



Empowering Parents in Prevention & Recovery

July 25, 2024

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American Academy of CME, Inc. designates this activity for 1.0 continuing education credits.

Other HCPs

Other members of the care team will receive a certificate of participation.

Continuing Education for EMTs

- This webinar also has been approved by NJ OEMS for 1 EMT Elective CEU.
- Attendees seeking 1 EMT Elective CEU will be provided a link specific to EMTs to apply for credit at the end of the webinar and in the follow-up email tomorrow.
- Attendees seeking EMT credit must apply for credit within 30 days of today's webinar.



Continuing Education – Athletic Trainers

- **Partnership for a Drug-Free New Jersey is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs).**
- **This program is eligible for a maximum of one (1) Category A hour/CEU.**
- **Athletic trainers seeking credit will be provided a link specific to athletic trainers to apply for credit at the end of the webinar and in the follow-up email tomorrow.**
- **This link will include access to an evaluation and assessment that are mandatory for receiving credit.**

Additional Information About Continuing Education

- You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.
- **WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?**
 - The last slide of this webinar
 - The chat at the end of the program
 - The follow-up email you will receive tomorrow
- The poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be at the link mentioned above.
- The links will be active for 30 days after today's event.

PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson.

Featured Presenters



Melissa C. Wallach, MD FAAP

Neptune Pediatrics/ Asbury Park Pediatrics

Director of Medical Education, SGU Medical School Program

Director of Quality Improvement Pediatric Primary Care Practices

Jersey Shore University Medical Center

K. Hovnanian Children's Hospital

Dr. Melissa Wallach is the director of medical education for the St. George's University Medical School Program and director of quality improvement of the pediatric primary care practices at Hackensack Meridian Health. Wallach also served as a member of the teaching faculty and director of ambulatory pediatrics. In addition to her work at Jersey Shore Medical Center, she also sees patients in offices in Neptune and Asbury Park. Wallach serves on the executive council of the New Jersey chapter of the American Academy of Pediatrics (NJAAP). Wallach graduated with a bachelor's degree in biological basis of behavior from the University of Pennsylvania and then earned her medical degree from St. George's University School of Medicine. She completed a combined Internal Medicine/ Pediatrics residency program at Maimonides Medical Center.



Lissette Lester, MSW

Division of Child Protection and Permanency

Deputy Director of Case Practice

Lissette Lester (she/her/hers) is the deputy director of case practice in New Jersey for the Division of Child Protection and Permanency (DCP&P). Through this role, Lissette is able to focus on her commitment to improving outcomes for both the children and families served by DCP&P. Lissette earned a bachelor's degree in psychology from Temple University, followed by a master's degree in social work from Monmouth University. She started her career at DCP&P in 2000 as a family service specialist in Mercer County, where she worked with adolescents and conducted investigations of child abuse and neglect. In 2017, Lissette was promoted to local office manager for the Camden North Local Office. In this role, she structured the development of staff in family team meetings, provided staff with effective strategies to enhance their case practice and reduce the number of children in placement.



Melissa C. Wallach, MD FAAP
Neptune Pediatrics/ Asbury Park Pediatrics
Director of Medical Education, SGU Medical School Program
Director of Quality Improvement Pediatric Primary Care Practices
Jersey Shore University Medical Center
K. Hovnanian Children's Hospital

Talking to Patients and Parents/Guardians about Substance Use in the Pediatric Primary Care Office

Empowering Parents/Guardians in Prevention and Recovery

Melissa Wallach, MD FAAP

Director of QI, Pediatric Primary Care Practices HMH

Director of Medical Education, SGU Medical School Program

I have no financial disclosures



Learning Objectives

- Identify ways to speak with and guide parents/guardians to address prevention of children's substance use and addiction
- Identify optimal treatment interventions and strategies the care team can use to promote health and reduce substance use among adolescents
- Identify the signs and symptoms of substance use in children and adolescents



Background/Epidemiology

- 3rd leading cause of death under age 19 yrs : Drug overdoses and poisonings
- >1100 Adolescents aged 14-18 yrs died of an overdose in 2022
 - Fentanyl helped to double the mortality rate from overdoses from 2019-2021
 - $\frac{3}{4}$ adolescent overdose deaths caused by fentanyl
 - Many of the fentanyl-related deaths occur in teens without identifiable risk factors
 - Opioids found to be leading cause of fatal poisonings in children under 5 yrs of age

Scott E. Hadland, Deb M. Schmill, Sarah M. Bagley;
Anticipatory Guidance to Prevent Adolescent
Overdoses. *Pediatrics* May 2024; 153 (5):
e2023065217. 10.1542/peds.2023-065217



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Background/Epidemiology

- Overdoses occur with ingestion of counterfeit prescriptions that mimic opioid painkillers or benzodiazepines but contain fentanyl
- Available for purchase on social media platforms
- Stimulants can also be contaminated with fentanyl
- Use counterfeit meds thinking they are real medications for depression, anxiety
- Some purposely use fentanyl for opioid use disorder
- US- 1 of 100 adolescents aged 12-17 yrs have opioid use disorder
- Most overdoses occur in the adolescent's home, are witnessed and Naloxone is used in only 1 of 3 deaths
- Families need to be educated to avoid overdoses



Alcohol

- Alcohol is the most frequently used substance in the adolescent age group
 - 2019 Youth Risk Behavior Survey: 29% of HS students drank alcohol, 28% of students tried it by 8th grade, 68.2% by 12th grade
 - Alcohol causes death in 3500 youths below 21 yrs of age yearly
 - 17% of HS students report riding in the car with someone under the influence of alcohol & 5% have driven after drinking in the past 30 days



Alcohol

- Physical and sexual violence, suicide, homicide, & many physical, mental, academic and social problems are caused by alcohol use
- Delaying onset of use shown to decrease risk of alcohol use disorder

Rachel H. Alinsky, Jennifer Hipp; Adolescent Alcohol Use and Alcohol Use Disorders.
Pediatr Rev April 2024; 45 (4): 244–246.
<https://doi.org/10.1542/pir.2022-005896>



