



Ohio Council on Family Relations What's Up With Opiates?



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Who We Are....



www.oacbha.org

Setting the Context

Where are we and how did we get here?

Pain as the 5th Vital Sign

Wong-Baker FACES® Pain Rating Scale



0

No
Hurt



2

Hurts
Little Bit



4

Hurts
Little More



6

Hurts
Even More



8

Hurts
Whole Lot



10

Hurts
Worst

On the average day in the U.S.

- More than 650,000 opioid prescriptions are dispensed.
- 3,900 people initiate nonmedical use of prescription opioids.
- 580 people initiate heroin use.
- 78 people die from an opioid-related overdose.



Nearly half of young people who use heroin report abusing prescription pain killers before starting heroin.

A group of diverse high school students are walking through a school hallway. In the center, a young man with dark hair, wearing a red and blue plaid shirt and jeans, looks directly at the camera. To his left, a young woman with blonde hair, wearing a white lace top, is smiling and looking away. To his right, a young woman with long blonde hair, wearing a green floral dress, is also smiling. Other students are visible in the background, some looking towards the camera and others looking away. The hallway has blue lockers on the right side and a tiled floor. The text "9 out of 10 people with a substance use disorder started using alcohol and marijuana before they turned 18." is overlaid in white, bold, sans-serif font across the middle of the image.

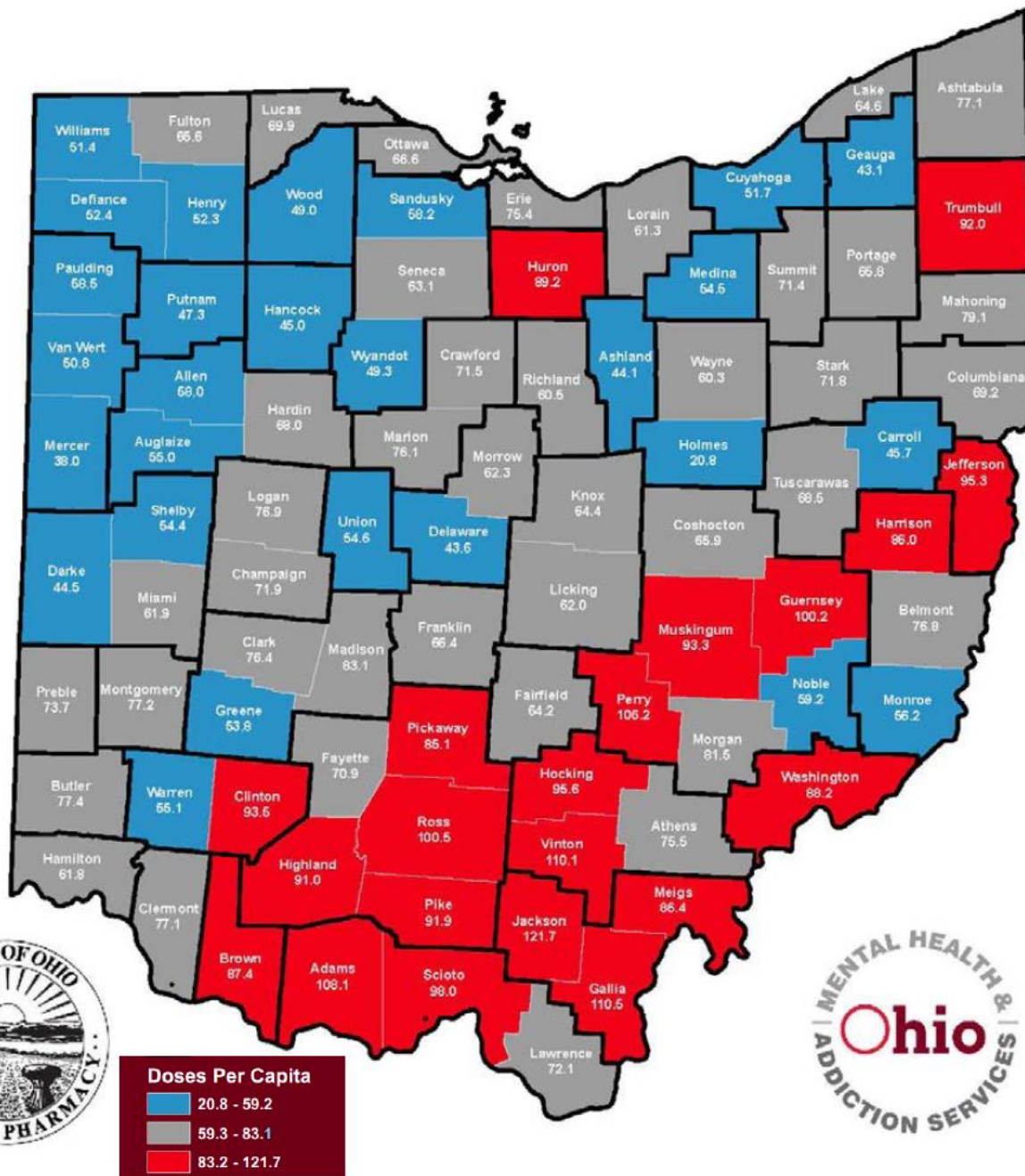
**9 out of 10 people with a
substance use disorder
started using alcohol and
marijuana before they
turned 18.**

OPIATES IN AMERICA

- An estimated 20.5 million people in our country are living with a substance use disorder.
- Of the 20.5 million Americans 12 or older that had a substance use disorder in 2015, 2 million had a substance use disorder involving prescription pain relievers and 591,000 had a substance use disorder involving heroin.

