

# The Opioid Crisis: What Healthcare Professionals and Spiritual Leaders Need to Know and Do from a prevention and treatment perspectives

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# Goals/Objectives

- ▶ How much do you know about Opioids Quiz
  - ▶ Participants will explain reasons why the “Opioid Epidemic” continues to be a problem in the United States and Georgia
  - ▶ Participants will identify how prescription drugs impact the brain
  - ▶ They will identify key types of pain killers that individuals commonly abuse and overdose on
  - ▶ Participants will learn the signs and symptoms of opioid addiction
  - ▶ Healthcare providers and spiritual leaders will learn and identify common withdrawal symptoms from opioid addiction
  - ▶ They will explain 3 to 4 signs of opioid overdose
  - ▶ Participants will identify types of treatment that is available to treat individuals with opioid addiction
  - ▶ Participants will learn how to develop ongoing educational and prevention Opioid training workshops for Church leaders, members, and healthcare providers
- ▶ The Opioid Crisis: What Healthcare Professionals and Spiritual Leaders Need to Know and Do from a prevention and treatment perspectives power point presentation is the property of LEJ Behavioral Health Services, LLC and is to be used for educational purposes only for healthcare professionals.

# What do you know about Opioids Quiz

- ▶ 1. Opioids are a class of drugs naturally found in the opium poppy plant. True or False
- ▶ 2. Hydromorphone is a type of \_\_\_\_\_.
- ▶ 3. Fentanyl is about \_\_\_\_ times more potent than morphine.
  - a. 25
  - b. 100
  - c. 50
- ▶ 4. Deaths involving prescription opioids increased over \_\_\_\_ between 1999 and 2018.
  - a. 25%
  - b. 50%
  - c. over 300%
  - d. 100%
- ▶ 5. "Kickers" is a street name for which drug?
  - ▶ a. Fentanyl
  - ▶ b. Oxycodone
  - ▶ c. Bath Salts

# What are Opioids?

- ▶ Opioids are a class of drugs naturally found in the opium poppy plant.
- ▶ Some prescription opioids are made from the plant directly, and others are made by scientists in labs using the same chemical structure.
- ▶ Opioids are often used as medicines because they contain chemicals that relax the body and can relieve pain.



# So, what is Fentanyl?

- ▶ Fentanyl is a powerful synthetic opioid approved by the FDA for use as a painkiller and anesthetic. It works by binding to opioid receptors in the brain, but it does so faster -- and in smaller doses -- than morphine or heroin.
- ▶ Like other opioids, it boosts levels of the chemical dopamine, which controls feelings of reward, pleasure, euphoria, and relaxation.
- ▶ Fentanyl is about 50-100 times more potent than morphine and 50 times more potent than many forms of heroin.
- ▶ As a result, fentanyl can be dangerous and deadly if misused. When abused, it is typically swallowed, snorted, or injected.
- ▶ “It only takes a tiny amount of the drug to cause a deadly reaction,” Richter says. “Fentanyl can depress breathing and lead to death. The risk of overdose is high with fentanyl.”
- ▶ Fentanyl typically treats patients who need long-term, around-the-clock relief from severe pain, and it treats pain after surgery. When used for medical purposes, it is often given in a shot, a patch on the skin, or in lozenges. (Richter, 2018)
- ▶ The National Institute on Health says some fentanyl users become addicted to the drug and then move on to heroin. (Tate, 2018)

# How did this happen?

- ▶ “In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to prescription opioid pain relievers, and healthcare providers began to prescribe them at greater rates.
- ▶ This subsequently led to widespread diversion and misuse of these medications before it became clear that these medications could indeed be highly addictive.<sup>3,4</sup>
- ▶ Opioid overdose rates began to increase.
- ▶ In 2017, more than 47,000 Americans died as a result of an opioid overdose, including prescription opioids, heroin, and illicitly manufactured fentanyl, a powerful synthetic opioid.<sup>1</sup>
- ▶ That same year, an estimated 1.7 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers, and 652,000 suffered from a heroin use disorder (not mutually exclusive).<sup>5</sup>

# What do we know about the opioid crisis?

- Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.<sup>6</sup>
- Between 8 and 12 percent develop an opioid use disorder.<sup>6</sup>
- An estimated 4 to 6 percent who misuse prescription opioids transition to heroin.<sup>7-9</sup>
- About 80 percent of people who use heroin first misused prescription opioids.<sup>7</sup>
- **Update:** Among 38 states with prescription opioid overdose death data, 17 states saw a decline between 2017-2018; none experienced a significant increase.<sup>11</sup>

## Three Waves of Opioid Overdose deaths

- ▶ “This rise in opioid overdose deaths can be outlined in three distinct waves.
- 1. The first wave began with increased prescribing of opioids in the 1990s, with overdose deaths involving prescription opioids to include natural (e.g. **morphine and codeine**) and semi-synthetic (**drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone**) opioids and methadone increasing since at least 1999.<sup>2</sup>
- 2. The second wave began in 2010, with rapid increases in overdose deaths involving heroin.<sup>3</sup>
- 3. The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids, particularly those involving illicitly manufactured fentanyl.<sup>4,5,6</sup> The market for illicitly manufactured fentanyl continues to change, and it can be found in combination with heroin, counterfeit pills, and cocaine.<sup>7</sup>”
- 4. In the U.S., there were 67,367 drug overdose deaths reported in 2018, 4.1% fewer deaths than in 2017.

# Center for Disease's Injury Center Data

- ▶ CDC's Injury Center looks at deaths and nonfatal overdoses for four categories of opioids:
  - **Natural opioids** (including morphine and codeine) and **semi-synthetic opioids** (drugs like oxycodone, hydrocodone, hydromorphone, and oxymorphone)
  - **Methadone**, a synthetic opioid
  - **Synthetic opioids** other than methadone (drugs like tramadol and fentanyl)
  - **Heroin**, an illicit (illegally made) opioid synthesized from morphine that can be a white or brown powder, or a black sticky substance.
  