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Tobacco

- Per the 2023 National Youth Tobacco Survey, 2% (6.21 million) ever used tobacco, and 10% (2.8 million) current use among middle & HS students
 - Different products varied in use percentage
 - E-Cigarette use the most common for the 10th yr
 - About 25% reported daily use, 30 of past 30 days
 - Elf bar most popular brand
 - Fruit the most popular flavor



Cannabis Use

- According to the CDC, in 2022 30.7% of HS seniors used cannabis in the past year, and 6.3% reported daily use in the past 30 days
 - 6% of 8th graders, 15% of 10th graders & 21% of 12th graders vaped cannabis
- Regular, heavy use can have negative effects on the developing adolescent brain
 - Compared to non users, cannabis users lower rates of HS completion, college admittance
 - Cannabis use can cause difficulty with thinking and learning, memory, problem solving,



Cannabis Use

- Can decrease attention span, coordination
- Cause problems both with school & social life
- Increased risks of depression, social anxiety, temporary psychosis
- Impairs driving due to slowing reaction time, decreasing coordination
- Potential for addiction

<https://www.cdc.gov/cannabis/health-effects/cannabis-and-teens.html>



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Screening for Substance Use

- It is advised to do universal screening for substance use
- It is important for pediatricians to also educate parents/guardians to talk to their teenagers about these different substances and the risks of using them
- It has been shown that having friends who use alcohol / substances increases the odds of using them
- Set boundaries, monitor children, know your child's friends
- Make sure to remind parents/guardians to keep prescription medications especially opioids secured ; dispose of unused prescription medications

Scott E. Hadland, Deb M. Schmill, Sarah M. Bagley; Anticipatory Guidance to Prevent Adolescent Overdoses. *Pediatrics* May 2024; 153 (5): e2023065217. 10.1542/peds.2023-065217



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Screening for Substance Use

- Some of the conversation should be done privately and some with the parents
 - Encourage parents/guardians to talk to their children at home about overdose prevention
 - Educate about the availability of it in the market, and about counterfeit pills
 - Avoid fear mongering, encourage the teens to be strong and safe
 - Review the signs of an overdose: somnolence, decreased breath sounds, paleness, decreased or loss of consciousness, cyanosis and how to treat, call 911, teach how to administer naloxone



Anticipatory Guidance for Adolescents

- The American Academy of Pediatrics recommends universal screening for substance use with a validated tool
- Pediatricians should spend time alone with the patient to ask these questions
- Inform the patient and parent/ guardian at the beginning of the encounter that part of the visit will be conducted with them in the room and part of the visit will be conducted with the adolescent alone
- Parents/guardians can insist on remaining present

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

Rachel H. Alinsky, Jennifer Hipp; Adolescent Alcohol Use and Alcohol Use Disorders. *Pediatr Rev* April 2024; 45 (4): 244–246. <https://doi.org/10.1542/pir.2022-005896>



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Anticipatory Guidance for Adolescents

- Inform the families that this is done universally, their child is not being singled out
- The adolescent can tell the parent/guardian all that is discussed, the physician will not override the confidential disclosures made by the patient without the patient's permission
 - Exception: the life of the patient is at risk



Screening in The Pediatric Office

- Annual Screening for alcohol and substance use can occur as part of the social history of the visit
- HEADSS
 - Home, Education/ employment, activities, drug use, sex, suicidality/safety
- Ideally done confidentially, if difficult to ask the patient directly can discuss how to keep their friends safe or ask what do you friend's do? Do you know anyone who has used drugs, smoked, vaped, drank alcohol?
 - Can ask about more specific substances, cannabis, opioids, stimulants
- If they disclose any use, be supportive to stop or decrease the use

Scott E. Hadland, Deb M. Schmill, Sarah M. Bagley; Anticipatory Guidance to Prevent Adolescent Overdoses. *Pediatrics* May 2024; 153 (5): e2023065217. 10.1542/peds.2023-065217



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Screening in The Pediatric Office

- Breaking confidentiality when you feel the patient's life is at risk-need to balance losing trust vs harm to the patient if do not tell the parent/guardian-try to encourage the patient to permit you to disclose to their parent/guardian
- If the patient has co-morbid mental health problems connect to resources for therapy, psychiatric evaluation
 - The NJPPC is a resource for pediatricians/family practice providers
- Educate on risks of unknown potency of drugs, drugs can be mixed with other drugs, advice for patients who use substances not to combine them, ie opioids with benzodiazepines, fentanyl test strips can be used to see if drugs contain fentanyl



SBIRT: Screening, Brief Intervention, and Referral to Treatment

- Developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the 1980's to address the misuse of substances
- Offers the chance to intervene early with patients with risky drug and alcohol use before it becomes severe
- SBIRT is a multifaceted, integrated public health model that provides early intervention & treatment to both people who have and who are at risk for substance use disorders

https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2021-11/sbirt-best-practices-guidebook_2021_final.pdf

<https://www.samhsa.gov/sbirt>



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SBIRT: Screening, Brief Intervention, and Referral to Treatment

- It is an evidence-based program that aims to identify, decrease and prevent problematic use and dependence on alcohol, tobacco and illicit drugs
- Can be given by licensed and non-licensed health care professionals and in both clinical and non clinical settings
- Uses validated screening tools and algorithms to approach potentially problematic substance use



SBIRT Process

- Pre screen: Use a brief standardized screening tool
- Full Screen: Use an extended standardized screening tool if qualify on pre screen score
- Brief Intervention: Discuss ways to reduce/ discontinue substance use, can give advice, set goals and agree on a plan (reduce binge-drinking)
- Brief Treatment: Use techniques from the brief intervention more comprehensively
- Referral to Specialty Treatment: if the degree of use cannot be treated with a brief intervention, then connect the patient with an addiction treatment program



CRAFFT- Car, Relax, Alone, Friends/Family, Forget, Trouble

- CRAFFT is an example of a validated screening tool for substance use for ages 12-21 yrs.
- Available for free and in multiple languages
- 2 versions 2.1 and the 2.1 + N- each version has a self administered version and a clinician administered version
- 2.1 + N asks questions on Nicotine use specifically & vaping

