

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Addressing the Heroin and Prescription Opioid Epidemic: Recent Federal Actions & Initiatives

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Regional Administrator
DHHS/SAMHSA Region X

**Alaska School on Addictions
& Behavioral Health**
May 3, 2016 Anchorage, AK



A National Epidemic

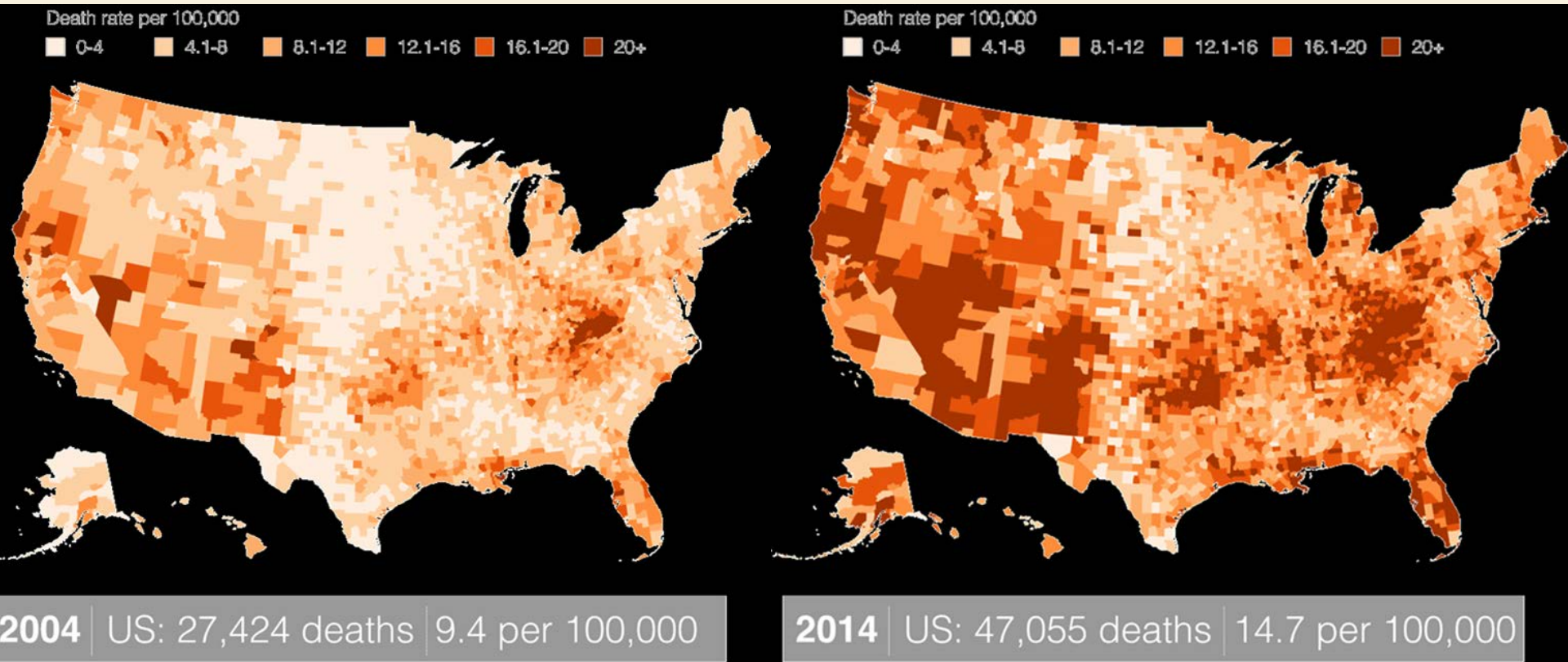
Prescription Drug Abuse

The Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

While there has been a marked decrease in the use of some illegal drugs like cocaine, data from the [National Survey on Drug Use and Health](#) (NSDUH) show that nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically.

DRUG POISONING MORTALITY BY U.S. COUNTY: 2004 & 2014

Since 2000, the rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids. -- CDC



Past Year Opioid Use, Abuse or Dependence Among Persons Aged 12 or Older: 2009-2012

State	Past Year Opioid Use	Past Year Abuse/Dependence
Alaska	30,000	4,000
Idaho	76,000	13,000
Oregon	220,000	41,000
Washington	351,000	62,000
	(DHHS Region X States)	

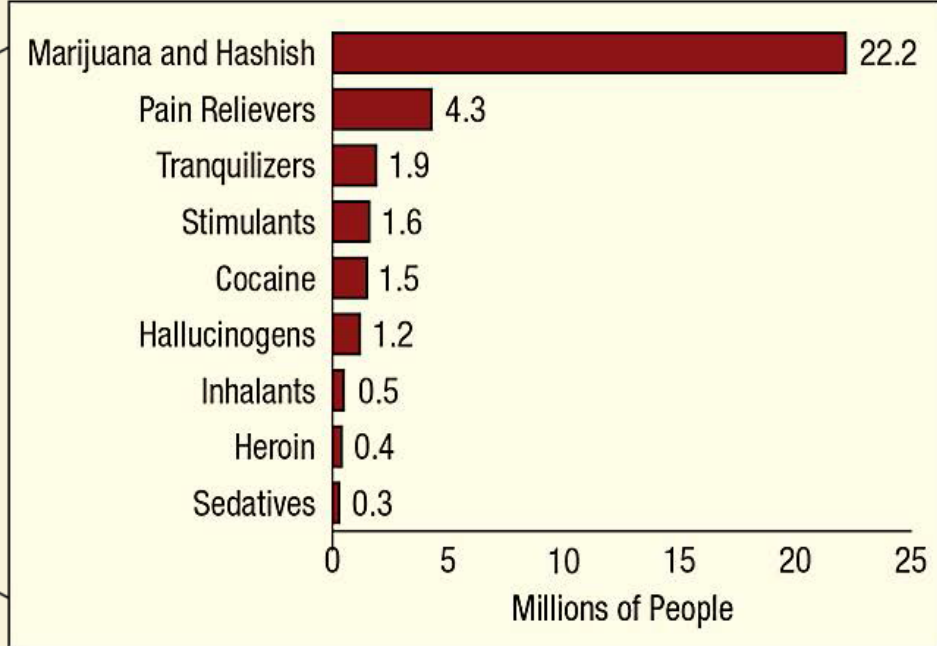
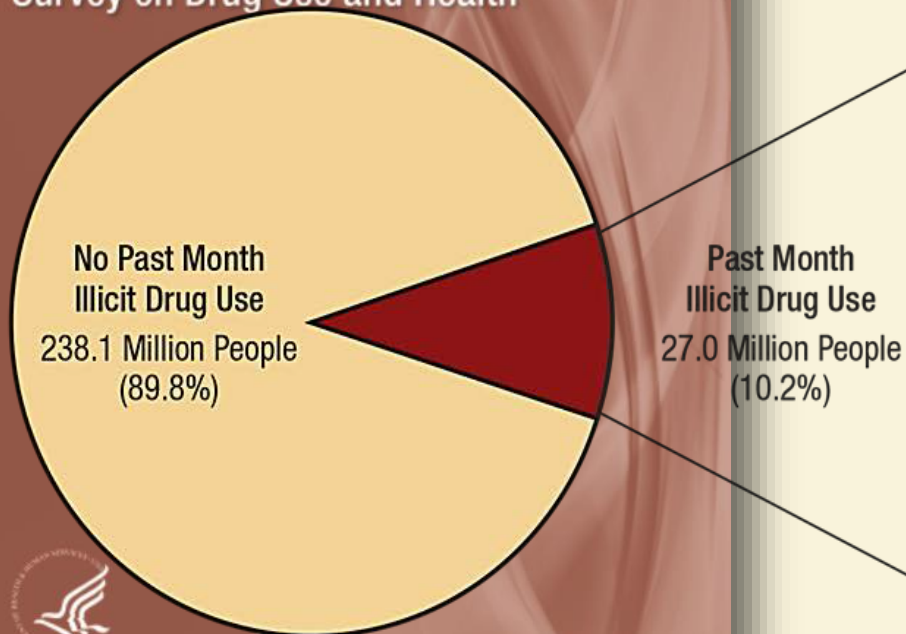
Opioids include heroin and nonmedical pain relievers.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009-2010 (revised 3/12), 2011-2012.

