Real Talk on The Overdose Crisis...

FAVOR Greenville
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Professional Credentials
- Masters Arts (MA) Social Psychology with Concentration in Addiction Studies
- MBA with Concentration in Healthcare Management
- Licensed Clinical Addiction Specialist (LCAS, #4752)
- Certified Co-Occurring Disorder Professional (CCDP, #39211)
- Certified Clinical Supervisor (CCS, #4752)
- Internationally Certified Advanced Alcohol and Drug Counselor (ICADC, #14913)
- Internationally Certified Clinical Supervisor (ICADC, #69003)
- Internationally Certified Co-Occurring Disorders Professional (ICADC, #30003)
- Department of Transportation Substance Abuse Professional (SAP, #03356)
- Certified ARISE Interventionist
- Certified Employee Assistance Professional (CEAP, #45301)
- Certified EMDR Trauma Therapist

One of only 9 organizations to reach full accreditation nationwide... February 2017...

Independent Recovery Community Organization vs. “Integrated” Peer Support

Independent RCO
- Not affiliated or governed by any treatment or government organization
- Independent Board, no lapses of board members or people in recovery or family members
- Upside: Organic, entrepreneurial, different regulatory and boundary expectations
- Downside: Not sure how to keep the lights turned on. Less of “track record”. Must prove “ourselves”

Integrated Peer Support
- Affiliated with an existing treatment organization
- Governance, mission based and adherence to existing regulations and policies and procedures
- Upside: More likely to be funded by existing infrastructure. More sustainable. More predictable.
- Downside: Risk repeating history. Peer staff can be marginalized. Must defer to regulations and policy of organization.
Is addiction a moral weakness... Is it a character flaw? Why don’t you just stop...

a brain disease

Chronic Substance Use Disorder Severe
Happens over time dependent on substance, hereditary issues, age of first use

No chronic use of substances. Healthy Brain.

SUD DSM-5 Criteria
Severe=6 or more | Moderate 4-5 | Mild 2-3

Heavy use, “partying”, “had a bad night”

Crossing “line” into addiction

Genetic factors

Age onset, frequency, Drug specific

Reward potential

Can't control
Can't cut back
Intergenerational issues

Avoid non-using activities
Great deal of time spent on using
Use despite physical/psychological dangers
Use in physically hazardous situations
Role failure due to use

Diabetes

• Organ= Pancreas
• Defect= Cannot produce insulin
• Symptoms= blurred vision, wounds that won’t heal, numbness

Drug or Alcohol Addiction

• Organ=Mid Brain
• Defect= dysregulation of dopamine (hedonic) system
• Symptoms= drug seeking, craving, loss of control, use despite consequences

Disease: Organ – Defect – Symptoms

AGENDA...

• “Progress”
• The ongoing problem
• A Proposed Solution
Progress...

• NARCAN
• Prescription monitoring programs
• Expansion of Medication Assisted Treatment
• Greenville SC full implementation of on-call peer recovery in the emergency (no year connection). Other ED programs, "Ride along" peer staff.

You heard it here first. NATIONALLY 2017 could very well prove to be the peak of the opioid epidemic. Early returns indicate a significant reduction in overdose deaths in some key areas of the country: Western Pennsylvania, The Mid-Ohio Valley, coal fields of West Virginia.

Very premature: but good news.

• South Carolina has been "in the middle of the pack" in terms of overdose deaths. Trending up?
• Is the reduction in overdose death in the northeast indicative of new market penetration? Are they setting up shop elsewhere?
• What impact will restrictions on prescribing have? South Carolina has more prescriptions than citizens.
• Reduction in overdose deaths does not mean a reduction in opioid use disorders.

Not sure what this means for the Southeast...

Before we get started on the obvious impact...

Let’s talk hidden impact...

A ripple effect across the “system”...

The economic costs and Healthcare costs...
For claims filed for injuries occurring between October 1, 2012 and September 30, 2013, with prescriptions filled through the end of March 2015, the report found that between 65 and 75 percent of injured workers received opioids in most of the studied states, with outlier states at the high end that included Arkansas (85%), Louisiana (80%), and South Carolina (80%), and at the low end New Jersey (52%) and Illinois (56%). California was high in the bottom third, coming in at about 66%.

Worker's Comp Claims...

Schools are becoming de-facto treatment centers...
Dealing directly with kids using drugs
Dealing with kids feeling the emotional pain of family addiction
Worst Case Scenario: 93,000 plus deaths per year in 2027. Assumptions overdose rates continue at current "trending" levels and current policy and approach is maintained.

In other words, if we keep doing what we have been doing this is what we can expect.

The "EPIDEMIC" Arrives...

- Front end of the epidemic
- Trending in the wrong direction
- A community at a crossroads...
• Accurate assessment of the opioid overdose rate is difficult.

• Last year, the Coroner’s Office handled 78 opioid-related overdose deaths in Greenville County, Dill said. There were 48 in 2016, 70 in 2015 and 64 in 2014, Dill said. There were 40 in 2013, he said.

But it is clear that we are “trending” up...

Redefining the Problem: Not all about the money... $50 billion a year spent on addiction...