The CRAFFT Questionnaire (version 2.1)

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

- | | |
|---|-----------------------------------|
| 1. Drink more than a few sips of beer, wine, or any drink containing alcohol ? Put "0" if none. | <input type="text"/>
of days |
| 2. Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or " synthetic marijuana " (like "K2," "Spice")? Put "0" if none. | <input type="text"/>
of days |
| 3. Use anything else to get high (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none. | <input type="text"/>
of days |

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

Circle one

- | | | |
|--|----|-----|
| 4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | No | Yes |
| 5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? | No | Yes |
| 6. Do you ever use alcohol or drugs while you are by yourself, or ALONE? | No | Yes |
| 7. Do you ever FORGET things you did while using alcohol or drugs? | No | Yes |
| 8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | No | Yes |
| 9. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | No | Yes |

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- Should be self administered , can be read to the patient
- Scoring
 - One point for each yes response
 - Score of 2 or above indicates need for further assessment and therapeutic intervention
 - Score of 0-1 indicates no problems at this time

<https://crafft.org/>
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The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the **PAST 12 MONTHS**, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.

of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.

of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.

of days

4. Use a **vaping device*** containing **nicotine and/or flavors**, or use any **tobacco products†**? Put "0" if none.

of days

**Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in **ALL** of the boxes above, **ANSWER QUESTION 5 BELOW, THEN STOP.**
- If you put "1" or more for **Questions 1, 2, or 3** above, **ANSWER QUESTIONS 5-10 BELOW.**
- If you put "1" or more for **Question 4** above, **ANSWER ALL QUESTIONS ON BACK PAGE.**

Circle one

5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No Yes

6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

No Yes

7. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

No Yes

8. Do you ever FORGET things you did while using alcohol or drugs?

No Yes

9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

No Yes

10. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

No Yes

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The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products***. Circle your answer for each question.

Circle one

1. Have you ever tried to quit using, but couldn't?	Yes	No
2. Do you vape or use tobacco now because it is really hard to quit?	Yes	No
3. Have you ever felt like you were addicted to vaping or tobacco?	Yes	No
4. Do you ever have strong cravings to vape or use tobacco?	Yes	No
5. Have you ever felt like you really needed to vape or use tobacco?	Yes	No
6. Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school?	Yes	No
7. When you haven't vaped or used tobacco in a while (or when you tried to stop using)...		
a. did you find it hard to concentrate because you couldn't vape or use tobacco?	Yes	No
b. did you feel more irritable because you couldn't vape or use tobacco?	Yes	No
c. did you feel a strong need or urge to vape or use tobacco?	Yes	No
d. did you feel nervous, restless, or anxious because you couldn't vape or use tobacco?	Yes	No

***References:**

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, 35(3), 225–230;
McKelvey, K., Balocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open*, 1(6), e183535.

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The CRAFFT Interview (version 2.1)

To be verbally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none.

of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none.

of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.

of days

Did the patient answer "0" for all questions in Part A?

Yes ☐



Ask 1st question only in Part B,
then STOP

No ☐



Ask all 6 questions in Part B

Part B

Circle one

C Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No Yes

R Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

No Yes

A Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

No Yes

F Do you ever **FORGET** things you did while using alcohol or drugs?

No Yes

F Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

No Yes

T Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

No Yes

***Two or more YES answers in Part B suggests a serious problem that needs further assessment. See back for further instructions →**

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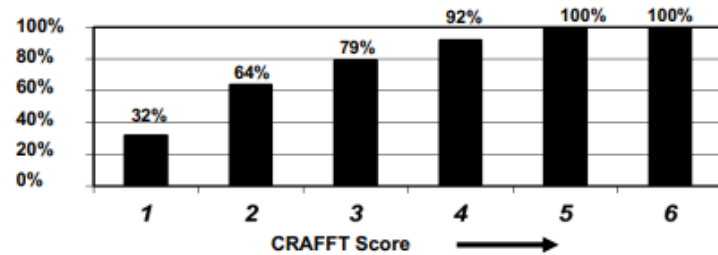
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CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376-80.

Use the 5 R's talking points for brief counseling.



1. **REVIEW** screening results
For each "yes" response: "Can you tell me more about that?"



2. **RECOMMEND** not to use
"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."



3. **RIDING/DRIVING** risk counseling
"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



4. **RESPONSE** elicit self-motivational statements
Non-users: "If someone asked you why you don't drink or use drugs, what would you say?" Users: "What would be some of the benefits of not using?"



5. **REINFORCE** self-efficacy
"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."

Give patient Contract for Life. Available at www.crafft.org/contract

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The CRAFFT 2.1+N Interview

To be verbally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none. # of days
2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or **"synthetic marijuana"** (like "K2," "Spice")? Say "0" if none. # of days
3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none. # of days
4. Use a **vaping device* containing nicotine and/or flavors**, or use any **tobacco products†**? Say "0" if none.
*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches. # of days

If the patient answered...

"0" for all questions in Part A



Ask 1st question only
in Part B below, then STOP

"1" or more for Q. 1, 2, or 3



Ask all 6 questions
in Part B below

"1" or more for Q. 4



Ask all 10 questions
in Part C on next page

Part B

Circle one

- | | | |
|---|----|-----|
| C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | No | Yes |
| R Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in? | No | Yes |
| A Do you ever use alcohol or drugs while you are by yourself, or ALONE ? | No | Yes |
| F Do you ever FORGET things you did while using alcohol or drugs? | No | Yes |
| F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | No | Yes |
| T Have you ever gotten into TROUBLE while you were using alcohol or drugs? | No | Yes |

Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. →

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Part C

"The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products**.*"

Circle one

- | | Yes | No |
|--|-----|----|
| 1. Have you ever tried to QUIT using, but couldn't? | | |
| 2. Do you vape or use tobacco NOW because it is really hard to quit? | | |
| 3. Have you ever felt like you were ADDICTED to vaping or tobacco? | | |
| 4. Do you ever have strong CRAVINGS to vape or use tobacco? | | |
| 5. Have you ever felt like you really NEEDED to vape or use tobacco? | | |
| 6. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school? | | |
| 7. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)... | | |
| a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco? | | |
| b. did you feel more IRRITABLE because you couldn't vape or use tobacco? | | |
| c. did you feel a strong NEED or urge to vape or use tobacco? | | |
| d. did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco? | | |

One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. →

*References:

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, 35(3), 225–230;
McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open*, 1(6), e183535.