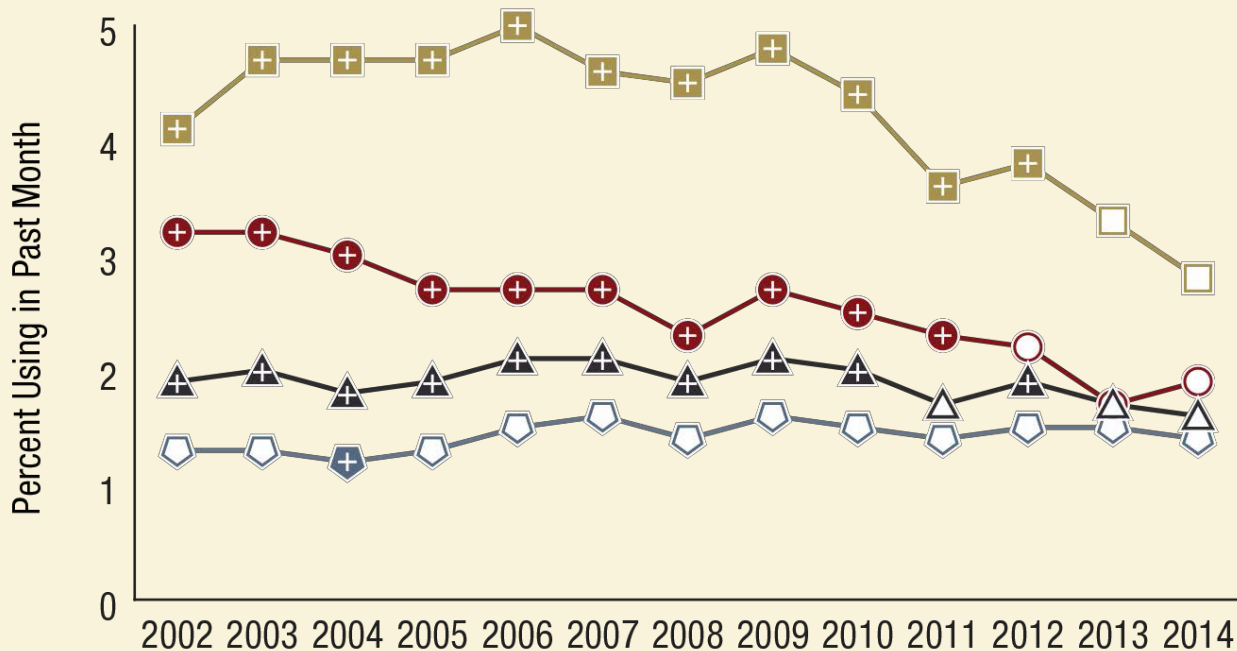
2014 NSDUH: NEW DATA, FAMILIAR CONCERNS



Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health



Past Month Nonmedical Use of Pain Relievers among People Aged 12 or Older, by Age Group: 2002-2014

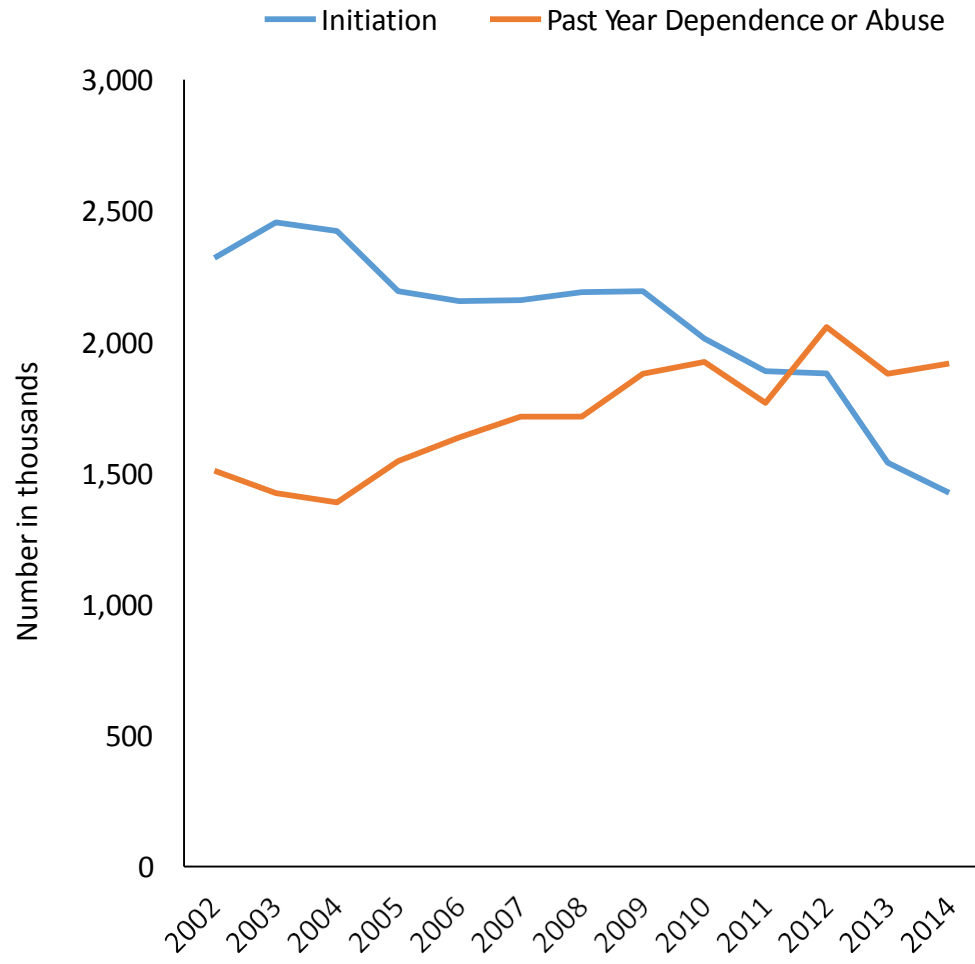
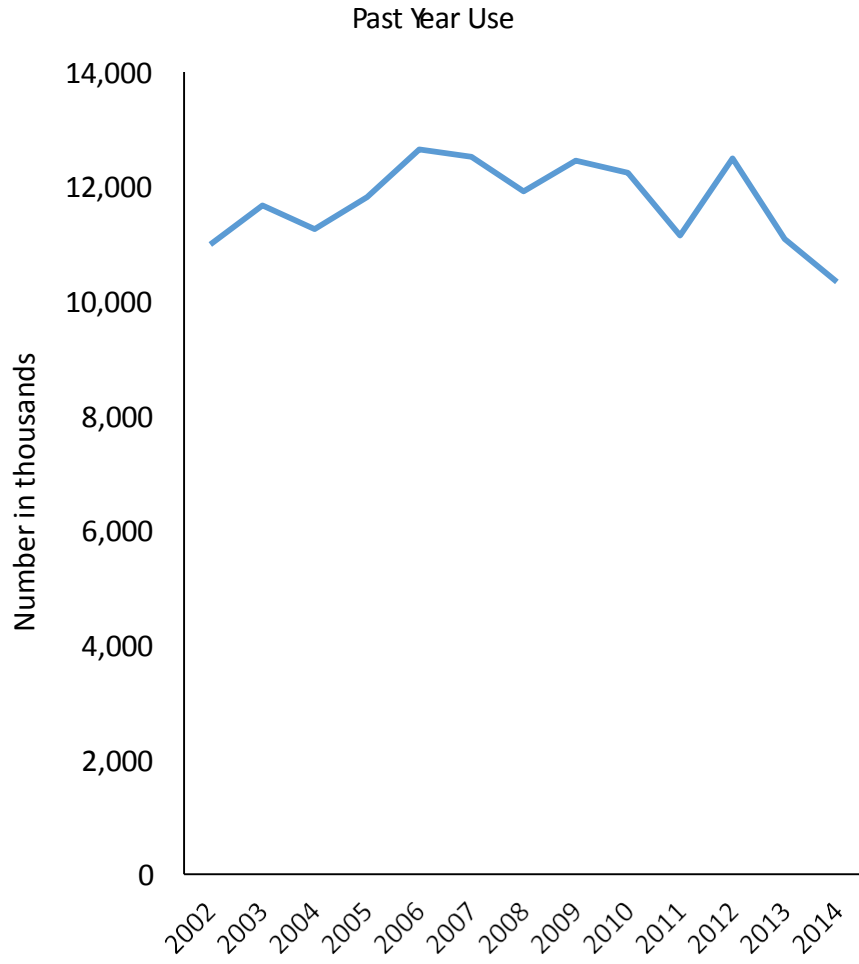


