The Truth about Substance use Disorders

2018 Pastoral Conference
Diocese of Toledo

September 6, 2018
What are Substance Use Disorders (Addictions?)
This is your brain on drugs...

Partnership for a Drug-Free America
No, \textit{THIS} is your brain on drugs

Cocaine

Methamphetamine

Alcohol

Heroin
Addiction is a Brain Disease

It is NOT:

• A moral issue
• A willpower issue
• A character weakness
Addiction is not merely about the USE of a substance, it is about the *brain’s response* to that use leading to certain behaviors:

- Craving
- Inability to control use
- Urge to re-administer
- Spending large amounts of time procuring the drug, using or recovering from effects of the drug
- Continuing to use despite problems related to use
- Tolerance
- Withdrawal
Factors that contribute to addiction

- Genetics/Inheritance
- Environment and life experiences
  - Exposure to potentially addictive substances (especially early in life)
  - Early life trauma
  - Life stress
- Other Predisposing conditions
  - Mental Illness
- Potency of the addictive drug

All influence the brain’s response to substances and the vulnerability to substance use disorder
ACEs

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce/separation
# Past Year Opioid Use in Ohioans (SAMHSA, 2017)

<table>
<thead>
<tr>
<th>Type of Opioid Use</th>
<th>Number</th>
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<tbody>
<tr>
<td>Prescription pain medication substance use disorder</td>
<td>82,800</td>
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<tr>
<td>Heroin Use</td>
<td>47,150</td>
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Based on 2016 prevalence estimates NSDUH
Opioids

Morphine
Heroin
Meperidine
Methadone
Propoxyphene
Oxycodone (including Oxycontin)
Hydrocodone
Hydromorphone
Diphenoxylate
Fentanyl
Carfentanil
Buprenorphine
Opioid Intoxication and Withdrawal

- **Intoxication**
  - Euphoria
  - Sedation
  - Slurred speech
  - Constipation
  - Decreased pain perception
  - Decreased respirations
  - Attentional deficits

- **Withdrawal**
  - Dysphoria, anxiety
  - Insomnia
  - Diarrhea, nausea, vomiting
  - Muscle and joint pain
  - Sweating
  - Chills
  - Gooseflesh
  - Tearing
  - Yawning
Figure 8. Number of Deaths and Annual Age-Adjusted Death Rate* per 100,000 Population from Unintentional Drug Overdose by Year, Ohio Residents, 2000-2016

Source: Ohio Department of Health, Bureau of Vital Statistics; Analysis Conducted by ODH Injury Prevention Program.

*The death rate is presented as age-adjusted which allows a comparison of death rates between populations (e.g. counties and states). The rates are adjusted to the U.S. 2000 standard population to allow a comparison of the overall risk of dying between different populations.
Death Rates per 100,000 Population

1 Sources: Ohio Department of Health, Bureau of Vital Statistics; Analysis by ODH Injury Prevention Program; U.S. Census Bureau (Yr 2016 population estimates).

2 Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

Rate suppressed if < 10 total deaths for 2011-2016.
Unintentional Drug Overdoses & Distribution Rates of Prescription Opioids in Grams per 100,000 population, Ohio, 1997-2011


Figure 7. Number of Unintentional Drug Overdose Deaths Involving Selected Drugs, by Year, Ohio, 2000-2016

Source: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Injury Prevention Program.
Multiple drugs are usually involved in overdose deaths. Individual deaths may be reported in more than one category.
Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).
* Excludes deaths involving fentanyl and related drugs.
Response to the opioid crisis

• Prevention
• Early intervention
• Treatment
• Life-saving measures
• Law enforcement
Prevention Efforts

• What helps:
  • Talking to children about drugs (decreases likelihood of use about 50%)
  • Having dinner with family more nights of the week than not
  • Involving children in extracurricular activities
  • Decreasing opportunities for exposure to addictive substances
    • Discard all addictive drugs when no longer needed
Adult Substance Use by Attendance at Religious Services