Setting the Context

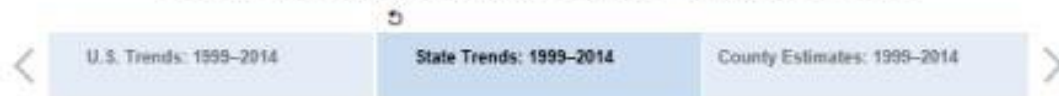
- In 2015 more than 52,000 people died from a drug overdose; of those, 33,091 (63.1 percent) involved a prescription or illicit opioid.
- From 2000 to 2015 more than half a million people died from drug overdoses
- Death rates for synthetic opioids other than methadone (including drugs such as tramadol and fentanyl, referred to as synthetic opioids) increased 72.2 percent
- Heroin death rates increased 20.6 percent
- **America claims less than 5 percent of the world's population but consumes roughly 80 percent of the world's opioid supply.**
- Nearly one-half of patients who took opiate painkillers for more than 30 days in the first year of use continued to use them for three years or longer.
- Five percent of prescribers wrote 40 percent of opioid prescriptions filled by members with employer-sponsored drug coverage from 2011–2012.
- In 2012, health care providers in the US wrote 259 million painkiller prescriptions, enough to give every adult in the United States his or her own bottle of pills.



Analgesic Doses
Per Capita
Ohio = 66.7

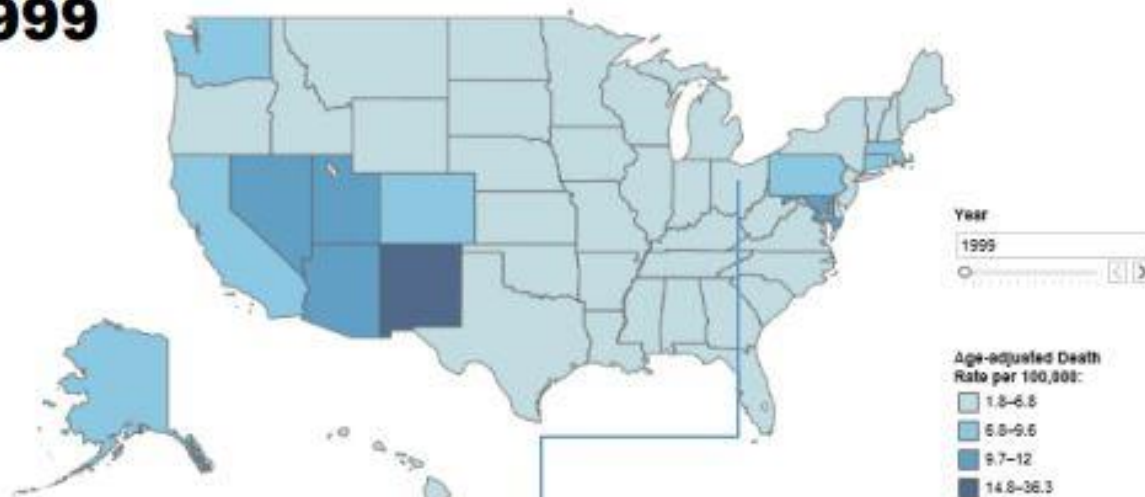
1999

Drug Poisoning Mortality: United States, 1999–2014



Age-adjusted Death Rates for Drug Poisoning by State, 1999

1999



Ohio

Deaths: 467

Population: 11.3M

Death Rate: 4.2 per 100,000

2014

Drug Poisoning Mortality: United States, 1999–2014



U.S. Trends: 1999–2014

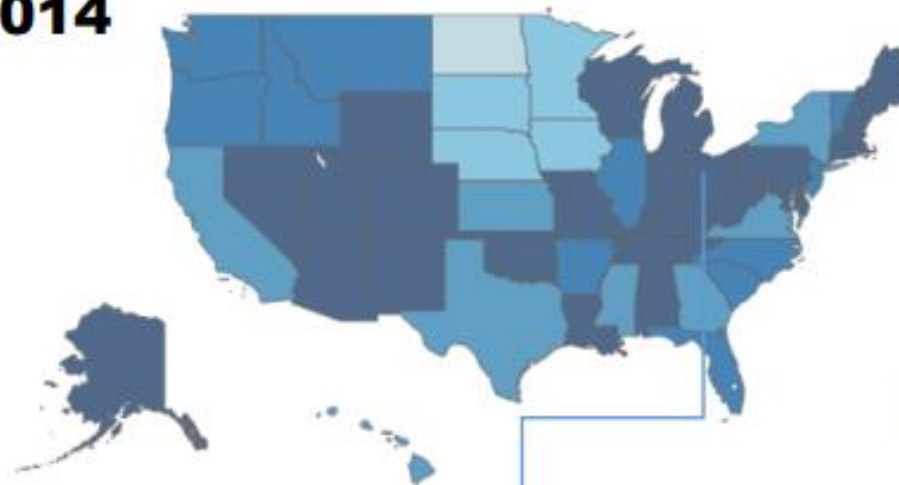
State Trends: 1999–2014

County Estimates: 1999–2014



Age-adjusted Death Rates for Drug Poisoning by State, 2014

2014



Year

2014

Age-adjusted Death
Rate per 100,000:

1.8–6.2

6.3–9.6

9.7–12

12–14.8

14.9–36.3

Ohio

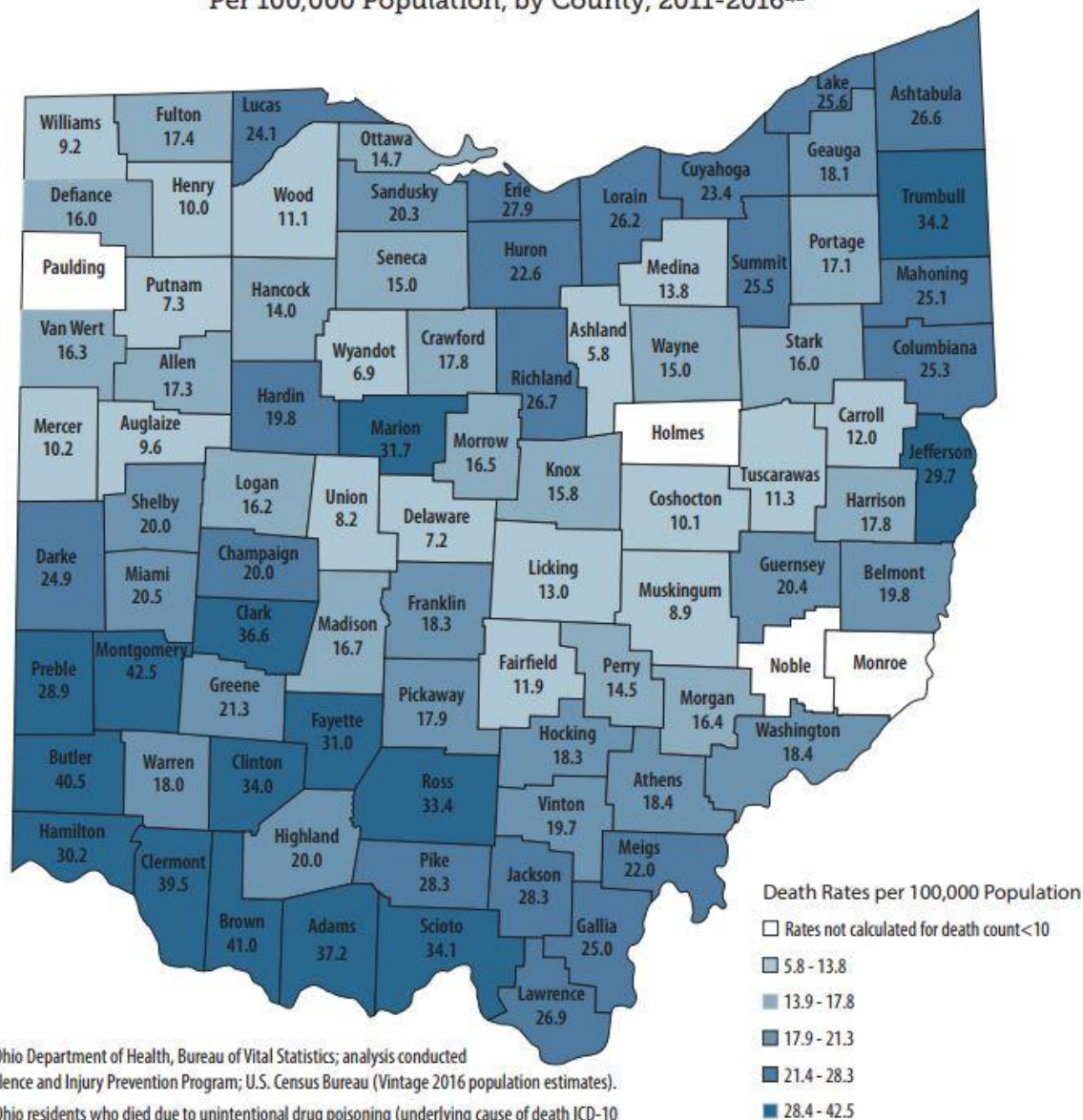
Deaths: 2,744 **> 5x's**

Population: 11.6M

Death Rate: 24.6 per 100,000

2015 Deaths: 3,310 **+20.6%**

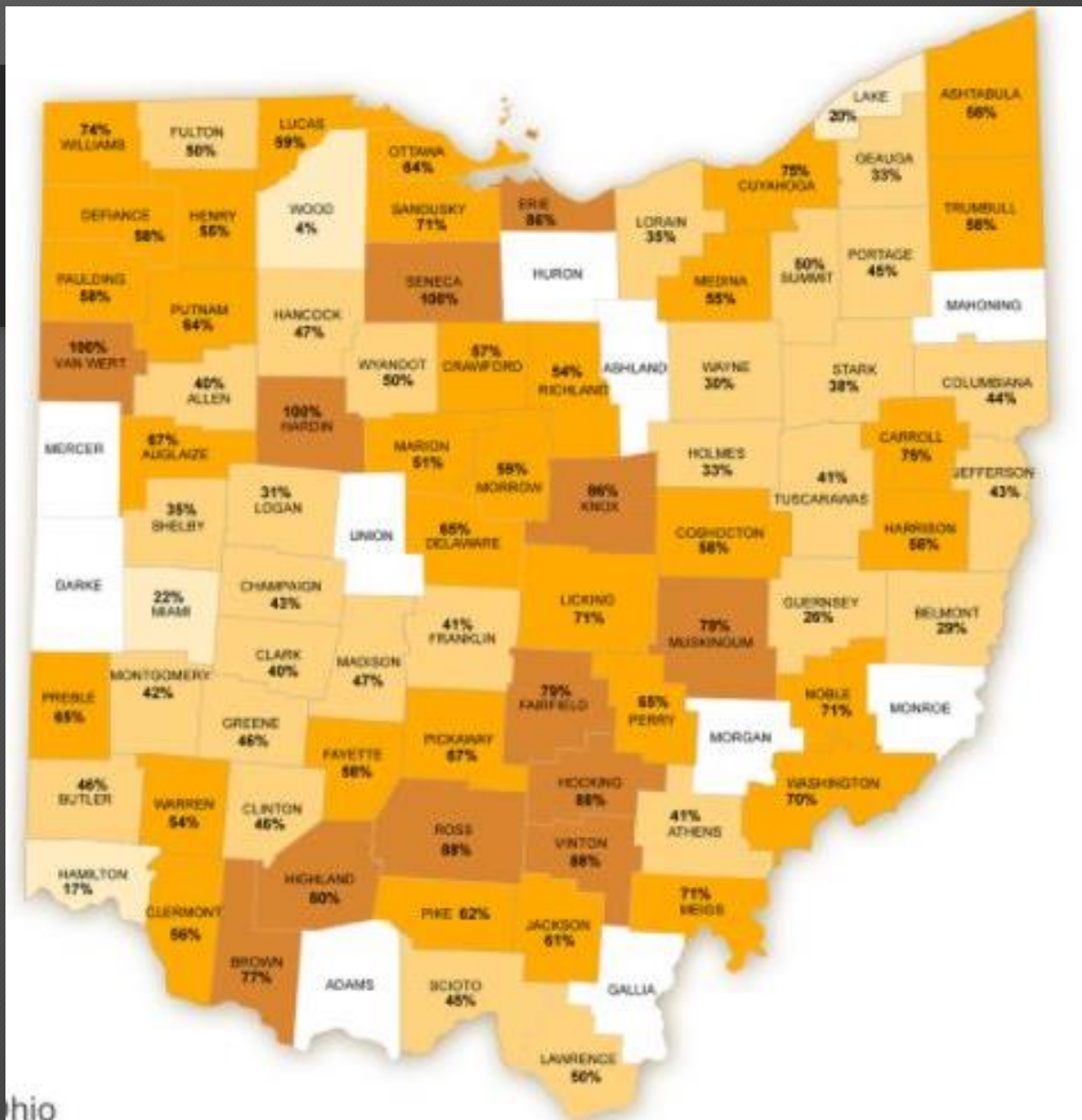
Figure 9. Average Age-Adjusted Unintentional Drug Overdose Death Rate
Per 100,000 Population, by County, 2011-2016^{1,2}



