

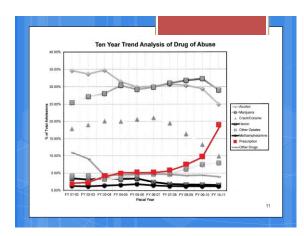


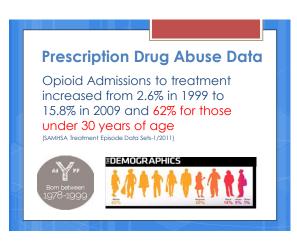
The Problem

- There has seen a dramatic increase in the misuse of Prescription Drugs, as well as continued abuse of alcohol and other illicit drugs
- NICU's filled within infants experiencing NAS and a child welfare system struggling to deal with abuse and neglect.
- The systems are overloaded and funding is decreasing. The current system is inadequate.









The Pinellas Problem



- · In 2008, 70 infants were born substance exposed
- In 2009, that number rose to 114 representing a 62.8% increase
- In 2010, the number of newborns born substance exposed was 153, representing a 118.6% increase from 2008
- As of October 28, 2011, of the 80 infants in the neonatal intensive care unit at All-Children's Hospital 24 (30%) were classified as substance exposed newborns, a 160% increase over the full 2008.

Substance Use Behavior: Prescription Drug Abuse

- 217 prescription drug related accidental deaths in Pinellas. (2011)
- Majority were from Alpazolam, Diazepam, Oxycodone, Hydrocodone, & Methadone); majority adult population ages 30-59.

(Source: Data provided to the coalition from the District 6 District 6 Medical Examiner's Office, 2010.)

 790 Total prescription drug occurrences in ME Cases (present & cause) for Pasco & Pinellas Counties (2011)



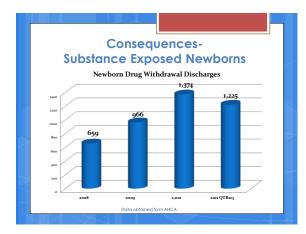


Substance Use Behavior: Prescription Drug Abuse

- 276 Children Removed from Parents Custody due to prescription drugs in Pinellas County from 9-2011 to 9-2012 -(Eckerd Community Alternatives - ECA).
- From 9-2011to 8-2012, ECA spent approximately \$179,230 for 1
 month placement of children into licensed foster care in
 Pinellas & Pasco counties; if the children remained in foster
 care for 6 months, the cost is \$1,122,400 for Rx drug placement
- 323 emergency room admissions in Pinellas County with prescription drugs as the primary diagnosis in 2008. (Source: AHCA)







Why Prescription Drug Abuse?

- · Sense of safety- Physician prescribed
- · Ease of obtaining
- · Emphasis on Pain Management
- · Insurance issues
- Physician lack of knowledge about dependence

Differences Between Therapeutic Use and Abuse

- · Dose and Frequency of Dosing
 - · Lower, fixed regimes vs. higher escalating use
- · Route of Administration
 - · Oral vs. injection, smoking, snorting
- · Expectation of Drug Effects
 - Expectations of clinical benefits vs. euphoria "high"
- · Context of Administration
 - · School, clinic, home vs. bar, club

Prescription Abuse and Pregnancy

- · Pregnant women do not always admit to use
- · Physicians may not understand the problem
- Pain Medication Physicians do not do pregnancy tests
- OB's discharge to other physicians
- · Physicians may require the woman to detox during
- · Pregnant woman may not seek prenatal care
- · May leave and not return when confronted



Prescription Abuse and Pregnancy (cont.)

Poor Birth Outcomes

- · Preterm Birth
- · Low Birth Weight



- · Smaller head circumference
- · Small for gestational age (SGA)
- · Intrauterine growth retardation (IUGR)

State and Community Response

- · March of Dimes Prescription Drug Task Force
- · City Match Grant
- · Healthy Start Substance Exposed Newborn Committee
- · Live Free! Substance Abuse Prevention Coalition of Pinellas County Comprehensive Community Action
- CPI/Community Based Care/Substance Abuse & Mental Health Providers Planning Group
- Juvenile Welfare Board Community Response Meeting









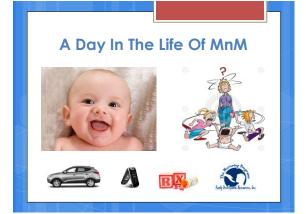






Motivating New Moms: A Collaborative Response

- Joint effort of the Juvenile Welfare Board, Operation PAR, Inc., Pinellas Hospital Neonatal Intensive Care Units NICUs), High Risk Pregnancy Health Clinics, CPI
- · Multi-pronged approach
- · Linkage from delivery/NICU to intervention specialists
 - · Parenting assistance/engagement (Nurturing Parenting)
 - · Case Management
 - · S-BIRT (Screening, Brief Intervention, Referral to Treatment)
- · Linkage to high risk pregnancy health centers
- S-BIRT
- · Medication Assisted Treatment and
- · Detox (Postpartum Only)



Client Reactions

- Refusal
- · Initial Engagement
- · Treatment Referral
- Disengagement
- · Re-engagement



Barriers

- · System Issues
 - · Parallel, not collaborative/connected systems
 - · Lack of trust
 - · Training differences/Credentialing
 - · Data Sharing
 - · Whose client is it?
- · Beliefs/Training/Lack of knowledge
- · Perceived Issues with Confidentiality
- · Mom's reasons for Pregnancy



Outcomes to Date

- · To date:
 - 110 referrals from NICU's, High Risk Clinics, Healthy Start, Treatment, etc. in the Community.
 - 50+ in services with PAR MAPS or other Methadone provider (45+%)
 - 21 have been admitted to intervention/treatment programs (24% of those not already in treatment)
 - 37 have been admitted to MnM Parenting Services with Nurturing Parenting (42%)
 - · 22 did not engage in services (20%)

CONTACT INFORMATION

Kay M. Doughty, MA, CAP, CPP VP, Family and Community Services Operation PAR, Inc.

(727) 545-7564, ext. 274 kdoughty@operpar.org

