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## **NEW SAMSHA REPORT: Admissions Reporting Benzodiazepine and Narcotic Pain Reliever Abuse**

Substance abuse treatment admissions for addiction involving combined use of benzodiazepine and narcotic pain relievers rose a total of 569.7 percent, to 33,701, from 2000 to 2010, according to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA). Overall substance abuse treatment admissions of people ages 12 and older in the same period rose 4 percent, to 1.82 million, the agency said.

"Clearly, the rise in this form of substance abuse is a public health problem that all parts of the treatment community need to be aware of," said SAMHSA Administrator Pamela S. Hyde. "When patients are battling severe withdrawal effects from two addictive drugs, new treatment strategies may be needed to meet this challenge. These findings will help us better understand the nature and scope of this problem and to develop better approaches to address it."

The report showed that 38.7 percent of those with this combined addiction began use of both drugs in the same year; 34.1 percent first used narcotic pain relievers, and the remaining 27.1 percent started with benzodiazepines.

Almost half of patients admitted for combined use also had a co-occurring psychiatric disorder, were largely self-referred, and were less likely to receive regular outpatient treatment than other admissions. Specific demographic groups have higher rates of admission for combination benzodiazepine/NPR treatment when compared with admissions for other treatment. Non-Hispanic whites account for 91.4 percent of combination admissions versus only 55.8 percent of other admissions. Females make up 49.2 percent of combined admissions versus 30.2 percent of other admissions, and people aged 18-34 account for 66.9 percent of combined admissions versus 43.7 of other admissions.

"The public health and safety threat we face from the abuse of prescription drugs is indisputable and these data show the increasing need for treatment for those suffering from addiction to prescription drugs," said Office of National Drug Control Policy Director Gil Kerlikowske. "While prevention is a critically important pillar of our prescription drug prevention plan, equally important is ensuring that treatment is available to those in need."

SAMHSA recognizes the importance of providing education to medical professionals about the appropriate prescribing of opioids and benzodiazepines. SAMHSA's Prescribers' Clinical Support System for Opioid Therapies (PCSS-O) is a national training and mentoring program addressing safe use of opioid medications and treatment of opioid dependence.

The program is undertaken by a consortium of national clinical specialty organizations, including the American Academy of Addiction Psychiatry, American Psychiatric Association, American Osteopathic Academy of Addiction Medicine, American Medical Association, American Dental Association, American Society for Pain Management Nursing, and the International Nurses Society on Addictions. The PCSS-O offers webinars and educational

modules on various topics related to opioid use, as well as mentoring and a list-serve addressing current questions related to opioid use, opioid use disorders and the confounding effects of benzodiazepines.

The full report is available at:

<http://www.samhsa.gov/data/2k12/TEDS-064/TEDS-Short-Report-064-Benzodiazepines-2012.htm>

It may also be obtained by calling the SAMHSA Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727).

For related publications and information, visit <http://www.samhsa.gov>

*This article was provided by SAMHSA.*

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## **NEW SAMSHA REPORT: Emergency Department Visits Involving Synthetic Cannabinoids**

Street forms of synthetic cannabinoids – so-called "synthetic marijuana" – were linked to 11,406 of the 4.9 million drug-related emergency department (ED) visits in 2010, according to a new report by the Substance Abuse and Mental Health Services Administration (SAMHSA). Commonly known by such street names as "K2" or "Spice," synthetic cannabinoids are substances that are not derived from the marijuana plant but purport to have the same effect as the drug. Though an increasing number of states have passed laws against the sale of synthetic cannabinoids, they have been marketed as a "legal" alternative to marijuana during the past few years. In July 2012, a comprehensive, national ban was enacted against the sale of synthetic cannabinoids under Title XI of the Food and Drug Administration Safety and Innovation Act.

Today's report points out that the use of synthetic cannabinoids is tied to a variety of reported symptoms including agitation, nausea, vomiting, tachycardia (rapid heartbeat), elevated blood pressure, tremor, seizures, hallucinations, paranoid behavior and non-responsiveness. The report found that youths between the ages of 12 to 29 constituted 75 percent of all hospital ED visits involving synthetic cannabinoids, with males accounted for 78 percent of the ED admissions among this age group. The average age for people involved in synthetic cannabinoid-related ED admissions was younger than for marijuana-related ED visits (24 years old versus 30 years old).