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.

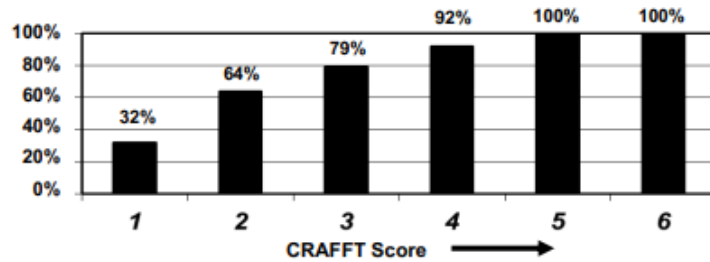
<https://craftt.org/>
<https://craftt.or>



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CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

Use the 5 R's talking points for brief counseling.



1. **REVIEW** screening results
For each "yes" response: "Can you tell me more about that?"



2. **RECOMMEND** not to use
"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, nicotine, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."



3. **RIDING/DRIVING** risk counseling
"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



4. **RESPONSE** elicit self-motivational statements
Non-users: "If someone asked you why you don't drink, vape, or use tobacco or drugs, what would you say?" Users: "What would be some of the benefits of not using?"



5. **REINFORCE** self-efficacy
"I believe you have what it takes to keep substance use from getting in the way of achieving your goals."

Give patient Contract for Life. Available at www.crafft.org/contract

© John R. Knight, MD, Boston Children's Hospital, 2020.
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Boston Children's Hospital.

crafft@childrens.harvard.edu www.crafft.org

For more information and versions in other languages, see www.crafft.org.

- The bar graph indicates the probability of a DSM-5 Substance Use Disorder based on the CRAFFT score
- Use the talking points for counseling
 - promotes strategies using Motivational Enhancement Therapy

<https://crafft.org/>

<https://crafft.org>



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CONTRACT FOR LIFE

A Foundation for Trust and Caring

This Contract is designed to facilitate communication between young people and their parents about potentially destructive decisions related to alcohol, drugs, peer pressure, and behavior. The issues facing young people today are often too difficult for them to address alone. SADD believes that effective parent-child communication is critically important in helping young adults to make healthy decisions.

YOUNG PERSON

I recognize that there are many potentially destructive decisions I face every day and commit to you that I will do everything in my power to avoid making decisions that will jeopardize my health, my safety and overall well-being, or your trust in me. I understand the dangers associated with the use of alcohol and drugs and the destructive behaviors often associated with impairment.

By signing below, I pledge my best effort to remain free from alcohol and drugs; I agree that I will never drive under the influence; I agree that I will never ride with an impaired driver; and I agree that I will always wear a seat belt.

Finally, I agree to call you if I am ever in a situation that threatens my safety and to communicate with you regularly about issues of importance to both of us.

YOUNG PERSON

PARENT (or Caring Adult)

I am committed to you and to your health and safety. By signing below, I pledge to do everything in my power to understand and communicate with you about the many difficult and potentially destructive decisions you face.

Further, I agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety and to defer discussions about that situation until a time when we can both have a discussion in a calm and caring manner.

I also pledge to you that I will not drive under the influence of alcohol or drugs, I will always seek safe, sober transportation home, and I will always wear a seat belt.

PARENT/CARING ADULT



Students Against Destructive Decisions

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SADD, Inc. | 255 Main Street | Marlborough, MA 01752
877-SADD-INC TOLL-FREE | 508-481-3568 | 508-481-5759 FAX
www.sadd.org

This should be given to each patient
and parent/guardian

<https://crafft.org/>
<https://crafft.org/wp-c>



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TABLE 1 Anticipatory Guidance for Overdose Prevention for Adolescents and Their Family Members	
Concept	Sample Statements to an Adolescent and/or Family Member
Initiate conversation	"It's important that we talk about safety. As you might know, the number of teen drug overdoses has been increasing. I now talk all my teen patients and their families about how to prevent and respond to an overdose."
Provide education about fentanyl	"What do you know about fentanyl?" "Fentanyl is a potent opioid that is causing a record number of teen overdoses. Most of the prescription pills that people sell—including on social media—are fake and contain fentanyl, and can cause someone to overdose. If a medication isn't prescribed by a doctor and provided by a pharmacy, it's likely to be fake"
Review signs of overdose	"Do you know what an overdose looks like? Have you seen one?" "Someone who is having an overdose looks sleepy, or might even be unconscious. Their breathing is slow, or they might have stopped breathing altogether. They often look pale, and might be blue around their lips or fingertips."
Review how to respond to an overdose	"How would you respond if you thought someone was having an overdose?" "If you suspect someone has overdosed, immediately call 911. Then, if you have naloxone nasal spray, use it. If the person is not breathing and you know how to give rescue breaths, do so."
Discuss naloxone and how to find it	"What do you know about naloxone? Do you have any?" "I recommend everyone carry naloxone with them and have it in their home. Naloxone can save someone's life. And it's safe to use even if someone isn't having an overdose. I can prescribe it to you today. You can also buy it over-the-counter—though it's more expensive this way—and it's often available at school or in the community."
Confidentially assess previous fentanyl use/exposure	<u>Discussed confidentially with adolescent only:</u> "In our practice, we ask every teen about their use of drugs and alcohol. Thanks for completing the screening questionnaire. To your knowledge, have you ever used fentanyl?" "Do you have any friends who use pills that might not have been prescribed by a doctor or filled by a real pharmacy? Have you ever used a pill that someone gave or sold you? Have you ever been approached in real life or on social media to buy one?"

