential abuse and neglect.
- Advise families to safely store, dispose of, and talk about opioids in the home to prevent teen misuse.

“We must come together if we want to redesign the world that our children will inherit. The alternative is too terrible to contemplate.”

Naidoo, Change: Organising Tomorrow, Today

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