



Responding to the Opioid Crisis

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Objectives

Gain/Develop knowledge on

- Current opioid epidemic
- The impact of opioids on the brain and body

Discuss

- One treatment responses to the epidemic



9.4 million Americans take opioids for long term pain

2.1 million are estimated by the National Institute of Health to be hooked

Source: Time Magazine, June 15, 2015

The Opioid Epidemic Facts

- CDC identifies drug overdose deaths from prescription opioids as exceeding deaths from automobile accidents
- Prescription opioids have become the fastest growing addiction in the U.S.
- Six-fold increase in opioid treatment admissions (US 1999-2009)
- In 2014, there were 47,055 lethal drug overdoses; 29,467 were opioid-related
 - 18,893 overdoses were related to prescription pain relievers and 10,574 overdoses were related to heroin

*Director CDC – National Prescription Drug Abuse Summit, 2013

** Substance Abuse and Mental Health Services Administration: www.samhsa.gov

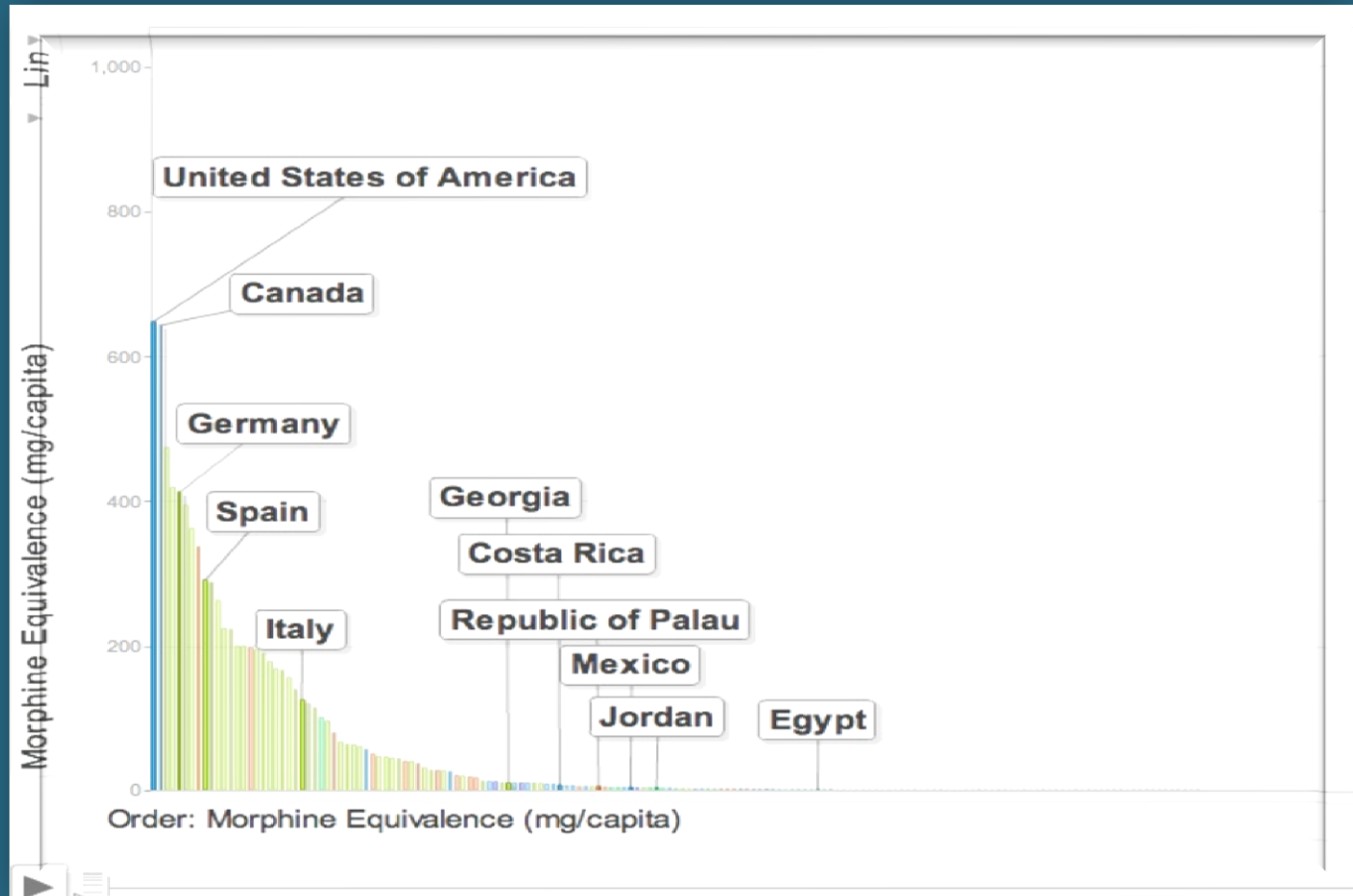
Centers for Disease Control and Prevention: www.cdc.gov

