

**Open Invitation
to Join WCADIO
Your Support Is Needed
Your Voice Will Be Heard!**

— See last page for membership application —

WCADIO's Mission

To increase public awareness of women's alcohol and drug abuse issues and to promote services related to women throughout the state of Oregon. This means ALL women who are affected by their own alcohol or drug use or that of their family or friends.

Visit us at www.wcadio.org

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PO BOX 14495 · PORTLAND, OR 97293



**WCADIO
Board Meeting**

July 26 @ NARA

*Dates are subject to change.
Check with a board member for info.*

**Summary of Female Clients in Treatment
with Heroin or Other Opiates as
Primary Drug in 2012***

The availability of prescription opiates continues to rise and consequently so does the number of females accessing addiction treatment in Oregon. Over the last year The Women's Commission on Alcohol and Drug Issues has heard from programs across the state confirming this trend and reporting that most initiated their use with prescription drugs. The data released by the OHA corroborates these reports.

These changing trends in primary drugs of abuse are resulting in practice changes in our treatment programs. For example, some residential programs are contracting with methadone maintenance programs to provide Opioid replacement therapy for pregnant women.

The use of Opioids or Opioid replacement is particularly alarming given that women are presenting when pregnant or when they will become pregnant exposing the fetus to in utero substance dependence leading to Neonatal Abstinence Syndrome (NAS) regardless of the Opioid used.

According to the 2012 data from the Oregon Health Authority, the primary drug of choice for 1408 women entering treatment in Oregon was opiates other than heroin, which represents 6.2% of the total 5546 women admitted to substance abuse treatment in Oregon. The number of women entering treatment for heroin dependence in 2012 was 1434, which is 6.3% of the total admissions. There are another 2930 women on Methadone Maintenance, representing 47% of methadone admissions. The total number of females admitted for treatment for all opiates (including methadone maintenance) is 5546 or 12.5% of all females admitted to addiction treatment in Oregon.

Both the National Institute of Drug Abuse and SAMSHA have acknowledged this change across the country and are providing training and materials through their web sites to help counselors treat females with the most advanced treatment regimes. Oregon's women's treatment... continued on page 2)

**WCADIO
Counselor
of the Year**

The Counselor of the Year will be presented at Northwest Institute of Addiction Studies July 19-23. Since 1987, the Women's Commission on Alcohol and Drug Abuse Issues of Oregon (WCADIO) has been an advocate for the needs of substance abusing and dependent women and their children throughout the service delivery system in Oregon.

Spring Event Honors Nancy Anderson

Nancy Anderson, co-founder of the **Letty Owings Center**, was honored at an April 11th fundraising event in Portland. More than 200 people attended and the event raised more than \$52,000 for Letty Owings Center and family housing programs at Central City Concern.



Letty Owings Center co-founder, Nancy Anderson, CCC Executive Director Ed Blackburn, and CCC Family Housing Program Manager Holly Redeau.

Quick Facts about Letty Owings Center:

- Founded by Nancy Anderson and Letty Owings in 1989 as part of Ecumenical Ministries of Oregon
- Became a Central City Concern program in 1997 (Nancy saw the need for dedicated family housing and reached out to Central City Concern)
- As of the end of March 2013, a total of 1,510 families have been served by LOC; 257 babies born drug-free as a result
- Many LOC graduates transition to CCC's family alcohol and drug-free housing where they receive ongoing support for success (89 units of housing)
- Central City Concern added to LOC's capacity in 2009 when it renovated and opened Laura's Place, a fourplex apartment building a few blocks from LOC's main facility.



Featured at the event were speakers **Robert Church**, the first child who lived at LOC, and **Miracle Morris**, age 16, who was born while her mom was at LOC.

View a video of Nancy and LOC at www.youtube.com/CentralCity.

Treatment... *(Continued from front page)*

ment programs are responding to this change as described in the article about DePaul's Treatment Center.

While Opioid replacement therapy is certainly indicated for many pregnant women, it would be far better for babies to be born drug free. Efforts are underway in places such as Florida, Washington State and in parts of Oregon, i.e. in Jackson County, to educate physicians about the risks of overprescribing and their need to work closely with treatment programs and educate their patients about the need to plan their pregnancies while drug free. The entire community must join this effort. It is that important. ❖

**Oregon Health Authority, Office of Health Analytics, Unduplicated Count of Clients in Treatment for Opiates as a primary drug 2012.*



A "Must Read" Article Online:

Gender Breakdown of Opiate Treatment

in Oregon by County — go to www.WCADIO.org

Newborns and Opiates



The portion of infants born with opiate withdrawal symptoms nearly tripled between 2000 and 2009, and the portion of pregnant women using opiates increased almost fivefold over the same period, according to a study published online on April 30, 2012, in the Journal of the American Medical Association.

