

Opioid Overdose Epidemic and What it means for College campuses

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DHHS SAMHSA- WA DSHS DBHR
WA DSHS DBHR
Laura and John Arnold Foundation
National Institute on Drug Abuse

Outline

Stigma
Opioid epidemiology
Prevention
Treatment/Management
Overdose Prevention

Recommended practices

Address stress and pain management proactively

Provide opioid use disorder treatment medications with appropriate staffing and clinical supports

Provide opioid overdose education & prescribe naloxone

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Personal Views about substance use disorder

We all have some (maybe a lot) of direct experience with people who have substance use disorder.

We may feel sympathy, anger, and other emotions.

How do my experiences:

- shade how I see and I think about it?
- impact how I treat people?
- how I talk about substance use disorders?

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The impact of those feelings on your behaviors, words and actions and in turn your impact on other people is essential to consider in your roles as:

As a friend and family member

In your work

As an expert resource to those in your communities

fox

There's a highly successful treatment for opioid addiction. But stigma is holding it back.

Medication-assisted treatment is often called the gold standard of addiction care. But much of the country has resisted it.

Updated by Emma Johnson October 26, 2017 1:01pm

100% 100%



"If I wanted to view myself as an ethical practitioner and doing the best that I could for the people I served, I needed to make this change [incorporating treatment medications] based on the overwhelming evidence," he said.

"And I needed to separate that from my personal recovery experience."

<https://www.fox.com/platform/amp/science-and-health/2017/7/20/15937896/medication-assisted-treatment-methadone-buprenorphine-naltrexone>

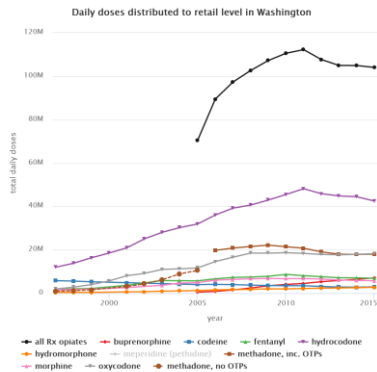
Why does opioid use disorder matter?

Epidemiology/Human toll

Rhetoric- Stigma- Care seeking

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Opioids distributed in
WA State
(DEA ARCOS)



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Opioid Prescribing

Approximately 1 in 5 adults gets at least one opioid Rx each year

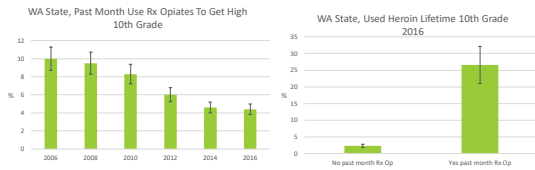
Approximately 2-4% of adults use opioid chronically

Approximately 10% of adolescents get an opioid Rx each year

- Peak age of first misusing Rx opioids is 14-15

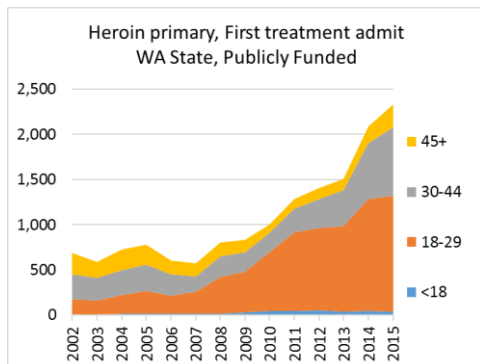


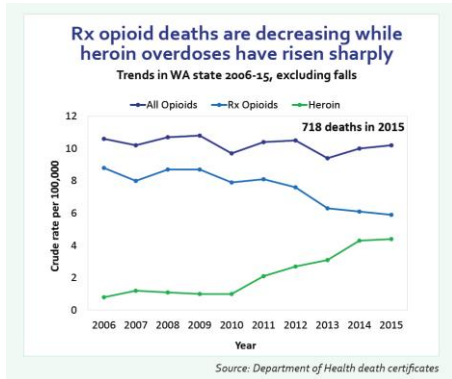
WA State Healthy Youth Survey Opioid use



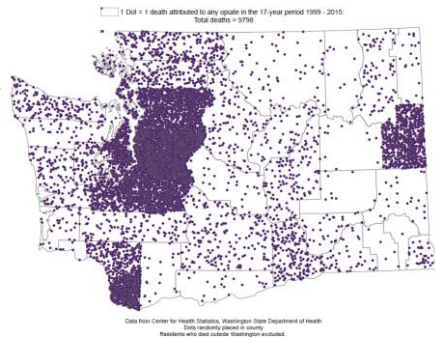
Decreased prescribing is associated with decreased misuse by adolescents.

Misusing Rx-opioids is strongly associated with using heroin.





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What do we **do** about it?

Opioid Medication & Pain: What You Need to Know

If you've had an injury, surgery or major dental work, you are likely to have pain. Pain is a normal part of life and healing. Talk with your doctor about how you can get the most effective pain relief with the least risk.

Commonly prescribed opioids:
Codeine
Morphine
Hydrocodone/acetaminophen
Fentanyl
Buprenorphine
Methadone
Naloxone
Naltrexone
Oxycodone
Oxycodone/acetaminophen
Tramadol

NON-OPIOID PAIN TREATMENTS HAVE FEWER RISKS
Pain relief from OTC pain relievers is available in a few days and does not increase the risk of addiction or overdose. Opioids are more powerful pain relievers, but they are usually not necessary. Consider other options that may work just as well but have far fewer risks.

