

IDAHO'S RESPONSE TO THE OPIOID CRISIS

Presented by:

Idaho Association of Recovery Community Centers

“Every day, more than 90 Americans die after overdosing on opioids. The misuse of and addiction to opioids - including prescription pain relievers, heroin, and synthetic opioids such as fentanyl - is a serious national crisis that affects public health as well as social/economic welfare.

The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.” ~ National Institute on Drug Abuse, June 2017

A GENERATION IN CRISIS...



HOW DID THIS HAPPEN?

- The epidemic began when doctors prescribed a huge number of Opioids - leading the drugs to proliferate not just among patients but also among teens who rummaged through their parents' medicine cabinets, friends and family whom patients shared the drugs with, and a black market where patients sold excess pills.
- Over time, drug users moved to other opioids, including Heroin, Fentanyl, and Fentanyl Analogs.
- Overdose deaths climbed and climbed.

- The purpose of the Idaho's Response to the Opioid Crisis (IROC) sub-grant is to promote the national best practice of connecting individuals seeking recovery from addiction with Recovery Coaches who assist them during the beginning stages of recovery and throughout their journey.
- Enhanced Recovery Support Services (RSS) and sober recreational and leisure activities provided under the IROC project will be geared toward engaging persons with Opiate Use Disorders (OUD) in a recovery process from point of initial contact, throughout, and beyond a traditional treatment episode.

Addiction does not discriminate
But neither does recovery

WHAT IS “OUD?”

- Opioid Use Disorder is the clinical term for opioid addiction or abuse.
- Opioids are drugs formulated to replicate the pain reducing properties of opium. They include both legal painkillers like morphine, oxycodone, or hydrocodone prescribed by doctors for acute or chronic pain, as well as illegal drugs like heroin or illicitly made fentanyl. The word "opioid" is derived from the word "opium."
- Experts say the United States is in the throes of an opioid epidemic, as more than two million of Americans have become dependent on or abused prescription pain pills and street drugs.
- Opioids bind to receptors in the brain and spinal cord, disrupting pain signals. They also activate the reward areas of the brain by releasing the hormone dopamine, creating a feeling of euphoria or a "high."
- People who become dependent on opioids may experience withdrawal symptoms when they stop taking the pills. Dependence is often coupled with tolerance, meaning that opioid users need to take increasingly larger doses of the medication for the same effect.

HEROIN ~ FENTANYL ~ OPIOIDS

What you need to know...



WHAT IS HEROIN?

Heroin is an opioid drug made from morphine, a natural substance taken from the seed pod of the various opium poppy plants grown in Southeast and Southwest Asia, Mexico, and Colombia.

Heroin can be a white or brown powder, or a black sticky substance known as black tar heroin. Other common names for heroin include big H, horse, hell dust, and smack.

THE MORE YOU KNOW...

- The National Institute on Drug Abuse (NIDA) and the Drug Enforcement Agency (DEA) have linked this upswing in abuse to the dramatic rise in prescriptions for opiate painkillers written by doctors since the 1990s.
- Individuals who become addicted to prescription opiates often switch to heroin because it is less expensive than many illicit pharmaceutical narcotics. This switch is especially prevalent in oxycodone users.
- According to the 2013 National Survey on Drug Use and Health (NSDUH) - Nearly 170,000 people over the age of 12 tried heroin for the first time in 2013.
- More than 680,000 people used heroin at some point during the last year in 2013 - a number that has steadily risen from over 370,000 in 2007.
- Between 2002 and 2013, heroin use increased by 63% overall, and increases were observed in both genders, most age groups, and all income levels.
- The rate of heroin use among women doubled from 0.8% to 1.6% during the decade between 2002 and 2013.



WHY IS IT SO HARD TO QUIT?

Withdrawal is brutal.

Imagine that you haven't eaten for three or four days, and then food is withheld for another three days. You'll become psychologically and physically distraught.