The study's authors, who analyzed pediatric discharge and maternal inpatient data, found that instances of newborns who undergo withdrawal treatment increased from 1.20 to 3.39 out of 1000 births. The authors estimate that, at this rate, approximately 1 infant was born exhibiting withdrawal symptoms per hour in 2009.

Opiate use among expecting mothers increased from 1.19 to 5.63 instances per 1000 births over the same period. The disparity between the rate of maternal opiate use and newborns who require withdrawal treatment suggests that some opiate-exposed newborns do not exhibit withdrawal signs, the researchers noted.

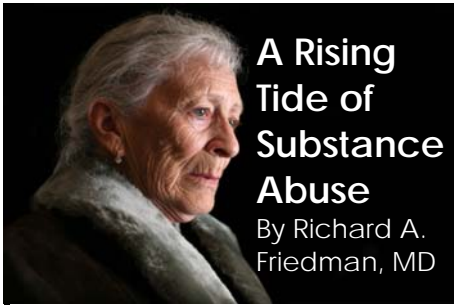
The authors of the study also investigated the costs involved with newborns undergoing opiate withdrawal treatment and found that they require longer, more expensive initial hospital stays that tend to include more complex services. The average charge per newborn undergoing withdrawal treatment jumped as well, increasing from \$39,400 in 2000 to \$53,400 in 2009, although the average length of stay was unchanged. The charges, which are inflation-adjusted, reflect the facility fees reported for each birth, but do not include professional fees.

*(See **Newborns...** continued on next page)*

Newborns... (Continued)

Total nationwide hospital charges for births in which newborns had to undergo opiate withdrawal treatment increased from \$190 million nationwide in 2000 to \$720 million in 2009, according to the study. State Medicaid programs pay for many of the services and stays, with about 78.1% of newborn withdrawal charges and 60% of the mothers' expenses being billed to Medicaid in 2009.

An accompanying editorial suggests that charges related to withdrawal treatment for newborns have the potential to strain the Medicaid program's limited funds. The editorial also notes that reducing funding for addiction programs for mothers and care for newborns undergoing withdrawal treatment could have serious repercussions, as many children exposed to opiates in utero require special services for behavioral or developmental disorders later in life. ❖



A Rising Tide of Substance Abuse

By Richard A. Friedman, MD

Although alcohol is clearly the most commonly abused drug in the elderly, non-medical use of prescription drugs is a rapidly growing threat.

Some studies estimate that up to 10 percent of the elderly misuse prescription drugs with serious abuse potential, most often anti-anxiety benzodiazepines like Klonopin, sleeping pills like Ambien, and opiate painkillers like Oxycodone. Women far outnumber men when it comes to nonmedical use of prescription medication: 44 percent of women versus 23 percent of men.

The elderly rarely use alcohol or drugs to "get high"; drug or alcohol use that begins after age 60 appears fundamentally different. Typically, those who start use as teenagers or young adults tend to be sensation-seekers with significant rates of psychiatric disorders and antisocial traits. In contrast, the elderly turn to alcohol and drugs to alleviate the physical and psychological pain from the onslaught of medical and psychiatric illness, the loss of loved ones or social isolation.

The problem is that these psychoactive drugs are all addicting and can impair cognitive functioning, cause depression, increase the risk of falling and interact dangerously with other medications. Moreover, drug and alcohol abuse in older patients occurs alongside other medical and psychiatric illnesses. You cannot treat either problem in isolation.

There is little doubt that we face a looming public mental health crisis in the aging population. The question is whether we can meet this daunting challenge with the investment in research and mental health services it deserves. ❖



The Center for Disease Control now calls prescription drug abuse in the US an epidemic. One in 20 Americans reported using prescription medications for non-medical reasons last year. Opiate prescription drug

abuse can be a gateway to heroin use. While the statistics are sobering, public awareness of the issue of prescription medication misuse and an understanding of treatment options are helping many people.

De Paul Treatment Centers has a variety of programs that work with women who are dependent on prescription medications. De Paul's outpatient Pain Management Program targets people who live with chronic pain and are looking to decrease their reliance on medications. Most of the participants in the Pain Management program are women. The program uses stress reduction and relaxation exercises, distraction techniques, and emotional support to give participants non-medication based tools to deal with pain. Alicia Ankenman, LPC, who runs the program, says "My goal is to help these women begin to tune in and listen to what their body is telling them. This promotes self-acceptance and self-esteem over time. I also work with my client's on stress management skills and grounding techniques."

In the women's residential program at De Paul, there is a pain management group that addresses similar topics as the outpatient group. Because many women who are dependent on medications or other opiates have experienced trauma, De Paul offers groups for women that are designed to address traumatic experiences and their effects.

De Paul has a residential program for pregnant women. Many of the pregnant women who come to treatment at De Paul are addicted to opiates. De Paul partners with CODA, a licensed methadone clinic, to provide methadone to pregnant clients. Methadone decreases symptoms of detoxification from opiates and is safer for the fetus than other medications. ❖

For more on this subject see next page...