OPISMS ARE STRONG PRESCRIPTION MEDICATIONS
Opioids are the most powerful pain relievers available. They are used to treat severe pain, but they are also addictive. Opioids can be dangerous if not used properly. They can cause breathing problems, drowsiness, and even death. They can also be abused and lead to addiction.

OPISMS ARE CHEMICAL CANNES OF HEROINS AND ARE HIGHLY ADDICTIVE
Opioids are chemical cousins of heroin and are highly addictive. They can be dangerous if not used properly. They can cause breathing problems, drowsiness, and even death. They can also be abused and lead to addiction.

IF YOU ARE PRESCRIBED AN OPIOID, BE AWARE OF THE RISKS
If you are prescribed an opioid, be aware of the risks. Opioids are powerful pain relievers, but they are also addictive. They can be dangerous if not used properly. They can cause breathing problems, drowsiness, and even death. They can also be abused and lead to addiction.

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<http://www.breecollaborative.org/wp-content/uploads/WHA-Bree-Opioid-Consumer-Fact-Sheet.pdf>

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NON-OPIOID PAIN TREATMENTS HAVE FEWER RISKS

For pain that will likely be gone in a week or two, it is always best to start with non-opioid pain treatments. Opioids may help control pain at first, but they are usually not necessary. Consider other options that may work just as well but have far fewer risks.

- Over-the-counter pain relievers
- Physical therapy
- Exercise
- Professional help coping with the emotional effects of pain

OPIOIDS ARE STRONG PRESCRIPTION MEDICATIONS

Opioids can be the right choice for treating severe pain, such as from cancer or immediately after major surgery. However, medications such as Vicodin, Percocet and OxyContin are very powerful and can be deadly. Even if you take them as directed, ALL opioids have serious side effects such as addiction and overdose.

OPIOIDS ARE CHEMICAL COUSINS OF HEROIN AND ARE HIGHLY ADDICTIVE

You can build up a tolerance to opioids over time, so you need to take more and more to get the same relief. The higher the dose, the more dangerous opioids are. You can even become addicted after a short time.

If you are prescribed an opioid for short-term pain:



The prescription should only be for a three- to seven-day supply (often this is as few as 10 pills).



Take the lowest dose possible for the shortest period of time.



Always talk with the doctor about managing your pain better without taking prescription opioids.



Dispose of opioid medicines as soon as you stop using them.*

*King County has dozens of pharmacies that can dispose of your unused medications for free. Find the one closest to you at: www.takebackyourmeds.org.

www.WashingtonHealthAlliance.org www.BlueCollaborative.org

Stigma

There seems to be as much *stigma* associated with *people* who have opioid use disorder as there is about the treatment *medications* for opioid use disorder.

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Information is a starting place
For those with OUD,
Professionals and General
Public

What is opioid dependence?

- A physical state where the body adapts over time to taking opioids.
- People develop tolerance, need more to get the same effect.
- People develop withdrawal, without opioids a temporary state of extreme discomfort.

What is opioid dependence?

- Happens to anyone who takes opioids for a while.
- Changes to the brain, natural endorphin system, may be long lasting or permanent.
- A person may make choices to use opioids initially, but structural changes to the brain mean that for many it is hard/impossible to simply make a choice to stop.

What is Opioid use *disorder*?

- Biological- dependence
- Psychological- compulsive use, pre-occupation (always thinking about)
- Social- Gets in the way of important life activities- relationships, work, school

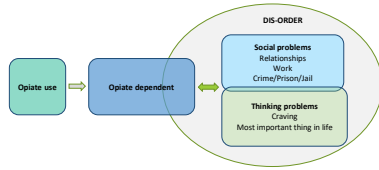
What is Opioid use disorder?

Some people get OUD and some do not.
1 in 4 people who use heroin develop OUD.
Why is complicated and not completely understood.

Important factors:

- Genetics
- Personality type
- Trauma
- Psychological/Mindset & Social/Setting

What is opioid use disorder?



Goals of OUD Treatment

- Provide tools (behavioral change, environmental change, medications) to help patients manage their OUD.
- Teach people how to use those tools.
- Facilitate a continuing care model (OUD is chronic).
- Collaborate with patients to adapt treatment as their needs and circumstances change.

But aren't they still addicted if on methadone or buprenorphine?

- What is the definition of OUD?
 - Is it simply physical dependence?
- How does the change of lifestyle and psychosocial stability associated with treatment medications fit with OUD diagnosis?

A person can be on treatment medications and be in recovery.

Research clearly and consistently
shows that medication assisted
treatment for opioid use disorders
saves lives and money



Many large studies show OD Death
rate 50% lower when on methadone
or buprenorphine



Emerging data showing effectiveness
of long-acting naltrexone



Co-morbidities

Opioid use disorder often is co-morbid:

- Chronic pain (physical and emotional)
- Mental health (anxiety and depression)
- Other health conditions



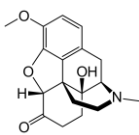
Conveying information

By deconstructing a common and complex question:

How does a person go from taking pills to shooting heroin?

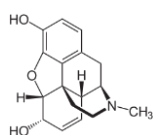


OXYCODONE



\$80

MORPHINE (heroin metabolite)



\$10

& easier to get





Recommended practices

Discuss pain management- treatment options and expectations

Ensure awareness of and access to effective opioid use disorder treatment including medications

For all regular opioid users and their friends provide opioid overdose education

e.g. www.stopoverdose.org