



Ohio Council on Family Relations What's Up With Opiates? 2.0



BY:

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Who We Are....



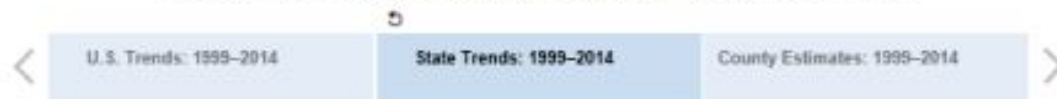
www.oacbha.org

Setting the Context

Where are we and how did we get here?

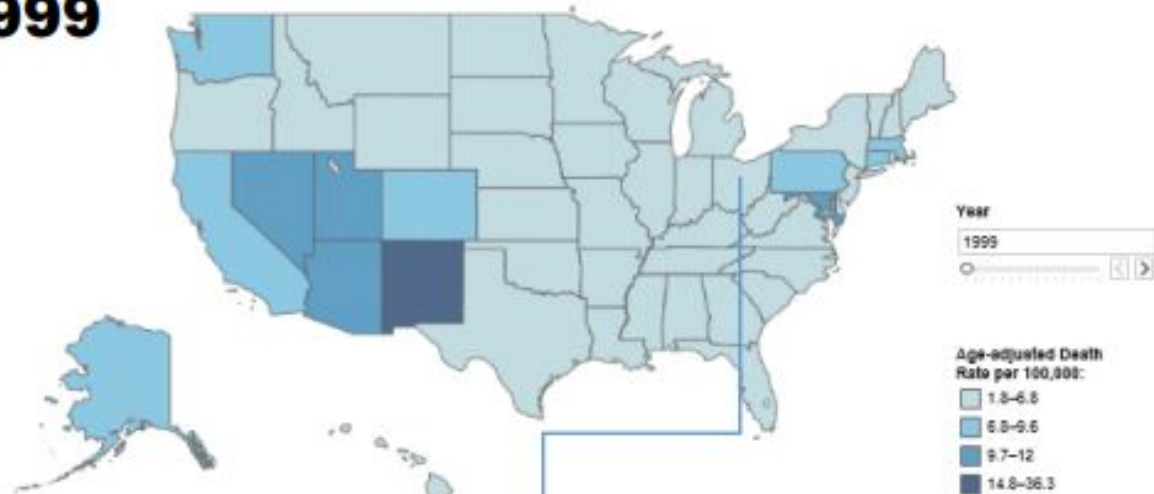
