

Convene.
Strategize.
Activate.

TRANSFORMATION TODAY & TOMORROW

Utilizing the Crisis Response Continuum to Address the Opioid Epidemic in NC

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CENTER *for*
INTEGRATIVE
HEALTH

insight to innovation

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NA NA NA NA



NOT LISTENING

quickmeme.com

HOLD ON TO YOUR TEETH BABY



I'M ABOUT TO KICK IT UP TO 5 UNDER



**You people drive slower than a
herd of turtles stampeding
through peanut butter!**

Crisis Recovery Response Centers



- Arizona
 - Phoenix (Peoria) (1996)
 - Respite (2015)
 - Living Room 2 (2019)**
- Washington State
 - Fife (2009)
 - Lakewood E&T (2014)
 - Olympia E&T (2019)**
 - Spanaway (2020)**
- North Carolina
 - Henderson (2009)
 - Durham (2015)
 - Jacksonville (2019)
 - Fayetteville (2020)**
- Delaware
 - Ellendale (2012)
 - Newark (2016)
- California
 - Riverside (2015)
 - Palm Springs (2016)
 - Crisis Residential (2019)
- Utah
 - Salt Lake City Crisis Respite & Residential (2020)**
- Louisiana
 - Baton Rouge (2020)**



“A story of Pain”

Mid- 19th Century

mid-19th Century, when German pharmacist Friedrich Sertürner discovered morphine while conducting experiments with the opium poppy plant.



1861-1865

American Civil War

Morphine was given extensively as a pain reliever on the battle field, leaving many soldiers addicted exiting the war



1874-1898

Heroin

*"Non-habit-forming
cough remedy"*

Marketed to white women

"Can't handle pain"



Am. J. Ph.] 7 [December, 1901

BAYER Pharmaceutical Products HEROIN-HYDROCHLORIDE

is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, \$4.85 per ounce; less in larger quantities. The efficient dose being very small (1-48 to 1-24 gr.), it is

The Cheapest Specific for the Relief of Coughs

(In bronchitis, phthisis, whooping cough, etc., etc.)

WRITE FOR LITERATURE TO

FARBENFABRIKEN OF ELBERFELD CO
SELLING AGENTS

P. O. Box 2160 40 Stone Street, NEW



1876-1900

Rise of Industrial America

Technology boom made certain farming jobs obsolete and spiked industry jobs growing cities by the Millions in just short decades.

Lack of infrastructure -> food, accidents, health and safety risks



1905- 1914

“Cure Alls” – “Peak and Fall”

Cure-alls began to disappear from the market after legislation was enacted in 1912 that prohibited manufacturers from making false and fraudulent therapeutic claims. *Cure-alls* were manufactured both as liquid tonics, which were taken internally, and as salves, balms, or liniments, which were applied topically.

1906 FDA Established

1924

Heroin Criminalized

Use moves underground urban, black or brown communities becoming addicted to the drug, a cultural shift from treating opiate addiction as a medical problem to a criminal one.



1984 Vicodin

“First Wave”

1996

OxyContin introduced

The advent of Oxycontin in 1996, combined with doctors' endorsements of the drug as a method of non-addictive and long-lasting pain relief, prompted the birth of the prescription [opioid epidemic](#) as we conceive of it today. Companies like Purdue Pharmaceuticals, run by the billionaire Sackler family, perfected the art of using medical professionals' endorsements to market opioids to patients suffering from chronic pain (Direct to consumer advertising only completely legal in USA-5.2Billion 2016 spent & New Zealand)

1999 Percocet

2001 “Fifth Vital”, Pain

FREEDOM FROM PAIN!

Extra strength pain relief free of extra prescribing restrictions.

- Telephone prescribing in most states
- Up to five refills in 6 months
- No triplicate Rx required

Excellent patient acceptance. In 10 years of clinical experience, nausea, sedation and constipation have rarely been reported.*

COMPARATIVE PHARMACOLOGY OF TWO ANALGESICS			
Parameter	Vicodin	Other	Other
PHARMACOLOGY	✓	✓	✓
EFFICACY	✓	✓	✓
SAFETY	✓	✓	✓

vicodin ES[®]

Tablet for tablet, the most potent analgesic you can phone in.

acetaminophen will not be enough ...