Opioid Facts

- In 2011, there were 219 million prescriptions for opioids written in the U.S.
- From 2001 to 2008, narcotics prescriptions as a share of all drugs used to treat workplace injuries jumped 63%, according to insurance industry data
- Healthcare costs for those who abuse opioids are reported to be eight times higher than non abusers

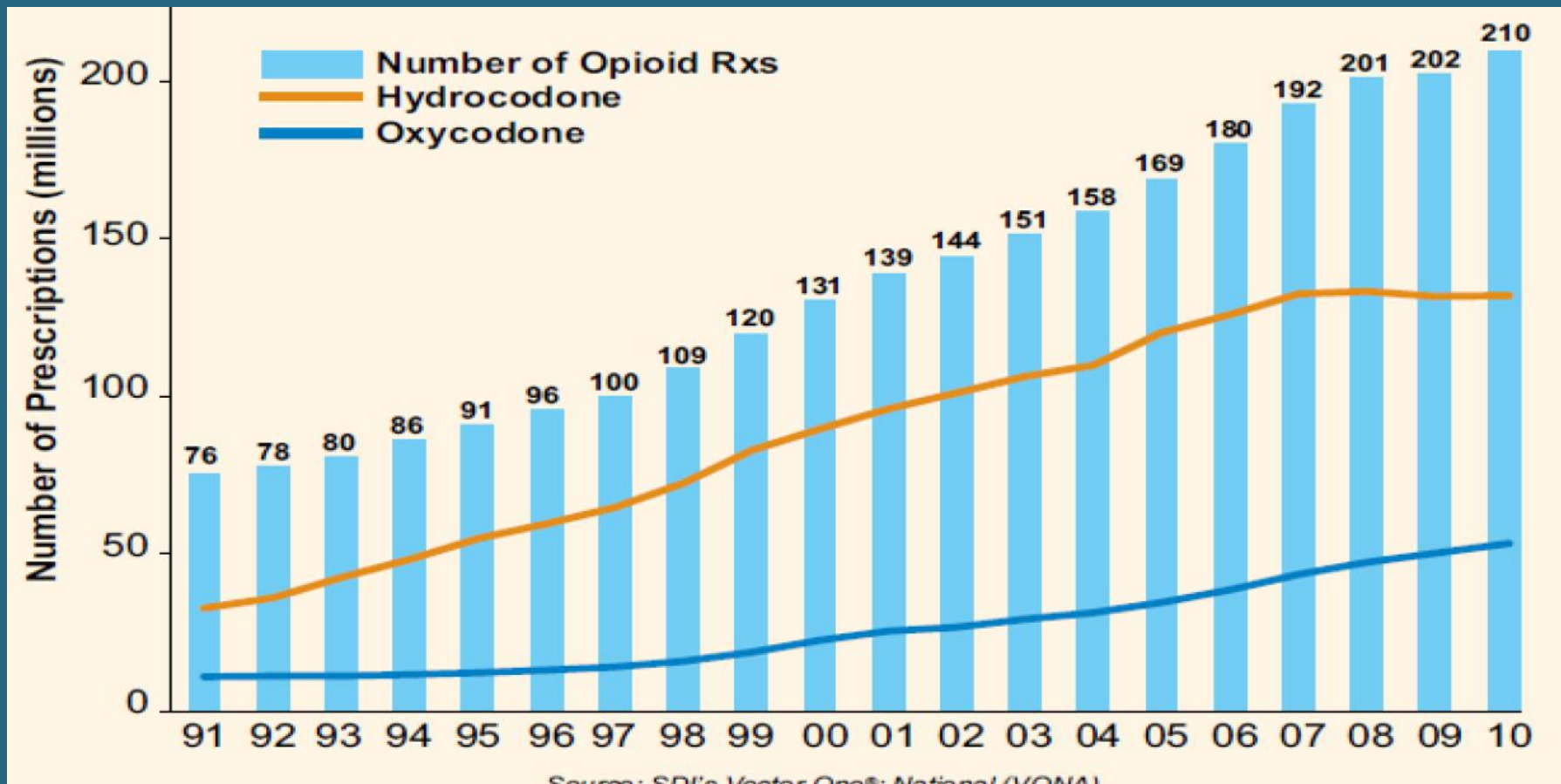
www.nytimes.com/2012/06/03/health/painkillers-add-costs-and-delays-to-workplace-injuries.html?pagewanted=all&