1999

Drug Poisoning Mortality: United States, 1999–2014



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

1999



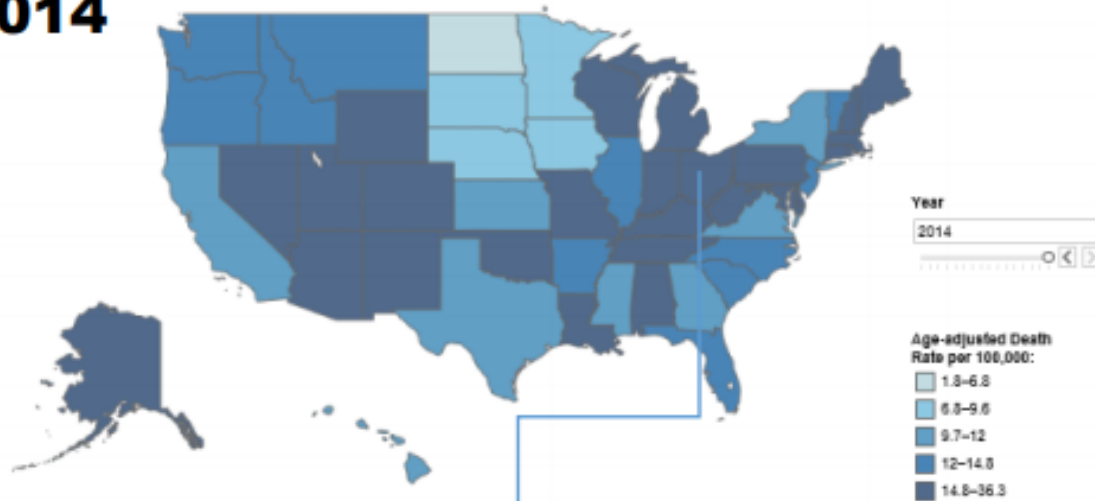
2014

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



Ohio

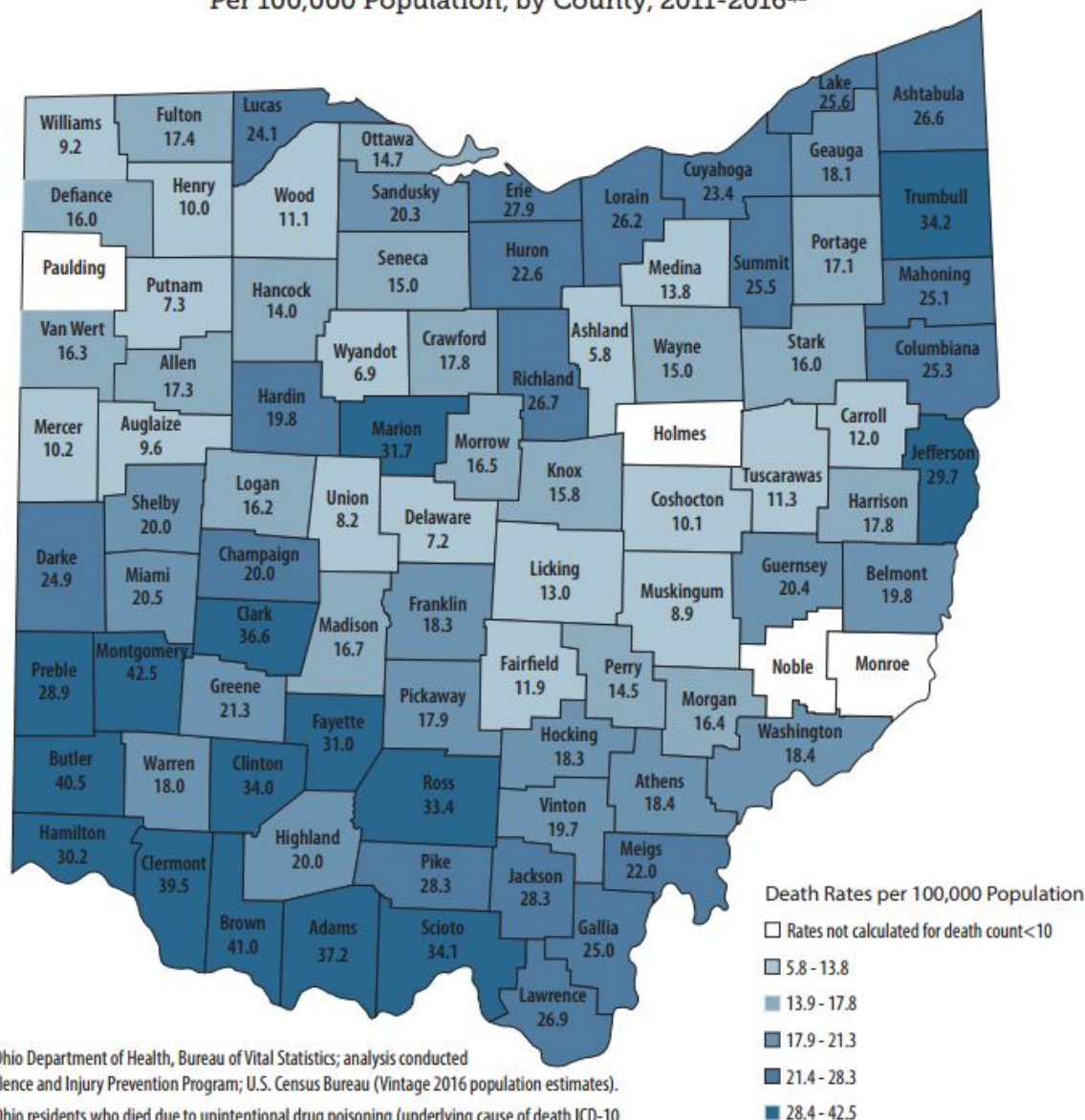
Deaths: 2,744 **> 5x's**