¹ Sources: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program; U.S. Census Bureau (Vintage 2016 population estimates).

² Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

Rate suppressed if < 10 total deaths for 2011-2016.



Child Removals Due to Opiates

Public Children's Services Association of Ohio

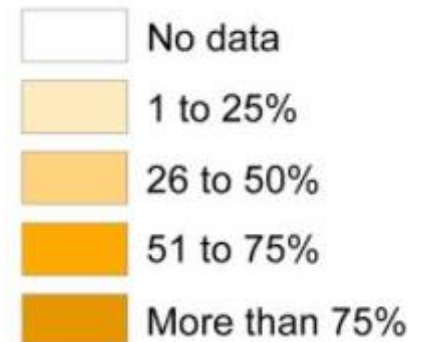
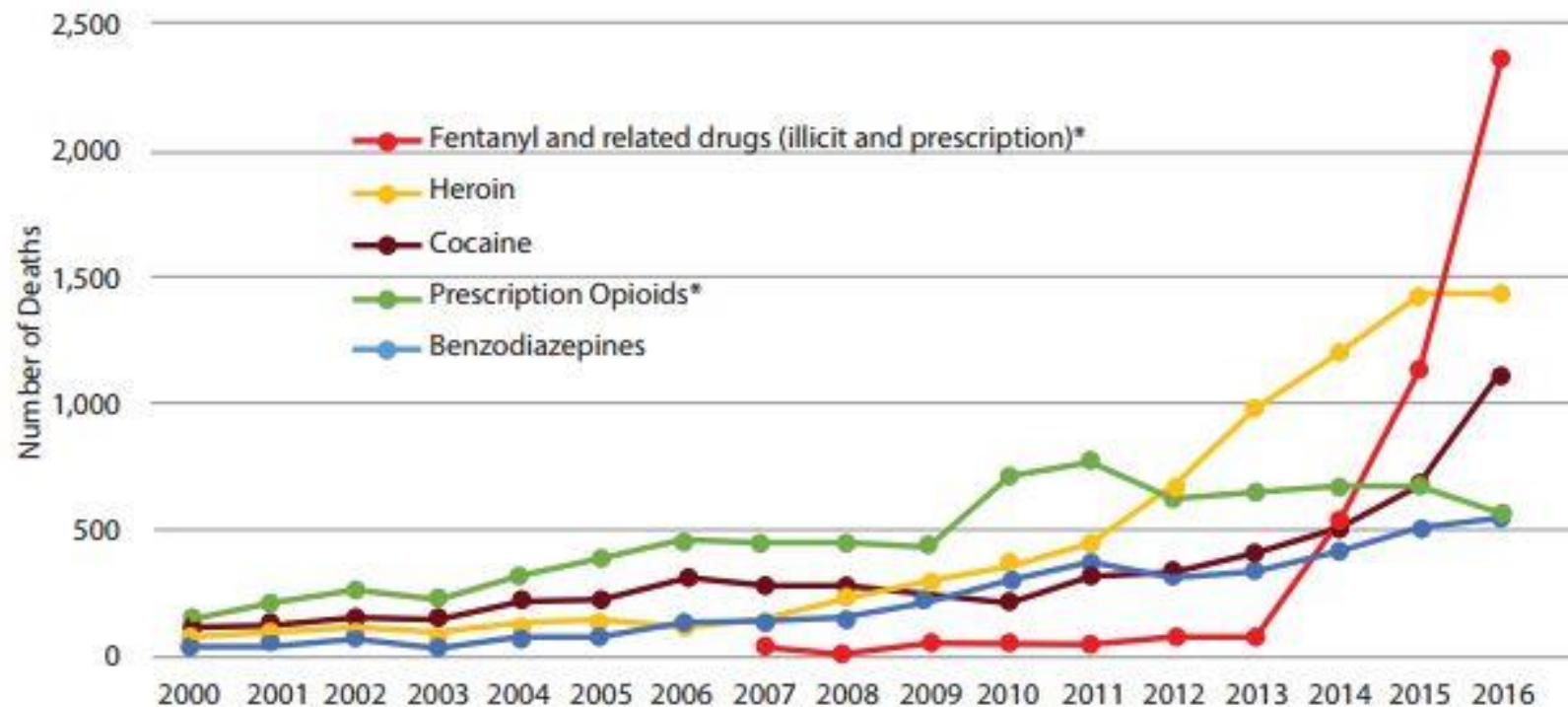