- Source: <https://www.cdc.gov/drugoverdose/data/analysis.html>

# Common Types of Pain Killers

➤ Pain Killers



Hydrocodone



Oxycodone



## A Few Statistics in Brief

- ▶ Nearly 450,000 people died from overdoses involving any opioid, including prescription and illicit opioids, from 1999-2018
- ▶ Deaths involving prescription opioids increased over 300% between 1999 and 2018.
- ▶ 19% increase was projected for 2015 – 2016
- ▶ 2018 data shows that every day, 128 people in the United States die after overdosing on opioids.
- The age-adjusted rate declined by 4.6% to 20.7 per 100,000 standard population.<sup>1</sup> The decline follows an increasing trend in the rate from 6.1 in 1999 to 21.7 in 2017.
- Opioids were involved in 46,802 (a rate of 14.6) overdose deaths in 2018—nearly 70% of all overdose deaths.
- Deaths involving synthetic opioids other than methadone (including fentanyl and fentanyl analogs) continued to rise with more than 28,400 (a rate of 9.9) overdose deaths in 2018.
- The number of deaths involving prescription opioids declined to 14,975 (a rate of 4.6) in 2018 and those involving heroin dropped to 14,996 (a rate of 4.7).<sup>2</sup>

# Fentanyl Analog Deaths

- Analogs-prior to 2015 limited outbreaks
  - 1976: Alpha-methyl-fentanyl mixed with heroin and sold as high purity heroin aka “china white”
  - 1984: 3-methylfentanyl supplied to heroin users
  - 2013-2014: Acetyl fentanyl- deaths in heroin users in RI
    - ~2017 remerged but largely in combination with fentanyl
    - manufacturing “artifact”
  - 2015- Furanylfentanyl first reported
  - 2016- 9 new analogs reported
  - 2017-10 new analogs reported
  - 2018- 4 new analogs reported\*

# NC: Top Five Drugs: Poisoning Deaths by Year

YEAR	1st	2nd	3rd	4th	5th
2000	Methadone	Cocaine	Morphine	Oxycodone	Ethanol
2001	Methadone	Cocaine	Oxycodone	Morphine	Heroin
2002	Methadone	Cocaine	Oxycodone	Morphine	Heroin
2003	Methadone	Cocaine	Morphine	Oxycodone	Heroin
2004	Methadone	Cocaine	Morphine	Oxycodone	Fentanyl
2005	Cocaine	Methadone	Hydrocodone	Oxycodone	Fentanyl
2006	Methadone	Cocaine	Oxycodone	Fentanyl	Morphine
2007	Methadone	Cocaine	Oxycodone	Fentanyl	Morphine
2008	Methadone	Oxycodone	Cocaine	Fentanyl	Morphine
2009	Methadone	Oxycodone	Cocaine	Fentanyl	Morphine
2010	Methadone	Oxycodone	Cocaine	Fentanyl	Morphine
2011	Methadone	Oxycodone	Cocaine	Oxymorphone	Fentanyl
2012	Cocaine	Oxycodone	Methadone	Heroin	Fentanyl
2013	Oxycodone	Methadone	Heroin	Cocaine	Oxymorphone
2014	Heroin	Cocaine	Oxycodone	Fentanyl	Methadone
2015	Heroin	Cocaine	Oxycodone	Fentanyl	Oxymorphone
2016	Cocaine	Fentanyl	Heroin	Oxycodone	Fentanyl Analogues
2017	Cocaine	Fentanyl	Fentanyl Analogues	Heroin	Ethanol

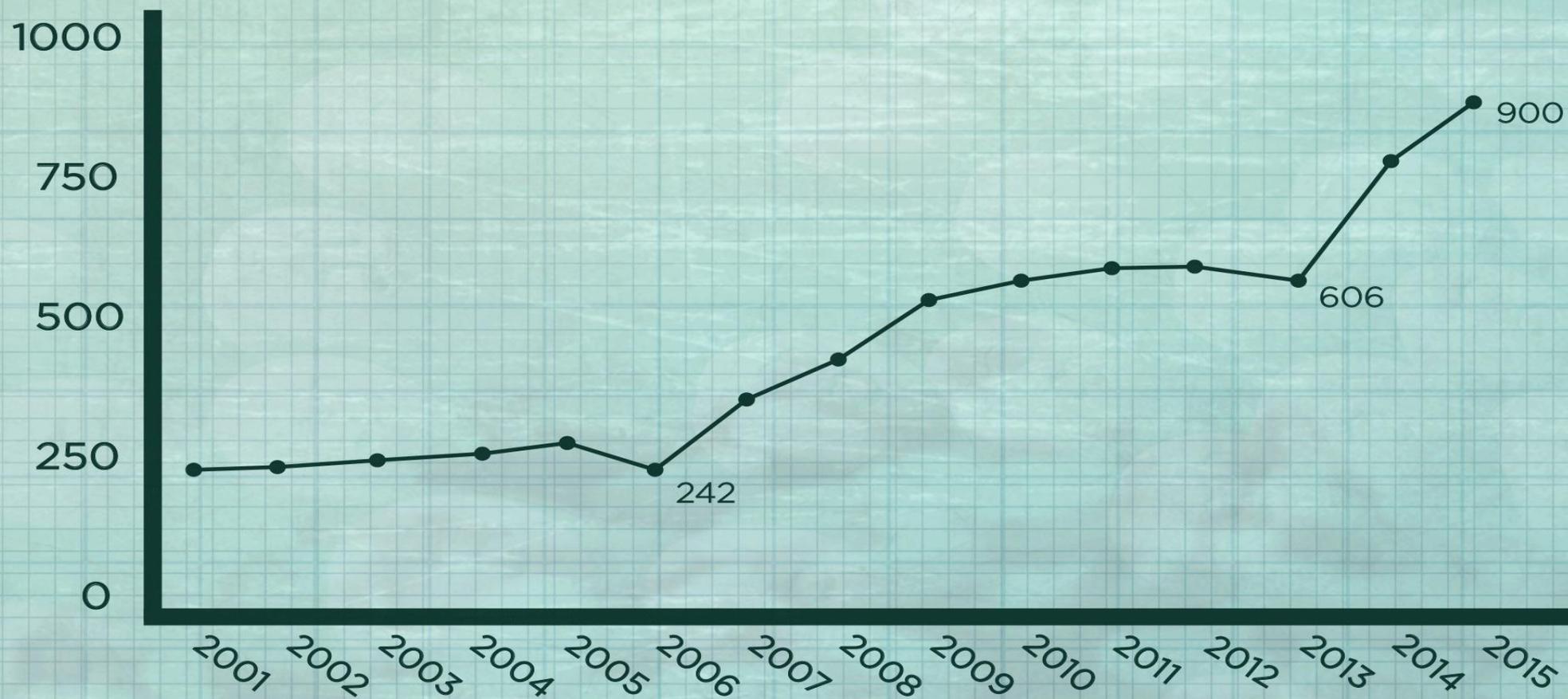
## Statistical Data Cont.

- ▶ “In 2017, there were 1,014 overdose deaths involving opioids in Georgia—a rate of 9.7 deaths per 100,000 persons, compared to the national rate of 14.6 deaths per 100,000 persons.”
- ▶ “The greatest increase in opioid deaths was seen in cases involving synthetic opioids (mainly fentanyl): a rise from 61 deaths in 2012 to 419 in 2017.”
- ▶ “Deaths involving heroin also increased in the same 5-year period: from 40 to 263 deaths. The highest number of deaths in 2017— 568— involved prescription opioids.”
- ▶ “The overall national opioid prescribing rate declined from 2012 to 2017, and in 2017, the prescribing rate had fallen to the lowest it had been in more than 10 years at 58.7 prescriptions per 100 persons (total of more than 191 million total opioid prescriptions).
- ▶ However, in 2017, prescribing rates continue to remain very high in certain areas across the country.
- ▶ Additionally, an estimated 2 million individuals in the United States have opioid use disorder (addiction) associated with prescription opioids, accounting for an estimated \$78.5 billion in economic costs annually. (Schuchat, Houry, and Guy, 2017)
- ▶ Specifically, the Latino death toll for opioid overdoses rose 52.5% from 2014 to 2016. That's compared to a 45.8% rise among whites.