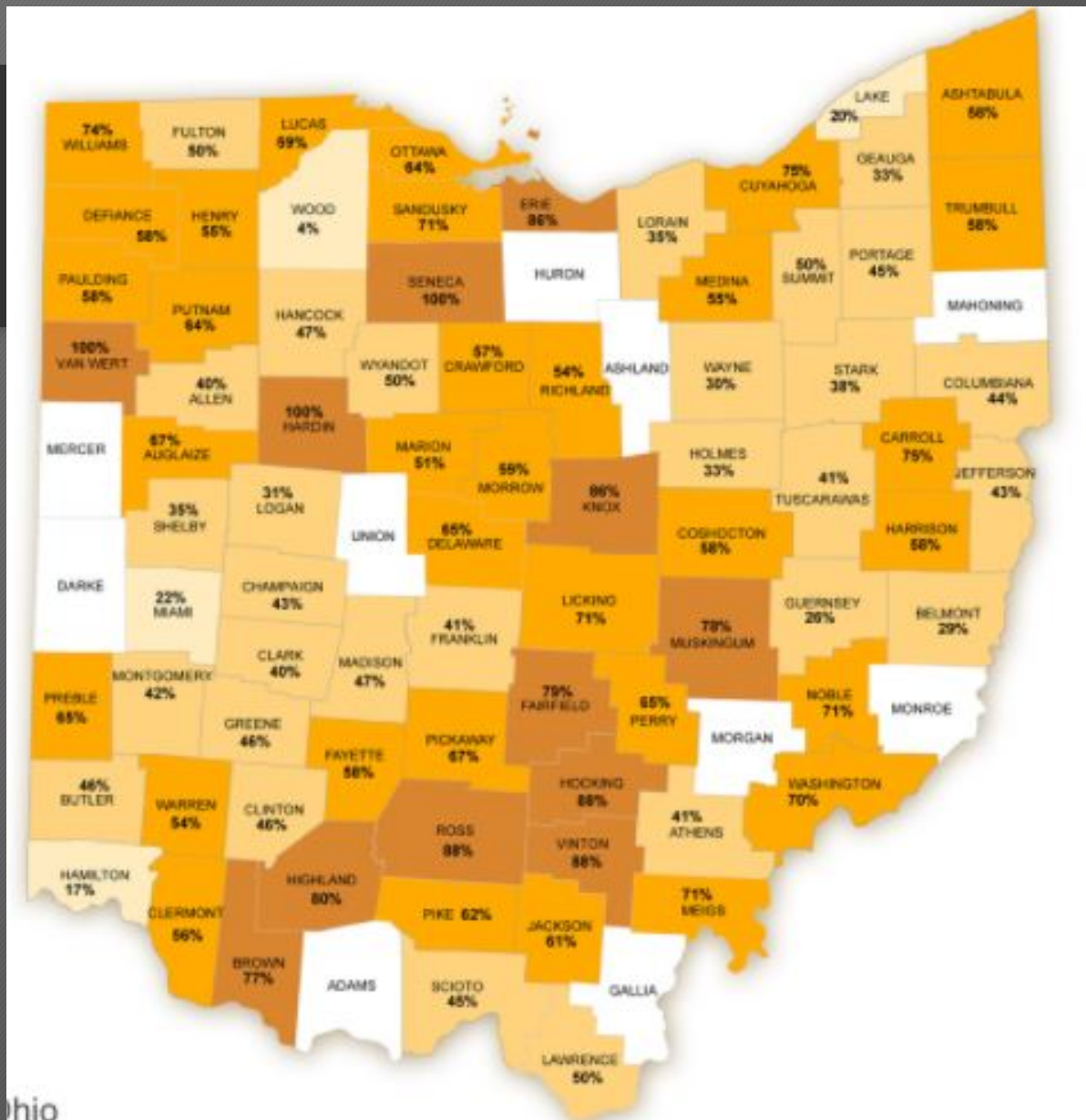
Population: 11.6M

Death Rate: 24.6 per 100,000

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

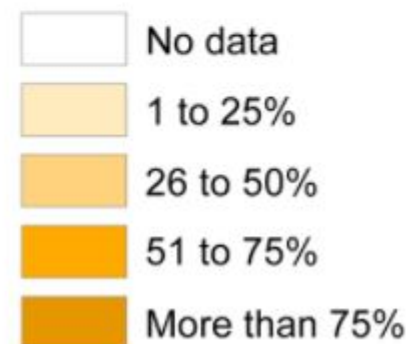
Figure 9. Average Age-Adjusted Unintentional Drug Overdose Death Rate
Per 100,000 Population, by County, 2011-2016^{1,2}