"Health care professionals should be alerted to the potential dangers of synthetic cannabinoids, and they should be aware that their patients may be using these substances," said SAMHSA Administrator Pamela S. Hyde. "Parents, teachers, coaches and other concerned adults can make a huge impact by talking to young people, especially older adolescents and young adults, about the potential risks associated with using synthetic marijuana."

"This report confirms that synthetic drugs cause substantial damage to public health and safety in America," said Office of National Drug Control Policy (ONDCP) Director Gil Kerlikowske. "Make no mistake – the use of synthetic cannabinoids can cause serious, lasting damage, particularly in young people. Parents have a responsibility to learn what these drugs can do and to educate their families about the negative impact they cause."

Several grantees funded under SAMHSA's various programs are working to prevent the use of synthetic marijuana. Many states are providing prevention education to local communities, including webinars and fact sheets for parents on the signs and symptoms of the use of synthetic marijuana. Questions also are being added to school surveys to determine the incidence and prevalence of the use of synthetic marijuana by youth. Grantees funded by the ONDCP's Drug-Free Communities Support Program have provided tremendous insight to local synthetic marijuana issues and are using environmental policies aimed at limiting access to these dangerous substances in local retail stores.

In addition, SAMHSA's Division of Workplace Programs maintains a list of Department of Health and Human Services-certified laboratories that test regulated specimens for "K2" or "Spice."

The report, "Drug-Related Emergency Department Visits Involving Synthetic Cannabinoids," is based on data drawn from SAMHSA's Drug Abuse Warning Network, a public health surveillance system that monitors drug-related morbidity and mortality.

The full report can be viewed at:

<http://www.samhsa.gov/data/2k12/DAWN105/SR105-synthetic-marijuana.pdf>

To learn more about synthetic cannabinoids, visit the White House Office of National Drug Control Policy's website:

[www.whitehouse.gov/ondcp](http://www.whitehouse.gov/ondcp)

*This article was provided by SAMHSA.*

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## **The Drug Endangered Children (DEC) Movement**

Stemming in part from the methamphetamine crisis, the Drug Endangered Children (DEC) movement began in the last decade to respond to the growing phenomenon of finding children living among the squalor of meth labs located in homes and other areas where children were living or playing. The children found in these situations were often severely harmed or neglected, and in many instances tested positive for drugs. To rescue these children, local DEC programs were created all over the country and a national DEC program was created in 2003.

Since that time, the movement to identify and aid drug endangered children has expanded in scope and impact to include partners on the Federal, State, tribal and local levels. Through this collaboration, the definition of drug endangered children expanded beyond only those children confronted by meth, and it broadened to include children that faced dangerous exposure to any type of drug. The DEC movement also sought to assist parents/guardians with substance use disorders and help address family issues surrounding the problem.

Around the country, the DEC movement has rescued thousands of children and led to the development of numerous programs that have coordinated the efforts of law enforcement, medical services, and child welfare services to ensure that drug-endangered children receive appropriate attention and care. Up to this point, however, a cohesive and coordinated federal response had been lacking. For this reason, an Interagency Task Force on Drug Endangered Children was formed.

The Federal Interagency Task Force on Drug Endangered Children (DEC) is focused on gathering and producing educational resources (model protocols, programming and promising practices) that can aid law enforcement, child welfare workers, health and education professionals and children's advocates nationwide in protecting children and responding to their needs and the needs of their caregivers. By working together with its Federal, state and local partners, the Task Force aims to end this vicious cycle.

By establishing these tools and promoting their use, Federal, state and local stakeholders will be better able to rescue, protect, and serve the most vulnerable victims of drug-related crimes.

#### Research and Statistics:

- Between 2002 and 2007, an estimated 2.1 million children in the U.S. (3.0%) lived with at least one parent who abused or was dependent on illicit drugs.
- Studies of children in foster care find that 40% to 80% of families involved with child welfare having substance abuse problems.
- A 2003 study analyzing administrative data regarding persons treated for substance abuse in California found that 60% of persons treated for substance abuse in California's publicly-funded treatment system were parents of minor children. Of those treated, 295,000 parents (or 27%) had one or more children removed from their custody by child welfare services.

*This article was provided by The Office of National Drug Control Policy.*

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