The “money” will come... specifically “earmarked” for the opioid crisis... actually a bunch of money will come.

The Opium Poppy
Papaver somniferum

How do we get here?

• 1900’s—Morphine
  – Heroin manufactured by BAYER
• 1914—Harrison Narcotics Tax
  – Heroin illegal 1924
• 1920’s—Opioids viewed as dangerous. Avoided
  The unspoken rules around NOT prescribing opioids persists until the 1970’s

Purdue Pharma uses obscure letter to editor—mid 1990’s

Opoids

• Morphine
• Codeine
• Thebaine
• Diacetylmorphine (Heroin)
• Hydrocodone (Vicodin)
• Oxycodone (Oxycotin)
• Oxymorphone (Opana)
• Hydromorphone (Dilaudid)

Naturally occurring opioids, also called opiates
Semi-synthetic opioids
South Carolina: More Scripts than people

Number of prescription medications per 1000 people
- MD: 11
- D.O.: 9
- D.C.: 7
- R.N.: 5
- P.A.: 3

So if PO's are so widely available, why is heroin use increasing?

Decline in OxyContin use corresponds to INCREASE in heroin use

Cicero et al., 2012, NEJM Vol. 367 (2)

The progression accelerated

The progression accelerated

Figure 76. Two milligrams of fentanyl – A potential lethal dose

Source: Network Environmental Systems (NES)
A gathering threat?

- Reducing accessibility to prescription opioids will initially increase threat. People will “go to the street”.
- Increasing accessibility? Is it coming our way.
- Disposable income. Greenville has the “right demographic”.
- Greenville is a growing city. No longer too small for the cartel’s attention?
- Where there is a demand…supply will show up

Treatment and Recovery

- Detox
- Inpatient treatment
- Outpatient treatment
- Medication Assisted Treatment
- Recovery Support Services

Opioid Users Require Extensive Treatment Experience Before Abstaining

- Opioid users enter treatment an average of 8 times before staying abstinent.

Paradigm Shift: Rather than waiting for a willing participant. Could we move toward a new mentality: The professional organization bears responsibility for participant engagement.

Engaging the 90%

90% Untouched....
FORCE Study

Aim

- Identify patients who present to the ED after an unintentional opioid overdose
- Provide patients with targeted recovery support services
- Determine if peer coaching can decrease overall opioid morbidity and mortality

How it Works

- Patient presents to the ED
  - FAVOR CPSS makes contact
  - Obtains consent
  - Initial coaching session
  - Enrollment in recovery services
- Patient followed, recovery & recidivism data collected

Solution: All FAVOR COACHES IN THE HOSPITAL SYSTEM BECOME VOLUNTEERS. They are automatically contacted. No release necessary.

FORCE Study: N=126 as of 8/29/18

Male = 68%
Female= 32%
African American: 7%
Caucasian: 93%

AGE:
- (33%) of our clients were between the age of 25-29
- (20%) between the age of 30-34
- (16%) between the age of 20-24
- (16%) between the age of 35-39
- (9%) between the age of 40-44
- (4%) between the age of 45-49
- (1%) between the age of 60-64
- (1%) over 64

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FORCE CONTINUED

- Total Candidates/Total “Calls” (we are automatically called and we attempt to enroll in services): 131
- Engagement Rate: 96.1% Percentage of total candidates (126) that were Successfully Engaged/Agree to Services (126)
- Retention Rate: 96.1% Percentage of total candidates who we “attempted to engage” and were unsuccessful (4)
- AMA Rate: 70% Percentage of total calls who left PRIOR to FAVOR arrival/AMA (1)
- Refusal Rate: 3.0% = Percentage of total candidates who we “attempted to engage” and were unsuccessful (4)
- Linkage Rate: 61% Percentage of engaged clients (77) who were linked with treatment or formal recovery services at any point in time during enrollment
- Linkage Rate: 3.0% Percentage of total calls who left PRIOR to FAVOR arrival/AMA (1)
- Mortality Rate: 9% Percentage of engaged clients who died of accidental overdose (1) since FAVOR engagement. Sadly we just had our first death.

Where did they land (can have “multiple” responses)

- AA/NA/12 Step (55)
- Favor Meetings (46)
- Intensive Outpatient Therapy (16)
- Outpatient Therapy (5)
- SMART Recovery (1)
- Detox (6)
- Inpatient Rehabilitation (1)
- Sober Living (13)
- Medically Assisted Treatment (MAT) (11)
- Attempted MAT, and unable to get in (1)
- Recovery Coaching (60)
- Other (8)

Other areas—At any point in time...

- 49% are working/school
- 6% have been “arrested” since enrollment with FORCE (all “possession” charges)
- Living Arrangement
  - With family: 44%
  - Stable “on your own”: 30%
  - Homeless: 16%
  - Residential Recovery/Rehab: 9%
  - Jail: 1%
  - “Other/No answer”: 3%

Q/A

University of South Carolina Medical School @ GHS—M-3 Recovery Coach Certification

Collaboration with Law Enforcement—Identify and Access...
The power of human connection... the moment never before never again...

Strategic Satellite Locations...