Child Removals Due to Opiates

Public Children's Services Association of Ohio



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	

Addressing Myths About Medications

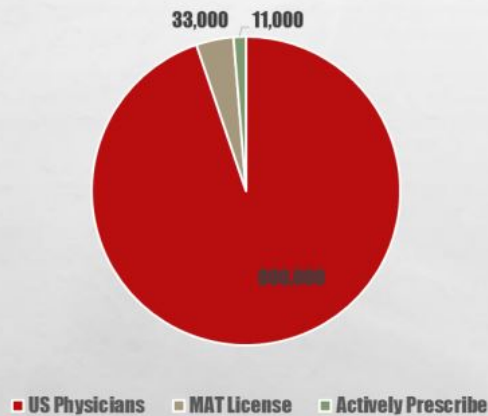
- **Methadone and buprenorphine DO NOT substitute one addiction for another.** When someone is treated for an opioid addiction, the dosage of medication used does not get them high—it helps reduce opioid cravings and withdrawal. These medications restore balance to the brain circuits affected by addiction, allowing the patient's brain to heal while working toward recovery.
- **Diversion of buprenorphine is uncommon; when it does occur it is primarily used for managing withdrawal.** Diversion of prescription pain relievers, including oxycodone and hydrocodone, is far more common; in 2014, buprenorphine made up less than 1 percent of all reported drugs diverted in the U.S.

