


KENTUCKY'S OPIATE CRISIS:

**Impact on the individual, family, and
community**

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A REMINDER ON LANGUAGE

Junkie/Druggie	Person who uses/drug use/misuse
Addict	Person who is addicted/with an OUD
Dope	Heroin, Oxycontin, etc.
Drop dirty	Drug test shows use
Dirty	Current use
Habit	Disease, substance use disorder
Fire, kick out	Discharge from services
Clean	Sober, in recovery

How would you want to be spoken to and about?

LANGUAGE MATTERS!

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WHY IS THIS IMPORTANT TO DISCUSS?

- ✓Lack of understanding of the disease, the individual, and the treatment process.
- ✓Misperception and stigma create barriers and perpetuate the problem.
- ✓Improve comfort level with talking about and addressing addiction and being part of the solution.

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UNDERSTANDING THE PERSON



WHY DON'T THEY JUST STOP?!

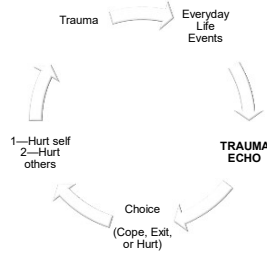
- > He's in denial.
- > She just doesn't want it bad enough.
- > Guess they just don't care about their kids.
- > Doesn't she know how much she's hurting me by continuing to get high?
- > I thought he said that was the last time?
- > She already went to treatment, didn't they fix the problem?
- > He's just lying again, he's lazy and doesn't care.

DISEASE OF ADDICTION

- "A primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations."
- Repeated drug use or engagement in addictive behaviors can lead to increased impulsivity, altered judgment, and distorted reward memory.
- This results in the individual experiencing craving, drug use replacing healthy coping skills, and trying to reproduce the positive reward memory despite negative consequences.

<http://www.asam.org/for-the-public/definition-of-addiction>

TRAUMA OUTCOME PROCESS

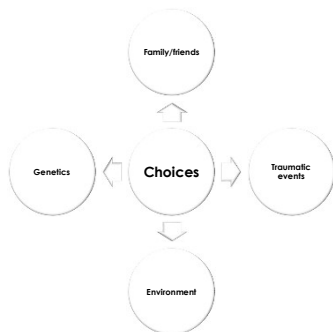


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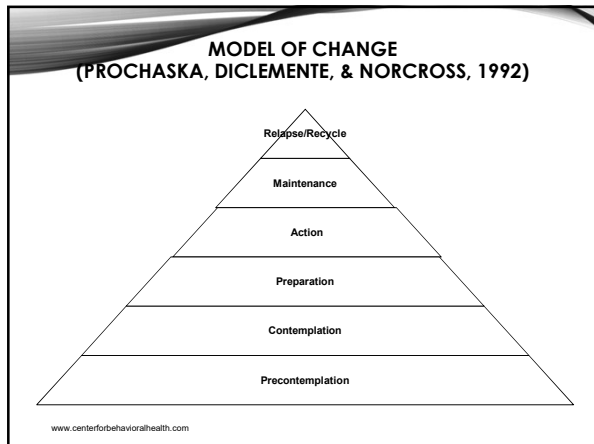
CHOICES:

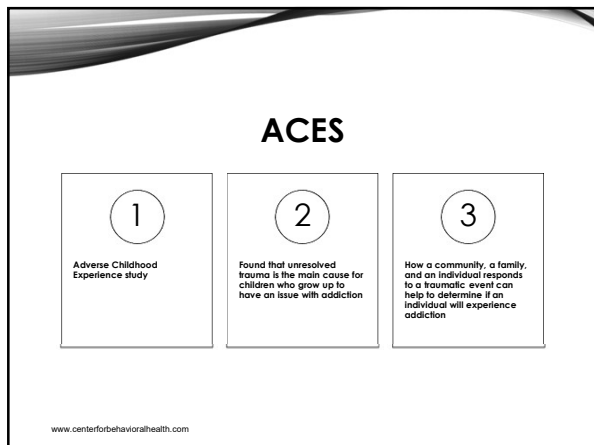
- **Why is this one so important?**
 - Without choices, we would have no control over what we do.
- **However, our choices are influenced by the people, places, and things we hang out with and by the events that have occurred in our lives.**