Figure 7. Number of Unintentional Drug Overdose Deaths Involving Selected Drugs, by Year, Ohio, 2000-2016



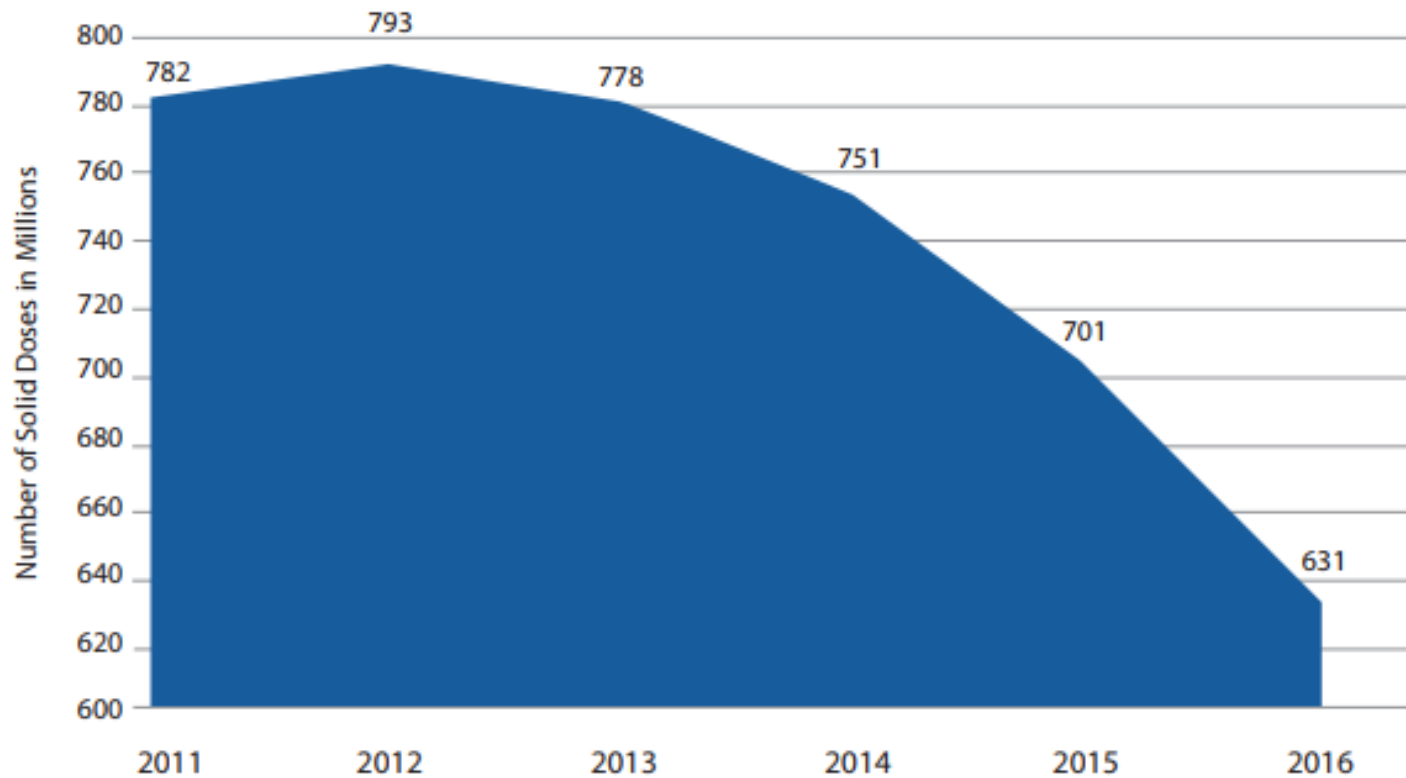
Source: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program.

