Evolving Treatment Practices to Address the Opioid Crisis

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Agenda

- Background on the Opioid Crisis
- Special considerations when treating opiate addiction
- Medication Assisted Treatment (MAT)
- Treating opiate addiction
- Q and A
The Opioid Crisis

Opioids Defined

Opioids are a class of drugs that include the illicit (illegal) drug heroin as well as the licit (legal) prescription pain relievers oxycodone, hydrocodone, codeine, morphine, fentanyl and others.
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What is an overdose?

- Most often characterized by respiratory depression – the inability for the body to breathe.
- When we stop breathing normally, the lungs cannot oxygenate the blood enough for the brain and other vital organs to function effectively, which can result in permanent injury, including death.
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Background

- Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report. (Centers for Disease Control and Prevention, 2014)

- Primary care providers account for about half of opioid pain relievers dispensed (Daubresse, et al., 2013)

- In 2014, there were 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin
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Background

- By 2011 HBFF had seen a dramatic increase in opiate addiction amongst our clients
  - 15% in 2001 to 41% in 2011 – Young Adult and Adolescent facility
  - 19% in 2001 to 30% in 2011 – Adult facility in Center City

- The number of deaths from overdoses of illicit opioids (e.g. heroin) rose sharply again in 2015

- 33,091 Americans died from opioid overdose in 2015
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- **Suboxone – Buprenorphine/Naloxone**
  - Buprenorphine sits on the receptor cites of the brain activated by opiates – by sitting on the site, it both prevents opiate withdrawal and reduces cravings (the brain does not recognize that the person is no longer using opiates)
    - The intoxicating effects of Buprenorphine are mild, and many report that them (if experienced) as undesirable e.g. Buprenorphine is almost never a “drug of choice”
  - Naloxone is added to prevent injecting Suboxone – if injected, the Naloxone would put someone into full opiate withdrawal.
  - Suboxone can provide the needed “softer landing” for someone to access, stay engaged with, and get the most out of treatment
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Vivitrol: Extended-release Naltrexone
- Attaches to the brain’s opioid receptors – “blocking them” – preventing opioids from landing there to release dopamine – the pleasure neurotransmitter.
- “Prevents” someone from getting high on opiates – however it is possible to “override” the Vivitrol, which puts a person close to crossing the line into overdose.
- For the right client, it helps remove the option of getting high, which is enough to help them rely on other support systems to manage distress.
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Treating Opiate Addiction: Special Considerations

- Opiate withdrawal includes:
  - Depressed mood, nausea or vomiting, muscle aches, runny nose or watery eyes, pupil dilation, goose bumps, or sweating.

- High cravings for opiates
  - Preoccupation with getting high

- Difficulty finding pleasure in other activities

- Difficulty falling or staying asleep

- Low distress tolerance – common everyday stressful events cause high levels of distress and are unmanageable
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Treating Opiate Addiction: Special Considerations

- Many addicts report that their experience of life prior to using drugs and alcohol (and when they currently stop using drugs and alcohol) is unsatisfying – emotionally stressful, painful, boring, etc.

- Strong relationship between IV drug use and childhood trauma
  - Trauma can be characterized many different ways – from episodes of physical and sexual abuse, to more subtle emotional abuse that erodes a sense of self.
  - It can impact a person’s ability to trust others, identify what they’re feeling, identify their own wants and needs, feel safe and protected.
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Treating Opiate Addiction: COR-12 Treatment

- Use of the appropriate medication – in conjunction with addiction treatment e.g. individual and group therapy
- Successfully treating opiate addiction needs to take into account the experience of a person who has, up until this point, been taking a substance that is highly pleasurable and turns their life from one that is unbearable to one that is enjoyable.
  - Treatment needs to address both the issues directly caused by the addiction e.g. damaged relationships due to lying, and the underlying issues that caused (and continue to cause) distress and discomfort e.g. anxiety, depression, trauma.
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Addressing the problems caused by the addiction and the underlying causes of addiction take time to resolve

- Treatment is most helpful when a program can not only grow with a client, but provide the appropriate amount of support over a long period of time
- COR-12 clients start by coming 5 days a week (3 hours a day), stepping down to 4 days a week, then 3, 2, and eventually 1.
  - The amount of time designated for this process is personalized based on each client’s needs and abilities
- Upon completion, COR-12 clients have the ability to continue with individual therapy with their therapist and/or join their therapist’s opiate support group (1 hour, once a week)
  - Many clients choose to stay in this group for a year+
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Treating Opiate Addiction: COR-12 Treatment

- Addicts in their 20’s or younger often have poor “executive functioning” i.e. the ability to manage time, plan, pay attention, etc.
  - Treatment is most helpful when all of the services a client needs require less planning and time management.
    - COR-12 only requires the client to remember one thing – come to treatment for 3 hours – during that time they receive any Addiction Treatment, Mental Health (therapy and psychiatry), and Addiction Medicine needs they have.
QUESTIONS AND ANSWERS
CIGNA BEHAVIORAL HEALTH AWARENESS

If you are a Cigna customer and have questions about Substance Use treatment or about your benefits and how to use them, please contact me:

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