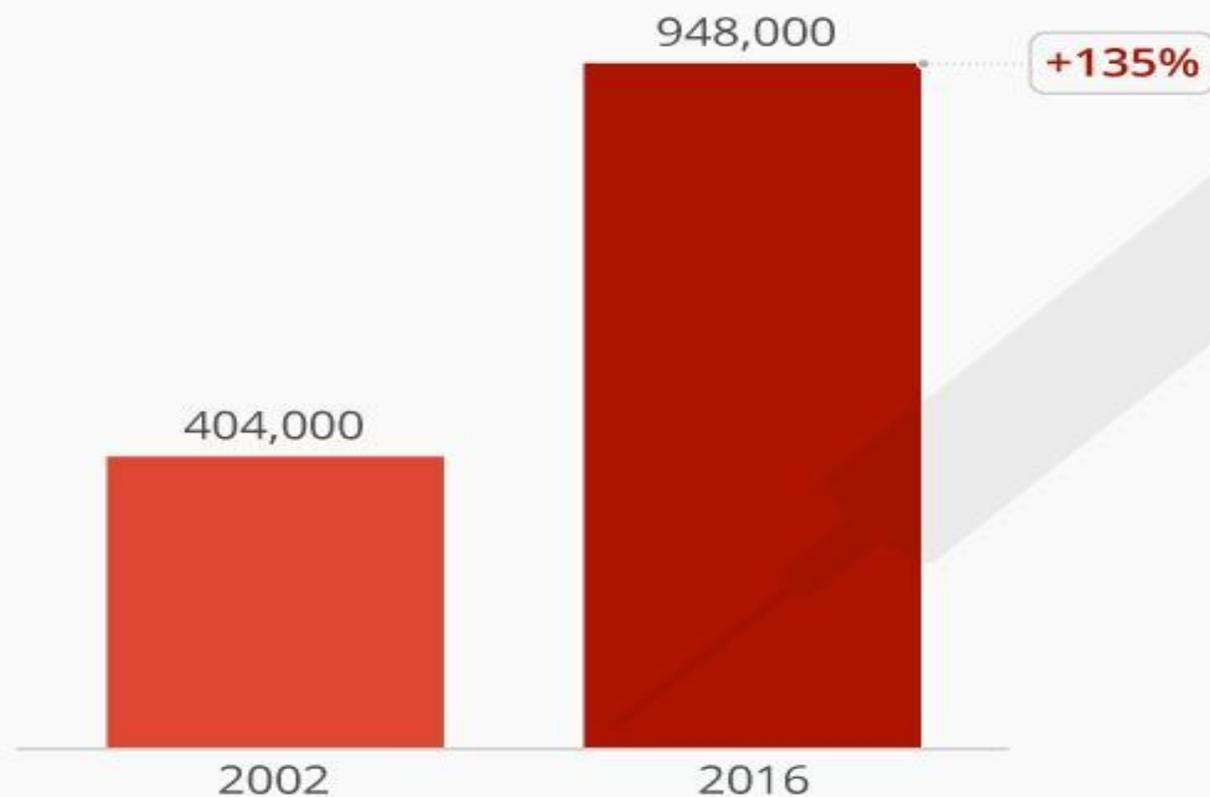
"You're in agony..." states one recoveree "Your body is craving the thing you're refusing to give it. It's a very tough, hard thing, and your body goes into a full-out revolt."

That's why, even when people are determined to kick their habit, they often fail to do so without strong professional help.

