BACKGROUND INFORMATION

Consider these statistics:

- There are 144 drug overdose deaths per day in the United States. Sixty-three percent of those deaths are related to pharmaceutical opioids or heroin.
- 6.4 million Americans indicated misusing prescription opioids in 2015.
- Nearly one in five teens say they have used prescription medicine at least once in their lifetime to get high.
- Opioids have been linked to 60 percent of drug overdoses in the U.S.
- In 2015, 58 percent of 12th grade students reported a "great risk" in trying heroin.

How can you, as a parent or caregiver, help support your child and stop the deadly cycle of heroin use and opioid pill misuse? This guide has been designed to help you learn more about the epidemic, recognize warning signs, and open up lines of communication with your child and those in your community.

You may be wondering what an opioid even is. Opioids are drugs that are derived from the opium poppy plant or are synthetic equivalents. Heroin is an illegal opioid, but many opioids are legal. These include a variety of pain medications routinely prescribed by doctors and include morphine, oxycodone, codeine, and fentanyl. Because they are prescribed, teens do not always need to purchase opioids at school or on the street. In fact, they can often get access to them from their own medicine cabinet or the medicine cabinets of friends. It may seem harmless — even helpful — to give a pill to someone in pain. However, the physiological processes that allow these medications to work are very powerful. They can change the way the brain and the rest of the body react to the presence as well as the absence of the drug. The initial decision to take opioids may start off as a choice, but can develop into dependency or addiction.

Most prescription narcotics used by high-school seniors are obtained through a friend or relative—not through a prescription.
SECTION 1
LEARN THE FACTS

THE SCIENCE

One way to help you understand the impact of opioids is to understand the science behind how they influence your body.

When you are prescribed an opioid for pain relief, you are given a substance that changes the way your body communicates with your brain. It does not remove the problem causing the pain. Instead, it silences the message the body sends to report the pain to the brain.

The body’s messaging system consists of thousands of tiny nerve cells, called neurons, spread throughout the body. Neurons send messages to and from the brain, giving instructions to other parts of the body and reporting what is happening there.

Endorphins are naturally manufactured in the brain to help us feel good and regulate pain. Opioids have a chemical structure similar to endorphins. They can actually lock onto the same receptor sites as endorphins. One reason opioids are much more powerful than our naturally-released endorphins is because we can choose how much of the chemical enters our body.

When opioids such as pain pills are ingested, they act to increase the effects of endorphins. As drug use continues, a person often has to use more of the opioid to receive the same effects. This is called tolerance. Tolerance is a clear signal that the chemical balances in the brain have been changed. It is important to remember that a teenager’s brain is changing rapidly throughout adolescence. Frequently-used connections between neurons are strengthened, and unused connections are trimmed away. These changes make possible the intellectual and emotional transitions between childhood and adulthood. As they are happening, however, they can make teenagers more prone to risky, impulsive behavior such as drug misuse and abuse. The chemical changes to the brain caused by drugs can also interfere with these changes that happen naturally during adolescence. This can sometimes lead to serious social and health risks.
Increased media coverage has led to many myths and misconceptions about opioid misuse and abuse. It’s important to separate myths from truths when talking to teens.

**Myth**
Prescription opioids are safer than “street drugs” because physicians prescribe them all the time.

**Truth**
“Street drugs” and prescription opioids frequently have the exact same addictive properties and some Rx drugs can even be worse.

**Myth**
There is an “addiction” gene that controls who does and does not become addicted.

**Truth**
Genetic factors might make some people more sensitive to the effects of a drug. However, many factors determine the likelihood that someone may become addicted to a drug. This includes both inherited and environmental factors.

**Myth**
The use of pain medication will always lead to addiction.

**Truth**
In most cases, when taken according to prescription instructions, pain medication is safe. It is important to discuss the prescription thoroughly with a doctor. If a patient needs long-term pain relief, it might be better to look at other options than to risk opioid addiction.