# Opioid Use in Georgia

- ▶ In Georgia, over 60% of drug overdose deaths involved opioids with 866 fatalities (a rate of 8.3) reported in 2018.
- ▶ In 2018, Georgia providers wrote 63.2 opioid prescriptions for every 100 persons, compared to the average U.S. rate of 51.4 prescriptions. This is the lowest rate in the state since 2006 when this data became available.
- ▶ Prescription opioid-involved deaths declined to 440 (a rate of 4.1) and those involving synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) decreased to 349 (a rate or 3.4) in 2018.<sup>3</sup>

# Opiate Deaths In Georgia, Including Heroin



**Table 1. Number and age-adjusted rates<sup>a</sup> of drug overdose deaths<sup>b</sup> involving selected drugs by race/ethnicity—United States, 2017**

Race/Ethnicity	Drug overdose deaths, <sup>b</sup> overall		Drug overdose deaths involving:									
	Deaths	Rate	Any opioid <sup>c</sup>		Natural and semi-synthetic opioids <sup>d</sup>		Synthetic opioids other than methadone <sup>e</sup>		Prescription opioids <sup>f</sup>		Heroin <sup>g</sup>	
			Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Total	70,237	21.7	47,600	14.9	14,495	4.4	28,466	9.0	17,029	5.2	15,482	4.9
non-Hispanic White	53,516	27.5	37,113	19.4	11,921	5.9	21,956	11.9	13,900	6.9	11,293	6.1
non-Hispanic Black	8,832	20.6	5,513	12.9	1,247	2.9	3,832	9.0	1,508	3.5	2,140	4.9
non-Hispanic Asian/Pacific Islander	756	3.5	348	1.6	117	0.5	189	0.8	130	0.6	119	0.5
non-Hispanic American Indian/Alaska Native	672	25.7	408	15.7	147	5.7	171	6.5	187	7.2	136	5.2
Hispanic	5,988	10.6	3,932	6.8	994	1.8	2,152	3.7	1,211	2.2	1,669	2.9

Source: National Vital Statistics System, Mortality File

<sup>a</sup>Rate per 100,000 population age-adjusted to the 2000 U.S. standard population using the vintage year population of the data year. Rates are suppressed when based on <20 deaths.

<sup>b</sup>Deaths are classified using the International Classification of Diseases, Tenth Revision (ICD-10). Drug overdose deaths are identified using underlying cause-of-death codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), and Y10–Y14 (undetermined). Because deaths might involve more than one drug, some deaths are included in more than one category. On death certificates, the specificity of drugs involved with deaths varies over time. In 2016, approximately 15% of drug overdose deaths did not include information on the specific type of drug(s) involved.

<sup>c</sup>Drug overdose deaths, as defined using ICD-10 codes, that involve opium (T40.0), heroin (T40.1), natural and semi-synthetic opioids (T40.2), methadone (T40.3), synthetic opioids other than methadone (T40.4) and other and unspecified narcotics (T40.6).

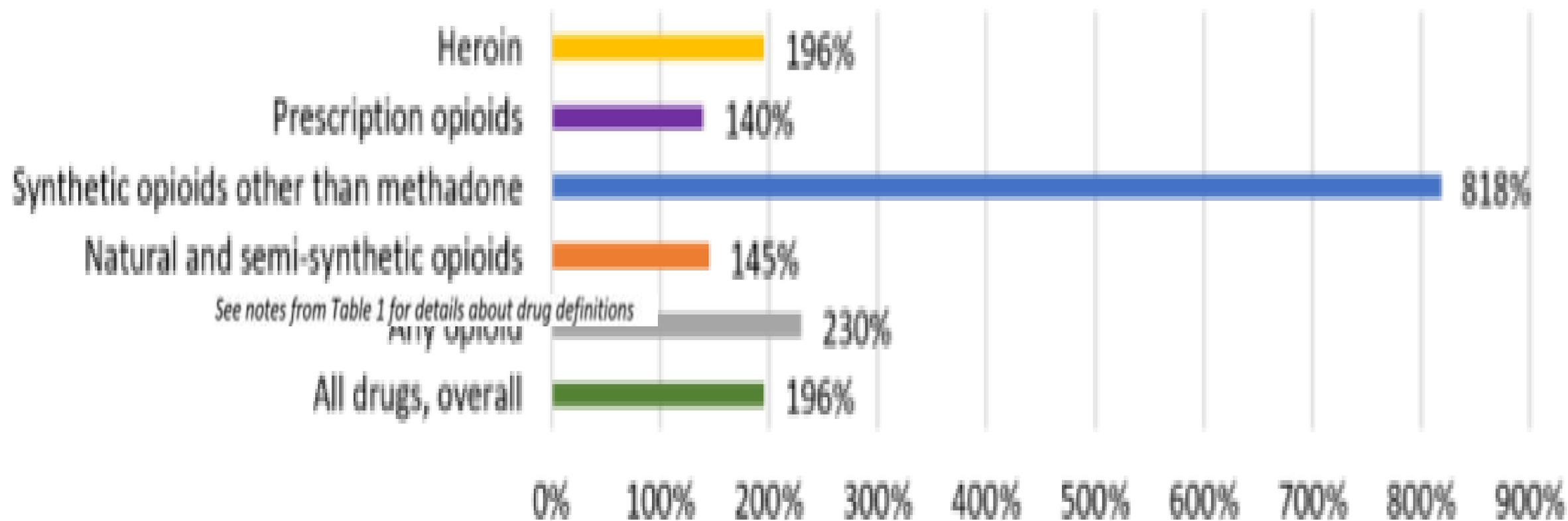
<sup>d</sup>Drug overdose deaths, as defined, that involve natural and semi-synthetic opioids (T40.2).

<sup>e</sup>Drug overdose deaths, as defined, that involve synthetic opioids other than methadone (T40.4).

<sup>f</sup>Drug overdose deaths, as defined, that involve natural and semi-synthetic opioids (T40.2) and methadone (T40.3).

<sup>g</sup>Drug overdose deaths, as defined, that involve heroin (T40.1).