Scott E. Hadland, Deb M. Schmill, Sarah M. Bagley;
Anticipatory Guidance to Prevent Adolescent Overdoses.
Pediatrics May 2024; 153 (5): e2023065217.
10.1542/peds.2023-065217



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Warning Signs Your Child May Be Using Substances

- Changes in behaviors such as sudden changes in friends, starting to spend time with people the parent/guardian does not know
- May make up poor excuses for changed behavior, become angry when confronted
- Withdraw from family bonding time, spend more time alone, in the room, skip family gatherings
 - Miss family mealtime, stop talking to parents/siblings
 - Skip usual activities (sports)
- Sudden violation of curfew, invent stories to explain why they are home late

Ali, S., Mouton, C. P., Jabeen, S., Ofoemezie, E. K., Bailey, R. K., Shahid, M., & Zeng, Q. (2011). Early detection of illicit drug use in teenagers. *Innovations in clinical neuroscience*, 8(12), 24–28.



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Additional Warning Signs

- Psychotropic drugs can cause extreme reactions to simple disagreements
- Drugs such as alcohol can impair judgement, slur speech
- Grades dropping, skipping classes/absent from school
- Loss of motivation, self-control
 - Poor hygiene, dress slovenly, steal to pay for the substances
- Disrespect for authority figures, may lie, be secretive
 - Try to track on their emails/cell phone texts

Ali, S., Mouton, C. P., Jabeen, S., Ofoemezie, E. K., Bailey, R. K., Shahid, M., & Zeng, Q. (2011). Early detection of illicit drug use in teenagers. *Innovations in clinical neuroscience*, 8(12), 24–28.



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Additional Warning Signs

- When under the influence of substances, may act irrational and erratic
 - Threaten harm to selves or others, verbally abusive, threaten to run away, drop out of school, may destroy property
- Mood swings, depression may signal substance use
 - Lose interest in former hobbies, become more isolated

Ali, S., Mouton, C. P., Jabeen, S., Ofoemezie, E. K., Bailey, R. K., Shahid, M., & Zeng, Q. (2011). Early detection of illicit drug use in teenagers. *Innovations in clinical neuroscience*, 8(12), 24–28.



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Physical findings Indicative of Substance Use

- Bloodshot eyes (marijuana)
- Pinpoint pupils (opioids, heroin)
- Dilated pupils (cocaine, amphetamines, hallucinogens)
- Sudden weight loss/gain
- Poor oral hygiene
- Needle track marks
- Nasal symptoms (if snorting a substance)
- Scratching/picking skin/hair could be withdrawal symptoms (rule out medical causes)
- Fatigue - can have hyperexcitability & euphoria followed by “crashing”
- Fatigue - from poor eating
- Possession of drug paraphernalia (foil, envelopes, pipes, bongs, vape pens, mirror, needles, vials, etc)

Ali, S., Mouton, C. P., Jabeen, S., Ofoemezie, E. K., Bailey, R. K., Shahid, M., & Zeng, Q. (2011). Early detection of illicit drug use in teenagers. *Innovations in clinical neuroscience*, 8(12), 24–28.



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Key Takeaway Points

- Drug use and overdose is prevalent in the adolescent population
- Universal screening by the pediatrician/primary care provider
- Motivational interviewing
- Encourage parents/guardians to talk to their children
- Be alert for warning signs/symptoms of substance use
- Connect families with resources





<https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/The-Opioid-Epidemic.aspx>



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<https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/what-parents-need-to-know-about-naloxone-for-opioid-overdose.aspx>



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Resources

- <https://www.nyc.gov/assets/doh/downloads/pdf/basas/fentanyl-test-strips-brochure.pdf>
- <https://www.samhsa.gov/find-help/national-helpline>
- <https://findtreatment.gov/>
- <https://www.healthychildren.org/english/ages-stages/teen/substance-abuse/Pages/default.aspx>
- <https://www.nj-ppc.org/>
- <https://nida.nih.gov/s2bi/>



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<https://doi.org/10.1542/pir.2022-005896>
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7. <https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/The-Opioid-Epidemic.aspx>
8. <https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/what-parents-need-to-know-about-naloxone-for-opioid-overdose.aspx>
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10. https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2021-11/sbirt-best-practices-guidebook_2021_final.pdf
11. <https://www.samhsa.gov/sbirt>



Thank You



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NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Safe Storage of Medications

May 2024

Welcome

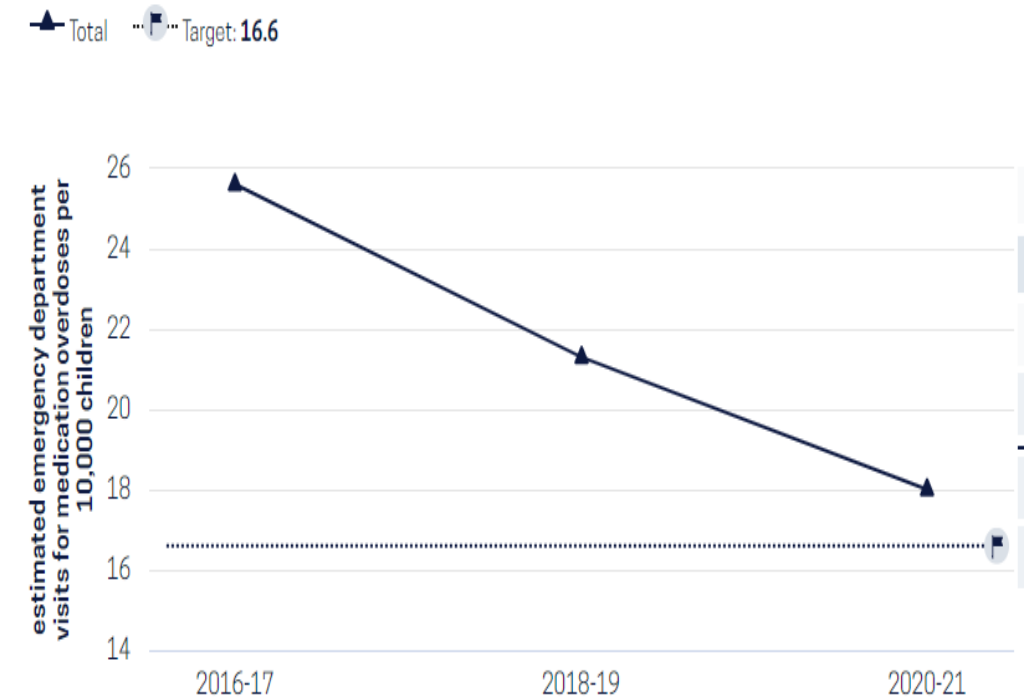
- Objective: Provide education and tools which will allow community providers to educate families on safe storage of medications.
- Where do you keep your medications?