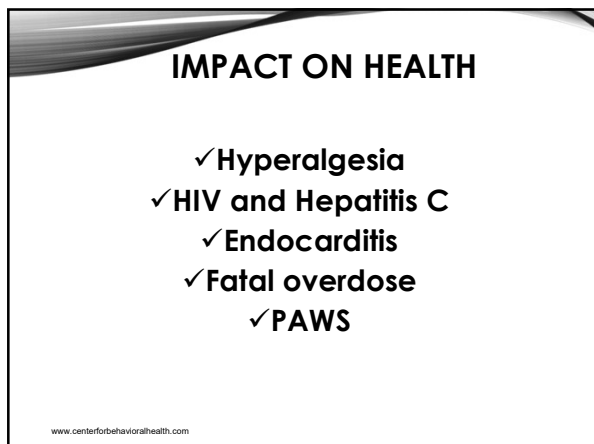
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HIV AND HEPATITIS C

- In 2003 new HIV cases w/o AIDS in KY-109, 2013-268 (KY DPH 2014 HIV/AIDS Surveillance Report).
- Scott County Indiana historically 4-5 HIV cases per year, Feb 2015-26 cases, today-217 confirmed.
- CDC ranks KY #1 in rate of Hep C rates rising and it is estimated that in general 75% of those with Hep C don't know it.
- In KY the number of people discharged from hospitals with dual dx of Hep and opioid disorder increased from 39 in 2000 to 1500 in 2012 (KY ODCP).
- Vulnerability assessment of counties most at risk of a rapid HIV spread through IVDU. Of the top 220 counties listed in the report, 54 of them are in Kentucky, with Wolfe county ranked number one. Breathitt, Perry and Clay counties were also in the top five (CDC report 2016).

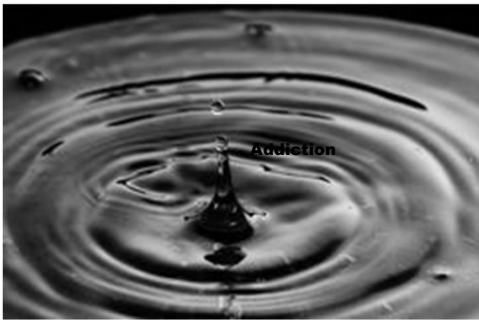
*Per KIPRC, KY saw a 30% increase in endocarditis between 2011-2015. Likely to continue increasing due to current IVDU and heroin use.

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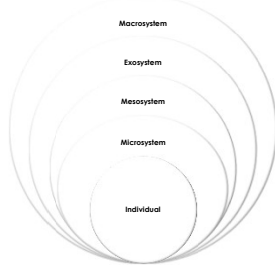
IMPACT BEYOND THE INDIVIDUAL



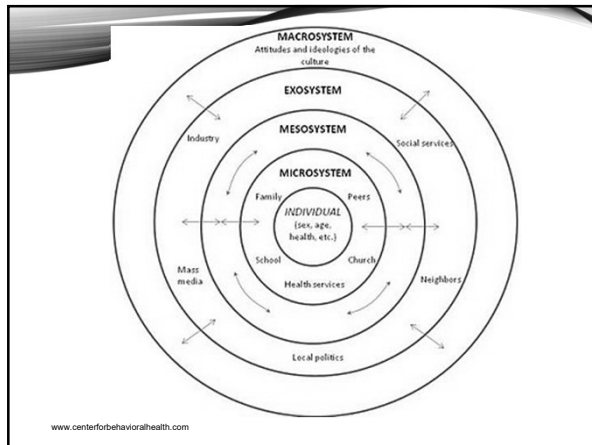


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BRONFENBRENNER'S ECO MODEL

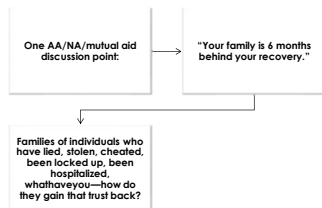


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FAMILIES



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AS PARENTS

Many of our patients have never been a parent while sober.

They have no idea how to handle stressors, both positive and negative.

Children's transitions become difficult for them to process and resolve.

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KEN DECERCHIO, MSW,CAP CHILDREN AND FAMILY FUTURES

- **Between 60–80% of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian (Young, et al, 2007)**
- **Kentucky average of children who are removed due to parental substance abuse: 26%. National average: 38%. (2014 data).**
- **86% of those with a substance use disorder did not receive treatment in Kentucky.**

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IMPACT ON CHILDREN

Cases open longer

Goals not achieved, so reunification either discontinued or taking more time to go through the steps needed.