**Myth**
Heroin is the opioid that kills the most people.

**Truth**
Prescription drug overdoses outnumber deaths by heroin and cocaine combined. This does not in any way lessen the danger of heroin—or other illegal drugs—but it does put into perspective the problems with prescription drug misuse.

**Myth**
Only certain people misuse or abuse drugs.

**Truth**
Drugs affect people from all races, ethnicities, and socioeconomic classes. Drugs do not discriminate or stereotype.

**Myth**
Once a person is addicted to drugs, there is no hope for recovery.

**Truth**
Addiction is not a hopeless problem. Help is available, and treatment can work.
Although each case is different, there are common signs of potential opioid misuse and abuse in children and teenagers. These include:

- **Negative changes in grades**
  Are your child’s grades suddenly dropping after a long record of academic success?

- **Skipping classes or school**
  Do you no longer know what your child is doing during the school day?

- **Dropping longtime friends**
  Have your child’s friends suddenly changed?

- **Loss of interest in usual activities**
  Does your child no longer seem interested in his or her “favorite” activities?

- **Changes in appearance**
  Has your child developed an uncharacteristic lack of concern for grooming or hygiene?

- **Changes in general behavior, including sleeping and eating habits**
  Has a normally energetic child become listless, or a laid-back child become unusually excitable?

Of course, the explanation for a sudden or unexpected change could have nothing to do with drugs. Each person is different, and the same behavior in different teens may have very different causes. Trust your instincts; after all, you know your child best. If something does not seem right, ask questions, investigate, and—if necessary—seek professional help.

Among those that reported misusing prescription opioids in 2015, 16.8% were looking to experiment, get high, or “hooked”
DISCUSSION STARTERS

You may want to have a discussion with your child about this important issue but aren’t quite sure where to start. Keep the lines of communication open by engaging in regular conversations. One-on-one conversations may not always yield the results you would like. Be patient and keep initiating conversations.

Here are some possible conversation starters:

**There’s a lot in the news lately about teens who are misusing prescription drugs. How much do you know about this? Do you know if kids at your school are taking prescription drugs like OxyContin® and Percocet® that were not prescribed for them?**

- Sometimes teens will try to opt out of this conversation because they don’t want to share specific information about friends or peers. In this case, you can be ready with a story about your own teenage years and someone you knew or something that happened pertaining to drug use during that time. Talk about how you felt, and then ask what they would have thought had they experienced something similar. This is also an opportunity to talk about why this behavior is so dangerous.

**I just heard a report about drug use by teenagers, and I wanted to talk to you about what it said...**

- Briefly summarize the report and talk honestly about how it makes you feel. Your child may be reluctant to talk about specific people they know, so make it clear that you are not fishing for information to get someone in trouble.

**There is so much on the news today about people misusing prescription drugs. Are you aware of what can happen when people misuse medicine prescribed by doctors?**

- If your child is not presently taking any medication, they may question the need to discuss this issue. Explain that people who misuse prescription drugs often don’t have a prescription. Friends and family can supply the drugs—intentionally or inadvertently, when people leave old prescriptions in their medicine cabinets.

**I see that your school has been taking part in a drug prevention program. There is so much in the news right now, and I am not sure I understand all of it. What have you learned from this program?**

- This approach can be useful for children who are reluctant to talk about their personal feelings or relationships. Get the conversation started by asking your child to explain factual or scientific knowledge—for example, how opioids relieve pain and cause addiction—and listen for opportunities to ask follow-up questions.
SECTION 2
START THE DISCUSSION

PRACTICE REFUSAL SKILLS

Once you have opened the lines of communication, you have the opportunity to reinforce good decisions. One strategy is to help arm your child with refusal skills to avoid participating in high-risk behaviors. Practicing effective communication can give your child the confidence to remove themselves from uncomfortable environments.