More Children Poisoned by Parents' Prescription Drugs

By Nancy Shute

Dad takes a cholesterol-lowering statin so he'll be around to see the kids grow up. But statins, like Lipitor and Zocor, as well as some other common adult prescription drugs, are causing a rise in poisonings among children, a study says.

The big surprise is that children are at risk not just from opioid painkillers like Vicodin and OxyContin, which most parents know need to be kept away from kids.

Seemingly innocuous medications for high cholesterol, diabetes and angina are sending children and teenagers to the emergency room. The risk was highest for children 5 and younger, who might pick up a pill from the floor and try it.

Diabetes drugs and beta blockers caused the highest rate of emergency room visits, higher even than for opioids.

Diabetes pills, such as metformin or one of the sulfonylurea drugs, can cause seizures and death in someone who isn't diabetic.

And beta blockers, such as atenolol, lower heart rate and blood pressure. An adult dose of these can be especially dangerous for small children.

Nearly half of the children who went to the emergency room after taking diabetes drugs were hospitalized, as were almost one-third of those taking beta blockers.

These are the sort of drugs that parents, grandparents and visiting friends have with them daily, and that most adults wouldn't think of as dangerous.

This study was prompted by an alarming trend: Poisonings of children by medication rose by one-third between 2001 and 2008.

At the same time, the number of adults who took one or more prescription drug increased by 10 percent, according to a federal health survey.

So a group of emergency medicine doctors decided it was time to see if the two trends were related. They compared reports of children's exposure to or poisoning by common prescription medications from 2000 through 2009, leaving out medications like antidepressants which are prescribed to children, too.

(See **Children Poisoned...** continued on next page)



~ Member Corner ~

Share your news with us for the next newsletter! Send an email to Editor Judy Francis for the Fall 2013 edition at judyofrancis@gmail.com.

Deaths From Prescription Drugs Rising

By Sheila M. Eldred

Accidental overdoses from prescription painkillers in 2010 contributed to an 11th straight year of rising deaths from drug overdoses. And the problem has likely become worse since then.

The U.S. Centers for Disease Control and Prevention reported 38,329 deaths from overdoses in the *Journal of the American Medical Association* this week, up 4 percent from 2009.

"The big picture is that this is a big problem that has gotten much worse quickly," Dr. Thomas Frieden, head of the CDC, told AP.

BLOG: More Infants Born Addicted to Prescription Drugs

Indeed, medications were linked to almost 60 percent of overdose deaths in the new report. The numbers highlight two problems with prescription medications: Doctors prescribe them too often, Frieden said, when less risky drugs would suffice, and patients don't always realize the dangers.

"Right now, there's a general belief that because these are pharmaceutical drugs, they're safer than street drugs like heroin," Don Des Jarlais, director of the chemical dependency institute at New York City's Beth Israel Medical Center, told AP. "But at some point, people using these drugs are going to become more aware of the dangers."

BLOG: Drugs Now Leading Accidental Death Cause

The most dangerous appear to be opioid painkillers, which include OxyContin and Vicodin; they were involved in 44 percent of the deaths.

To compile the report, researchers examined a national database of death certificates. It's not always clear whether a death was an intentional suicide or an accident.

Sedatives and antidepressants also accounted for a large number of the deaths. ❖

Children Poisoned... (Continued)

They found that the increase in adult prescribing matched the increase in child exposures and poisonings. That effect was strongest with opioids.

Teenagers were the group most likely to be harmed, after small children, but their experiences were very different. Teens were most likely to get in trouble with opioids and statins.

Thirty percent of the teenagers who took statins and went to the ER suffered serious injury, as did 40 percent of the teens who took opioids. And while the young children took adult medicines by accident, teenagers took them on purpose, either to get high or in a suicide attempt.

"We need to reframe and rethink the policies around how to protect children from these exposures," Lindsey Burghardt, an emergency room doctor at Children's Hospital Boston who led the study, said in an email to Shots. It was published online by the journal Pediatrics.

A 2-year-old who picks up a pill and tastes it needs different protections than a 14-year-old who's snitching Mom's OxyContin, Burghardt said. Keeping drugs off the counter may be enough to protect a toddler, while parents need to talk with teenagers about the dangers of taking medications not prescribed to them — and maybe locking the drugs up.

Earlier this year, an FDA panel recommended tighter restrictions on Vicodin and other opioids to reduce the risk of poisoning and overdose. ❖

Are You a Member of WCADIO...?

- WCADIO membership application is also located on our website at www.WCADIO.org. We encourage you to join!

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Your Support Is Needed — Your Voice Will Be Heard!

- \$100 Business/Organizational Membership
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- In addition to or in lieu of membership, I support WCADIO and am sending a tax-deductible contribution of \$_____.

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