Multiple drugs are usually involved in overdose deaths. Individual deaths may be reported in more than one category.

Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

* Excludes deaths involving fentanyl and related drugs.

Figure 6. Opioid Solid Doses Dispensed to Ohio Patients, by Year, 2011-2016



Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.

Opioid Misuse/Dependence

Physical Signs

- Change in appetite
- Pupil size
 - Small: opioid intoxication
 - Large: opioid withdrawal
- Nausea
- Vomiting
- Sweating
- Shaking

Behavioral Signs

- Change in personality/attitude
- Change in friends
- Change in activities, sports, hobbies
- Poor attendance / grades
- Increased isolation; secrecy
- Wearing long sleeved shirts
- Moody, irritable, nervous, giddy, or nodding off
- Stealing

The Three “C’s” of Addiction

Control

Early social & recreational use
Eventual loss of emotional & behavioral control
Cognitive distortions (denial & minimization)
Tolerance & Withdrawal= Strictly defined CD

Compulsion

Drug-seeking activities & Craving ⇒ Addiction
Continued use despite adverse consequences

Chronicity

Natural history of multiple relapses preceding stable recovery
Possible relapse after years of sobriety

What is MAT? (Medication Assisted Treatment)

Table 1
FDA-Approved Drugs Used in MAT²¹

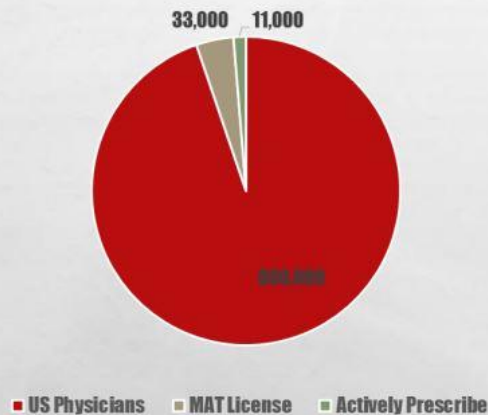
Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
Methadone	Full agonist	Available in pill, liquid, and wafer forms	Daily	Opioid treatment program
Buprenorphine	Partial agonist	Pill or film (placed inside the cheek or under the tongue)	Daily	Any prescriber with the appropriate waiver
		Implant (inserted beneath the skin)	Every six months	
Naltrexone	Antagonist	Oral formulations	Daily	Any health care provider with prescribing authority
		Extended-release injectable formulation	Monthly	

More Treatment is Needed

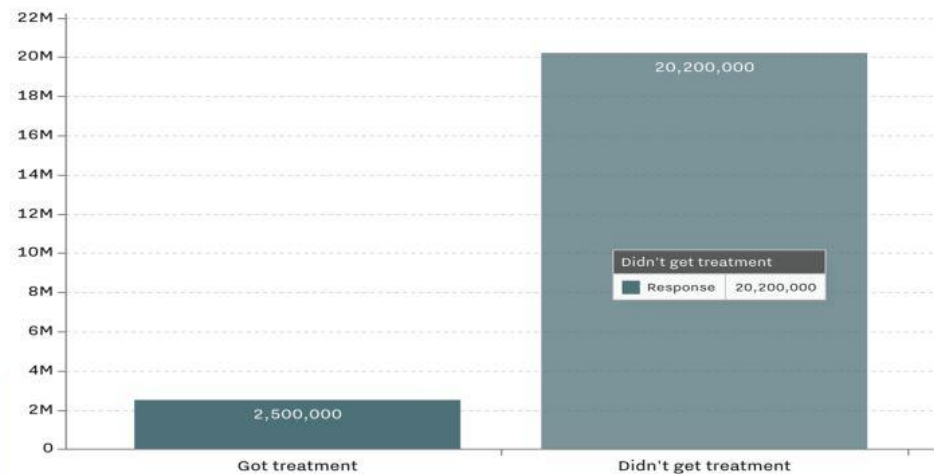
TREATMENT NEED

- Approx. 10-20% of patients with illicit drug use receive treatment
 - Estimated 5-10X increase in need for addiction treatment

MAT Providers



How many people who meet the definition of a drug use disorder got treatment?



Stages of Change



Transtheoretical Model of Change

Stage	Characteristic	Your Goal
Pre-contemplation	No intention to change behavior. Unaware or under-aware of problems	To get patient to consider they have a problem
Contemplation	Aware of the problem & seriously considering a change, but no commitment to take action	To raise awareness of problem by observation of behavior
Preparation	Patient intends to change and makes small behavioral changes	To encourage these steps and support change process; Commit to make change a top priority
Action	Patient decides to take decisive action to change	To make action plan suggestions, reinforce changes, provide support and guidance
Maintenance	Work to prevent relapse and consolidate gains	To support continued change and help with relapse prevention

- Prochaska, J.O., & DiClemente, C.C. (1984). *The transtheoretical approach: Crossing traditional boundaries of therapy*. Homewood, IL: Dow Jones-Irwin.

What We Know Now....