Here are three sets of refusal skills your child could use:

- **Direct Refusal**
  Introduce the situation of a friend asking your child to come to a party that they need to bring a pill to for entry. Think of firm and convincing resistance strategies with your child. Keep responses short and simple. For example, your child might say, “No, thanks, I don’t want to” or “No, thanks.”

- **Exit the Situation**
  Present the situation of a friend offering your child a pill to help with a headache or muscle ache. Help your child brainstorm strategies for exiting the situation when the friend persists. For example, your child might say, “I have to get back to class” or “I need to make a phone call.” Choose your Path provides videos that can help your child practice making decisions about prescription drug misuse.

- **Rely on Help**
  Present the situation that your child’s friend suggests trying some pills that will make watching a movie more fun. Strategize with your child how to firmly say no and leave. For example, your child might casually go to the restroom and call or text you. You might even set a code word that your child can text that will communicate they need you to get them quickly.

Invite your child to list the strategies you practiced and order them based on their comfort level with each strategy.
SECTION 3
PREVENTION & INTERVENTION

MONITOR

Teens who have been prescribed opioid medications are at an increased risk of opioid misuse. If your child has a prescription for opioid medications, check the bottle regularly to ensure that the prescription is being used at the prescribed rate. Pay attention if your child requests an early refill after “losing” the bottle or “dropping” the pills in the sink. Teens who hang around with others who are known to use drugs might also be at increased risk, as might teens from families where drug abuse or misuse is present. An important predictor of risk is parental supervision and the strength of child-parent bonds. Teens who are supervised by their parents and have strong bonds with their parents are less likely to misuse or abuse drugs.

BEFORE IT BEGINS

Remember, parental supervision is a strong influence for preventing opioid misuse and abuse.

Teens who are left with long periods of unsupervised time are at greater risk. That can be challenging since teens begin to spend more time with friends and less with family. However, it is important to stay aware of what your child is doing. Ask questions when something does not seem right. Look for the warning signs listed above, and check up on your child to ensure they are where they say they are.

Check the medicine cabinets in your home and make sure there are no unfinished or outdated prescription medications.

Get rid of any unused prescription medications that are expired or no longer active. Ask your primary care physician for suggestions on how to dispose of these medications. Your local hospital or clinic might also be able to suggest locations for dropping off opioids. Your local police station is another resource. Additional disposal and removal information can be found on the U.S. Department of Health and Human Services website. The Drug Enforcement Administration also hosts two National Prescription Drug Take-Back Days a year that provide safe, convenient, and responsible means of disposing of prescription drugs.

Perhaps most importantly, maintain frequent lines of communication.

The more open you are to hearing what your children have to say or ask (even if it’s not what you want to hear), the more likely they are to communicate with you. It’s important to maintain healthy, trusting relationships they know they can count on. Attend any open events at school about drugs and drug use. Use these events as starting points for additional communication. Participate in activities as a family in healthy, drug-free, environments.
SECTION 3
PREVENTION & INTERVENTION

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:

  This site provides tips to help raise drug-free kids.

  This publication outlines the risks in prescription drug misuse.

  This site provides a wealth of information on all aspects of the teen drug risk:

  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.

Each dollar spent on preventing drug abuse can save communities up to five dollars in drug treatment costs.
SECTION 4

HOW MEDICATION WORKS

Being open about medications in your household, and modeling safe storage and use, can guide children to make more informed choices when they are old enough to take medications on their own. Knowing exactly how medications affect the body -- and how our body reacts to medications -- can help explain how important it is to make responsible decisions when introducing any type of medication into your body.

Medications are made in laboratories and created using substances found in nature. Medications are always evolving to help people feel better more quickly and to reduce side effects. Medications are used to make a person feel better when they are sick, help fight disease and infection, replace or block chemicals in the body to control an illness, relieve pain, and relieve symptoms.