12 or Older
 12 to 17
 18 to 25
 26 or Older

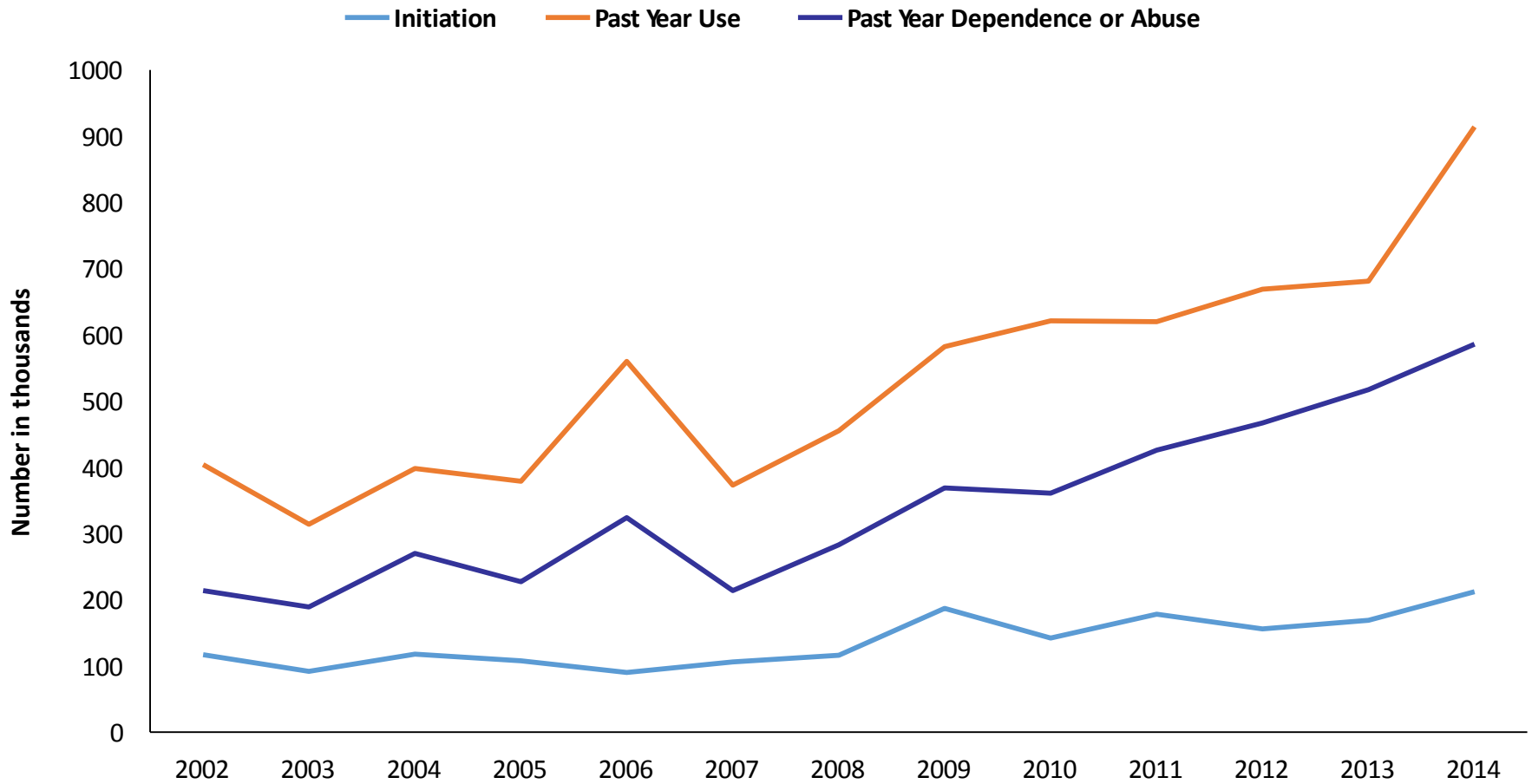
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
12 or Older	1.9+	2.0+	1.8+	1.9+	2.1+	2.1+	1.9+	2.1+	2.0+	1.7	1.9+	1.7	1.6
12 to 17	3.2+	3.2+	3.0+	2.7+	2.7+	2.7+	2.3+	2.7+	2.5+	2.3+	2.2	1.7	1.9
18 to 25	4.1+	4.7+	4.7+	4.7+	5.0+	4.6+	4.5+	4.8+	4.4+	3.6+	3.8+	3.3	2.8
26 or Older	1.3	1.3	1.2+	1.3	1.5	1.6	1.4	1.6	1.5	1.4	1.5	1.5	1.4