**Figure 1. Percent Increase from 2014 to 2017 in overdose death rates by drug among the non-Hispanic Black population in the United States, data from CDC National Vital Statistics System**



# Latinos and Opioid abuse

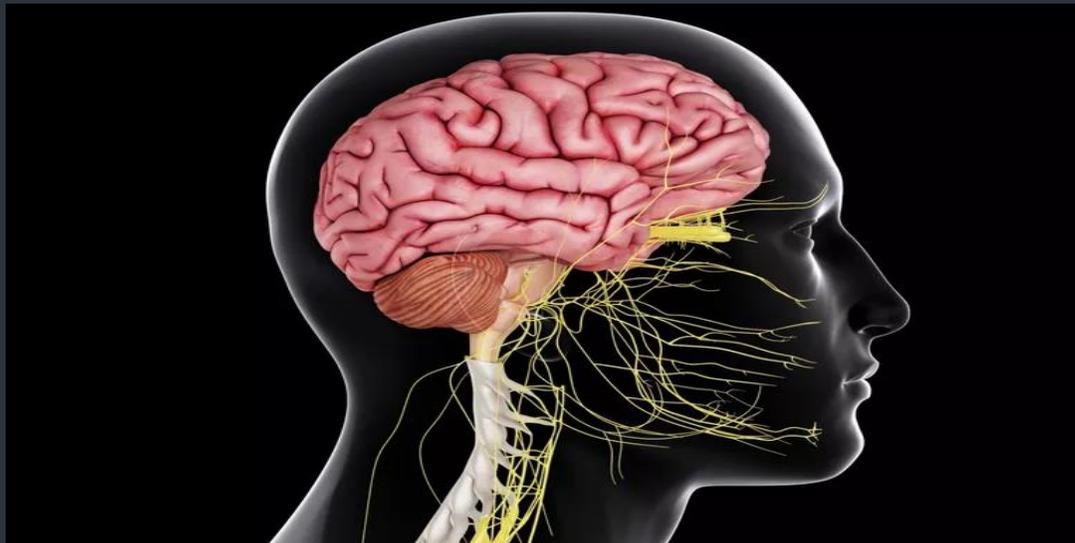
- ▶ According to Robert Anderson, who works at CDC's National Center for Health Statistics, told NPR. "If you go back into the data, you can see the increases over time in all of these groups, but we tended to focus on the non-Hispanic whites because the rates were so much higher."
- ▶ Latino opioid overdoses are rapidly rising across the nation, according to the CDC.
- ▶ Little is known about the correlation between rising overdose deaths among blacks and Latinos as compared to whites, according to [Cantu-Pawlik](#), 2018.
- ▶ Poverty, few bilingual treatment options, and other cultural barriers may share blame for the increase in opioid abuse among Latinos and blacks. (Cantu-Pawlik)
- ▶ Opioid overdoses are surging in San Antonio, Texas. The city, the largest in Bexar County, is 63% Latino.

# Opioids Impact on African Americans

- Although opioid-related overdose death rates are higher for Whites and rates vary by gender within racial groups, Blacks are experiencing fast-rising rates of drug overdose deaths involving synthetic opioids other than methadone. Why?
- “The rate of increase of Black/African American drug overdose deaths between 2015-2016 was 40 percent compared to the overall population increase at 21 percent. (Rossen et.al, 1999-2017)
- This exceeded all other racial and ethnic population groups in the U.S. From 2011-2016, compared to all other populations, Black/African Americans had the highest increase in overdose death rate for opioid deaths involving synthetic opioids like fentanyl and fentanyl analogs.” (Spencer et.al, 2011-2016)
- Discussion- What are the possible causes of opioid abuse in African Americans?

# Prescription drugs and the brain

- ▶ Opiates and opioids work by binding to specific receptors in the brain, thus mimicking the effects of pain-relieving chemicals that are produced naturally.
- ▶ These drugs bind to opiate receptors in the brain, spinal cord, and other locations in the body. By binding to these receptors, they block the perception of pain. Opiates can block pain and cause feelings of well-being, but they can also cause side effects such as nausea, confusion, and drowsiness. (Cherry, 2020)