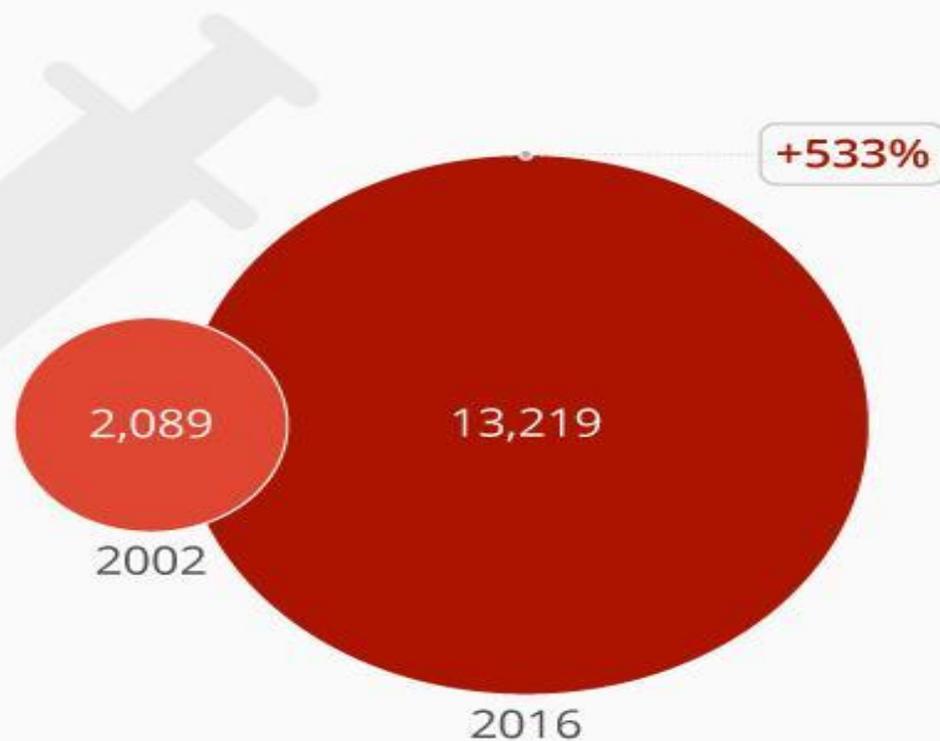
The Terrifying Rise In U.S. Heroin Overdoses

Number of heroin users and related overdoses in the U.S.

Number of U.S. heroin users



Fatal overdoses related to heroin



@StatistaCharts

Source: National Institute On Drug Abuse via CNN

Forbes **statista**

WITHDRAWAL FROM HEROIN ISN'T GENERALLY CONSIDERED LIFE-THREATENING ON ITS OWN; HOWEVER, SOME OF THE MEDICAL AND PSYCHOLOGICAL SYMPTOMS MAY HAVE COMPLICATIONS THAT MAY BE LIFE-THREATENING.

Mild withdrawal symptoms:

- Nausea
- Abdominal cramps
- Tearing
- Runny nose
- Sweats
- Chills
- Yawning a lot
- Muscle and bone aches

Moderate withdrawal symptoms:

- Vomiting
- Diarrhea
- Agitation
- Restlessness
- Tremors
- Trouble concentrating
- Goose bumps
- Fatigue

Severe withdrawal symptoms:

- Anxiety
- Insomnia
- Depression
- Hypertension
- Rapid heart rate
- Muscle spasms
- Impaired respiration
- Difficulty feeling pleasure
- Drug cravings



WHAT IS FENTANYL?

“Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent.

It is a schedule II prescription drug, and it is typically used to treat patients with severe pain or to manage pain after surgery.

It is also sometimes used to treat patients with chronic pain who are physically tolerant to other opioids. In its prescription form, fentanyl is known by such names as Actiq®, Duragesic®, and Sublimaze®.

Street names for fentanyl or for fentanyl-laced heroin include Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT, and Tango and Cash.”

~ National Institute on Drug Abuse



WHY IS FENTANYL DANGEROUS AND DEADLY?

Fentanyl is an Opioid Agonist.

Opioid Agonists **activate the opioid receptors in the brain entirely** - therefore resulting in the full opioid effect.

Heroin dealers use Fentanyl, an intensely more powerful drug, to cut the heroin they sell.

HOW MUCH FENTANYL DOES IT TAKE TO **OVERDOSE?**



THIS MUCH.

As little as the equivalent
of two grains of salt could
be enough to be fatal.

238

FENTANYL RELATED
DEATHS IN 2015

153%

FROM 2014

SOURCE: DR. LAKSHMI KODE S...
HAMILTON COUNTY CORONER

*One county...
**In one state...

NIGHTLY
NEWS



IN THE NEWS:

FENTANYL - AN EXTREMELY POWERFUL
PAINKILLER, USED TO TREAT SEVERE CHRONIC PAIN, OR
BREAKTHROUGH PAIN WHICH DOES NOT RESPOND TO ORDINARY PAINKILLERS.

WHY ARE THE DEATH NUMBERS FROM 2014?