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

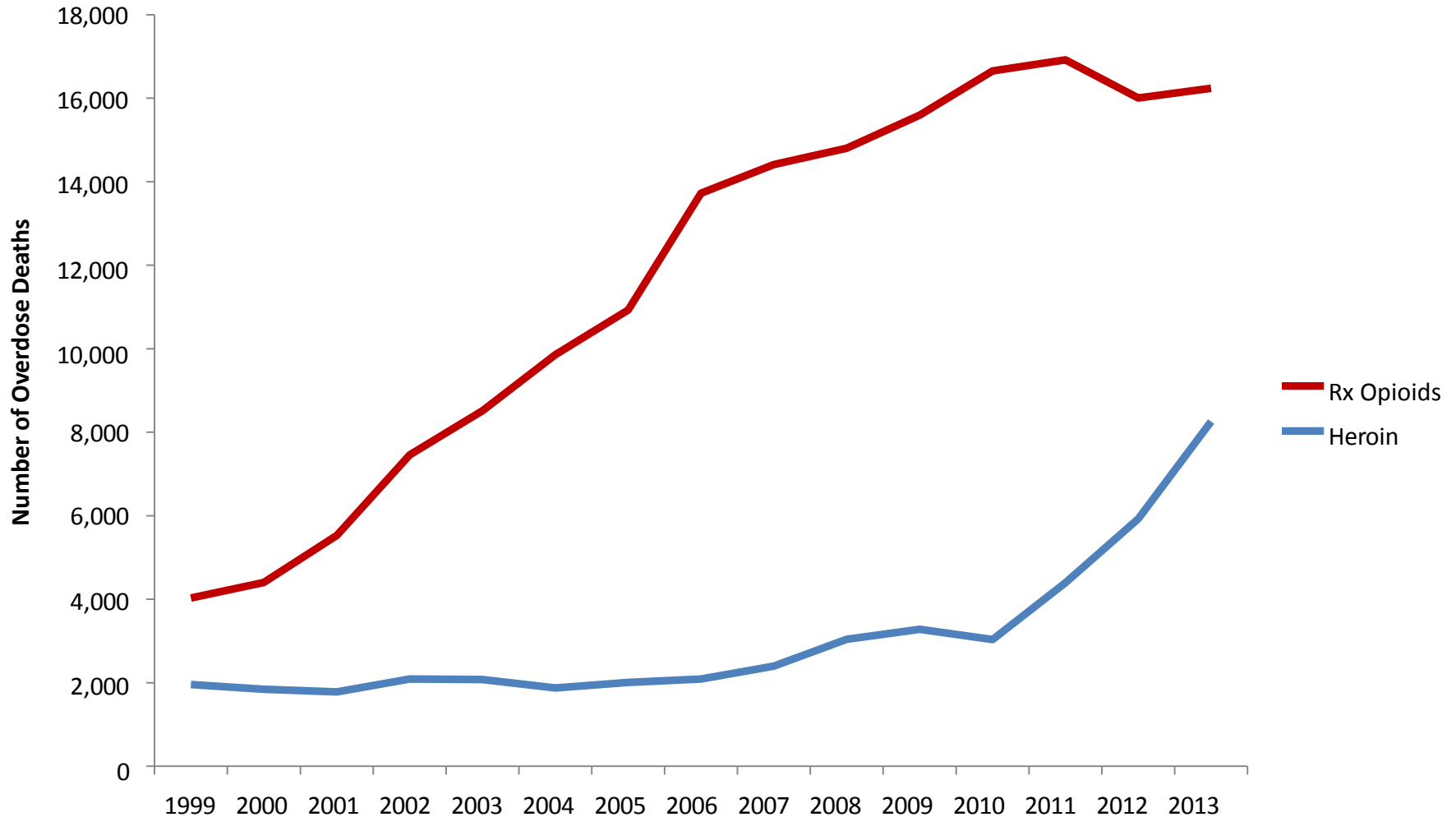
Rx opioid trends



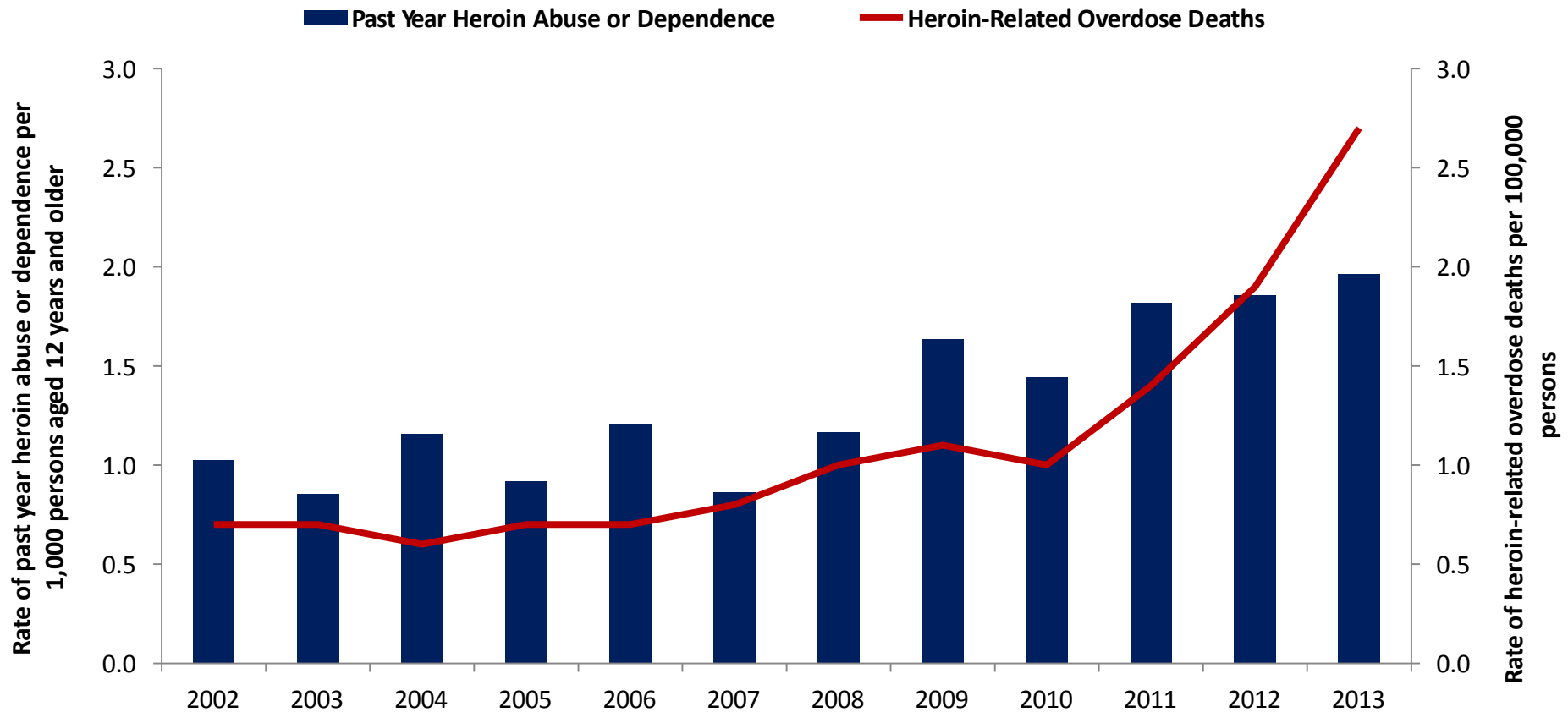
Heroin trends



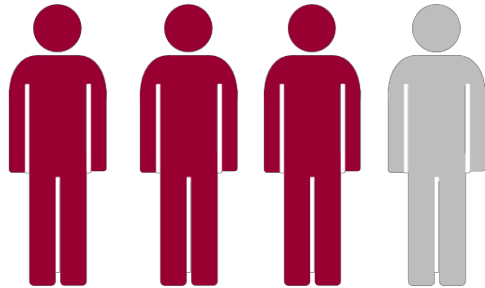
Rx opioid and heroin overdose deaths



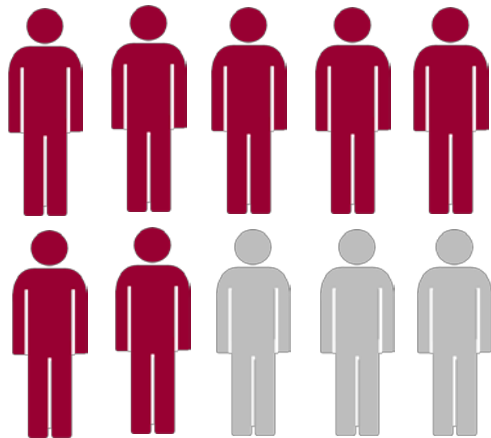
Rise in heroin overdose deaths strongly correlated with increase in heroin abuse or dependence



Nonmedical use of Rx opioids significant risk factor for heroin use



3 out of 4 people
who used heroin in the
past year misused
opioids first



7 out of 10 people
who used heroin in the
past year also misused
opioids in the past year

People with other substance abuse or dependence also at increased risk

People with abuse or dependence on:

ALCOHOL

are

2x

MARIJUANA

are

3x

COCAINE

are

15x

Rx OPIOID PAINKILLERS

are

40x

More likely to have heroin abuse or dependence

Response strategy



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



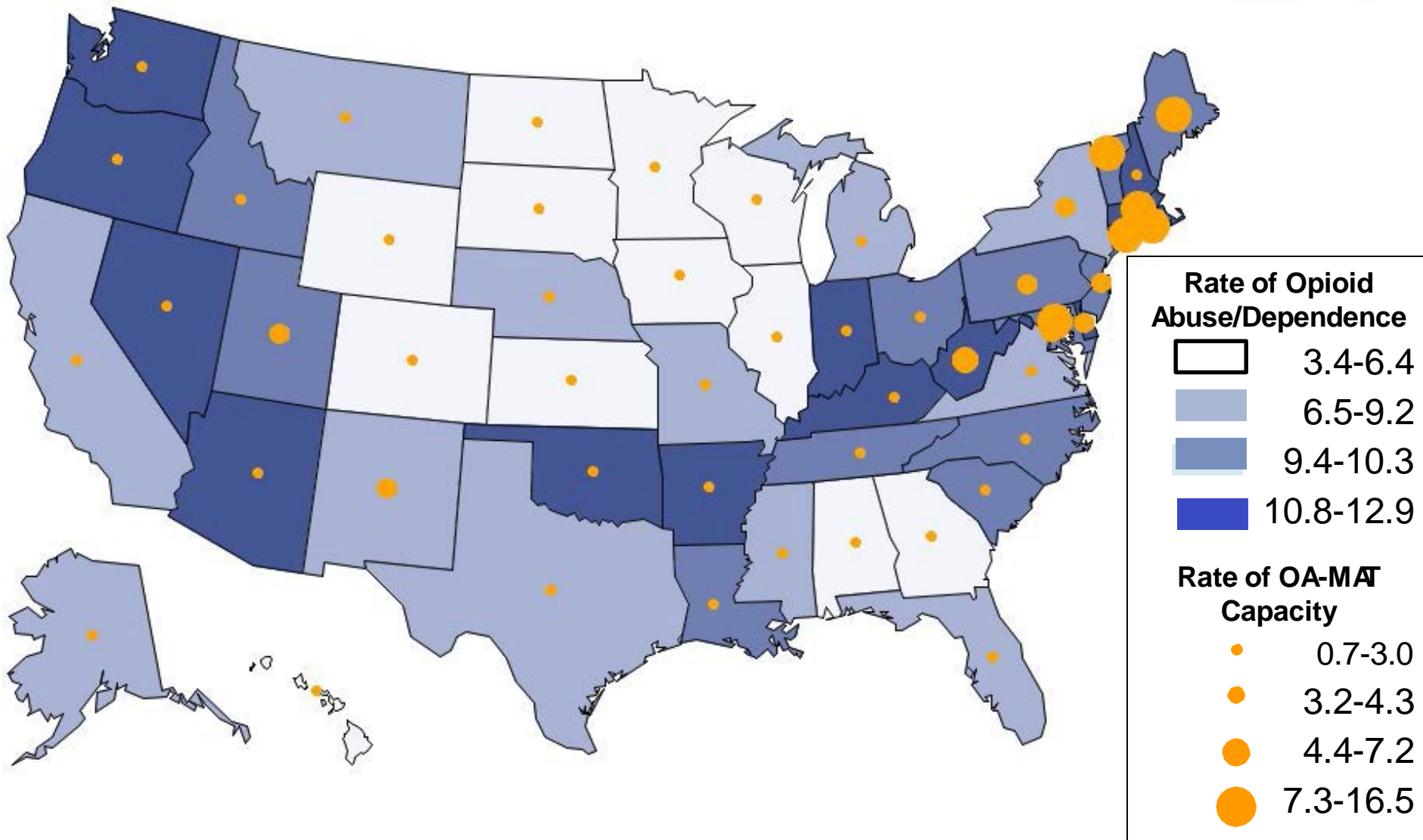
REVERSE Heroin Overdose

Expand the use of naloxone.