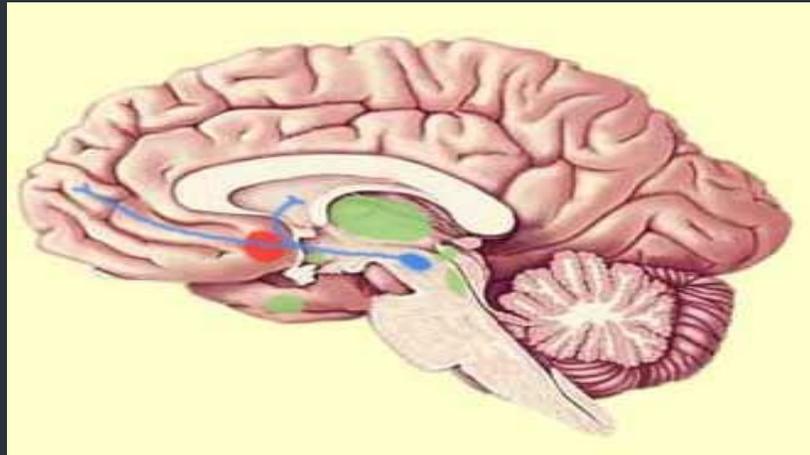


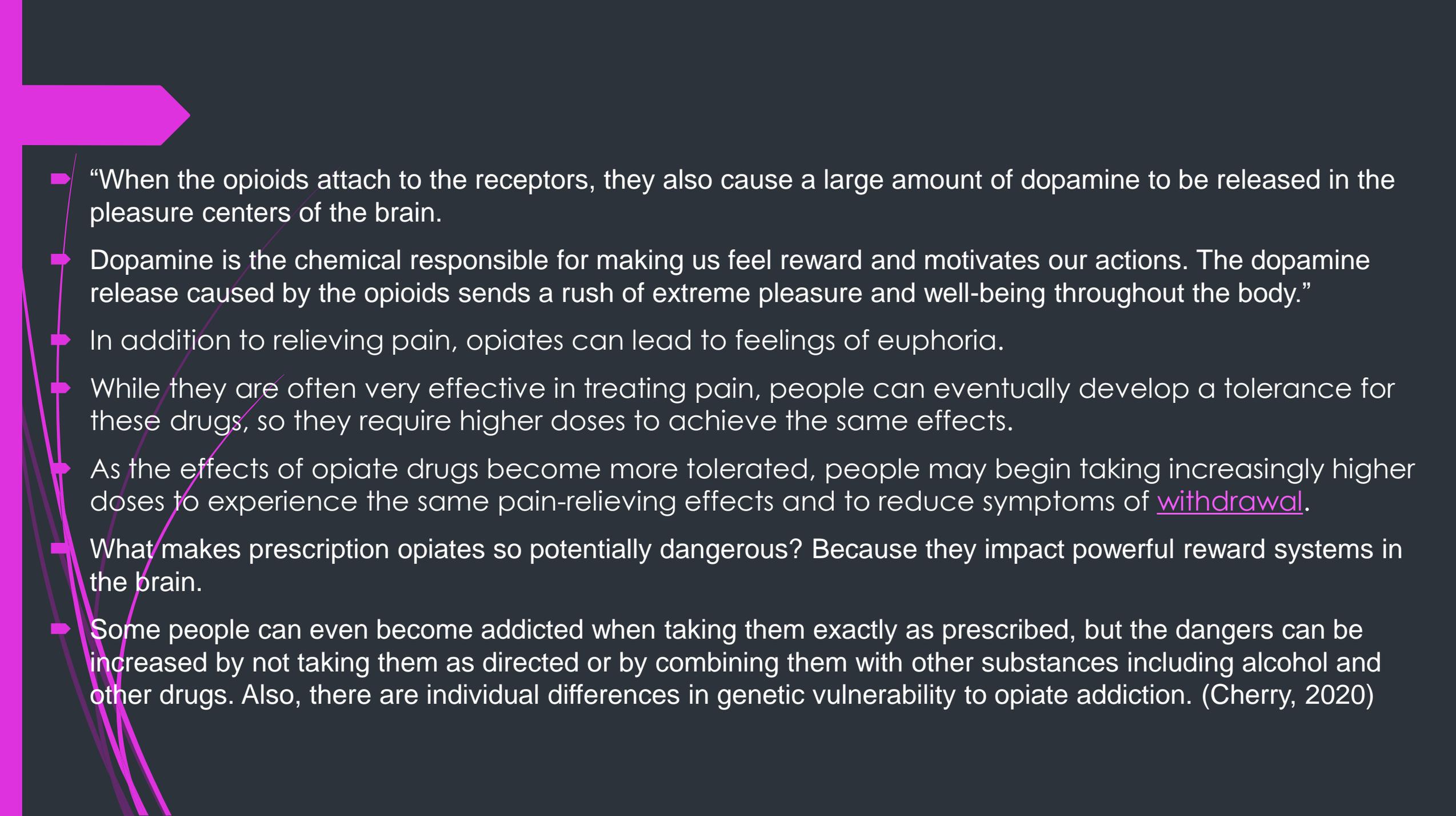
# Opiates impact on brain

Opiates act not only on the central structures of the reward circuit (the ventral tegmental area and the nucleus accumbens), but also on other structures that are naturally modulated by endorphins.

These structures include the amygdala, the locus coeruleus, the arcuate nucleus, and the periaqueductal grey matter, which also influence dopamine levels, though indirectly.

Opiates also affect the thalamus, which would explain their analgesic effect (green area of brain).



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- ▶ “When the opioids attach to the receptors, they also cause a large amount of dopamine to be released in the pleasure centers of the brain.
  - ▶ Dopamine is the chemical responsible for making us feel reward and motivates our actions. The dopamine release caused by the opioids sends a rush of extreme pleasure and well-being throughout the body.”
  - ▶ In addition to relieving pain, opiates can lead to feelings of euphoria.
  - ▶ While they are often very effective in treating pain, people can eventually develop a tolerance for these drugs, so they require higher doses to achieve the same effects.
  - ▶ As the effects of opiate drugs become more tolerated, people may begin taking increasingly higher doses to experience the same pain-relieving effects and to reduce symptoms of withdrawal.
  - ▶ What makes prescription opiates so potentially dangerous? Because they impact powerful reward systems in the brain.
  - ▶ Some people can even become addicted when taking them exactly as prescribed, but the dangers can be increased by not taking them as directed or by combining them with other substances including alcohol and other drugs. Also, there are individual differences in genetic vulnerability to opiate addiction. (Cherry, 2020)

# Reasons not to take others prescription medicine

- ▶ Taking someone else's prescription medicine, even if you are in real pain, can be dangerous.
- ▶ Before prescribing opioids, doctors consider a lot of different factors, including the patient's weight, other medical conditions, and potential interactions with other medications they might be taking.
- ▶ Without talking to a doctor, you won't know how the opioids will affect you or what dose you should take.
- ▶ You should never share prescription opioids and only use them when prescribed to you by a doctor.

Source: <https://www.drugabuse.gov/publications/opioid-facts-teens/opioids>heroin

# How Opioids Effect The Brain

## Short-Term

- Fatigue
- Numbness (absence of pain)
- Euphoria
- Drowsiness
- Lethargy
- Nausea



## Long-Term

- Irritability
- Hallucinations
- Hypoxia
- Anxiety
- Depression
- Possible Hyperalgesia

## Most commonly used prescription opioids

- The **most commonly used** prescription **opioids** are;
  - oxycodone (OxyContin<sup>®</sup>),
  - hydrocodone (Vicodin<sup>®</sup>),
  - codeine, and morphine
  - Heroin is an **opioid**, but it is not a medication

➤ Source: <https://www.drugabuse.gov/publications/opioid-facts-teens/faqs-about-opioids>

# Common and most often abused prescription drugs

- ▶ Codeine (various brand names)
- ▶ Fentanyl (Actiq®, Duragesic®, Sublimaze®)
- ▶ Hydrocodone or dihydrocodeinone (Vicodin®, Norco®, Zohydro®, and others)
- ▶ Hydromorphone (Dilaudid®)
- ▶ Meperidine (Demerol®)
- ▶ Methadone (Dolophine®, Methadose®)
- ▶ Morphine (Duramorph®, Ms Contin®)
- ▶ Oxycodone (OxyContin®, Percodan®, Percocet®, and others)
- ▶ Oxymorphone ((Opana®)

Source: [www.Drugabuse.Gov/Researchers/](http://www.Drugabuse.Gov/Researchers/) National Institute on Drug Abuse

- ▶ The prescription drugs most often abused include opioid painkillers, anti-anxiety medications, sedatives, and stimulants.

# Opioid Prescription

Users	Prescribers	Where Obtained	Non-Prescription Opioids
<ul style="list-style-type: none"> <li>• Post-surgical</li> <li>• Chronic (e.g. back pain, osteoarthritis)</li> <li>• Acute severe Cancer</li> <li>• End of life, hospice</li> <li>• Dental surgery</li> <li>• Accidents, sports injuries</li> <li>• Cough</li> <li>• Opioid</li> </ul>	<ul style="list-style-type: none"> <li>• Doctors</li> <li>• Dentists</li> <li>• Physician Assistants, Nurse Practitioners</li> <li>• Veterinarians</li> </ul>	<ul style="list-style-type: none"> <li>• Medical, dental offices</li> <li>• Pain clinics</li> <li>• Hospitals, emergency rooms</li> <li>• Pharmacies</li> <li>• MAT clinics</li> </ul>	<p>Heroin - An opioid drug made from morphine, a natural substance extracted from the seed pod of the Asian opium poppy plant.</p>
			<p>Synthetics</p> <ul style="list-style-type: none"> <li>• U-47700</li> <li>• Fentanyl analogues</li> <li>• “Grey Death”</li> </ul>