Medications can be swallowed as a pill or liquid, injected and absorbed into the bloodstream, breathed into the lungs, or applied topically. If medications are swallowed -- typically the case when taking an opioid pill -- it travels to the stomach. Pills are coated differently depending on where in the body they should be dissolved. Medications are then absorbed into the lining of small intestines, which moves the medicine into the bloodstream. This is how medicine is circulated around the body and delivered to different organs and tissues through the circulatory system. Because medications travel all over the body, they can cause side effects in parts of the body that didn’t need the medication.

Our brains are also an organ and some medications can have access to our brains while others will be blocked from it. Some medications, like opioids, are designed to affect chemicals in our brain called neurotransmitters. This can help with pain management by making us feel good. The effects of the medicine will continue to be active until our bodies begin to break it down and remove it from the body altogether.
SECTION 4
HOW MEDICATION WORKS

KNOW THE DIFFERENCE

In recent years, the U.S. Food and Drug Administration (FDA) has empowered consumers to take a more active role in their health care by offering many over-the-counter options. The FDA determines whether medications are prescription, and require consultation with a doctor, or are nonprescription, and can be readily available at stores. This helps us know which medications are safe and effective to take with or without a doctor’s prescription. You likely have different types of medications and supplements in your household. It is important to understand the differences of each and how to keep them safe from children.

Vitamins/Supplements
Vitamins are found in foods we eat but are sometimes recommended as a mineral supplement. They boost our immune system and support growth and development in young children. Vitamins are made in gummy, chewable, and pill forms and are flavored to be tasty to children so they want to take them.

Safety Tips:
It is important never to leave vitamins out on the counter or easily accessible. This may be difficult because vitamins are typically consumed on a regular basis and it is tempting to keep them in a convenient location. However, vitamins can be toxic when excessive amounts are taken.

Over-The-Counter (OTC) Medication
Over-the-counter medications do not need a doctor’s prescription and can be sold directly to a consumer. They prevent diseases, manage recurring conditions, and relieve aches, pains, and itches. The FDA even regulates sunscreen, anti-dandruff shampoos, and anti-fungal products.

Restricted Over-The-Counter Substances
Some medications that were previously sold without limitation, have been moved into locations that require a pharmacist to obtain and identify the purchaser. An example of this are medications containing pseudoephedrine. Although a prescription is not required, some medications can be used to create illegal substances. Only a certain amount of these medications can be purchased at one time and over a regulated duration. Other medications might require identification for proof of age.

Safety Tips:

○ Throw away medications that are past the expiration date. Old medications may not work or can make you sick. It is a good idea to set a time once a year to go through all medications in your household.

○ Know the difference between a tablespoon (TBSP) and teaspoon (TSP). This can help keep the dosage exactly as recommended.

○ Follow the age limits on the packaging and do not base the dosage on the size of a child. Children tend to break down and eliminate medications more quickly. Some medicine has to be given frequently because our bodies will break it down quickly. It shouldn’t be given in a large dose at once, like with adults.

Prescription Medication
Prescription medication is prescribed for a specific person. Physical factors such as weight, age, fat mass, and muscle mass are considered when factoring how to prescribe medication. We are all genetically and chemically different and may tolerate certain types of medicine more than others.

Safety Tips:

○ Confirm prescription medication is stored properly in your household. Somewhere that is too high for young children to reach or see is ideal.
SECTION 4
HOW MEDICATION WORKS

- Relock the safety cap of medicine bottles each time they are opened.
- Dispose of unused prescription medication to prevent misuse.
- Follow the instructions, and don’t take more than what is prescribed
- Don’t mix medications
- Don’t give prescription medication to someone else, and don’t take other people’s medications

**Curiosity about pills**
Pills look like candy and are flavored to entice children to take them when needed. Never refer to medicine as candy that may reinforce confusion about medication.

If you are ever unsure about any medications and supplements in your home, reach out to a doctor or pharmacist for clarification.

**WORKS CONSULTED**

https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicationsafely/UnderstandingOver-the-CounterMedications/Choosingtherightover-the-countermedicineOTCs/ucm150299.htm