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

Rate of Past Year Opioid Abuse or Dependence and Rate of OA-MAT Capacity

(rate per 1,000 persons aged 12 years and older)



Source: Jones CM, Campopiano M, Baldwin G, McCance-Katz E. National and state treatment need and capacity for opioid agonist medication assisted treatment. AJPH. 2015

Addressing the Epidemic



October 21, 2015

White House Press Release

During a visit to West Virginia, President Obama announced federal, state, local and private sector efforts aimed at addressing the prescription drug abuse and heroin epidemic.

The President issued a Memorandum to Federal Departments and Agencies directing two important steps to combat the prescription drug abuse and heroin epidemic.

- <https://www.whitehouse.gov/the-press-office/2015/10/21/fact-sheet-obama-administration-announces-public-and-private-sector>

Prescriber Training

- First, to help **ensure that health care professionals who prescribe opioids are properly trained in opioid prescribing** and to establish the Federal Government as a model, the Presidential Memorandum requires Federal Departments and Agencies to provide training on the prescribing of these medications to Federal health care professionals who prescribe controlled substances as part of their Federal responsibilities.

Improving Access to Treatment

- Second, to **improve access to treatment for prescription drug abuse and heroin use**, the Presidential Memorandum directs Federal Departments and Agencies that directly provide, contract to provide, reimburse for, or otherwise facilitate access to health benefits, to conduct a review to **identify barriers to medication-assisted treatment for opioid use disorders** and **develop action plans to address these barriers.**

EXECUTIVE LEADERSHIP



The Pew Charitable Trusts / Research & Analysis /
Obama Highlights Opioid Abuse as Bipartisan Priority in State
of the Union

ANALYSIS

Obama Highlights Opioid Abuse as Bipartisan Priority in State of the Union

January 13, 2016

Prescription Drug Abuse Project

By Cynthia Reilly



For Immediate Release

October 21, 2015

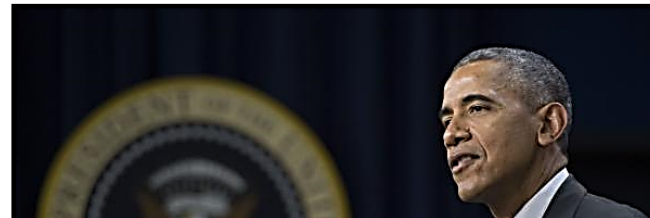
Presidential Memorandum -- Addressing Prescription Drug Abuse and Heroin Use

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND
AGENCIES

Obama proposes \$1.1 billion to fight heroin, opioid abuse


By Andrew V. Pestano | Feb. 2, 2016 at 12:10 PM

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White House Press Release:

March 29, 2016



Today the President joins individuals in recovery, family members, medical professionals, law enforcement officials and other leaders at the **National Rx Drug Abuse and Heroin Summit** in Atlanta, Georgia. The annual summit is organized by Operation UNITE, which was launched by Congressman Hal Rogers (R-KY). As part of today's event, the President is announcing additional public and private sector actions to escalate the fight against the prescription opioid abuse and heroin epidemic, which is claiming the lives of tens of thousands of Americans each year.

The President has made clear that addressing this epidemic is a priority for his Administration, and today's actions represent further steps to expand access to treatment, prevent overdose deaths and increase community prevention strategies. These actions build on the President's proposal for \$1.1 billion in new funding to help every American with an opioid use disorder who wants treatment get the help they need.

HOPE IN ACTION: FEDERAL SUPPORT FOR SERVICES

PRESIDENT OBAMA'S BUDGET WILL INVEST
**\$1.1 BILLION TO HELP ADDRESS THE OPIOID
EPIDEMIC BY:**

- ✔ Helping ensure that all Americans who want treatment can get the help they need
- ✔ Expanding access to medication-assisted treatment for opioid use disorder
- ✔ Expanding access to substance use treatment providers

GO.WH.GOV/OPIOIDS

SAMHSA'S VITAL ROLE IN THE NEW FEDERAL \$1 BILLION DOLLAR INITIATIVE (1)



→ \$920 million dollars for ***State Targeted Response Cooperative Agreements***

- Grants will close the treatment gap for opioid use disorder by making medication-assisted treatment (MAT) affordable and available
- Two-year request in mandatory funding, \$460 million in FY 2017 and FY 2018

SAMHSA'S VITAL ROLE IN THE NEW FEDERAL \$1 BILLION DOLLAR INITIATIVE (2)



- \$30 million dollars for ***Cohort Monitoring and Evaluation of MAT.***
 - Test the effectiveness of MAT programs employing different treatment modalities under real-world conditions
 - Two-year request in mandatory funding, \$15 million dollars in FY 2017 and FY 2018

SAMHSA PROPOSED FY2017 PROGRAMS THAT COMPLEMENT THE NEW FEDERAL INITIATIVE (1)



- \$50.1 million for *MAT for Prescription Drug and Opioid Addiction*.
 - Grants to states to focus on communities with high rates of opioid use disorders.
- \$10 million for *Buprenorphine-Prescribing Authority Demonstration*.
 - Services research demonstration to test the safety and effectiveness of allowing non-physician, advance practice providers to prescribe buprenorphine

ADMINISTRATION'S \$1B EXPANDING ACCESS TO TREATMENT FOR PRESCRIPTION DRUG AND HEROIN ABUSE INITIATIVE

(Dollars in millions)

Activity	FY 2017	FY 2018	Total
State Targeted Response Cooperative Agreements SAMHSA	\$460	\$460	\$920
NHSC –MAT National Health Service Corps	25	25	50
Cohort Monitoring and Evaluation of MAT SAMHSA	15	15	30
Total	\$500	\$500	\$1000

SAMHSA PROPOSED FY2017 PROGRAMS THAT COMPLEMENT THE NEW FEDERAL INITIATIVE (2)