The United States leads the world in prescribing opiate pain medications.

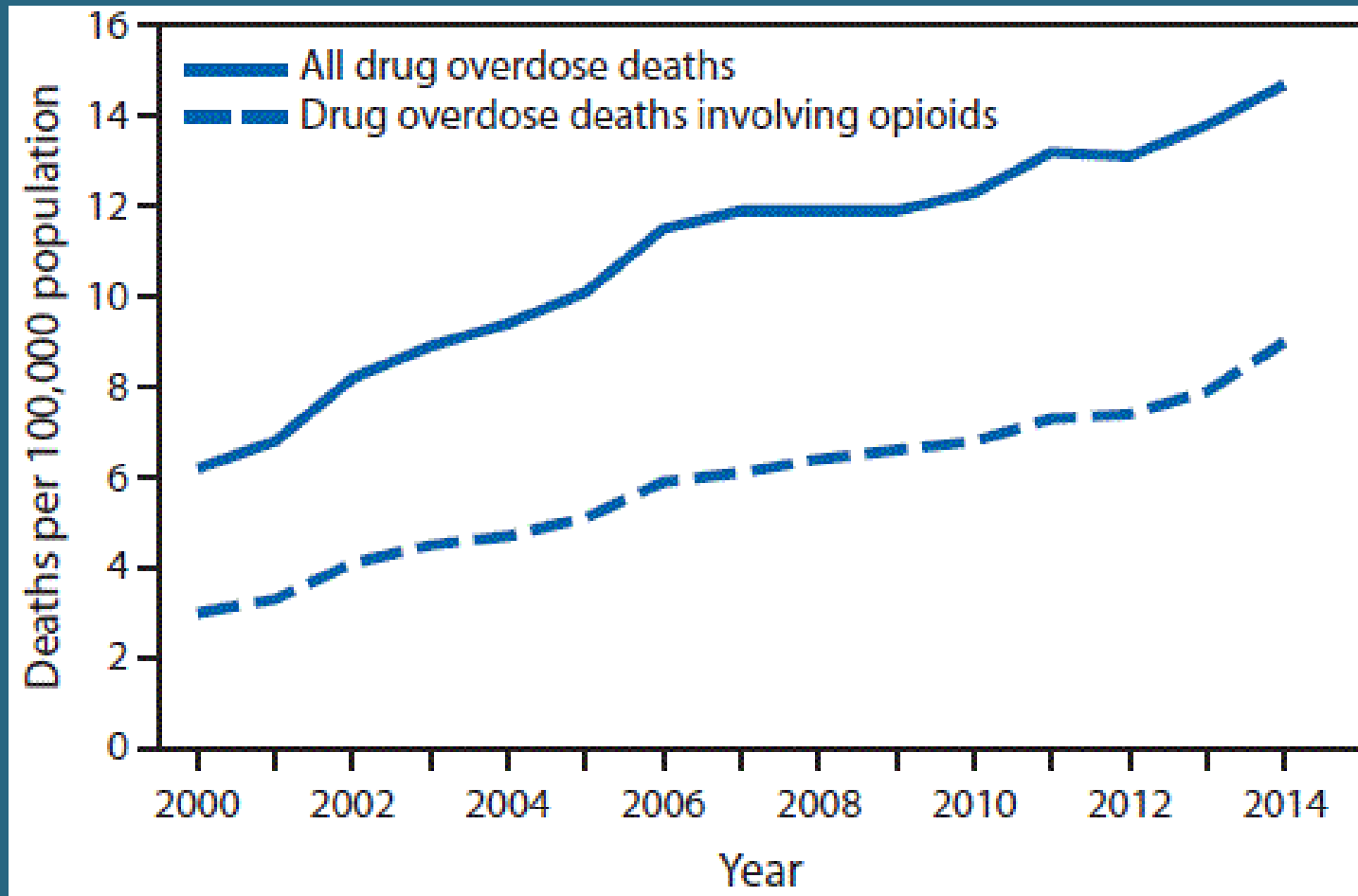


Source: National Vital Statistics System, Mortality file

Opioid Prescriptions: Total Number Dispensed by U.S. Retail Pharmacies, 1991-2010