The U.S. Centers for Disease Control and Prevention (CDC) estimates that 4,200 deaths were caused by Fentanyl in 2014, and overdoses from the drug drove a 73 percent increase in synthetic opioid deaths in the United States between 2014 and 2015.

More recent figures for the U.S. are not yet available: A CDC spokesman told Newsweek that Fentanyl does not have its own code for officials filling out death certificates, so deaths “are often recorded generically as a multi-drug toxic overdose.” He said the 2014 statistics were established by analyzing special death certificate notes recording the presence of the drug, and similar studies are in the pipeline.

~ Newsweek, May 05, 2017



WHAT IS AN OPIOID?

Prescription opioid medications include hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®, Percocet®), oxymorphone (e.g., Opana®), morphine (e.g., Kadian®, Avinza®), codeine, fentanyl, and others.

Hydrocodone products are the most commonly prescribed in the United States for a variety of indications, including dental- and injury-related pain.

Oxycodone and oxymorphone are also prescribed for moderate to severe pain relief. Morphine is often used before and after surgical procedures to alleviate severe pain, and codeine is typically prescribed for milder pain.

In addition to their pain-relieving properties, some of these drugs—codeine and diphenoxylate (Lomotil®), for example—are used to relieve coughs and severe diarrhea.

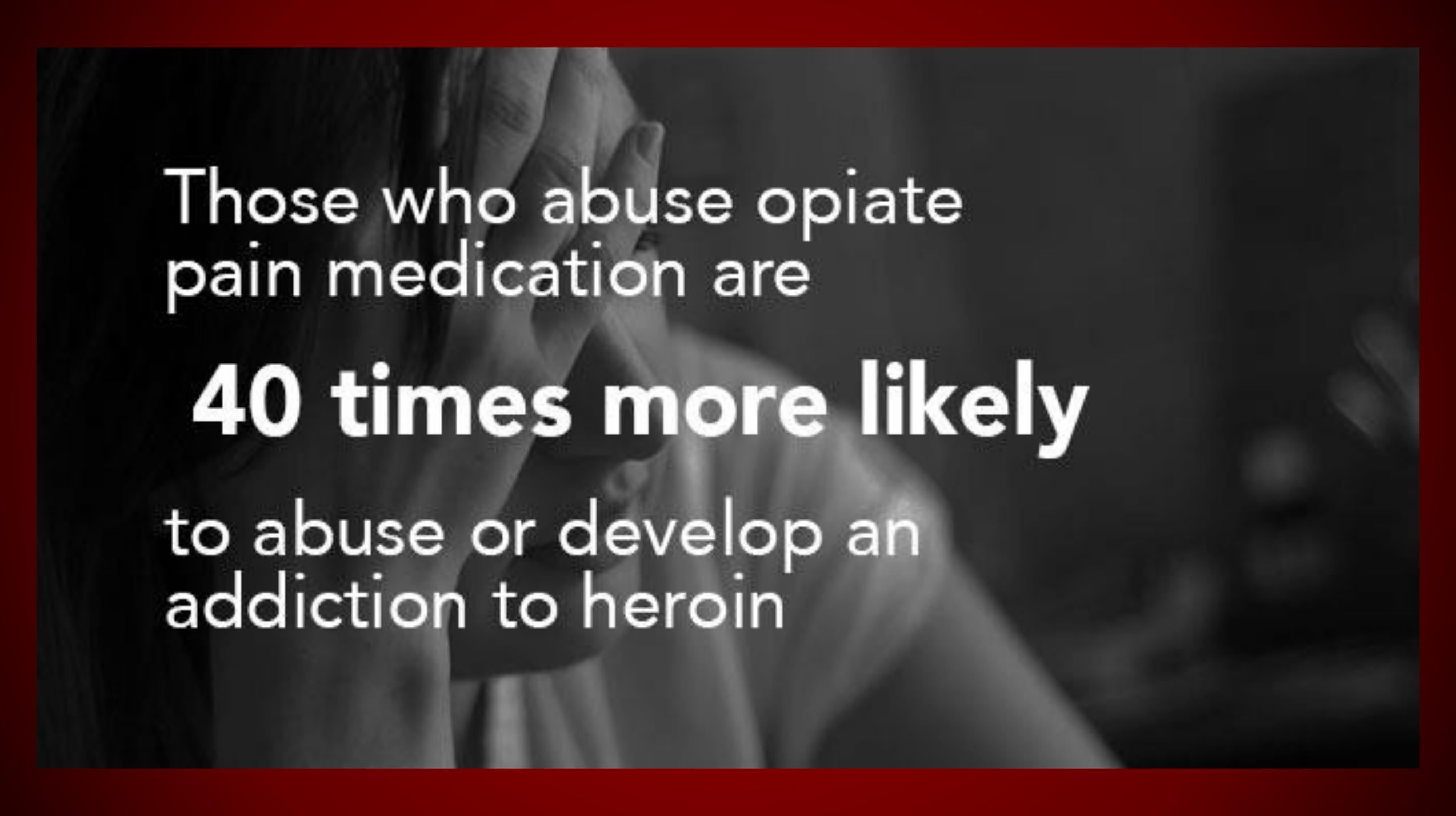


THE MORE YOU KNOW...

Importantly, in addition to relieving pain, opioids also activate reward regions in the brain causing the euphoria - or high - that underlies the potential for misuse and addiction.

Physical signs that someone may be abusing an opiate include:

- Noticeable elation/euphoria.
- Marked sedation/drowsiness.
- Confusion.
- Constricted pupils.
- Slowed breathing.
- Intermittent nodding off, or loss of consciousness.
- Constipation.



Those who abuse opiate
pain medication are

40 times more likely

to abuse or develop an
addiction to heroin

The Opioid Epidemic in the U.S.

In 2015...



12.5 million

People misused prescription opioids¹



2.1 million

People misused prescription opioids for the first time¹



33,091

People died from overdosing on opioids²



2 million

People had prescription opioid use disorder¹



15,281

Deaths attributed to overdosing on commonly prescribed opioids^{2,3}



\$78.5 billion

In economic costs (2013 data)⁶



828,000

People used heroin¹



9,580