Reducing accidental medication overdose in children is a national health goal

Reducing emergency department (ED) visits for medication overdoses among children under 5 years of age is a national public health priority. The [Healthy People 2030 objective](#) MPS-01 tracks this important issue.* Nationally:

- Approximately 35,000 ED visits result from unintentional medication overdoses among children under the age of 5 years
- 1 out of every 250 2-year-olds is treated in an ED for an unintentional medication overdose
- **Over 90 percent of ED visits for unintentional medication overdoses among children under 5 years of age involve children who get into medicine on their own without caregiver oversight**



*Office of Disease Prevention, US Dept of Health and Human Services



Pediatric accidental opioid overdoses increased in prevalence from 2005 - 2018

Opioids were the most common substance contributing to the poisoning deaths of children ages 5 and younger:*

(2005 – 2018; n=731 poisoning-related fatalities reported by child death reviews to the National Fatality Review-Case Reporting System)

- Over two-fifths (42.1%, 308 of 731) occurred among infants aged <1 year, and most fatalities (65.1%, 444 of 682) occurred in the child's home.
- One-sixth of children (97 of 581) had an open child protective services case at time of death.
- Opioids (47.3%, 346 of 731) were the most common substance contributing to death, followed by over-the-counter pain, cold, and allergy medications (14.8%, 108 of 731). **Opioids accounted for 24.1% (7 of 29) of the substances contributing to deaths in 2005 compared with 52.2% (24 of 46) in 2018.**
- For fatalities with circumstance data available, 18% were determined by CDRs to be deliberate in nature, and 63% of these occurred in children aged <2 years

*Gaw, et al. "Characteristics of Fatal Poisonings Among Infants and Young Children in the United States." *Pediatrics*. V. 151, Issue 4. April, 2023



Opioids are highly lethal for children

- Fentanyl ingestion in pediatrics carries an extremely high mortality risk, estimated at a rate of nearly 50%*
- Fentanyl was involved in 94% of pediatric opioid deaths in 2021**
 - Teens ages 15-19 years made up 90% of the fentanyl deaths
 - Nearly 7% were among children under 5 years.
- If ingested by children, methadone is potentially lethal even in a small dose (0.5 mg/kg) Amounts present in the home may be greater than that necessary to produce fatal toxicity in infants and children: therapeutic analgesic adult doses are 5 mg to 20 mg; doses for MMT programs are 50 mg to 120 mg***

*Stoecker, et al. "Boys at risk: fatal accidental fentanyl ingestions in children: analysis of cases reported to the FDA 2004-2013." *Mo Med*. 2016; 113:476–479

**AAP News, May 8, 2023

***Lewington, et al. "Paediatric methadone ingestions: An under-recognized form of child maltreatment?" *Pediatric Child Health*. 2014 Mar; 19(3): 139–140



News:

Parents on Long Island charged in 14-month-old baby's suspected overdose death

Thursday, January 25, 2024



Dad describes devastating loss after 1-year-old son killed by fentanyl exposure at Bronx day care

By Marcus Solis
Tuesday, October 3, 2023



CNN News DEC. 28, 2018

Opioids are killing more children and teens, too, study says | CNN

CNN News MARCH 8, 2023

Young children are increasingly victims of opioid epidemic, study finds | CNN

The Washington Post APRIL 28, 2019

A surprising number of children are accidentally poisoned. Simple steps can prevent that.

CALIFORNIA

Mother, father charged after child dies from fentanyl overdose



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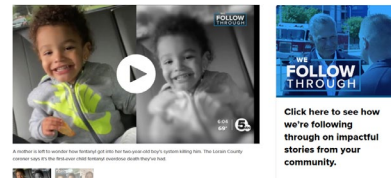
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Droves of Californians are moving to Tex
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NEWS > LOCAL NEWS > WE FOLLOW THROUGH



2-year-old boy dies of fentanyl overdose in Lorain; mother not hopeful about getting answers

Lorain police investigating county's first-ever child fentanyl overdose death



CBS BAY AREA NEWS WEATHER SPORTS VIDEO MORE 64°

CRIME >

San Jose father charged in infant daughter's fatal fentanyl overdose last May



OCTOBER 20, 2023 / 5:39 PM PDT / CBS/BAY CITY NEWS SERVICE



DEADLY DOSE

Fentanyl's littlest victims: Dozens of babies, toddlers die in Missouri and Kansas

BY LAURA BAUER AND JUDY L. THOMAS
UPDATED OCTOBER 17, 2023 2:52 PM

LOCAL NEWS >

Suffolk County couple indicted in apparent fentanyl-related overdose of 14-month-old son



By Carolyn Gusoff
January 25, 2024 / 6:24 PM EST / CBS New York



New Jersey boy, 12, dies of fentanyl overdose after cleaning uncle's drug paraphernalia, prosecutors say

The boy was found unconscious on a school bus on Jan. 24 and died Feb. 1, according to New Jersey officials.



What we are seeing in New Jersey

74 substance related child fatalities/near fatalities in NJ (2018-22)

(NJ Child Fatality/Near Fatality Review)

“Reportable Fatality” means the death of a child: • Who was under CP&P supervision at the time of death, regardless of the cause of death; • Who was not under CP&P supervision at the time of death but the death appears to have been due to suspected or confirmed child abuse or neglect by his or her parent or caregiver.