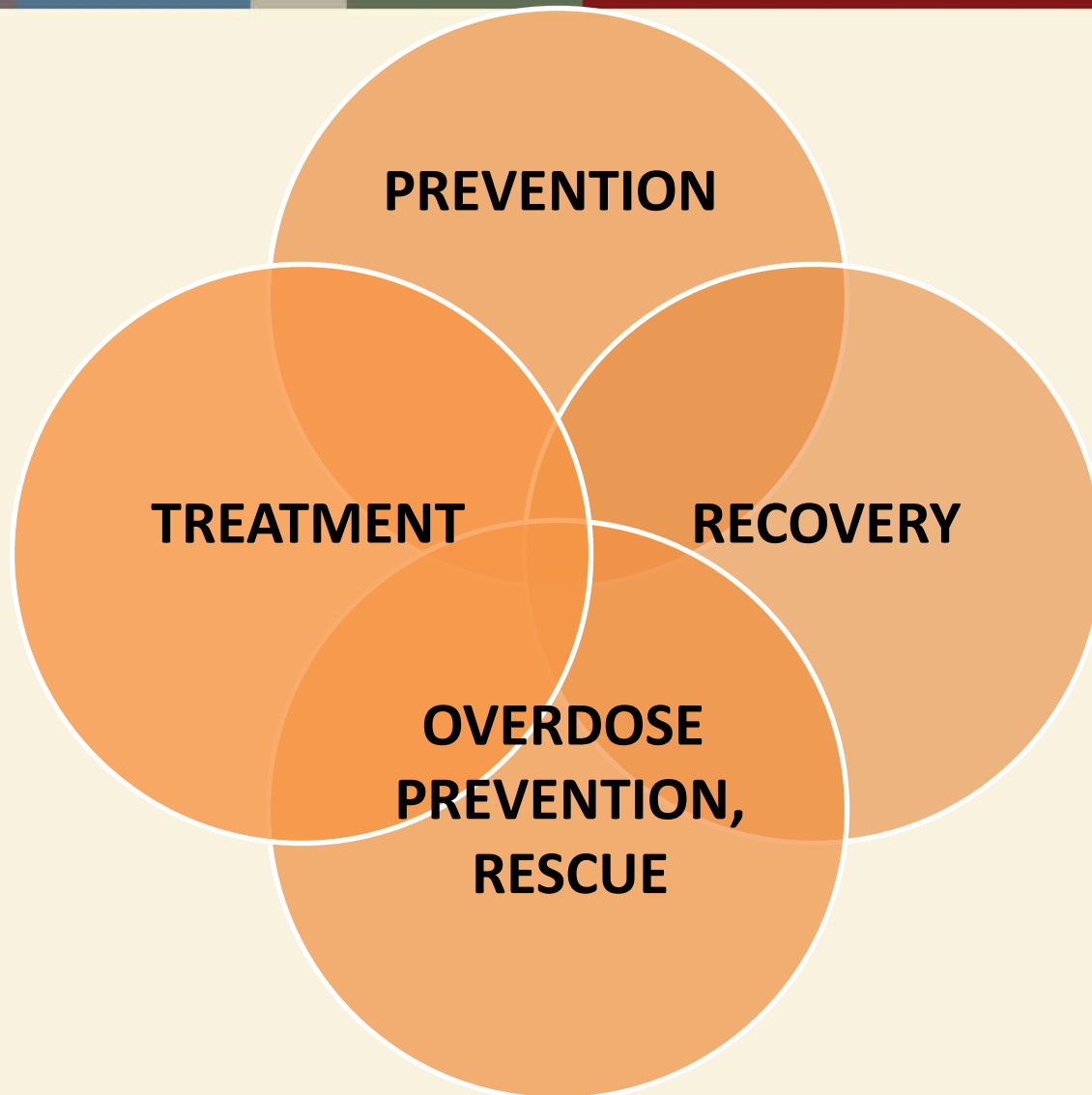
→ \$12 million for ***Prevent of Prescription Drug/Opioid Overdose-Related Deaths*** grants.

- Funds to purchase naloxone and train first responders in high risk communities

→ \$10 million for ***Strategic Prevention Framework Rx*** grants.

- Enable states to enhance, implement, and evaluate strategies to prevent prescription drug misuse and abuse.

SAMHSA'S PUBLIC HEALTH APPROACH: MULTIDIMENSIONAL & COMPLEMENTARY



Buprenorphine NPRM



The Department of Health and Human Services (HHS) is issuing a proposed rule **to increase the current patient limit for qualified physicians who prescribe buprenorphine to treat opioid use disorders from 100 to 200 patients** with the goal of expanding access to this evidence-based treatment while preventing diversion.

HRSA Funding to Expand MAT



HRSA released \$94 million in new funding to 271 Community Health Centers across the country in March to increase substance use disorder treatment services, with a specific focus on expanding medication-assisted treatment of opioid use disorders in underserved communities

SAMHSA Actions



The Substance Abuse and Mental Health Services Administration (SAMHSA) is releasing a new **\$11 million funding opportunity for up to 11 States to expand their medication-assisted treatment services**. SAMHSA also is **distributing 10,000 pocket guides for clinicians** that include a checklist for prescribing medication for opioid use disorder treatment and integrating non-pharmacologic therapies into treatment. SAMHSA also will **coordinate trainings to increase the number of doctors qualified to prescribe buprenorphine**, which will be held in targeted States in greatest need.

CMS Final Rule on MHPAEA

Implementing **Mental Health and Substance Use Disorder Parity** in Medicaid: HHS is finalizing a rule to strengthen access to mental health and substance use services for people enrolled in **Medicaid and Children's Health Insurance Program (CHIP)** plans by requiring that these benefits be offered at parity, meaning that they be comparable to medical and surgical benefits. These protections are expected to benefit more than 23 million people in Medicaid and CHIP.

Preventing Opioid Overdose Deaths



SAMHSA is releasing a new **\$11 million funding opportunity to States to purchase and distribute the opioid overdose reversal drug, naloxone, and to train first responders and others** on its use along with other overdose prevention strategies.

Office of National Drug Control Policy




The Office of National Drug Control Policy is expanding its heroin initiative among regional **High Intensity Drug Trafficking Areas (HIDTAs)** by adding Ohio and Michigan to the effort. These States will join the Appalachia, New England, Philadelphia/Camden, New York/New Jersey, and Washington/Baltimore HIDTAs in **accelerating local partnerships between law enforcement and their counterparts in public health to combat heroin use and overdose.**

Department of Justice



The Department of Justice's COPS (Community-Oriented Policing Services) program is announcing a \$7 million funding opportunity called the **COPS Anti-Heroin Task Force Program to advance public safety and to investigate the distribution of heroin, unlawful distribution of prescription opioids and unlawful heroin and prescription opioid traffickers.** These grants will provide funds directly to law enforcement agencies in States with high rates of primary treatment admissions for heroin and other opioids.

Department of Agriculture



Department of Agriculture announced that its \$1.4 million **Rural Health and Safety Education Grant Program** to enhance the quality of life in rural areas through health and safety education projects has been **expanded to include a focus on addressing the critical challenges related to substance use disorders in rural communities across the country.**

Implementing Syringe Services Programs



HHS is issuing guidance for HHS-funded programs regarding the use of Federal funds to implement or expand syringe services programs for people who inject drugs. Syringe services programs are an effective component of a comprehensive approach to preventing HIV and viral hepatitis among people who inject drugs. **The bipartisan budget agreement signed by the President last year revised a longstanding ban on these programs and allows communities with a demonstrated need to use Federal funds for the operational components of syringe services programs.**

CDC Guideline for Prescribing Opioids for Chronic Pain

This guideline provides recommendations for primary care providers who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The guideline addresses **1) when to initiate or continue opioids for chronic pain; 2) opioid selection, dosage, duration, follow-up, and discontinuation; and 3) assessing risk and addressing harms of opioid use.** This guideline is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including abuse, dependence, overdose, and death.

CDC & US Medical Schools Partnership



Centers for Disease Control and Prevention released the new **Guideline for Prescribing Opioids for Chronic Pain**. More than **60 medical schools** have announced that, **beginning in fall 2016**, they **will require** their students to take some form of **prescriber education**, in line with these new guidelines, **in order to graduate**.

Food and Drug Administration



Closely following on recent efforts undertaken by states and the Centers for Disease Control to curb opioid abuse, the **U.S. Food and Drug Administration (FDA)** announced that it will require **black box warnings on immediate-release opioids highlighting the risk of “misuse, abuse, addiction, overdose and death,”** to combat what the agency described as an epidemic of addiction.

90% of opioids prescribed are immediate-release, which are usually taken every four to six hours. The remaining 10%, extended-release/long-acting (ER/LA) opioids, are typically viewed as more prone to abuse because they include more opioid per tablet. The FDA added a black box warning for ER/LA opioids in 2013.

The new FDA black box requirements will apply to drugs such as **hydrocodone, oxycodone and other frequently prescribed immediate release painkillers.** The labels will include a variety of warnings about the risk of addiction, misuse, overdose and death.

Partnership with Pharmacy



Rite Aid has trained over 8,400 pharmacists on naloxone and is dispensing naloxone to patients without needing an individual prescription in 10 States with plans to expand to additional States. Kroger currently dispenses naloxone without an individual prescription at its pharmacies in 7 States with plans to expand to at least 12 more by the end of the year. AmerisourceBergen/ Good Neighbor Pharmacy will provide educational materials to encourage their 4,000 independently owned and operated retail pharmacy locations to provide naloxone without an individual prescription.