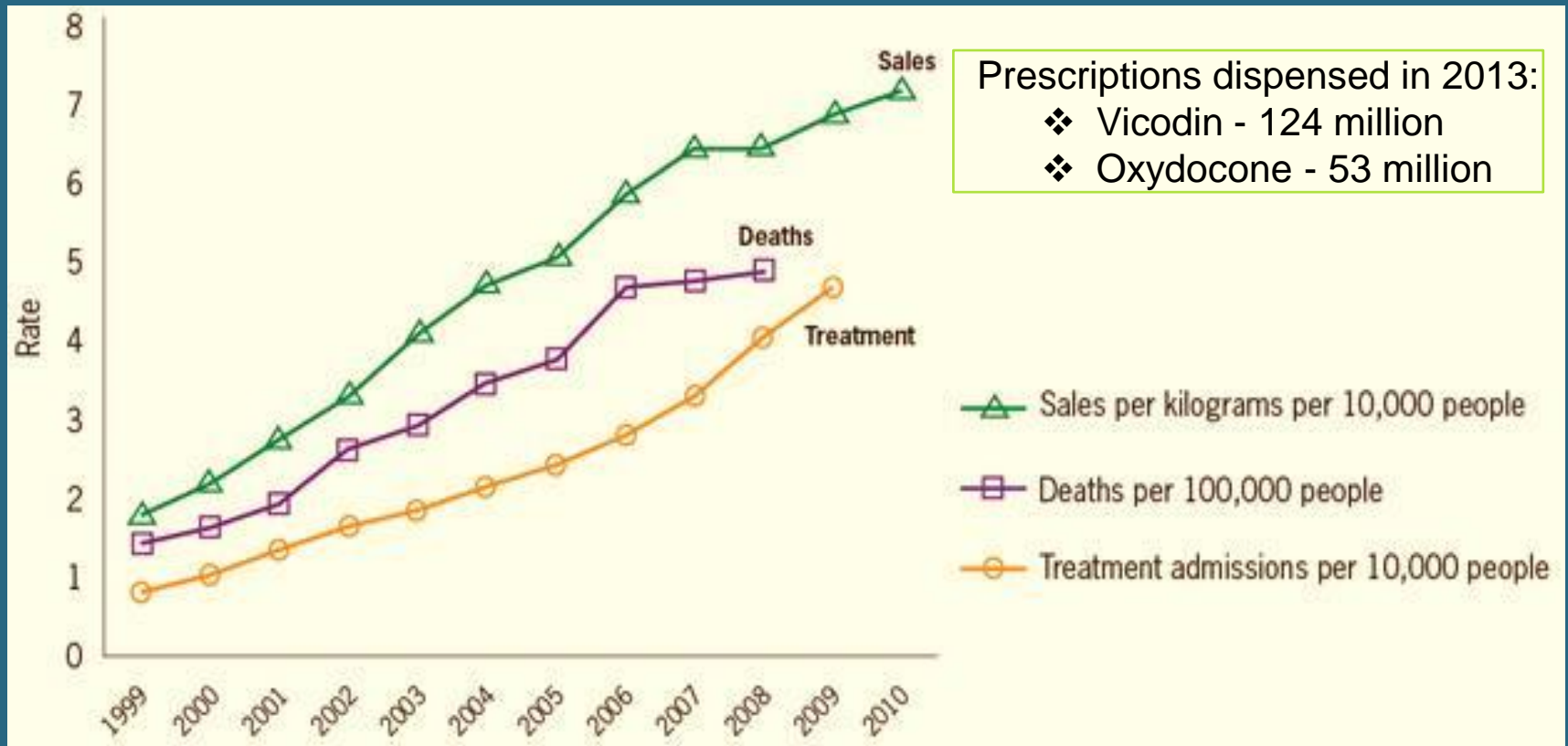


Age-Adjusted Rate of Drug Overdose Deaths and Drug Overdose Deaths Involving Opioids — US, 2000–2014



Source: National Vital Statistics System, Mortality file

Rates of Prescription Painkiller Sales, Deaths and Substance Abuse Treatment Admissions 1999 - 2010



Source: IMS National Prescription Audit (NPA) & Vector One ®: National (VONA)

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



ALCOHOL

are

2x



MARIJUANA

are

3x



COCAINE

are

15x



Rx OPIOID PAINKILLERS

are

40x

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

2x

Heroin use more than doubled among young adults ages 18-25 in the past decade.

9 in 10

More than 9 in 10 people who used heroin also used at least one other drug.