More Treatment is Needed

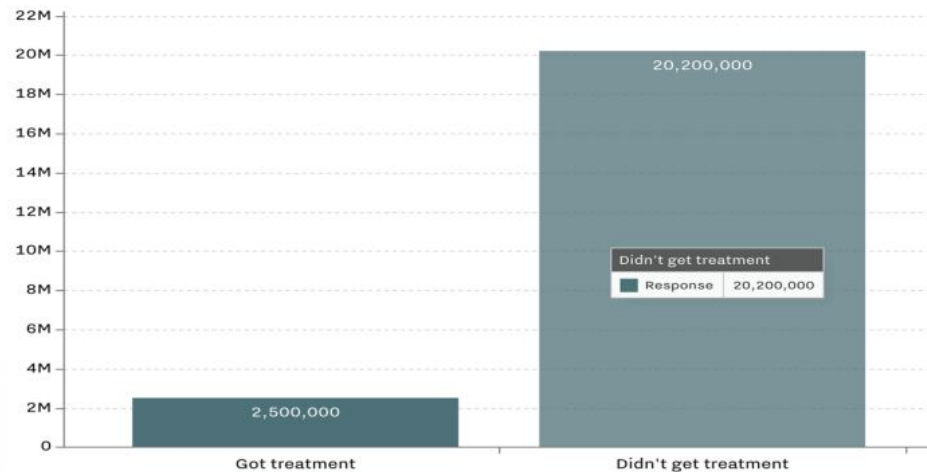
TREATMENT NEED

- 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

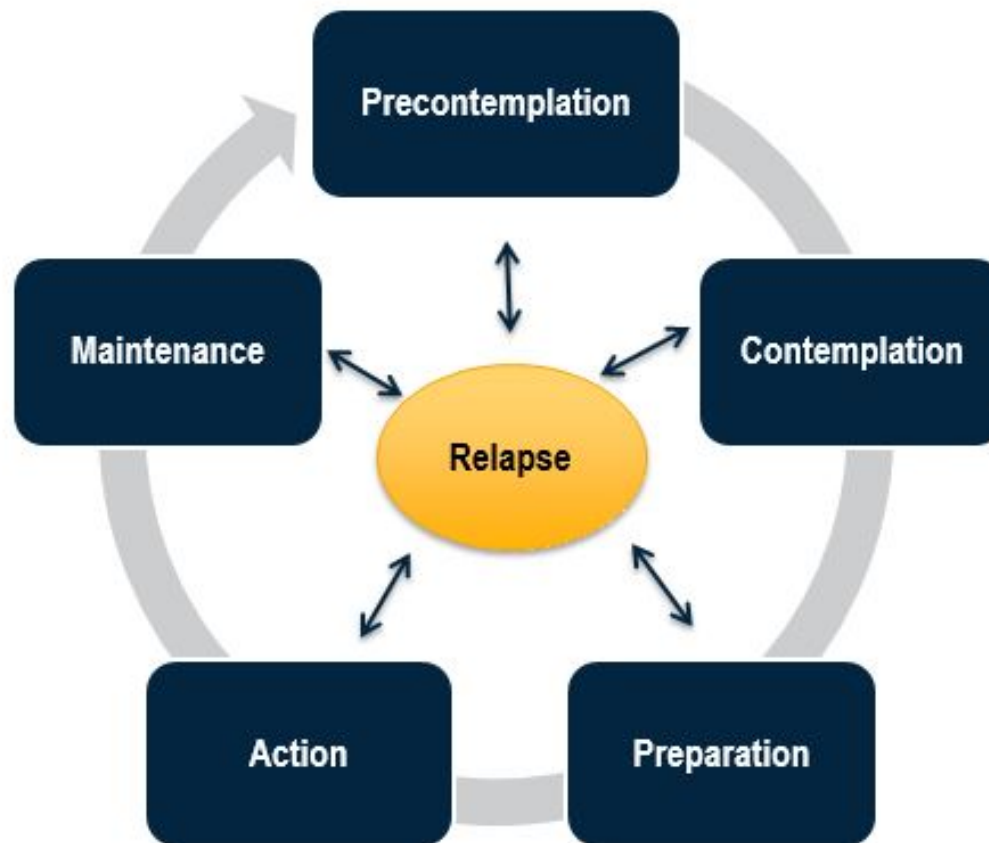


Transtheoretical Model of Change

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?

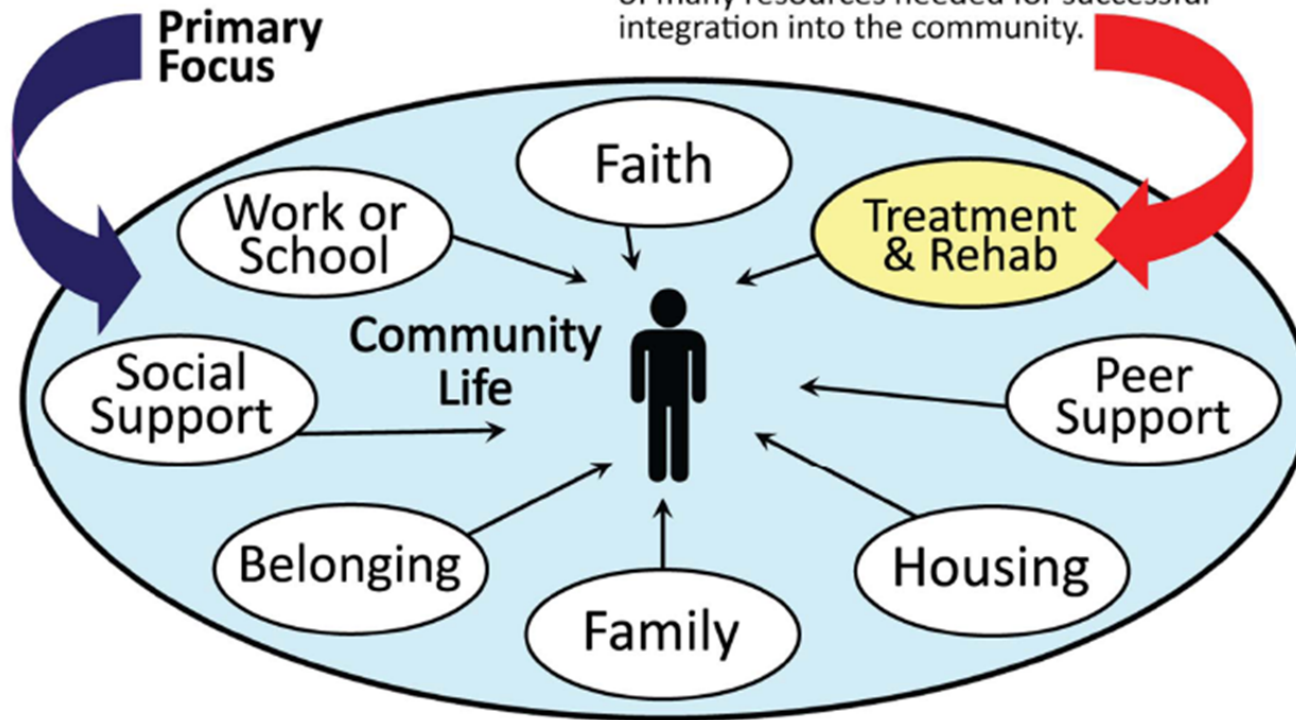
- Internal and external assets that can initiate and sustain recovery from alcohol and other drug problems
- Differs from individual to individual and differs within the same individual at multiple points in time
- Interacts with problem severity to shape the intensity and duration of supports needed 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!