CONGRESSIONAL BIPARTISAN LEADERSHIP

SHELDON WHITEHOUSE

★★ UNITED STATES SENATOR FOR RHODE ISLAND ★★



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Comprehensive Addiction and Recovery Act Clears Judiciary Committee

Whitehouse's Far-Reaching Legislation to Combat Prescription Opioid Drug and Heroin Abuse Now Headed to the Senate Floor

Thursday, February 11, 2016

Washington, DC – The Senate Judiciary Committee passed today the bipartisan Comprehensive Addiction and Recovery Act—far-reaching legislation to combat the ongoing national crisis of addiction to opioid drugs. The bill, authored by Senators Sheldon Whitehouse (D-RI) and Rob Portman (R-OH) and cosponsored by 29 others, gives states better tools to combat prescription opioid drug abuse, treat addiction, and reduce overdose deaths.

whitehouse.senate.gov

The Library of Congress > THOMAS Home > Bills, Resolutions > Search Results

Bill Summary & Status Search Results

Text searched: addiction

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Items 1 through 16 of 16

- [114th] H.R. 953** : Comprehensive Addiction and Recovery Act of 2015
Sponsor: [Rep. Sensenbrenner, F. James, Jr.](#) [WI-5] (introduced 2/12/2015)
Cosponsors (71)
Committees: House Judiciary; House Energy and Commerce; House Education and the Workforce
Latest Major Action: 4/29/2015 Referred to House subcommittee. Status: Referred to the Subcommittee on Higher Education and Workforce Training.
- [114th] H.R. 1988** : Breaking Addiction Act of 2015
Sponsor: [Rep. Fudge, Marcia L.](#) [OH-11] (introduced 4/23/2015)
Committees: House Energy and Commerce
Latest Major Action: 4/24/2015 Referred to House subcommittee. Status: Referred to the Subcommittee on Health.
- [114th] H.R. 2536** : Recovery Enhancement for Addiction Treatment Act
Sponsor: [Rep. Higgins, Brian](#) [NY-26] (introduced 5/21/2015)
Committees: House Energy and Commerce; House Judiciary
Latest Major Action: 6/16/2015 Referred to House subcommittee. Status: Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.
- [114th] H.R. 2872** : Opioid Addiction Treatment Modernization Act
Sponsor: [Rep. Bucshon, Lary](#) [IN-8] (introduced 6/24/2015)
Committees: House Energy and Commerce; House Judiciary
Latest Major Action: 7/9/2015 Referred to House subcommittee. Status: Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.
- [114th] H.R. 2888** : Internet Poker Freedom Act of 2015
Sponsor: [Rep. Barton, Joe](#) [TX-6] (introduced 6/25/2015)
Committees: House Energy and Commerce; House Financial Services
Latest Major Action: 6/26/2015 Referred to House subcommittee. Status: Referred to the Subcommittee on Commerce, Manufacturing, and Trade.

House Committees Advance More Opioid Bills

Two House committees advanced more opioid bills to the House floor Thursday. (April 28, 2016)

The **Energy and Commerce Committee** advanced three more bills, and the **Education and Workforce Committee** advanced an **additional bill**. Between those two committees and the Judiciary Committee, lawmakers have advanced more than a dozen bills to the floor this week.

The bills are expected to come up on the floor after next week's recess.

The following bills will advance to the floor:

[H.R. 4586, Lali's Law](#)

[H.R. 3680 Co-Prescribing to Reduce Overdoses Act of 2015](#)

[H.R. 3691, Improving Treatment for Pregnant and Postpartum Women Act](#)

[H.R. 4843, Improving Safe Care for the Prevention of Infant Abuse and Neglect Act](#)

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HHS SECRETARY BURWELL'S 2015 INITIATIVE

The screenshot shows the HHS.gov website with a blue header containing the logo and 'U.S. Department of Health & Human Services'. Below the header are navigation tabs for 'About HHS', 'Programs & Services', 'Grants & Contracts', and 'Laws & Regulations'. The main content area features a breadcrumb trail 'Home > Opioids: The Prescription Drug & Heroin Overdose Epidemic'. On the left is a sidebar menu for 'Opioids' with links to 'About the Epidemic', 'Drug & Pain Medication Facts', 'Prevention', 'Treatment & Recovery', 'Overdose Response', and 'Health Professionals Resources'. The main article title is 'Opioids: The Prescription Drug & Heroin Overdose Epidemic'. The article text states: 'Opioids are natural or synthetic chemicals that bind to receptors in your brain or body. Common opioids include heroin and prescription drugs such as oxycodone, hydrocodone, and fentanyl. The United States is in the midst of a prescription opioid overdose epidemic. Every day, [44 people in the United States die from prescription opioid overdose](#) and many more become addicted. Although much attention is given to prescription opioid overdose, heroin-related deaths have also increased sharply since 2010, with a [39% increase between 2012 and 2013](#) (PDF - 719 KB).

- Training and educational resources
- Naloxone
- Medication-Assisted Treatment

SAMHSA's STRATEGY

- 1) Improving prescriber practices**
- 2) Increasing the use of naloxone**
- 3) Expanding access to MAT**

SAMHSA MAT OVERSIGHT & GUIDANCE: DIVISION OF PHARMACOLOGIC THERAPIES



Medication-Assisted Treatment for Substance Use Disorders



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[State Opium Treatment Authorities](#)

[Guidance to OTPs](#)

[...more](#)

Pharmacotherapy

[Buprenorphine](#)

[Methadone](#)

[Naltrexone](#)

[...more](#)

About the Division of Pharmacologic Therapies

The Division of Pharmacologic Therapies (DPT) is a division of the Center for Substance Abuse Treatment (CSAT) within the Substance Abuse and Mental Health Services Administration.

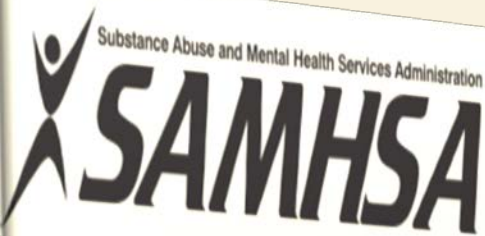
DPT manages the day-to-day regulatory oversight activities necessary to implement SAMHSA regulations 42 CFR Part 8, on the use of opium agonist medications (methadone, LAAM and buprenorphine) approved by the Food and Drug Administration for addiction treatment. These activities include supporting the certification and accreditation of over 1,250 opium treatment programs (i.e., methadone clinics) that collectively treat over 300,000 patients annually.

DPT also implements the Drug Addiction Treatment Act of 2000 (DATA 2000), which expands the clinical context of medication-assisted opium addiction treatment by allowing qualified physicians to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications for the treatment of opium addiction in treatment settings other than the traditional opium treatment program.

Additionally, DPT supports the training of medical and substance abuse professionals on a variety of treatment issues, including the use of medications, such as buprenorphine.

[Contact Us](#)

SAMHSA'S BUPRENORPHINE OVERSIGHT GUIDELINES & RESOURCES



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Medication-Assisted Treatment

Certification of Opioid Treatment Programs

Buprenorphine Waiver Management

Oversight of Accrediting Bodies

Buprenorphine

Buprenorphine is used in medication-assisted treatment (MAT) to help people reduce or quit their use of heroin or other opiates, such as pain relievers like morphine.

Approved for clinical use in October 2002 by the Food and Drug Administration (FDA), buprenorphine represents a major advance in medication-assisted treatment (MAT) for opioid dependence, such as buprenorphine, in combination with counseling.

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Certification of Opioid Treatment Programs

Buprenorphine Waiver Management

Buprenorphine Waiver Management

Find information for physicians on the waiver application and management process to prescribe or dispense buprenorphine for opioid dependency treatment.

[En español](#)

Qualify for a Physician Waiver

The Drug Addiction Treatment Act of 2000 (DATA 2000) expands the clinical context of medication-assisted opioid



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Buprenorphine Waiver Management

Buprenorphine Training for Physicians

Find information about the eight-hour buprenorphine waiver training courses that are required for physicians to prescribe and dispense buprenorphine.

