THE OPIOID EPIDEMIC NRASP MEETING

Hilton Garden Inn, Fargo JULY 18, 2018

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Presentation objectives

- What are opioids?
- Local data

- How did this become an epidemic?
- Community strategies
- Treatment & recovery

What is an opioid?

- Opium poppy derived (natural) or synthetic drug
- Prescription pain medications & illicit drugs
- Codeine, Morphine, Oxycodone, Hydrocodone, Fentanyl, Heroin, Methadone
- In the US, over 42,000 people died of an opioid overdose in 2016 (CDC)

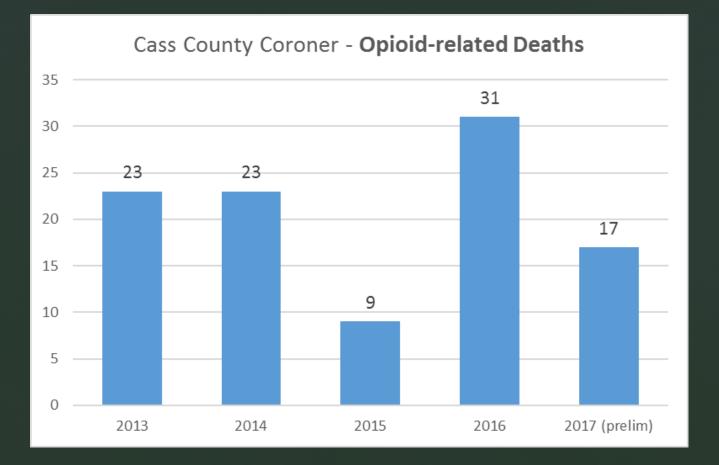






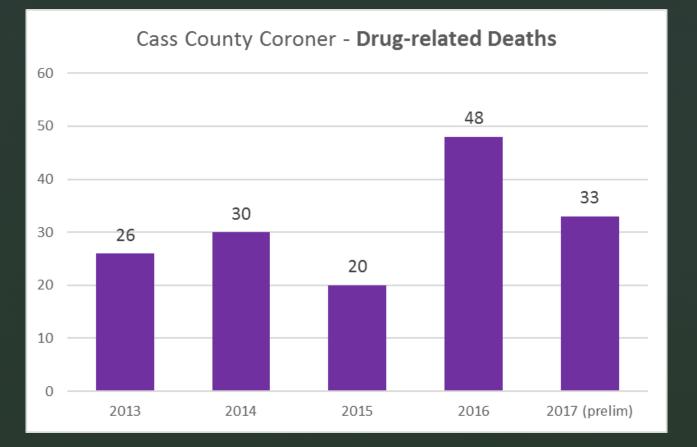


Opioid-related deaths 2013-2017 Cass County



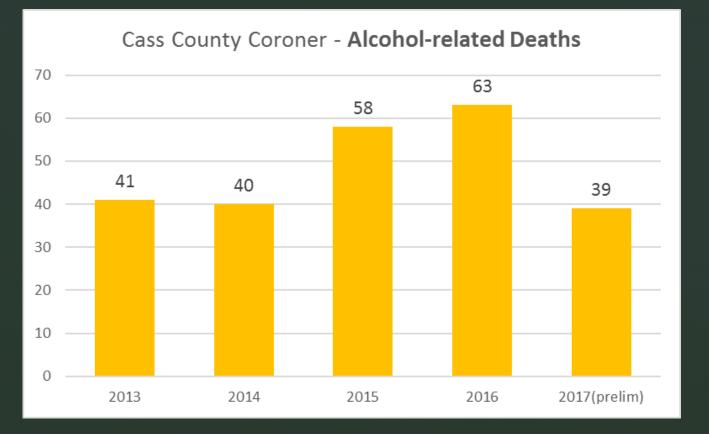


Drug-related deaths 2013-2017 Cass County





Alcohol-related deaths 2013-2017 Cass County





From pain pills to heroin

How misunderstandings and good intentions drove the worst drug crisis in U.S. history



Misinformation

MISINFORMATION

A now-debunked letter in The New England Journal of Medicine deems painkillers as rarely addictive.



Pain

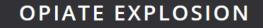


PAIN SCALE

The Joint Commission suggests pain is vastly undertreated and urges doctors to consider it as the "fifth vital sign."



Explosion



Doctors prescribe larger amounts of opioids, which end up on the street. An extended-release version of OxyContin containing 10 times more active ingredient is developed, making it easier

to crush and snort.

Source: Remerowski, G. (2017). Inside an epidemic. Outlook.





Limits



SUPPLY LIMITS

As doctors realize the abuse potential, they limit prescriptions, decreasing supply and increasing costs of opioids on the streets.



Deterrence



DETERRENCE EFFORTS

Drug company makes a version of OxyContin that is more difficult to crush and snort. This inadvertently drives addicts to heroin.



Heroin



HEROIN

The epidemic increases over time. Addicts' demographics shift from poor, predominantly black communities to more white, middle- to upper-class communities.



Fentanyl

FENTANYL

Dealers realize cutting heroin with the far more potent, cheaper, lab-made opioids fentanyl and carfentanil gives users a better — but often fatal — high.



Carfentanil





State Strategies

- Rx Drug Monitoring program or PDMP
- Take Back program- law enforcement
- Med Safe program- pharmacies
- Good Samaritan Law

- Access to Naloxone
- Prescribing guidelines (CDC & health systems)
- Syringe services program authorization

Community Strategies

✗ Coalition- MBRC

× Recommendations

☆ Clearinghouse/Navigator- 211

⋈ MAT- Community Medical Services

➢ Detox- 3 strategies

× Transportation

💥 Housing

Community Strategies

- Grants- STR & prevention
- X Narcan distribution & training
- **Recovery Coach Academy**
- Syringe Services programs
- X Take Back events

Lock.Monitor.TakeBack.