Individuals struggling to get into sobriety or maintaining sobriety.

Increase in opiate and heroin use—challenging for individuals using either type of substance to successfully cease illicit use.

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IMPACT ON CAREGIVERS

More and more grandparents, aunts, uncles, non-parent relatives caring for our children.

Less support within the community—i.e. limited financial support to care for these children. They did not have a plan for but feel they have no choice but to take the children on.

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IMPACT ON OUR COMMUNITIES

Large groups of children growing up without parents in their lives.

Or parents in and out as the cycle of addiction spirals and trickles down.

How does this affect us as treatment providers, child welfare workers, medical professionals?

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IMPACT ON OUR COMMUNITIES

Toll on workforce participation and employer costs

Toll on healthcare system and costs

Human and social costs

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BREAKING DOWN THE COSTS

- Per NIDA, the abuse of tobacco, alcohol, and illicit drugs costs the US more than \$740 billion annually as related to crime, lost work productivity and health care.
- For 2016, The Bureau of Labor Statistics rated KY 4th lowest workforce participation rate in the U.S. Per KY Chamber of Commerce, we'd need to add 165,000 more workers just to be on par with U.S. avg and opioid addiction has been a significant factor.
- An estimated 500 million workdays are lost annually in the U.S. due to addiction related issues.
- In KY and the U.S. it is estimated that 80 percent of criminal offenders abuse drugs or alcohol.

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BREAKING DOWN THE COSTS

- Per KIPRC, drug OD hospitalizations increased from \$21.1M to \$129.3M between 2000-2012 and opioid-related disease condition costs increased \$13.9M to \$166.6M.
- Per KY DPH, from 2006-2015, the number of Kentucky resident newborns with NAS increased from 179 to 1,092; a more than six-fold increase.
- In 2016 nearly 60,000 people died of a drug overdose in the U.S.
- In 2016 over 1400 Kentuckians died of a drug overdose.
 - This is nearly four people per day, meaning someone will have likely died in the span of this training.

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**HOW DOES THIS ALL
TRANSLATE INTO THE PERSON
IN FRONT OF ME?**

THE PERSON IN FRONT OF ME

- Rehabilitation vs. habilitation.
- Active addiction is a narrow cycle of seeking, obtaining, using, recovering, hiding.
- Co-occurring mental and/or physical health disorders impact both use and recovery.
- Lack of positive supports.
- Additional burdens such as felony history, CPS, lack of safe housing and employment.

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THE PERSON IN FRONT OF ME

- Relapse can be a teachable moment, not failure.
- With opiates, less about the high, more about desperation to avoid withdrawal/pain/feeling sick.
- Behaviors we may consider as acting out, criminal, manipulative...are survival skills.
- Stigma can be a barrier and trigger
- Change doesn't happen overnight
- Self-sabotage not uncommon- Hattie's story

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RELAPSE RATES—A COMPARISON

"Relapse Happens" is a common statement in regards to recovery.

The relapse rate for Substance Use Disorder is similar to those of Type 1 Diabetes, Hypertension, and Chronic Asthma

Per JAMA (284, 1689-1695, 2000), "drug addiction should be treated like any other chronic illness; relapse serves as a trigger for renewed intervention."

Relapse can be a diagnostic tool that can help individuals determine how best to move forward and learn more about their illness.

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A VIEW ON TREATMENT & RECOVERY

“Recovery is far more than the removal of addictive substances from an otherwise unchanged life. It is time we told the story of what the use of medications combined with comprehensive and sustained clinical and recovery support services can add to the quality of life of individuals, families and communities.”

William L. White, Chestnut Health Systems
Faces and Voices of Recovery (FAVOR)

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TREATMENT WORKS!