A “Near Fatality” means that a child was placed in serious or critical condition as the result of an act of abuse or neglect. The child’s being placed in serious or critical condition must be classified by the treating physician, evidenced in the medical chart, or reflected in the hospital record. A medical provider’s determination that the child is in serious or critical condition shall be accepted without further assessment by CP&P; if the provider or hospital uses different terminology to describe patient conditions, CP&P shall rely on the standard definitions provided by the American Hospital Association

Mechanisms:

Accidental:

- Child ingests medications that are left out in the open at home
- Infant fed a bottle of fentanyl-contaminated formula
- Child chews fentanyl patch
- Child drinks out of a cup used for liquid take homes that is left out unwashed

Deliberate:

- Adult deliberately administers substance to infant to stop crying



NEWS

N.J. baby saved after overdosing on opioids; parents charged

Updated: Dec. 30, 2022, 6:31 p.m. | Published: Dec. 30, 2022, 6:22 p.m.

MONMOUTH

N.J. mom indicted in toddler son’s fatal drug overdose

Updated: Mar. 27, 2023, 6:29 p.m. | Published: Mar. 27, 2023, 4:43 p.m.

CRIME

Child drug overdose: NJ mom gave methadone, tranquilizer to infant daughter, police say

Cherry Hill Courier-Post

Published 3:03 p.m. ET Jan. 7, 2019 | Updated 9:04 a.m. ET Jan. 8, 2019



MAYS LANDING – A South Jersey mom

MIDDLESEX COUNTY

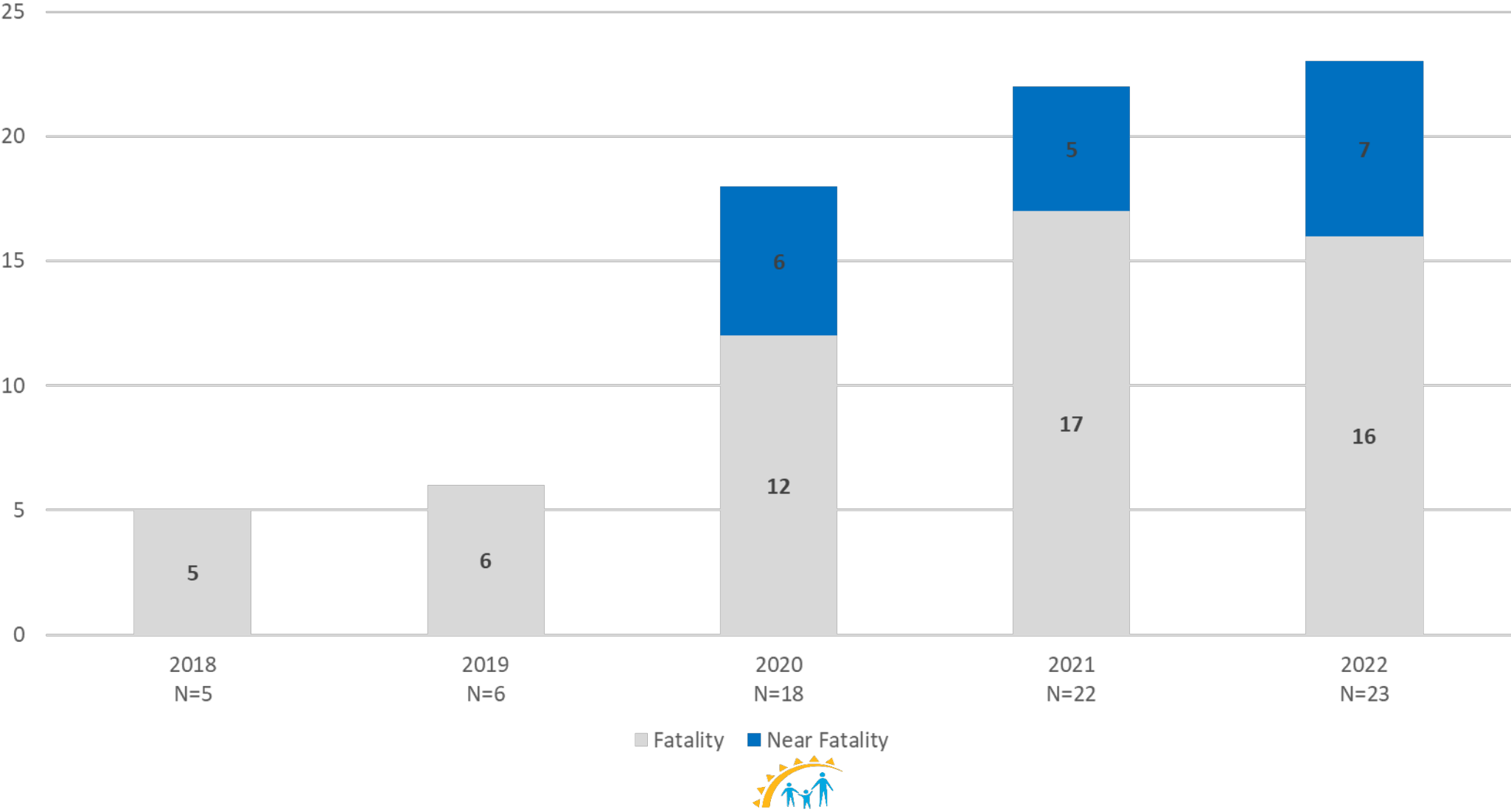
NJ woman charged with overdose death of her 11-month-old daughter: MCPD

Prosecutors allege that the child showed signs of heroin intoxication and that Heather Cupano administered Narcan to her baby. However, she allegedly waited more than 48 hours before getting medical treatment for her child.

By NBC New York Staff • Published September 14, 2023 • Updated on September 15, 2023 at 8:37 am



Substance related child fatalities/ near fatalities have increased



Working with Families

- Educate ALL families
- Provide informational material
- Preventative Measures
- Community Resources



NALOXONE SAVES LIVES

NJ PROVIDING NALOXONE FREELY AND ANONYMOUSLY

Naloxone Distribution at Participating Pharmacies

In January 2023, Governor Murphy announced a nation-leading program to allow anyone 14 years or older to acquire naloxone anonymously and at no cost at participating pharmacies across New Jersey. The Department of Human Services partnered with the New Jersey Board of Pharmacy and its Medicaid division to craft and implement this unique program.