Before you get the meds…

- Keep medication out of sight and in a secure place
- Keep track of medication and take only as directed
- Drop off unused medication at local Take Back locations.
- www.takeback.nd.gov







Stop Overdose

- prevention.nd.gov/stopoverdose
- Recognize the signs
- Call 911
- Naloxone can be a lifesaver
- **Opi**Rescue app



NARCAN

An antidote that rapidly reverses the effects of an opioid overdose; it has no adverse effects if administered to a person who is not overdosing.



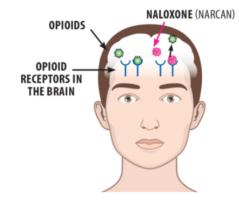
1. CHECK FOR SIGNS OF AN OVERDOSE

Signs include: lack of responsiveness, shallow breathing, pinpoint pupils, blue/gray lips or fingernails, clammy/pale face. Call 911.



2. ADMINISTER NARCAN

If, based on these signs, you suspect an overdose, administer Narcan nasal spray in one nostril. The spray is absorbed through the blood vessels in the nasal membranes.



3. MONITOR RESPONSE

The drug then travels to the brain, where it replaces the opioid molecules that are bound to opioid receptors. Narcan works to revive victims in 2-5 minutes. If needed, administer second dose.



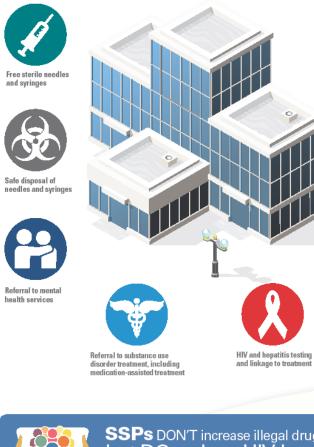
NARCAN Training Video

https://www.youtube.com/watch?v=tGdUFMrCRh4



Syringe Services Programs: Vital Part of Efforts to Combat Opioid, HIV, and Hepatitis Epidemics

What is an SSP? A community-based program that provides key pathway to services to prevent drug use, HIV, and viral hepatitis





Other tools to prevent HIV and hepatitis, including counseling, condoms, and PrEP (a medicine to prevent HIV)

SSPs DON'T increase illegal drug use or crime but DO reduce HIV hepatitis risk. Syringe services programs: http://bit.ly/2dhkAsg Find an SSP: http://bit.ly/2dhkAgg

HIV diagnoses are down among PWID. More access to SSPs could help reduce HIV and hepatitis further.

PWID - People who inject drugs

SOURCE: Vital Signs, December 2016

Treatment

- Medication Assisted Treatment
 - Opioid Treatment Program (OTP)- Community Medical Services
 - Healthcare provider- Ideal Option
- Substance use disorder treatment
 - First Step Recovery
 - Prairie St. Johns
 - ShareHouse

Recovery

- Peer recovery coaches
 - Face It Together
 - Lost & Found Recovery Center
- SMART recovery

- Celebrate recovery
- 12 step programs





Peer Recovery Support—It Works!

Addiction and Recovery

Over 20 million Americans identify as in Recovery.	RECOVERY
Yet only 10% of adults who need treatment for addictions actually get services.	LASTS
People need support to maintain abstitnence and improve their lives before, during, and long after treatment.	A LIFETIME.

Z

Employment or

enrolíment in

school

What are Peer Recovery Support Services?

PRSS are non-clinical, peer-run services that rebuild lives, reduce costs, and empower both peer leaders and people in new recovery.

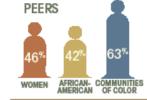
[Peer leader training has] given us the opportunity to gain solid job skills and enhance a personal self-esteem that grows only when helping others. -AIDS Service Center of New York City



The Value of PRSS

Reach vulnerable communities

Peer services extend the reach of treatment beyond the clinical setting into people's every day environments. In 2011, SAMHSA's PRSS programs served a diverse group of peers:



Increase

In a group of over 1,000 people in recovery who received peer-led services:

Sustain recovery, build community



In Chicago, peer services reunited recovering parents with kids, saving the Department of Children and Families \$5 million.

partnerships with

and treatment keep

WHM's recidivism

the Iall, courts,

rate at 5%.

Build affordable, effective workforce

For the Connecticut Community for Addiction Recovery: PRSS are anchored by riaorous peer training and codes of ethics. Peer specialists are often volunteers. making PRSS cost effective.

Stable

housing

291 VOLUNTEERS 23,264 HOURS \$646.041 IN-KINE

PRSS Change Systems

Cut Costs

Peer programs cut costs and leverage partnerships across service systems.

SAVINGS

At Community Bridges, Inc. in Phoenix, peer specialists partnered with Fire and Police Departments to deliver peers from emergency settings to peer programs, reducing the use of high cost crisis services by 22%.

Services and activities need to be flexible...This means offering non-traditional service hours in non-traditional locations, sometimes using non-traditional methods, -Center for Veterans Issues, Milwaukee, Wisconsin Seamless



...peer-to-peer services have not only changed lives, but changed the way services are viewed, developed and delivered by multiple Arizona housing providers. -Women in New Recovery, Mesa, Arizona

Source: Meeting Report: Perspectives on the Evolution and Future of PRSS, SAMHSA/CSAT

Contact

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