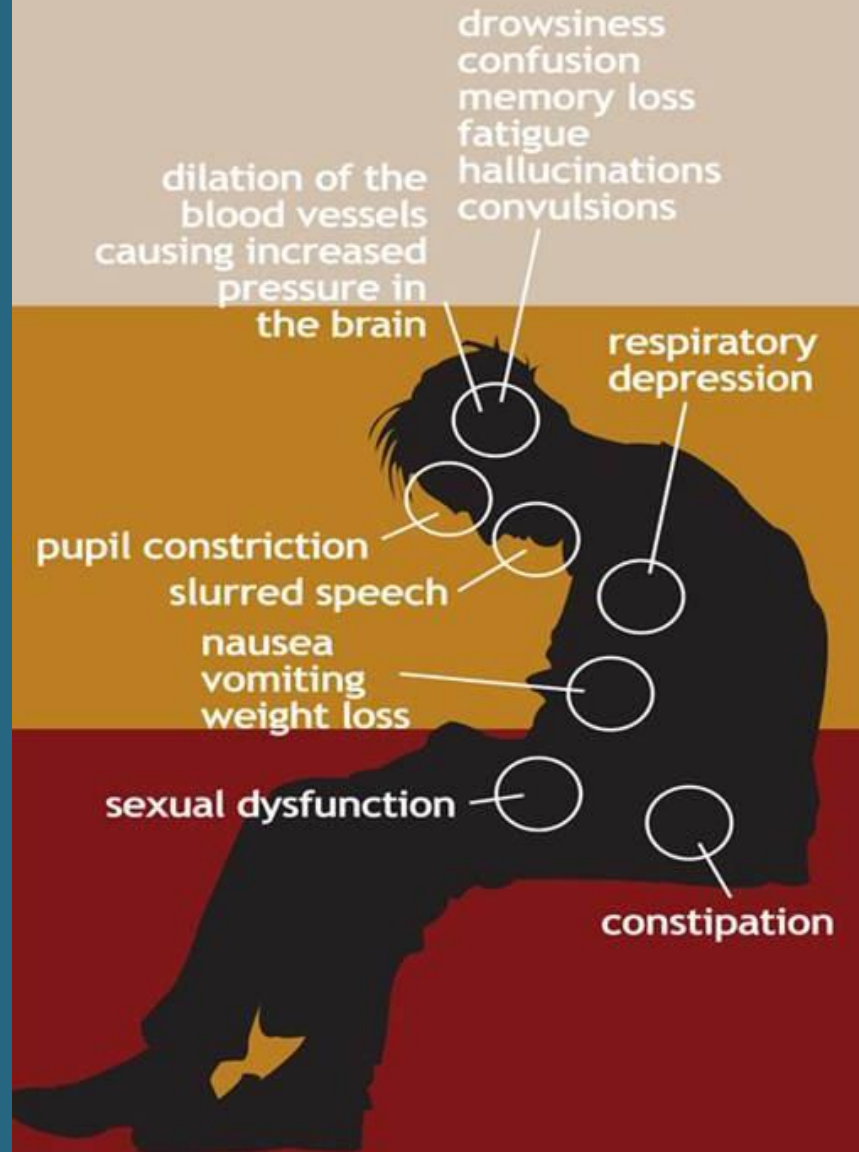
45%

45% of people who used heroin were also addicted to prescription opioid painkillers.



Source: Centers for Disease Control *Vital Signs*, July 2015

Bad effects of OPIATES



Opioid Withdrawal Symptoms

- Bone, joint, muscular pain
- Anxiety, insomnia
- Sweating, running nose, chills
- Stomach cramps, vomiting
- Diarrhea
- High blood pressure
- Excessive yawning, teary eyes



The Current State of Addiction Treatment in the US for Opioid Use Disorders

- Nearly 1 million patients do not have access to medication assisted treatment
- Payers create barriers to treatment with medication
- Cultural barrier of abstinence-only recovery programming
- Lack of primary provider knowledge about treatment options
- Lack of access due to
 - inadequate workforce
 - patient resistance → stigma

Increased deaths and relapse

So why isn't the standard treatment approach as effective?

Why Use Medication

- Hazelden's experience
 - Increased admissions for opioid dependence
 - Adults: 19% (2001) → 30% (2011)
 - Youth: 15% (2001) → 41% (2011)
 - Problems with ASA discharges, treatment retention
 - Unit milieu issues
 - Use of opioids during treatment
 - Increased incidence of death following treatment

What the Medication is Not

- Not in place of Twelve Step recovery or treatment
- Not medications alone

COR-12: A Comprehensive Opioid Response

What are we doing at Hazelden Betty Ford that is revolutionary in the field of addiction treatment?

- Strongly advocating the use of medicines in support of recovery.
- Utilizing medicine to help more people ‘buy time’ in order to stabilize their neurobiology.