NCASA, 2001
Adult Substance use by Belief in Importance of Religion

NCASA, 2001
Teen Substance Use by Attendance at Religious Services

NCASA, 2001
**Religion and suicide prevention**

**Association of Parent and Offspring Religiosity With Offspring Suicide Ideation and Attempts**

**Question:** Is parent religiosity associated with a lower risk for suicidal ideation/attempts in their offspring?

**Findings:** In a multigenerational longitudinal observational study (112 parents and 214 offspring), parent belief in the high importance of religion was associated with an approximately 80% decrease in risk in suicidal ideation/attempts in their offspring compared with parents who reported religion as unimportant. The association of parental belief was independent of the offspring’s own belief in the importance of religion.

(JAMA Psychiatry, August 8, 2018)
Treatment Received by People with Drug Use Disorders in US (SAMHSA, 2017)

Figure 10. Receipt of Specialty Treatment in the Past Year for an Illicit Drug Use Problem among Adults Aged 18 or Older Who Needed Treatment for Illicit Drug Use in the Past Year: 2016

- 1.3 Million Received Treatment at a Specialty Facility for an Illicit Drug Use Problem (18.4%)
- 6.0 Million Did Not Receive Treatment at a Specialty Facility for an Illicit Drug Use Problem (81.6%)

7.3 Million Adults Needed Illicit Drug Use Treatment
Figure 17. Reasons for Not Receiving Substance Use Treatment in the Past Year among Adults Aged 18 or Older Who Felt They Needed Treatment in the Past Year: Percentages, 2015

- Not Ready to Stop Using: 40.7%
- No Health Care Coverage and Could Not Afford Cost: 30.6%
- Might Have Negative Effect on Job: 16.4%
- Did Not Know Where to Go for Treatment: 12.6%
Bill Wilson and Dr. Robert Smith
We need to help the whole person!

Pharmacological Treatments (Medications)

Medical Services

Behavioral Therapies

Spiritual well-being

Social Services
Perspective: A chronic disease that has periods of stability and relapse, and IS treatable

- Stabilization
- Effective psychosocial treatment
- Medication treatments
- Recovery supports (safe housing, employment, etc.)
- Harm reduction approaches
Relapse Rates are Similar for Addiction and Other Chronic Illnesses

McLellan et al., JAMA, 2000.
Recovery requires a long-term commitment

It takes a year of abstinence before less than half relapse.

After 5 years – if you are sober, you probably will stay that way.

Dennis et al, Eval Rev, 2007
Life Saving Measures: Naloxone

- Opioid blocker that reverses effects of overdose
- No abuse potential
- Can be administered in both healthcare settings and in community
- Project DAWN (Deaths Avoided with Naloxone)
- **Outcomes:** Demonstrated to decrease mortality, not cause opioid dose escalation and improve eventual entry into treatment
What can we do?

- Talk to kids about drugs
- Family time and positive activities
- Work with your doctor on low-risk approaches to treat pain
- Clean out your medicine cabinet
- Delay/eliminate exposure to any drug of abuse (Tobacco, alcohol, marijuana, opioids)
- Be part of a community response
- Understand that addiction is a chronic relapsing disease
  - Relapse is part of the illness and not a failure
- Learn to use naloxone
- If you see something, say something
- Promote hope

Be Part of a Community Response
FIGHT STIGMA!!!
For more information

- Mark Hurst, MD, Director, Ohio MHAS
- Justin Trevino, Medical Director, Ohio MHAS
- Rick Massatti, PhD, MSW, MPH, LSW, State Opiate Treatment Authority
- Ellen Augspurger, MAT, Opiate Special Project Director
- Sarah Moore, lead of “Start Talking” initiative
- Andrea Boxill, Deputy Director, Governor’s Cabinet Opioid Action Team (GCOAT)
  - mha.ohio.gov/gcoat
- Kim Kehl, Trauma Informed Care Program Manager
  - mha.ohio.gov/traumacare