# Signs and Symptoms of Opioid Addiction

## ► **Signs and symptoms of prescription painkiller addiction**

► The symptoms of prescription painkiller abuse will vary among individuals based upon genetic makeup, length of the addiction, and frequency of abuse. There are some common symptoms that are seen in most who abuse prescription painkillers. These include:

### ► *Mood symptoms:*

- Mood swings
- Euphoria

### ► *Behavioral symptoms:*

- Lying
- Social isolation
- Stealing to obtain more painkillers
- Visiting multiple doctors in order to obtain additional prescriptions

➤ *Physical symptoms:*

Constipation

Nausea and vomiting

- Pinpoint pupils
- Sedation
- Slurred speech
- Itchy, flushed skin
- Increased risks for heart attack and other cardiovascular complications
- Respiratory depression
- Tolerance
- Seizures
- Coma
- Death

➤ *Psychological symptoms:*

Depression

• Anxiety

• Worsening mood states

Psychosis

# Withdrawal effects of painkiller addiction

- ▶ Withdrawal is a phenomenon that occurs when an individual has become physically dependent upon prescription painkillers.
- ▶ When the painkillers are abruptly discontinued or cut way down, people who are physically dependent upon these drugs will experience unpleasant withdrawal symptoms.
- ▶ Due to the dangerous effects of withdrawal, it's advised that individuals attempting to detox from prescription painkillers do so under the skilled care of a rehab facility so that they can be medically monitored for safety.



## The most common withdrawal symptoms for prescription drug addiction can include:

- Restlessness
  - Irritability
  - Drug craving
  - Increased respirations
  - Enlarged pupils
  - Loss of appetite
  - Tremors and shaking
  - Sweating
  - Insomnia
  - Muscle and bone pain
  - Nausea and vomiting
  - Diarrhea
  - Involuntary leg movements (“kicking the habit”)
  - Cold flashes with goose bumps (“cold turkey”)
- Source: <https://www.therefuge-ahealingplace.com/substance-abuse-treatment/prescription-drugs/painkillers/symptoms-signs-effects/>

# Opioid Overdose Signs

- ▶ Major feature - respiratory depression (slow deep respiration 2-7/min) - risk of death
- ▶ Pinpoint pupils (but may be dilated if brain damage occur)
- ▶ Low BP, PR
- ▶ Low BT, skin cool, clammy
- ▶ Stuporose/comatose
- ▶ Treatment - Reversal with naloxone (short-acting opioid antagonist)

- ▶ Source: The Pain of Pleasure: Heroin and Other Opioids Power Point Presentation, Dr. Merrill Norton Pharm.D.,D.Ph.,ICCDP-D, August 2017.

# Who Is At Greatest Risk?



The highest rates of prescription opioid overdose deaths from 1999 to 2014 were among non-Hispanic whites and American Indian or Alaskan Natives, persons aged 25 to 54, and men.

- Rates of prescription overdose deaths are on the rise for women (Centers for Disease Control, CDC, 2016)
- Risk factors for prescription opioid misuse and overdose include doctor shopping (i.e., receiving overlapping prescriptions from multiple providers and pharmacies), taking high daily doses of prescription pain relievers, having mental illness or a history of substance misuse, being low income, and living in a rural area.
- Patients with mental health or substance use disorders are at increased risk for nonmedical use and overdose from prescription opioids. (Frieden, 2013)
- Older adults are at higher risk of accidental misuse or abuse because they typically have multiple prescriptions and chronic diseases, increasing the risk of drug and drug-disease interactions, as well as a slowed metabolism that affects the breakdown of drugs.

(<https://www.drugabuse.gov/publications/drugfacts/prescription-opioids>)

# Ministers perspectives on opioid addiction and the church

- ▶ Two-thirds of pastors (66%) say a family member of someone in their congregation has been personally affected by opioid abuse.
- ▶ More than half (55%) say they or someone in their congregation knows a local neighbor suffering through opioid abuse.
- ▶ For half of pastors (52%), someone directly in their church is dealing with an opioid addiction.
- ▶ Fewer than a quarter (23%) of pastors say they don't know anyone personally affected by it.
- ▶ "The drug epidemic has infiltrated our churches and neighborhoods. It is not localized to a particular region or socio-economic class," said Gallaty. "Addiction is no respecter of persons."
- ▶ Pastors of the smallest churches (fewer than 50 in attendance) are most likely to say they don't know anyone connected to their congregation. (Earls, 2019) Why?

Pastors in the Northeast (11%) are least likely to say they don't have any such personal connections.

- ▶ “More than two-thirds of even the smallest churches have connections to people affected by opioid abuse,” said Scott McConnell, executive director of LifeWay Research. “Opioid addiction can impact people who aren't at significant risk for other types of drugs.”

According to the LifeWay Research study, most churches are trying to do something.

- ▶ Around 4 in 5 pastors (82%) say their church currently serves people with opioid addiction by offering spiritual support including prayer or discipleship.
- ▶ Close to half (46%) say they offer physical support including food, shelter or clothing, while slightly fewer (40%) offer a 12-step program or other support groups for substance abuse.
- ▶ Around 1 in 8 pastors (13%) admit their church currently isn't doing any of those things for people with opioid addiction.
- ▶ “When churches offer spiritual and physical help to those in their community, they will meet people with many needs that go beyond those offerings,” said McConnell. “Churches have a choice of whether they will address those more complex needs, connect the hurting with help elsewhere, or ignore the needs.”
- ▶ Larger churches—those with more resources and more personal connections to the crisis—are most likely to say they offer both spiritual and practical help for those with an opioid addiction.

- ▶ Despite most pastors having a personal experience with someone suffering from opioid abuse, Gallaty said many church leaders don't know where to start in responding to the opioid epidemic.
- ▶ "Some pastors are at a loss to understand the issues surrounding personal struggles and don't have a plan of action to help those in need," he said.
- ▶ Unfortunately, Gallaty said some pastors are dismissive of "those drugheads" from a certain area of their town, but he says that attitude is wrong for two reasons.
- ▶ Even more importantly, Gallaty said "those drug heads are sons and daughters of people in our congregations and communities. They are all made in the image of God and need to know that addiction, like any sin, can be broken through the healing power of the gospel." (Earls, 2019)
- ▶ How does church members and leaders attitude impact those members who have alcohol and drug problems in the church?

# Religion and Treatment

- ▶ Historically in the U.S., the Black/African American church has been a key institution for providing support and spiritual leadership in addressing unmet needs including health and social concerns in Black/African American communities.
- ▶ Where traditional, mainstream social services have not addressed critical needs, the Black/ African American church has stepped in.
- ▶ Where social justice has floundered, the church has initiated advocacy and social movements.
- ▶ This role continues to evolve as the Black/African American community changes over generations and the Black/African American faith-based community becomes increasingly diverse.
- ▶ In some communities the church is not seen as critical of a role in treating stimulants and other drugs within this ethnic group.