- **Per the KORTOS 2017 report:**
 - At intake, 96% of individuals reported using any illicit substance. At 6-month follow up, only 44% reported using an illicit substance, a **52%** decrease!!
 - Other improvements between intake and follow up:
 - ✓ Illicit opioid and heroin use decreased by almost 60%
 - ✓ Mental health, depression, and anxiety significantly improved (ie, met criteria for anxiety 74% v. 8%)
 - ✓ Full-time employment and ability to meet basic needs significantly improved.
 - ✓ Decreased arrests and incarceration.
 - ✓ Increased recovery supports and quality of life.
- **CBH outcomes-reported use of heroin/illicit opiates decreases from 100% to 20% and criminal justice involvement drops from 21% to 6% for patients receiving at least two years of treatment.**

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BENEFITS OF TREATMENT

- \$100,000 spent on treatment = avoided costs of \$487,000 in healthcare and \$700,000 in crime
- Every \$1 spent on treatment saves criminal justice \$7 and when add in healthcare savings, the savings to cost ratio is 12:1
- Employees treated for substance use have decreased absenteeism, tardiness, mistakes and on-the-job injuries.

• SAMHSA CSAT Cost Offset of Treatment Services, April 2009

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RECOVERY IS POSSIBLE

- ✓ Abstinent time brings brain closer to normal
- ✓ Positive/supportive experiences are protective
- ✓ Therapy actually changes the way our brain works – substance abuse treatment provides better outcomes than placebo

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BRAIN RECOVERY WITH PROLONGED ABSTINENCE

Healthy Person

METH Abuser
1 month abstinence

METH Abuser
14 months abstinence

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WHAT IS MY ROLE?



PROVIDER'S ROLE-ASSESS YOUR READINESS

- ✓ When someone asks for help, what can/do you do?
- ✓ How do you make a referral? What if there is a wait?
- ✓ What if they don't want the service/treatment recommended?
- ✓ Are you or your staff familiar with local resources?
- ✓ Is your staff getting ongoing training on addiction and related topics?
- ✓ Are you educating your patients on OD risk and offering a prescription for naloxone?
- ✓ To what extent do you want to address substance related issues? What are the barriers and limitations?
- ✓ Be aware of your own biases and limitations in working with this population.

PROVIDER'S ROLE-ASSESSING OD RISK

- ✓ Are drugs being used in combos, especially higher risk combos like opiates and benzos? Don't forget about alcohol!
- ✓ Have you changed how you use? What you use?
- ✓ Do you use alone?
- ✓ Have you ever overdosed? What happened? How often has that happened? When?
- ✓ Have you recently increased the amount you use?
- ✓ Are you using at home? Other people use in the house?
- ✓ Recent period of abstinence (incarceration, treatment) impacting tolerance?
- ✓ What do you hear/know about drugs in the community?

**PROVIDER'S ROLE-ASSESSING
OTHER CONCERNS**

- ✓ Other health factors? (pregnancy, HIV, hep C, endocarditis)
- ✓ Is there truly a sober support system available?
- ✓ Is there an untreated/unstable MH condition?
- ✓ History and current status of trauma and violence?
- ✓ Are their basic needs/safety being met right now?
- ✓ Abstinence is not sobriety

Get comfortable discussing the uncomfortable!

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PROVIDER'S ROLE-RECOMMEND/REFER

- ✓ What does the patient want? What led to this decision?
- ✓ Consider strengths, supports, resources, risks and deficits.
- ✓ Imminent danger, risks that require immediate attention.
- ✓ Is the purpose harm reduction or treatment?
- ✓ Balancing act of medical necessity vs. potential expectations/requirements vs. meeting the patient where they are.

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**PROVIDER'S ROLE-ONGOING
CONSIDERATIONS**

- ✓ Testing limits is normal, response is important.
- ✓ Need to balance consistency with flexibility.
- ✓ Time, patience, and commitment are key.
- ✓ Assessment and monitoring should be ongoing.
- ✓ Don't assume everything is "fine" because your patient has never reported a substance use issue.
- ✓ Don't assume everything is fine because your patient with an SUD went to treatment or reported sobriety a year ago!

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THIS IS WHY WE DO THIS WORK

More than 23 million adults identify as being in recovery!

- <https://vimeo.com/64948005>
- <https://www.voicesofhopelex.org/livingproof>
- <http://manyfaces1voice.org/>
- <http://heroesinrecovery.com/>

<http://www.drugfree.org/newsroom/survey-ten-percent-of-american-adults-report-being-in-recovery-from-substance-abuse-or-addiction/>

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RESOURCE: RIGHTS OF INDIVIDUALS IN TREATMENT/RECOVERY

<https://store.samhsa.gov/shin/content/PHD1091/PHD1091.pdf>

https://lac.org/wp-content/uploads/2014/12/Know_Your_Rts_-_MAT_final_9.28.10.pdf

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