Key definitions

- **Acute care model:** assess, treat, discharge
- **Chronic care model:** disease cannot be cured but can be arrested or managed
- **Recovery:** a process of change through which an individual achieves improved health, wellness, and quality of life. (CSAT, 2010)

Recovery Definition

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery Management

A **philosophy** for organizing treatment and recovery support services to enhance pre-recovery engagement begin recovery initiation allow for long-term recovery maintenance and improve the quality of personal/family life in long-term recovery.

What is Recovery Capital?

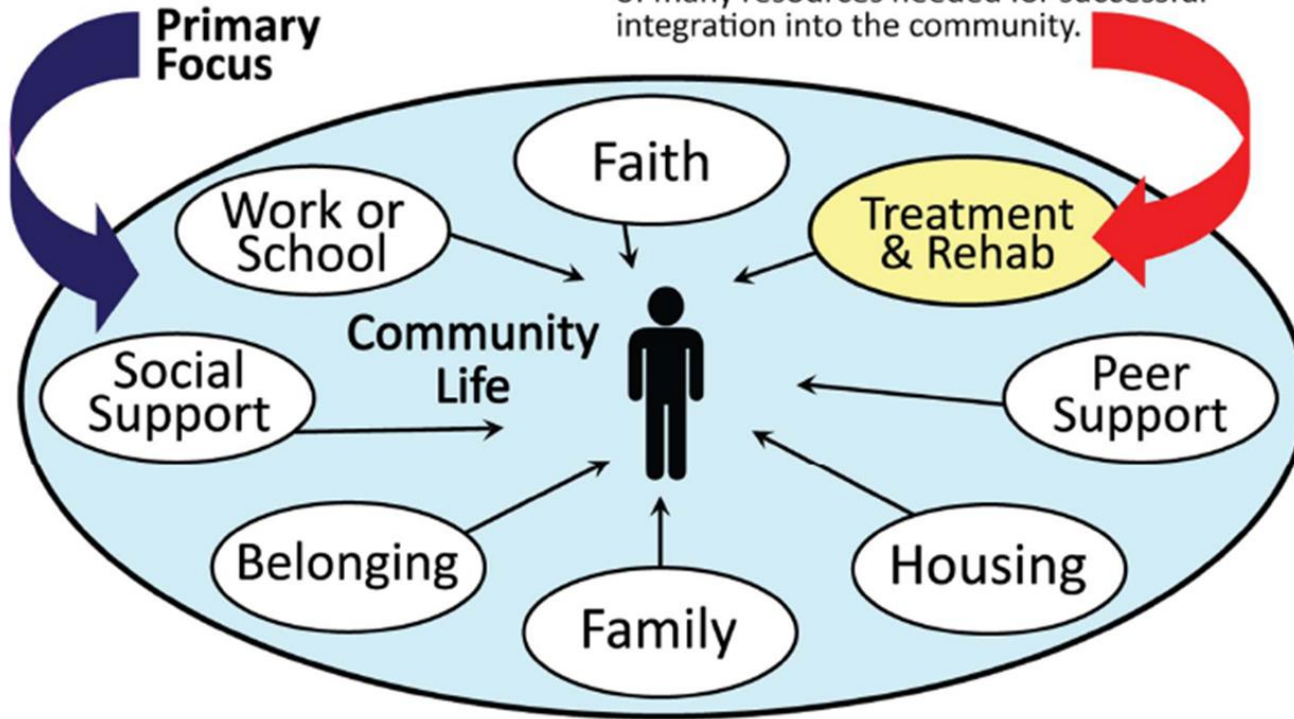
- Internal and external assets that can initiate and sustain recovery from alcohol and other drug problems
- Differs from individual to individual and differs within the same individual at multiple points in time
- Interacts with problem severity to shape the intensity and duration of supports needed to achieve recovery
- AND dictates the intensity or level of care one needs in terms of professional treatment and the intensity and duration of post-treatment recovery support services

Recovery Oriented System of Care (ROSC)

A **framework** for coordinating multiple systems, services and supports that are person-centered and designed to readily adjust to meet the individuals needs and **chosen pathway** to recovery, and provide for sustained recovery management.

A Recovery Oriented System Of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.



Values Underlying a Recovery Oriented System of Care

- Person-centered
- Self-directed
- Strength-based
- Encourages the participation of family members, caregivers, significant others, friends, community
- Supports individualized, comprehensive services & supports
- Believes in local community-based services & supports

A ROSC Recognizes There are Many Paths to Recovery

- Mutual Support groups
- Other peer supports
- Professional treatment
- Nontraditional methods
- Medical interventions
- Medication-assisted treatments
- Family support
- Faith
- On your own
- And more!