## The importance of spirituality in the African American family

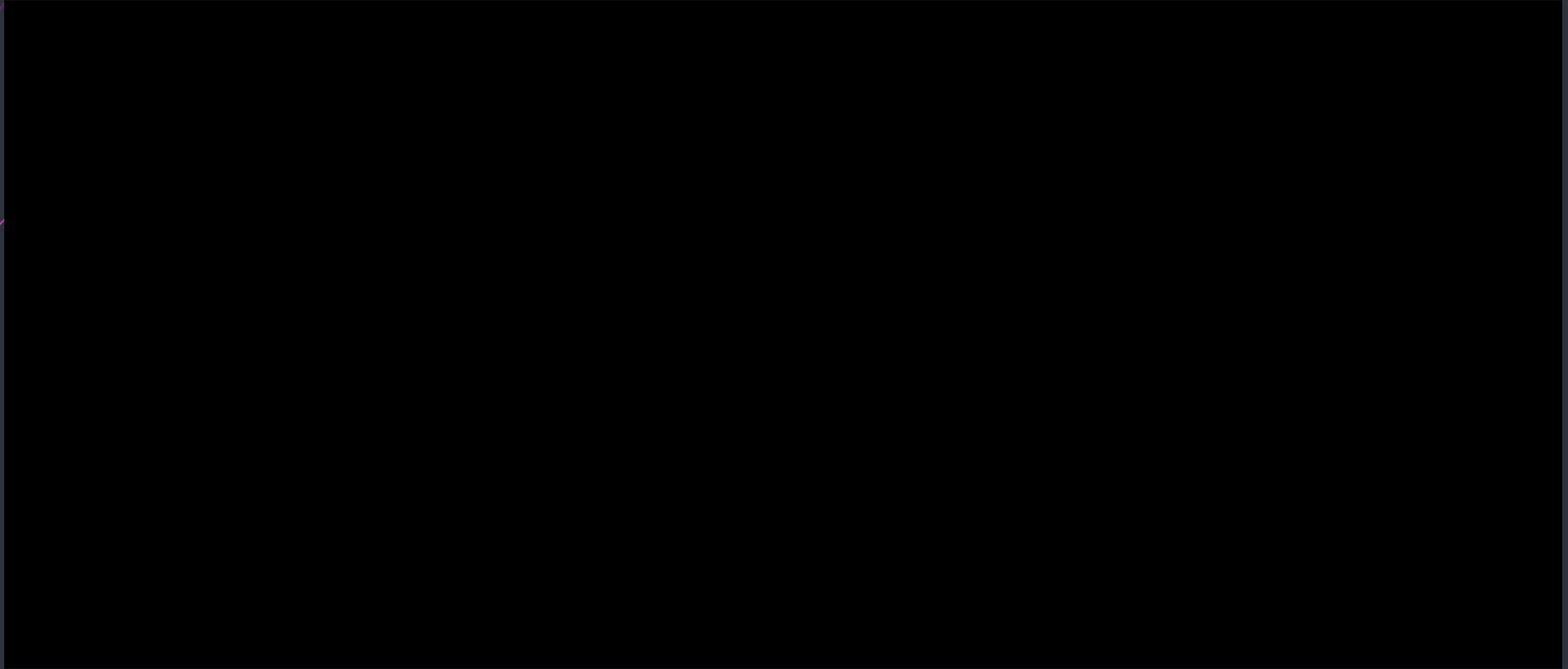
- ▶ “Spirituality and religion are key sources of strength among the African American population, and spirituality should be emphasized as a potential coping mechanism during treatment for African Americans.
- ▶ Studies have shown that spirituality among African Americans in recovery from substance abuse is associated with more positive outcomes.” (Brome, et al., 2000)
- ▶ Video- “Church leaders bless, hand out opioid reversal drug naloxone”

Video – “Church leaders bless, hand out opioid reversal drug naloxone”





Video- "Save Me From O.D."



# Activity

- What are your thoughts and views about individuals with drug problems to include opioid addiction in the church.
- How would you handle a situation if you knew one of your senior citizens at the church is taking too much of her prescription medication as reported by family members?
- What would you want your church to know about opioid addiction?

# THE OPIOID EPIDEMIC PRACTICAL TOOLKIT Helping Faith-based and Community Leaders Bring Hope and Healing to Our Communities

Open Your Doors Host	Host or connect people to recovery programs and support groups
Increase Awareness	Provide educational opportunities that create understanding and encourage compassion
Build Community Capacity	Offer training programs to build the capacity of communities to respond
Rebuild and Restore	Support individuals and families in rebuilding their lives
Get Ahead of the Problem	Focus efforts on youth and prevention
Connect and Collaborate	Join local substance-use prevention coalitions, so as to inform, connect and strengthen your efforts
Resources	Inform and educate your community

# How to help your church and community

Here are just a few ways to open your doors to the community:

- ❑ Offer your space for weekly recovery programs and/or self-help support groups for people with substance-use disorders, as well as their families who may Connect people to existing support in your community.
- ❑ Offer free transportation to treatment services and/or recovery support programs.
- ❑ Advertise local meetings in your newsletters, community calendars, websites, and social media channels. Consider including:
  - ❑ Local AA.org, NA.org and/or CelebrateRecovery.com mutual aid support groups.
  - ❑ Invite mental health and substance use disorder professionals to come to your church to speak about opioid addiction and where to get help.
  - ❑ Host church and substance abuse events to members and community include topics such as, signs and symptoms of abuse, and where to get help. Give out Narcan kits after showing members how to administer medication in the event of an opioid overdose.

# TREATMENT FOR OPIOID USE DISORDER & OVERDOSE

- ▶ In the instance of opioid overdose, harm reduction is the best choice to mitigate the effects of opioids and prevent death.
- ▶ The CDC (2017a) suggests it is crucial to expand access to evidence-based treatments, including medication-assisted therapy (MAT) and naloxone (Narcan®)
- ▶ **MEDICATION-ASSISTED TREATMENT (MAT)** Medication-assisted treatment (MAT), an approach that combines medication (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies, is effective in treating OUD and preventing repeated overdose.
- ▶ There is a common misconception associated with MAT; that it is not safe and that it is simply substituting one drug for another.
- ▶ However, these medications are shown to relieve the withdrawal symptoms and psychological cravings (effects of opioids) that cause chemical imbalances in the body (SAMHSA, 2018a).