- Allowing more people to have time to get the gift of 12-Step recovery.
- Reminding patients – “the medicine itself is not recovery.”

Hazelden's response was fueled by the national opioid epidemic

1. Six-fold increase in opioid treatment admissions (US 1999-2009)
2. In 2014, there were 47,055 lethal drug overdoses; 29,467 were opioid-related
 - 18,893 overdoses were related to prescription pain relievers and 10,574 overdoses were related to heroin
3. Drug overdose is now the #1 cause of accidental deaths in the US, more than motor vehicle accidents.

CDC, National Center for Health Statistics, National Vital Statistics System, Mortality File. (2015). American Society of Addiction Medicine; Opioid Addiction 2016 Facts and Figures

Five Factors That Caused Us To Change

1. Increased admissions for opioid dependence
2. Problems with treatment retention
 - Significant rate of relapse and ASA (Against Staff Advice) discharge
3. Effects on other patients and the culture of treatment (milieu)
4. Use of opioids during treatment
5. Increased incidence of overdose death following treatment
 - Ethical imperative to evaluate the treatment model



The Hazelden Betty Ford Response

1. Altered the entire treatment of opioid dependence within our system: COR-12
2. We added groups, education and individual sessions for opioid dependence
3. We incorporated two evidence-based medications into treatment protocols for opioid dependence: naltrexone and buprenorphine
4. We acknowledged the risks involved in return to use, and trained staff, patients and family members in the use of Narcan
5. We are studying the results