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SAMHSA SUPPORT FOR PROVIDER EDUCATION



PCSS-O

Focus on Safe Opioid Prescribing

www.pcss-o.org



Opioidprescribing.com

Focus on CME-accredited
Trainings on Safe Use of Opioids



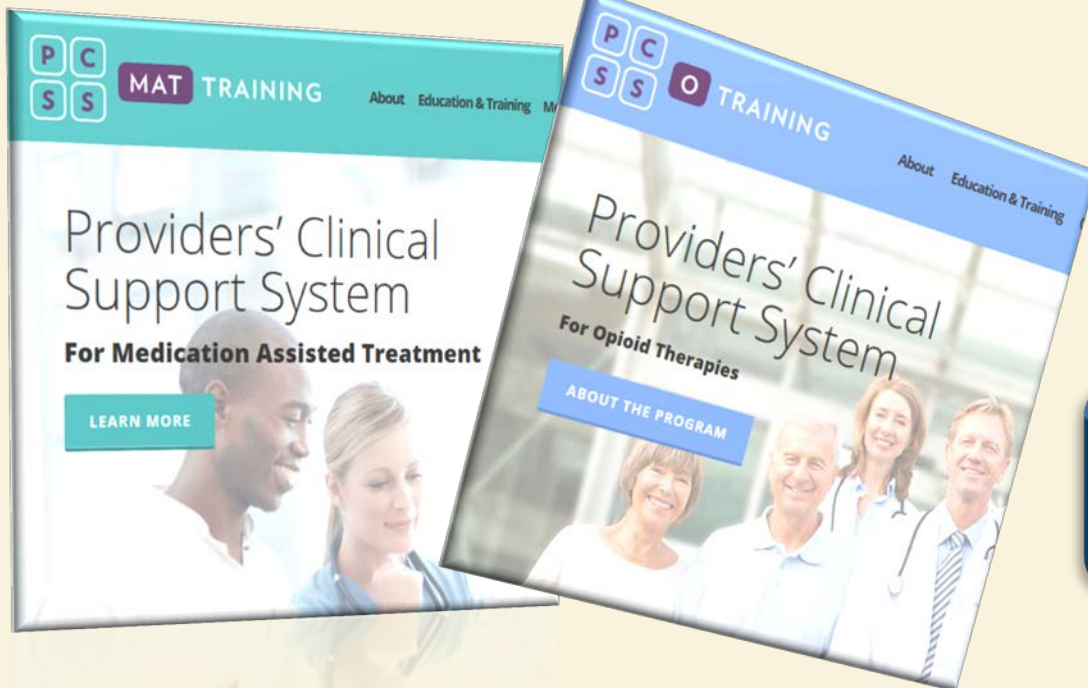
PCSS-MAT

Focus on Treatment of Opioid Use Disorders

www.pcssmat.org

OUR IMPACT

Over **76,500** Downloads




Continuing education to over **72,000** primary care physicians, dentists, and other healthcare professionals



31,552 physicians with a waiver to prescribe buprenorphine for opioid dependence



Rx

- **NEW: SAMHSA SPF Rx Grants**
 - **\$10,000,000**
 - **20 States**
 - **PDMP data to prevent Rx Misuse**
- 



**KEEP
CALM
AND
CARRY
NALOXONE**

NALOXONE

- **NEW: SAMHSA Prescription Drug Overdose Grants**
- **\$12,000,000**
- **10 States**
- **Purchase, Equip, Train**

EXPANDING ACCESS TO MAT



MEDICATION-ASSISTED TREATMENT (MAT)

- **NEW:** SAMHSA Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA) Grants
- \$25,000,000
- 23 States
- Focus on high-need communities

TREATING OPIOID USE DISORDER? PUT AN EXPERT IN YOUR POCKET

53



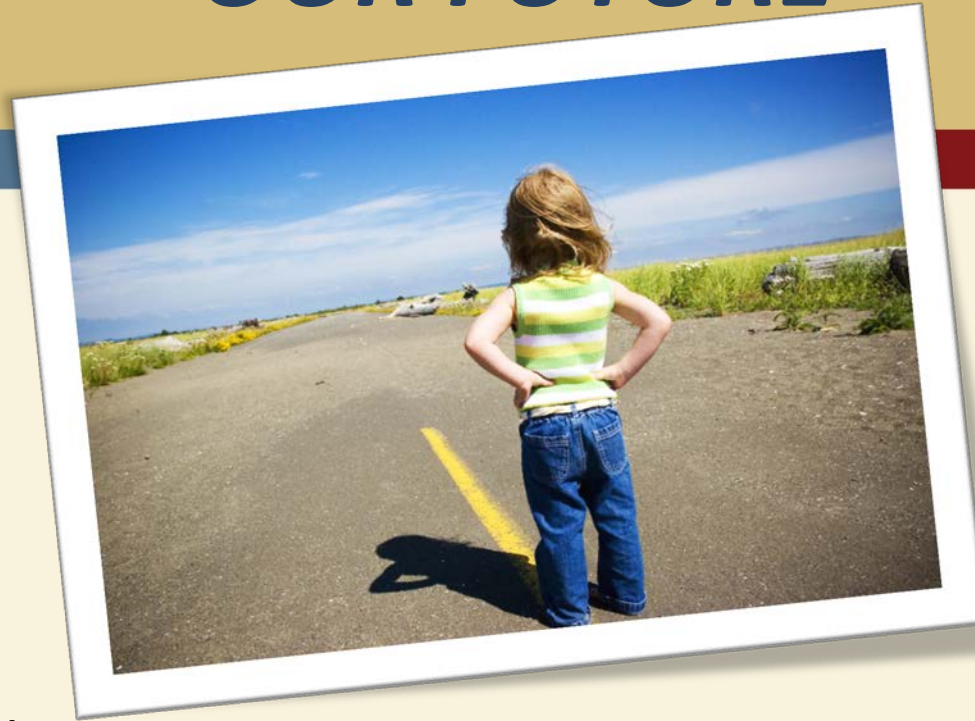
THE POCKET GUIDE INCLUDES

- 👤 A checklist for prescribing medication
- 👤 FDA-approved medications for use in the treatment of opioid use disorder: including extended-release injectable Naltrexone, Methadone, and Buprenorphine
- 👤 Screening and assessment tools, including an **ORD-11**-item scale, the Clinical Opiate Withdrawal Scale/MATfor Opioids
- 👤 Best practices for patient care



view here


OUR FUTURE



- ★ FY2017: \$4.3B investment in SAMHSA +\$590M
- ★ State Cooperative Agreements/Evaluation
- ★ Buprenorphine Prescribing Authority Demo
- ★ PPW Demo

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**Promotion and Prevention
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*Strengthening Parenting and
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A TREATMENT IMPROVEMENT PROTOCOL

Trauma-Informed Care in Behavioral Health Services

TIP 57

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**Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event:
A GUIDE FOR PARENTS, CAREGIVERS, AND TEACHERS**

Adult support and reassurance is the key to helping children through a traumatic time.

Children and youth can face emotional strains after a traumatic event such as a car crash or violence.¹ Disasters also may leave them with long-lasting harmful effects.² When children experience a trauma, watch it on TV, or overhear others discussing it, they can feel scared, confused, or anxious. Young people react to trauma differently than adults. Some may react right away; others may show signs that they are having a difficult time much later. As such, adults do not always know when a child needs help coping. This tip sheet will help parents, caregivers, and teachers learn some common reactions, respond in a helpful way, and know when to seek support.

PRESCHOOL CHILDREN, 0-5 YEARS OLD

Very young children may go back to thumb sucking or wetting the bed at night after a trauma. They may fear strangers, darkness, or monsters. It is fairly common for preschool children to become clingy with a parent, caregiver, or teacher or to want to stay in a place where they feel safe. They may express the trauma repeatedly in their play or tell exaggerated stories about what happened. Some children's eating and sleeping habits may change. They also may have aches and pains that cannot be explained. Other symptoms to watch for are aggressive or withdrawn behavior, hyperactivity, speech difficulties, and disobedience.

Infants and Toddlers, 0-2 years old, cannot understand that a trauma is happening, but they know when their caregiver is upset. They may start to show the same emotions as their caregivers, or they may act differently, like crying for no reason, withdrawing from people, and not playing with their toys.

Children, 3-5 years old, can understand the effects of trauma. They may have trouble adjusting to change and loss. They may depend on the adults around them to help them feel better.

Possible Reactions to a Disaster or Traumatic Event

Many of the reactions noted below are normal when children and youth are handling the stress right after an event. If any of these behaviors lasts for more than 2 to 4 weeks, or if they suddenly appear later on, these children may need more help coping. Information about where to find help is in the **Helpful Resources** section of this tip sheet.

1  Toll-Free: 1-877-SAMHSA-7 (1-877-726-4727) | Info@samhsa.hhs.gov | <http://store.samhsa.gov>

Questions?

Thank you!

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