**Opioid Misuse in Georgia**

**WHAT ARE OPIOIDS?**

Opioids are a class of drugs that act in the nervous system to produce feelings of pleasure and pain relief. They can be generally classified into three categories:

<table>
<thead>
<tr>
<th>Prescription Opioids</th>
<th>Fentanyl</th>
<th>Heroin</th>
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<tbody>
<tr>
<td>Can be prescribed by doctors to treat moderate to severe pain, but can have serious risks and side effects.</td>
<td>Fentanyl is a synthetic opioid pain reliever. It is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain.</td>
<td>Heroin is an illegal opioid.</td>
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<td>Common types are: • oxycodone (OxyContin) • hydrocodone (Vicodin) • morphine • methadone</td>
<td>Illegally made and distributed fentanyl has been on the rise in several states.</td>
<td>Heroin use has increased across the U.S. among men and women, most age groups, and all income levels.</td>
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**Addiction** (termed substance dependence by the American Psychiatric Association) is defined as a brain disease that leads to compulsive substance use despite harmful consequences.

**OPIOIDS AND GEORGIA’S CHILDREN**

Opioid misuse and addiction can negatively impact children and adolescents’ lives in multiple ways. Parental misuse, during pregnancy, or otherwise can lead to unintended consequences for their children, including health challenges at birth, inadequate supervision, or other experiences which could negatively affect a child’s short- or long-term wellbeing. Youth opioid misuse may result in addiction, potentially impacting a child’s academic performance, brain development, or life span.

**Impact of Parental Misuse**

Neonatal Abstinence Syndrome (NAS) is a set of clinical withdrawal signs and symptoms present in a newborn infant who was exposed to illegal or prescription drugs while in the mother’s womb.

| **762** confirmed cases of NAS in Georgia in 2017, and **20%** were attributed to opioids. | **More than 1 in 3** infants with NAS were born to mothers 25-29 years of age. | **43%** of children who entered foster care in 2021 did so due to parental substance abuse. |

**Youth Misuse**

In 2022, among middle and high school students:

- Nearly **20,000** reported taking a prescription drug painkiller that was not prescribed for them, within the last 30 days.
- Approximately **9,200** reported using heroin within the last 30 days.

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Opioid-involved overdoses accounted for 7,954 emergency department visits and 2,822 hospitalizations.

**SELECT EXAMPLES OF GEORGIA’S RESPONSE**

- In 2017, a standing order was developed allowing pharmacists across the state to dispense naloxone/Narcan, an opioid overdose reversal drug.
- The Opioid and Substance Misuse Unit is implementing a sustainable, collaborative, and multi-disciplinary approach, by forming eight workgroups and one supporting committee on Multi-cultural Inclusion: Prevention Education; Maternal Substance Use; Data and Surveillance, Prescription Drug Monitoring Program, Treatment and Recovery; and Control and Enforcement; Harm Reduction and Hospice. Each workgroup outlined strategic next steps for the state.
- The Criminal Justice Coordinating Council (CJCC) received funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to create the Georgia Opioid Affected Youth Initiative competitive grant opportunity that supports strengthening opioid misuse and overdose data collection, overdose prevention training, treatment and recovery services and more.
- Secured $636 million from the multi-state opioid settlement with three major pharmaceutical distributors to strengthen state and local prevention efforts.
- In 2021, 80% of all overdose deaths among adolescents involved opioids.

**Recommendations**

- Increase state funding for treatment and prevention efforts, including youth-focused opioid misuse awareness campaigns and evidence-based positive youth development and resilience programs (e.g., Strengthening Families, Prevention Clubhouses).
- Ensure annual collection and reporting of opioid-related data, including NAS/Neonatal Opioid Withdrawal Syndrome (NOWS), youth misuse, and fatal and non-fatal overdoses.
- Leverage internet-based learning networks (e.g., Maternal Health ECHO) to provide healthcare providers consultation, training, and collaboration opportunities for treating NAS/NOWS, pregnant women with opioid misuse challenges, and to increase awareness of family-centered treatment and recovery support services.
- School Districts: Allocate a portion of Elementary & Secondary School Emergency Relief (ESSER) funding to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to teachers, school nurses, and counselors to increase identification of youth opioid misuse and improve access to services and supports.
Sources for Opioid Misuse in Georgia

5. Ibid.
6. Ibid.
9. Ibid.