Addressing Opioid Misuse On Campus: Policy, Treatment and Recovery
Q&A: Your questions will be submitted to the staff and answered at the end of the webinar. Any questions we do not address during the webinar will be shared via email along with a recording of the webinar.

The audio is by default through your computer’s speakers. If you would like to call in, click “view audio options”
Who We Are

Conrad N. Hilton Foundation

The Ohio State University
College of Social Work
College of Pharmacy
Office of Student Life

Collegiate Recovery Community

GenerationRx
Safe medication practices for life.
Dr. Victor Schwartz is medical director of The Jed Foundation. Previously, he was university dean of students after establishing and serving as director of the Counseling Center at Yeshiva University. He is a clinical associate professor of psychiatry at NYU School of Medicine. Dr. Schwartz was medical director and chief psychiatrist at the NYU Counseling Service for 14 years. Through his work with The Jed Foundation, Dr Schwartz has worked on mental health programming with the NFL, the NCAA, MTV, HBO, Facebook, the National Council for Suicide Prevention, the Higher Education Mental Health Alliance, and the Clinton Health Matters Initiative.
What can counseling services do?

• Clinicians should be educated regarding substance use and dangers of opioid misuse and overdose
• Students at risk for MH problems probably have higher risk of substance misuse
• Life skills deficits, lack of connectedness and poor academic performance are risks for substance misuse
• Coordinate psychopharm management with Health Services
• Individual and group treatment for substance misuse must be available on or near campus
• Important to coordinate with local providers and clinics
• Coordinate services and communications with health, pharmacy, and health education services
• Coordinated student education campaigns to alert students to risks of opioids and especially to heightened risk of combining opioids with other substances (esp. alcohol and benzodiazepines)
• Campaigns should be strategically timed
• Coordinate with other offices on campus
Clinicians need to be well versed in management and risks of opioid prescribing
Avoid for smaller injuries
Prescribe lowest doses for shortest time/smallest quantities
Prescription management systems
Sports medicine and athletic trainers should be well integrated and coordinated
Drug return process on campus
• Campus first responders should have access to naloxone
• Local first responders have naloxone
• If possible, naloxone available in high risk areas/residence halls
• Likely first responders (RA’s) have access to and trained in use of naloxone
• High risk students have naloxone available (all above subject to local/state laws)
Do your campus first responders have access to naloxone?

A) Yes
B) No
C) I don’t know
• Medical amnesty policy is key—needs to be clear and well publicized
• Infractions should lead to assessment and treatment as appropriate
• Flexible leave policies are important
• Access to substance free housing is important
• Use leverage you have—mandated treatment not ideal but probably better than nothing
• Federal law allows contact of family for drug infractions—but does not mandate

• Risk of loss of federal financial aid (students with felony drug conviction must report on FAFSA) see for example:

• Risk of impact on federal and other employment
Kathryn McKee M.D. is board certified in Family Practice and Addiction Medicine. She has been medical director of McKinley Hall Drug and Alcohol Rehabilitation, where she prescribed medication assisted treatment. Dr. McKee enjoys primary care and is currently a physician at the Ohio State University Student Health Center.
Just like patients with other chronic medical disorders…

Many who are opioid addicted have been found to respond best to treatment that combines pharmacological and behavioral interventions.

Addiction is a chronic, relapsing medical condition.
Ultimate Goal is Abstinence

- High relapse rate
- Control physical cravings and withdrawal
- Treatment of other conditions (medical and psychiatric)
- Develop life skills, sober support
Medication Assisted Treatment

...decreases the risk of relapse

Goal would be to expand access to and improve utilization of MAT together with prevention of overdose
Buprenorphine

Opioid

Empty Receptor

Receptor Sends Pain Signal to the Brain

Withdrawal Pain
Perfect Fit - Maximum Opioid Effect

Empty Receptor

No Withdrawal
Pain

Euphoric Opioid Effect
Methadone

Opiate replacement with controlled daily dose

Treatment combined with CBT and 12 step type meetings

High rate of abuse
Buprenorphine (suboxone/subutex/zubsolv)

- Semi-synthetic opioid
- Partial opioid receptor agonist
- Controls most of the physical cravings
- Sublingual film strips taken daily
- Monthly physician visits
- Medication can be abused/diverted
- Slow taper when ready to discontinue
Imperfect Fit – Limited Euphoric Opioid Effect

Courtesy of NAABT, Inc. (naabt.org)
SMART

• Suboxone Maintenance Assisted and Recovery Treatment
• 12 months of stable treatment with suboxone
• Monthly physician visits with urine drug screen
• 3 weekly meetings
• Contact case manager at Counseling and Consultation Services
Naltrexone (Vivitrol, Revia)
Naltrexone  (Vivitrol or Revia)

- Opioid receptor antagonist
- Must be abstinent of opioids for 14 days before starting treatment
- Monthly injection or daily tablets
- Monthly physician visits
- Not diverted or abused
- Safe to discontinue abruptly without withdrawal
- Injection very expensive
Naloxone

Opioid overdose treatment
Your patient is a 26 year old medical student who is graduating and moving to another city for their residency program. They have recently tapered off of suboxone after 3 years of stable recovery. They are not on any medication now. They are anxious about surviving the stresses of a new location, work and loss of community support and maintaining their recovery. What do you recommend? (choose one best choice)

A. Restart suboxone as the patient did well with suboxone treatment in the past.
B. Find new 12 step groups in new location and go to frequent meetings
C. Discuss naltrexone injectable as medication assisted treatment, especially over transition period
D. Advise change in plans. Stay in current location and known support system.
What’s ahead?

New medications
New indications for old medications

MAT always in combination with recovery program of therapy, community support, treatment of comorbid issues, life skills.
Sarah Nerad is a young person in long-term recovery from drug and alcohol addiction since 2007. As a youth recovery advocate, Sarah is dedicated to advancing recovery systems for young people across the nation. While obtaining a master’s degree in Public Administration from The Ohio State University, Sarah was instrumental in creating their Collegiate Recovery Community (CRC), a support program designed to help students in recovery. Since 2014, Sarah has acted as Program Manager for the CRC, as well as Director of Recovery for the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery. In addition, Sarah was appointed to, and currently serves on, the SAMHSA Advisory Committee for Women’s Services, representing the needs of women and girls in recovery.
Need for Recovery Supports

- New freedoms
- Less structure & supervision
- High rates of substance use
- Leaving behind established support system
- Hard to develop new peer group
- Balancing recovery & school
- Isolation & yielding to peer pressure

Laudet et al. 2015
Collegiate Recovery Programs

“A supportive environment within the campus culture that reinforces the decision to disengage from addictive behavior. It is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other.”

Association of Recovery in Higher Education
Benefits of CRPs

- Extends the continuum of care
- Parents can worry a little bit less
- Increases access to higher education
- Retention and graduation
- No lost potential
- Change campus culture
Does your campus have a collegiate recovery program?

A. Yes
B. We are in the early stages of starting one
C. We have a student organization
D. No
E. I don’t know
CRP Movement

Transforming Youth Recovery, 2016
How to Get Involved

• Partner with them on events
  • Sober tailgates, presentations, speakers
• National Recovery Month
• Disseminate information about their program
• Refer students with a warm hand off
• Advocate for a CRC on your campus
• Start a student organization
Please submit questions using the Q&A function

Q&A

Thank you! Please stay in touch:

<table>
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<tr>
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