Challenges for Peer Support

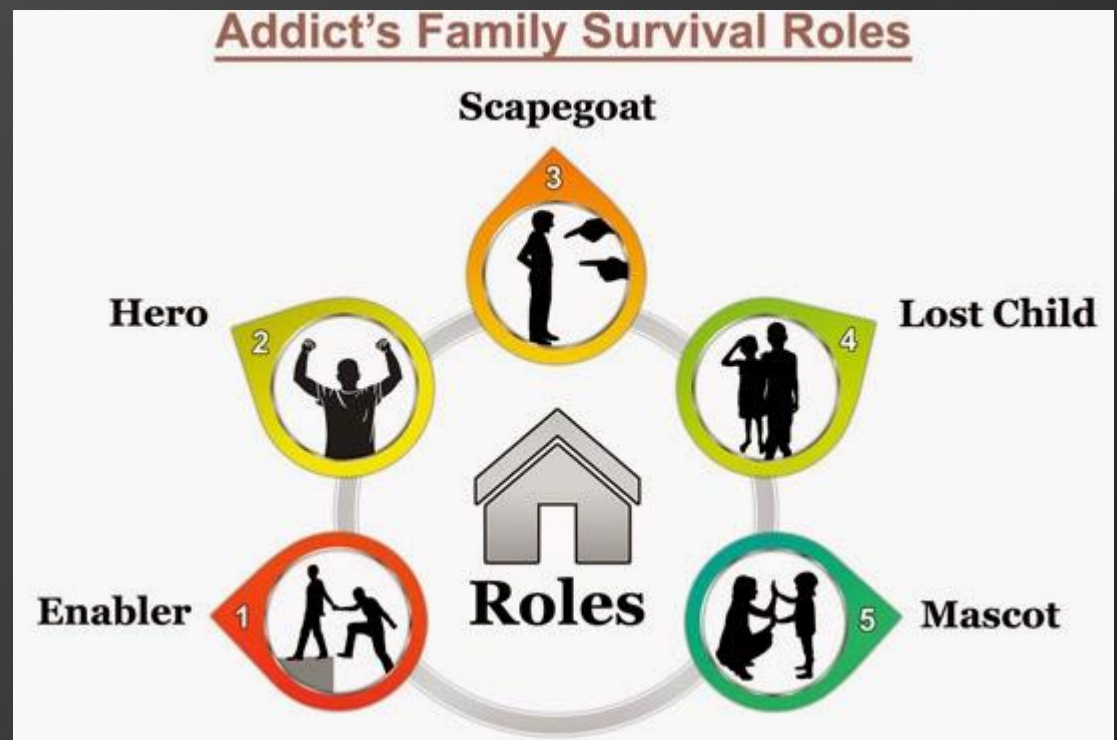
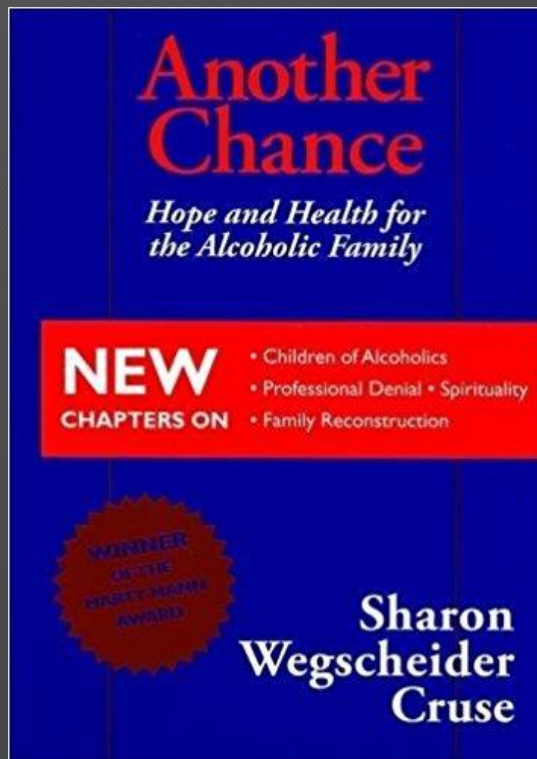
Peer delivered services are still seen as relatively new concepts in some formal systems of mental health care. Subsequently, concern has been voiced about:

- Dual relationships
- Professional ethics and boundaries
- Peers being viewed as a “friend” rather than as a provider

The Issue of Levels of Care

Why don't they all go to inpatient treatment for a long, long time?

How does opiate use in families affect kids?



Generational Risk Factors

- Genetics
- Earlier Age of Onset
- Childhood Trauma (violent, sexual)
- Learning Disorders & ADD/ADHD
- Mental Illness Predating Use
 - Depression
 - Bipolar Disorder
 - Psychosis
 - ADHD

The Role of Trauma

- According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:
- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist *re-traumatization*."

Trauma-Informed Programming

- Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid **re-traumatization**.

Children "do" their pain, grief, loss,
trauma. They don't talk it. Yet we still
continue to intervene by talk therapy.

NWIA



The Human Need for Belonging

Amelia Franck Meyer

<https://youtu.be/-r-ci4iybt8>

Creating Nurturing Environments

Evidence-based
Kernels for Life

The Critical Role of Nurturing Environments for Promoting Human Well-Being

The Nurture Effect
How the Science of Human Behavior Can Improve Our Lives & Our World



ANTHONY BIGLAN, PHD
FOREWORD BY STEVEN C. HAYES, PHD
AFTERWORD BY DAVID SLOAN WILSON, PHD

Richly Reinforce
Pro-social Behaviors

Mystery Motivator
EVIDENCE-BASED KERNELS FOR LIFE

For doing such a good job, we can:

Thank You

Reduce Toxic Influences

Mending Fences
EVIDENCE-BASED KERNELS FOR LIFE

I can help make amends by:

**Creating
Nurturing
Environments**

Limit Problematic Behaviors

Increase Psychological Flexibility

Unified Vision
EVIDENCE-BASED KERNELS FOR LIFE

We can make this go well by:

See	Hear	Do	Feel

Questions from the Studio Audience



Questions?

Thank you for your support of our families
and communities!