Peer Support (CPS)

- People with lived experience and strong recovery are now filling support positions for those who are in withdrawal management (detox) and early recovery.
- Peer support service is provided to self-identified individuals in recovery from mental illness, substance abuse, or both.
- Peer supporters encourage, inspire, and empower peers to reach recovery goals through modeling the recovery way of life.
- A peer supporter is known as a Certified Peer Supporter (CPS) in Ohio and is certified by the Ohio Department of Mental Health and Addiction Services.
- Certification for CPS requires individuals to provide declaration of being in recovery with a lived experience of mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders.

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?

American Society of Addiction Medicine (ASAM) Dimensions of Assessment

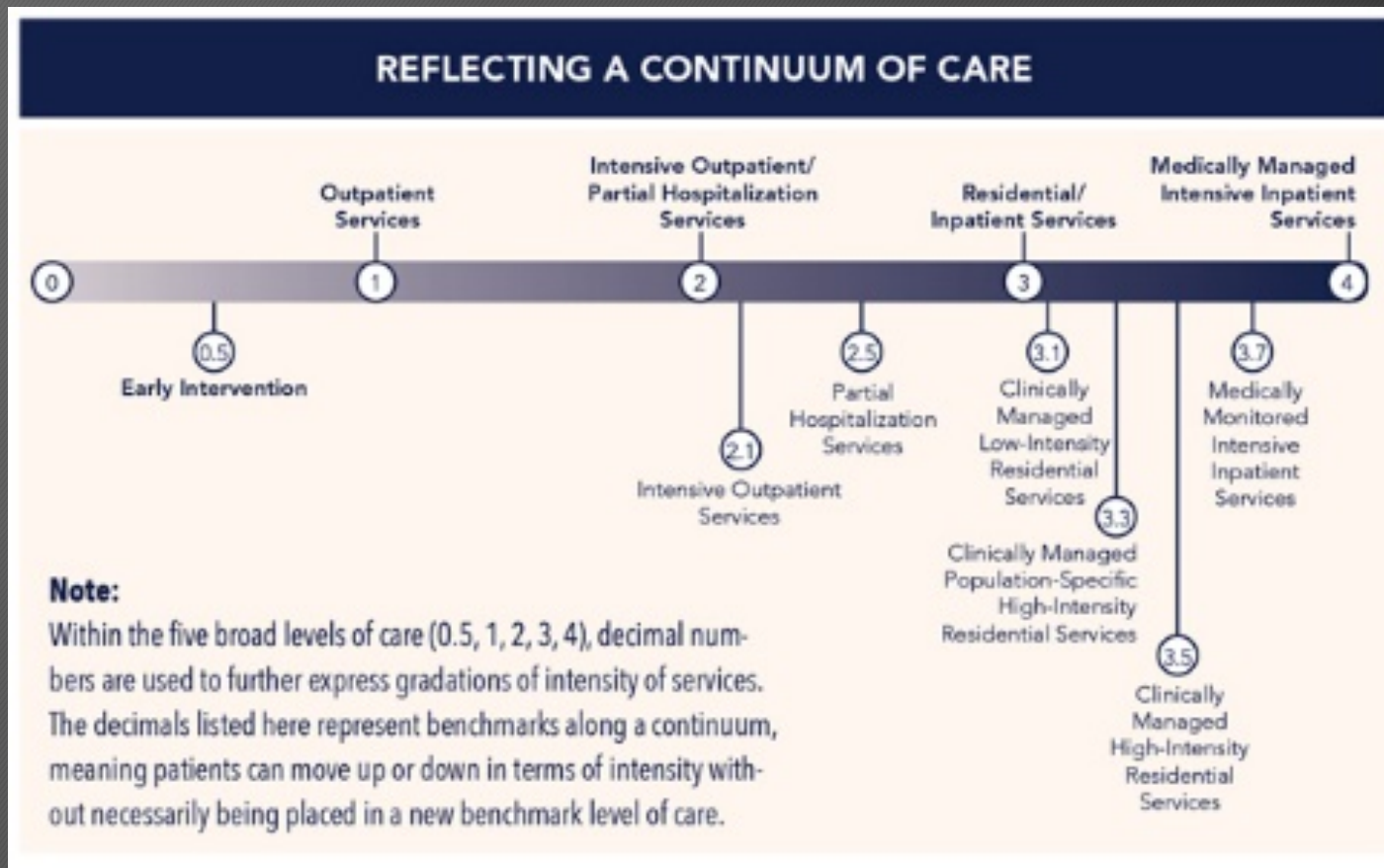
AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