The COR-12 Clinical Philosophy

1. Acknowledge that MAT is one part of a larger strategy toward achieving long-term recovery
2. Allow patients who choose the no-medication pathway to participate in opioid treatment programming
3. Emphasize long-term treatment engagement for greater success
4. Ask patients to commit to this extended engagement
5. Assess for an opioid use disorder as soon as possible
6. Offer specific treatment options for opioid use disorders

COR-12: A Comprehensive Opioid Response with the 12-Steps

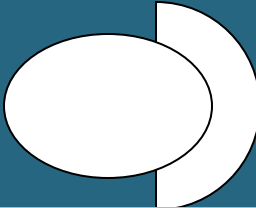
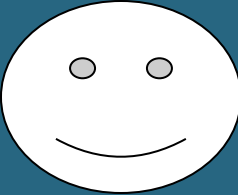
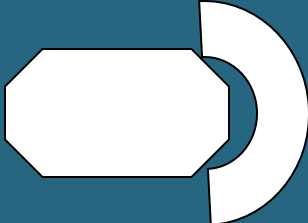

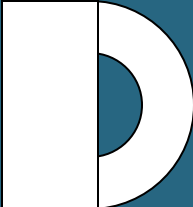

	RESIDENTIAL (Structured) PHASE I 1-3 Months	Flexible Programming Based on Clinical Need (May include Structured, Sober Living) PHASE II 2-6 Months	Recovery Management PHASE III 7-18 Months	 Lifelong Recovery PHASE IV 18 Months and Ongoing
MEDICATION	 <p>Week 1: Suboxone for withdrawal</p> <p>Weeks 2-3: Gradual taper, Optimize dose</p> <p>Week 4 & Beyond: No medications, Suboxone taper, Low dose oral naltrexone, Extended-release naltrexone injection</p>	Monitor Medications	Potential Taper or Discontinue Medications	Discontinue Medications
THERAPY	PARTICIPATE IN INDIVIDUAL & GROUP THERAPY OPIOID SUPPORT GROUP	INDIVIDUAL & GROUP THERAPY OPIOID SUPPORT GROUP	GROUP THERAPY OPIOID SUPPORT GROUP	OPTIONAL GROUP THERAPY OPIOID SUPPORT GROUP
RECOVERY RESOURCES	RESIDENTIAL PHASE I <ul style="list-style-type: none"> Register for "MORE" (My Ongoing Recovery Experience) Learn about Hazelden Connection Intro to Alumni Services 	PHASE II <ul style="list-style-type: none"> Consider/Enroll in Hazelden Connection Utilize "MORE" Modules and Content Engage Alumni Services 	PHASE III <ul style="list-style-type: none"> Enroll and Engage in Hazelden Connection Continue actively working with "MORE" Modules and Content Continue to participate with Alumni Network Participate in a COR-12 Lodge experience at Dan Anderson Renewal Center 	PHASE IV <ul style="list-style-type: none"> Continue to utilize Recovery Services Continue actively working with "MORE" Modules and Content Participate in a COR-12 capstone Lodge experience at Dan Anderson Renewal Center
TWELVE STEP RECOVERY	Intro to Twelve Step groups	Support in establishing active participation in Twelve Step groups	Support in transitioning to using Twelve Step group as primary support system	Twelve Step program as primary support system

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COR-12 Clinical Perspective

- We are focused on patient engagement – for the long term
- We borrowed heavily from models of intensive Twelve Step practice (OA, SAA/SLAA) in which total abstinence is not an option.
- We emphasize life long recovery.