# Naloxone

- ▶ NALOXONE Naloxone is a medication known as an “opioid antagonist” that is administered via intramuscular, intravenous, or intranasal routes and acts to block the effects of opioids.
- ▶ This medication can reverse an overdose within minutes and can be life-saving (SAMHSA, 2018).
- ▶ Sold under brand name Narcan®, among others, this medication is Food and Drug Administration (FDA)-approved for the immediate treatment of a known or suspected overdose caused by opioids and can be used on men, women, children, pregnant women, and the elderly.
- ▶ In the instance of an overdose emergency, naloxone kits are administered by law enforcement agencies, fire departments, first responders, departments of health, local school districts, colleges and universities, community-based organizations and are priority for the following populations:

## Naloxone Cont.

- ▶ People who have an immediate, medical need due to overdosing (\*greatest need)
- ▶ • People in treatment or who have recently completed treatment
- ▶ • People who use and/or are prescribed opioids
- ▶ • People recently released from jail or prison
- ▶ • Family members/loved ones of those using opioids
- ▶ • Law enforcement

# Additional treatment options

- ▶ Treatment options include
- ▶ inpatient detoxification with abstinence,
- ▶ naloxone depot injections,
- ▶ daily methadone dosage, or office-based buprenorphine/naloxone sublingual preparation
- ▶ Buprenorphine, an opioid medication used to treat opioid addiction, can be prescribed by a physician who has completed a course on addiction treatment and applied to the DEA for a waiver
- ▶ Its use should be combined with counseling and/or recovery groups



Buprenorphine should be considered for treatment if the individual meets the following criteria:

- ▶ Opioid use disorder
- ▶ Interested in treatment and ready to comply with protocols and safety procedures
- ▶ Any co-occurring psychiatric conditions are stable
- ▶ No concurrent alcohol dependence
- ▶ Benzodiazepines are not used or doses are lowered
- ▶ Cautioned of interactions with HIV and seizure medication
- ▶ College campuses physicians should consider becoming certified to prescribe buprenorphine to be able to provide this lifesaving treatment at their academic institutions

# Education and Prevention

- ▶ Prescribing guidelines are just part of a comprehensive approach to this issue.
- ▶ Opportunities are available to engage community partners to strengthen awareness; provide prevention, education and training; and develop environmental management strategies in addition to the processes described above.
- ▶ Organizations such as emergency medical services, pharmacists, dentists, and orthodontists; facilities staff, housing and residence life; health promotion; collegiate recovery communities; religious organizations; counselors and advisers; and parents should work in collaboration with each other.
- ▶ Efforts should be made to alert churches and college campus communities to the risks of opioid abuse.
- ▶ Training for all members of the community on signs and symptoms of painkillers abuse, overdose prevention, and response would be helpful.
- ▶ Campuses may consider implementing a drug return program, through which students can bring medication they are no longer using to be properly disposed of.

(American College Health Association, 2016)

# Steps for Prevention

- ▶ If you have recently undergone surgery or have serious pain, work closely with your physician to decide the treatment that is right for you.
- ▶ Work with your physician to find the lowest dose possible, and take your prescription as directed. Be open with your care team should you experience side effects.
- ▶ Also, make sure you dispose of medication properly once you are done. Talk to your physician or pharmacist about safe disposal options, or [review recommendations from the U.S. Food and Drug Administration](#)

## Where and How to Dispose of Unused Medicines according to the U.S. Food and Drug Administration

- ▶ Individuals can dispose of their expired, unwanted, or unused medicines through a drug take back program — or they can do it at home.
- ▶ The U.S. Drug Enforcement Administration (DEA) sponsors [National Prescription Drug Take Back Day](#) in communities nationwide. Check with your local law enforcement officials to find a location near you or with the DEA to find a [DEA-authorized collector in your community](#). Also, check with your pharmacist.
- ▶ There are two ways to dispose of prescription and over-the counter (OTC) medicine, depending on the drug. Flushing medicines and disposing medicines in household trash are the two ways to dispose of medicine.

## Follow these disposal of medication steps:

- ▶ Remove the drugs from their original containers and mix them with something undesirable, such as used coffee grounds, dirt, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.
- ▶ Put the mixture in something you can close (a re-sealable zipper storage bag, empty can, or other container) to prevent the drug from leaking or spilling out.
- ▶ Throw the container in the garbage.
- ▶ Scratch out all your personal information on the empty medicine packaging to protect your identity and privacy. Throw the packaging away.
- ▶ If you have a question about your medicine, ask your health care provider or pharmacist.
- ▶ Source: <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>

# Georgia Strengths

- ▶ Prescription Drug Monitoring Program (PDMP) legislation, 2011, and subsequent revisions
- ▶ Pain Management Clinic Act, 2013
- ▶ 911 Good Samaritan Law, 2014
- ▶ Removes criminal liability due to illegal substances for those needing/seeking help
- ▶ Opioid Agonist Access
- ▶ Naloxone (Narcan) available without prescription from any pharmacies by standing order, December 2016

Source: Source: Georgia's Opioid Crisis Georgia Municipal Association Opioid Workshop by, Brigitte Manteuffel, PhD, 2017.



## Georgia Department of Public Health Drug Surveillance Unit

- ▶ The **Drug Surveillance Unit** monitors overdose trends in Georgia and provides overdose data to the public and to partners working to end the opioid epidemic.
- ▶ This data is also used to detect and respond to rapid increases, or clusters, of overdoses, such as the Counterfeit Percocet-Related Overdose Cluster in Macon during June 2017.



# The Georgia Prescription Drug Monitoring Program (PDMP)

- ▶ The Georgia PDMP is an electronic database used to monitor the prescribing and dispensing of controlled substances.
- ▶ The PDMP can help eliminate duplicative prescribing and overprescribing of controlled substances and provide a prescriber or pharmacist with critical information regarding a patient's controlled substance prescription history and protect patients at risk of abuse.

# Georgia House Bill 249

- ▶ *Effective July 1, 2017, dispensers will be required to enter prescription information for Schedule II, III, IV, V controlled substances within 24 hours. This will provide prescribers more efficient access to information with less wait time as they make the best clinical decisions possible for their patients.*
- ▶ *All prescribers will be required to register in the PDMP by Jan. 1, 2018. Currently only about 10 percent of prescribers in Georgia are registered in the PDMP. Prescribers already registered DO NOT need to re-register.*
- ▶ *Beginning July 1, 2018, prescribers will be required to check PDMP before prescribing opiates or cocaine derivatives in Schedule II drugs or benzodiazepines. (Prescribers are currently encouraged to check the PDMP but are not yet required to do so.)*

# Georgia Resources and Innovations

- ▶ Local programs with potential for replication and expansion, such as: –  
Neonatal abstinence syndrome treatment
- ▶ Emergency room opioid prescribing practice change
- ▶ Prevention and recovery organizations
- ▶ Certified Peer Specialists
- ▶ recovery support
- ▶ Drug courts/diversion programs
- ▶ Opioid education program and training for schools

- ▶ Source: Source: Georgia's Opioid Crisis Georgia Municipal Association Opioid Workshop by, Brigitte Manteuffel, PhD, 2017.

# Questions and Answers