To learn more about addiction treatment and recovery, visit [ReachNJ.gov](https://reachnj.gov) or call [844-REACHNJ](tel:844-REACHNJ) (732-2465). ReachNJ is a 24-hour-a-day, 7 day-a-week addictions hotline where people who have Substance Use Disorder (SUD) or friends and family of people with SUD can get immediate assistance and support from live, New Jersey-based, trained addiction counselors.

[View List of Participating Pharmacies!](#)



Naloxone is a life-saving drug that, when sprayed into the nose or injected, quickly reverses the powerful effects of opioids during an overdose.



Up and Away

- **Store medicines in a safe location** that is too high for young children to reach or see.
- **Never leave medicines or supplements out** on a kitchen counter or at a sick child's bedside, even if you must give the medicine again in a few hours.
- **Always relock the safety cap** on a medicine bottle. If it has a locking cap that turns, twist it until you hear the "click" or until you can't twist anymore.
- **Tell children what medicine is and why** you or another trusted caregiver must be the one to give it to them.
- **Never tell children medicine is candy**, even if they don't like to take their medicine.
- **Remind babysitters, houseguests, and visitors** to keep purses, bags, or coats that have medicines in them up and away and out of sight when they're in your home.
- **Call your Poison Help** at 800.222.1222 right away if you think your child might have gotten into a medicine, vitamin, or other supplement (including gummies) even if you are not completely sure.

OUT OF REACH

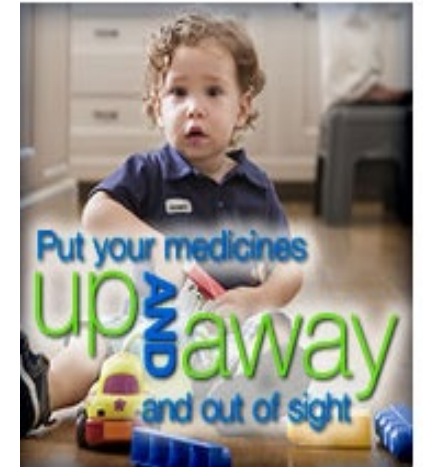
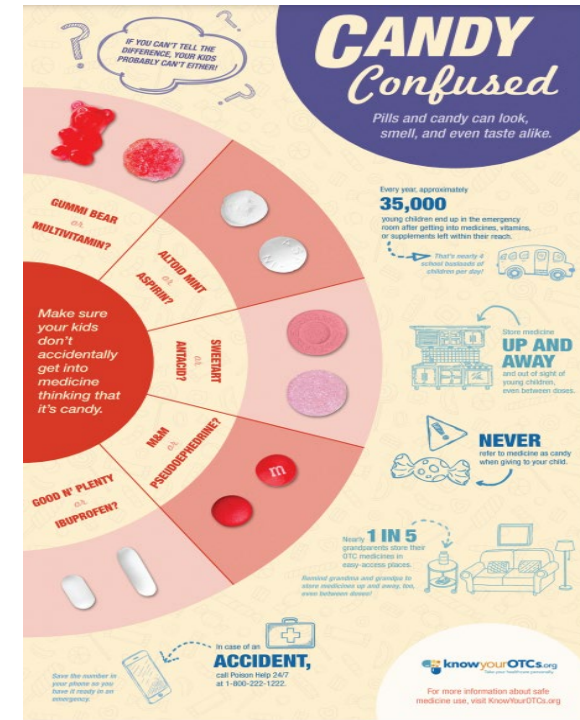
Pick a place your children cannot reach.

Find a place in your home that is too high for children to reach or see.

Different families will have different places. Walk around your home and find the best place to keep your medicines, vitamins, and supplements—especially those in gummy form—up and away, even between doses. Make sure that medicines carried with you (including those in purses, bags, pockets, or pill organizers) are also kept out of sight and reach of young children.

CDC website-Resources

*upandaway.org



Tips

TELL YOUR GUESTS

Inside homes with children, discuss keeping medicine in a safe place.

Remind guests to keep purses, bags, or coats that have medicines in them up and away and out of sight when they're in your home. If you bring medicines with you to a home with young children, don't be shy about asking for a place to put your medicines that is out of reach and sight of curious young kids.

TEACH YOUR CHILD

Teach your children about medicine safety.

It's important to teach your children what medicine is and why you or another caregiver must be the one to give it to them. Never tell children medicine is candy, even if they don't like to take their medicine.

HEAR THE CLICK

At home or away, keep medicines in their original, child resistant containers.

If the medicine has a locking cap that turns, twist it until you can't twist anymore or hear the "click." If you must put medicines in other containers, such as pill organizers, check to see if they are child-resistant. Many are not and can be easily opened by young children.

PUT MEDS AWAY

Never leave loose pills or liquid medicines out on a counter, table, or bedside.

To a young child, pills can look like candy and liquid medicines can look like sugary drinks, so it's important to keep them out of children's reach and sight and in child-resistant containers until right before you take them.



Resources

- [Upandaway.org](https://upandaway.org)
- [CDC website](https://www.cdc.gov)
- <https://www.fda.gov/drugs/drug-safety-and-availability/food-and-drug-administration-overdose-prevention-framework>
- <https://nj.gov/humanservices/stopoverdoses/>





To register for continuing education for today's webinar:

Physicians, physician assistants, nurses, nurse practitioners, dentists, pharmacists, other: knockoutday.drugfreenj.org/jul25

EMT: KnockOutDay.DrugFreeNJ.org/EMT

Athletic Trainers: KnockOutDay.DrugFreeNJ.org/Trainers

UPCOMING WEBINAR

Understanding and Supporting Recovery

11 a.m. Thursday, September 12, 2024

Register at KnockOutDay.DrugFreeNJ.org/events