Deaths attributed to overdosing on synthetic opioids^{2,5}



135,000

People used heroin for the first time¹



12,989

Deaths attributed to overdosing on heroin^{2,4}

Sources: 1 2015 National Survey on Drug Use and Health (SAMHSA), 2 MMWR, 2016; 65(50-51):1445-1452 (CDC), 3 Prescription Overdose Data (CDC), 4 Heroin Overdose Data (CDC), 5 Synthetic Opioid Data (CDC), 6 The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Florence CS, Zhou C, Luo F, Xu L. Med Care. 2016 Oct;54(10):901-6

IDAHO'S RESPONSE TO THE OPIOID CRISIS

I.R.O.C. ~ 2017

- Idaho's Response to the Opioid Crisis (IROC) is a funding opportunity provided by the State Targeted Response to the Opioid Crisis Grant (Opioid STR), awarded to the Division of Behavioral Health (DBH) by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- This grant program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for Opioid Use Disorders (OUD).
- OUD includes addiction to prescription opioids as well as illicit drugs such as heroin.



Idaho's Response to the Opioid Crisis (IROC) project is working to fight the opioid epidemic currently plaguing Idahoans, their family members and friends.

The Division of Behavioral Health (DBH) is currently using a multifaceted approach that seeks to expand access to Medication-Assisted Treatment (MAT), reduce access to opioids through prevention efforts, enhance the recovery-oriented system of care, and reduce deaths.

IDAHO'S RESPONSE TO THE OPIOID CRISIS 4-PART APPROACH WILL:

- Provide opioid specific treatment and recovery support services to individuals with an Opioid Use Disorder (OUD). Treatment services will include access to both Methadone and Suboxone/Buprenorphine MAT.
- Increase accessibility to resources that will assist in reducing the incidences of opioid misuse by reducing access and preventing overdose deaths. Methods include using prescriber report cards to create social norms of decreased opioid prescribing; reducing diversion of opioids by establishing drop-box programs in pharmacies statewide; and educating prescribers on use of the Prescription Drug Monitoring Program (PDMP).
- Provide community-based services that connect individuals with an OUD to peer supports and sober living activities.
- Increase the use of Naloxone to reverse opiate overdoses through training and provision of Naloxone to first responders and other community members who may encounter individuals at risk of opiate overdose. Add your first bullet point here

WHERE IS THE \$\$\$ COMING FROM?