Pharmacotherapy of Opiate Dependence

agent	receptor	action
Agonist – Methadone		
Partial Agonist – Buprenorphine Weak Agonist – Tramadol		
Antagonist – Naltrexone		

Methadone (Methadone Hydrochloride)

- Links to opioid receptors with greater attraction than heroin
- Used to wean off opiates, reducing risk of withdrawal, but presents its own withdrawal risk
- Tolerance and dependency can develop at a level similar to morphine although at a slower rate
- Withdrawal symptoms are similar to those of other opiates – they are less severe but last longer.
- Effects include sedation, respiratory depression, nausea, headaches, and alteration of mood and mind
- Overdose is possible, especially due to later onset of effects

Vivitrol®: Extended Release Injectable Naltrexone

- Opioid receptor blocker (opioid antagonist)
- Administered by intramuscular injection, once a month
- Prevents binding of opioids to receptors, eliminating intoxication and reward
- Has no abuse potential
- Injection site pain is most common side effect.
- Others include: possible dizziness, depressed mood, nausea, tiredness, fatigue
- Attempts to over-ride opioid receptor blockade

Suboxone®: Buprenorphine/Naloxone

- A partial opioid agonist, a maintenance treatment
- Binds to and activates opioid receptors, but not to the same degree as true opioid agonists
- Improves treatment retention, and reduces craving and relapse
- Illicit use and diversion are possible
- Side effects include respiratory depression, sleepiness, dizziness, headache, nausea, sweating

COR-12 Outcomes

Background

- The Butler Center for Research has reported some preliminary findings from our first research study of COR-12 patients.
- The study employs a naturalistic, observational design. Participants are opiate dependent and attending residential programming at Hazelden Center City.
- The study is still in progress, but we have recruited enough participants to conduct some analyses.

COR-12

Patient Participation

Admissions to Center City Primary <i>First Year: 2013</i>	2013	2014	2015
	2127	2181	2170
Total number with opioid dependence	634	584	609
COR-12: No Medication	54 2.5%	64 2.9%	71 3.3%
COR-12: Buprenorphine/Naloxone	35 1.6%	30 1.4%	53 2.4%
COR-12: Extended Release Naltrexone	49 2.3%	71 3.3%	69 3.2%

COR-12 Results

Atypical Discharges (Center City)

	2013	2014	2015
Total Discharges	2127	2181	2170
Overall	13.65%	13.45%	13.15%
Opioid Dependence (Non COR-12)	21.5%	29.6%	26.0%
Opioid Dependence (COR-12)	10.3%	6.2%	5.3%

COR-12 Outcomes – Some Stats

Treatment Engagement

- COR-12 patients stayed in residential significantly longer than controls (average length of stay: 49.06 days vs. 25.82 days)
- Only 5% of COR-12 patients left treatment prematurely, compared to 13% of other clients
- 87% of COR-12 patients stepped down to additional HBFF programming, compared to 59% of other clients

COR-12 Outcomes – Some Stats

Post-Treatment Outcomes

- 71% of COR-12 patients were continuously abstinent at 6 months, compared to 52% of others
- 74% of COR-12 patients reported overall quality of life as excellent or very good, compared to 61% of others

Conclusions

- Opiate use and abuse has been growing for the better part of the last two decades but has reached epidemic proportions recently.
- Treatment needs to be specific to address the psychological, sociological, and spiritual components of addiction to this group of substances. However, it must also specifically address the significant physical risks.
- Adding medication assisted treatment (as needed and with an end goal of abstinence) and long term follow up to standard treatment and active Twelve Step involvement has produced some positive results.

Links to Resource Information

- COR12
 - www.hazelden.org/web/public/medication_assistance.page
- Medication Assisted Treatment YouTube
 - www.youtube.com/watch?v=9i1tMhg38wY
- Minnesota Medicine Article: *A Comprehensive Approach to the Opioid Epidemic – Hazelden’s Approach* (March 2013)
 - www.minnesotamedicine.com/Portals/mnmed/March%202013/ACoprehensiveResponseToTheOpioidEpidemic.pdf
- Heroin and Prescription Painkillers: A Toolkit for Community Action
 - www.hazelden.org/web/public/heroin-prescription-painkillers.page

A romantic scene of a couple embracing in a field of trees at sunset. The man is wearing a brown jacket and a plaid shirt, and the woman is wearing a purple vest. They are holding a small evergreen branch. The background is a warm, golden sunset with trees and a bright sun. A green rectangular bar is positioned above the text.

QUESTIONS