www.asam.org

Patient Placement Continuum



PAX Good Behavior Game

- The PAX Good Behavior Game®

- A set of research-based strategies employed in the classroom that teach self-regulation

- This self-regulation creates

 - More nurturing environments

 - Increased academic performance

 - Improved long-term outcomes

Working for Universal Prevention - PAX and Kernels for Life



Predicted Benefits of PAX GBG in Your School, District, Tribe or Community When Elementary Students Reach Adulthood After 2 Years of PAX GBG Exposure*

Site Estimate for: Ohio Cures PAX GBG Medium Benefits Estimate

Estimated Elementary Students
school, district, tribe or
community>>>>>>>

75,000

<<< Enter number of Elementary
Students Impacted

6,452	Fewer young people will need any form of special education services
4,175	More boys will likely graduate from high school.
5,009	More boys will likely enter university
6,657	More girls will likely graduate from high school (less teen pregnancy)
5,202	More girls will likely enter university
729	Fewer young people will commit and be convicted of serious violent crimes
7,211	Fewer young people will likely develop serious drug addictions
4,934	Fewer young people will likely become regular smokers
2,657	Fewer young people will likely develop serious alcohol addictions
3,638	Fewer young people will likely contemplate suicide
4,934	Fewer young people will likely attempt suicide

\$976,500,000 Predicted financial net savings to students, families, schools, communities, state/federal governments

\$23.67 Estimated Cost of PAX GBG Materials Per Child for Lifetime Protection

Estimated Direct/Indirect materials costs for target group **\$1,775,000**

\$22.00 Estimated Cost of External Training & Technical Supports Per Teacher
Prorated per Child's Lifetime

Estimated Total Costs of Training Costs for Group **\$1,650,000**

\$26.80 Estimated Cost of Internal Supports for Implementation and Maintenance by
Teachers Prorated per Child's Lifetime

Estimated Total Internal Support Costs for Group **\$2,010,000**

[Click to access PDF](#) Multiple randomized, longitudinal control trials of the active ingredients of this evidence based practice. Benefits will vary as consequence of the quality of implementation, training, supports, commitment, and other variables; the predicted impact is greater for first-grade children with higher entering risks for internalizing and externalizing disorders. The cost

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

For More Information about PAX and Kernels

- www.pax.kernels.org

Questions from the Studio Audience



Questions?

Thank you for your support of our families
and communities!