- Idaho's Response to the Opioid Crisis (IROC) is a funding opportunity provided by the State Targeted Response to the Opioid Crisis Grant (Opioid STR), awarded to the Division of Behavioral Health (DBH) by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- This grant program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for Opioid Use Disorders (OUD).
- OUD includes addiction to prescription opioids as well as illicit drugs such as heroin.

WHAT ARE THE SERVICES AVAILABLE?

- Medication-Assisted Treatment (MAT)
- Outpatient treatment (individual, group, and family counseling)
- Safe and sober housing
- Drug testing
- Transportation for treatment or recovery services
- Life skills
- Recovery coaching

IDAHO ASSOCIATION OF RECOVERY COMMUNITY CENTERS WILL PROVIDE:

- Immediate connection with a trained recovery coach for those who qualify for IROC treatment and recovery support services.
- Detoxification companion for individuals who are detoxing from or are overdosing on opiates at medical facilities, crisis centers, or recovery centers.
- On-call services for individuals receiving intervention for an opiate overdose.
- Connection with a recovery coach upon being released from prison or jail.
- Sober recreational and leisure activities in the community.



AM I ELIGIBLE?

To check your eligibility for IROC, call

(800) 922-3406

and tell them you are interested in receiving services through the IROC program.

You will receive a short screening to determine your financial eligibility as well as an assessment of your treatment needs.

WAIT...

THERE IS ONE LAST THING
YOU NEED TO KNOW...



WHAT IS NARCAN?

NARCAN® (naloxone HCl) Nasal Spray is the first and only FDA-approved nasal form of naloxone for the emergency treatment of a known or suspected opioid overdose.

NARCAN® Nasal Spray counteracts the life-threatening effects of opioid overdose. Since most accidental overdoses occur in a home setting, it was developed for first responders, as well as family, friends, and caregivers.

Administer in accordance with the Instructions for Use. Repeated doses may be necessary. NARCAN® Nasal Spray is not a substitute for emergency medical care. Always get help immediately, even if the person wakes up because they may relapse into respiratory depression. The use of NARCAN® may result in symptoms of acute opioid withdrawal.

RECOVERY FROM AN OUD IS POSSIBLE

“So the opposite of addiction is not sobriety; it is human connection.”

~ Johann Hari

ADDITIONAL INFORMATION & TERMS...

- **Detoxification companion*** - These companions meet with the treatment team and help to implement the daily goals of the treatment plan with the client. They often provide transportation, assist with creating a recovery meeting schedule, help with relapse prevention planning and aid in scheduling appointments.
- **Recovery Coaching** - Recovery coaching is a form of strengths-based support for persons with addictions or in recovery from alcohol, other drugs, codependency, or other addictive behaviors. Recovery coaches work with persons with active addictions as well as persons already in recovery.
- **Recovery Coach** - A recovery coach is a professional sober life coach. This is someone who guides and supports a person in recovery from addiction and often helps prevent relapses. The goal of a recovery coach is to be actively involved in the life of a recovering addict in order to prevent a relapse from happening.
- **Recovery Support Services** - Using a nonmedical model in which social support services are provided by peer leaders who have experienced a substance use disorder and recovery, these services extend the continuum of care by facilitating entry into treatment, providing social support services during treatment, and providing a posttreatment and ongoing recovery support.
- **Recovery support** - Recovery support is provided through treatment, services, and community-based programs by behavioral health care providers, peer providers, family members, friends and social networks, the faith community, and people with experience in recovery.
- **Recovery Oriented System of Care** - A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol or drug problems.

**At participating Recovery Centers only. Please contact Peer Wellness Center in Boise or Hope and Recovery Resource Center in Pocatello for more information on detox services. Thank you. **

IDAHO ASSOCIATION OF RECOVERY COMMUNITY CENTERS

To learn more, please visit ~ <https://www.idahorccs.com/>