OxyContin[®] q12h

Controlled release oxycodone tablets

• Rapid onset of analgesia within 46 minutes^{1,2}

• Full 12 hours of pain relief^{1,2}

• No risk of acetaminophen or ASA toxicity^{1,2,3}

World Health Organization Pain Ladder (Adapted)^{1,2}

- Step 1
• ASA
- Step 2
• Oxycodone
• Codeine
- Step 3
• Oxycodone
• Morphine
• Meperidine

The Only Step 2 and Step 3 q12h Analgesic

OxyContin[®] q12h 10 mg 20 mg 40 mg 80 mg

Small, colour-coded tablets

One to Start and Stay With... Easy to Dose, Easy to Titrate

For the relief of moderate to severe pain requiring the prolonged use of an opioid. Side effects are similar to other opioid analgesics; the most frequently observed are constipation, nausea and somnolence. Strong analgesia may be reached to assist effects. This is not a sedative. Please refer to prescribing information for full details. Opioid analgesics should be prescribed and handled with the degree of caution appropriate to the use of a drug with abuse potential. Stop when it is no longer in patients with pain to whom this opioid is appropriate indicated.

Medication may be used for analgesia after surgery (see Table 10 mg Oxycodone and Codeine) or for the relief of moderate to severe pain and for chronic, moderately severe pain. It is not to be used for the relief of moderate to severe pain in patients with a history of substance abuse.

Medication should be used with caution in patients with a history of substance abuse.

Purdue Pharma
Purdue Pharma
Purdue Pharma

“I got my Life Back”

2010 “Second Wave”

“That year, 16,651 people died from drug-induced overdose; Heroin was involved in 3,036 deaths”

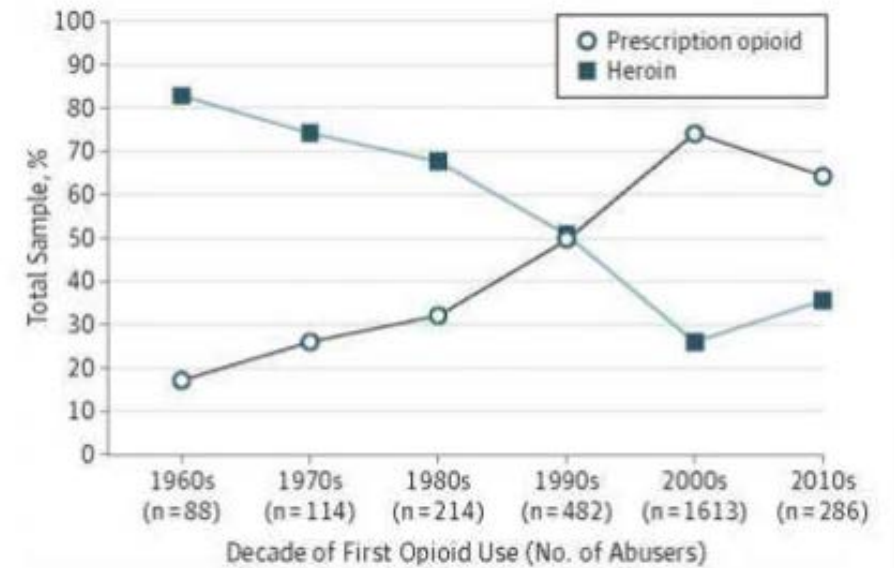
2016 “Third Wave”

Rise of Fentanyl & Carfentanyl

In 16% of U.S. counties, enough opioid prescriptions were dispensed for every person to have one.

While the overall opioid prescribing rate in 2017 was 58.7 prescriptions per 100 people, some counties had rates that were seven times higher than that.

\$27.5 Million in Political Lobbying 2018

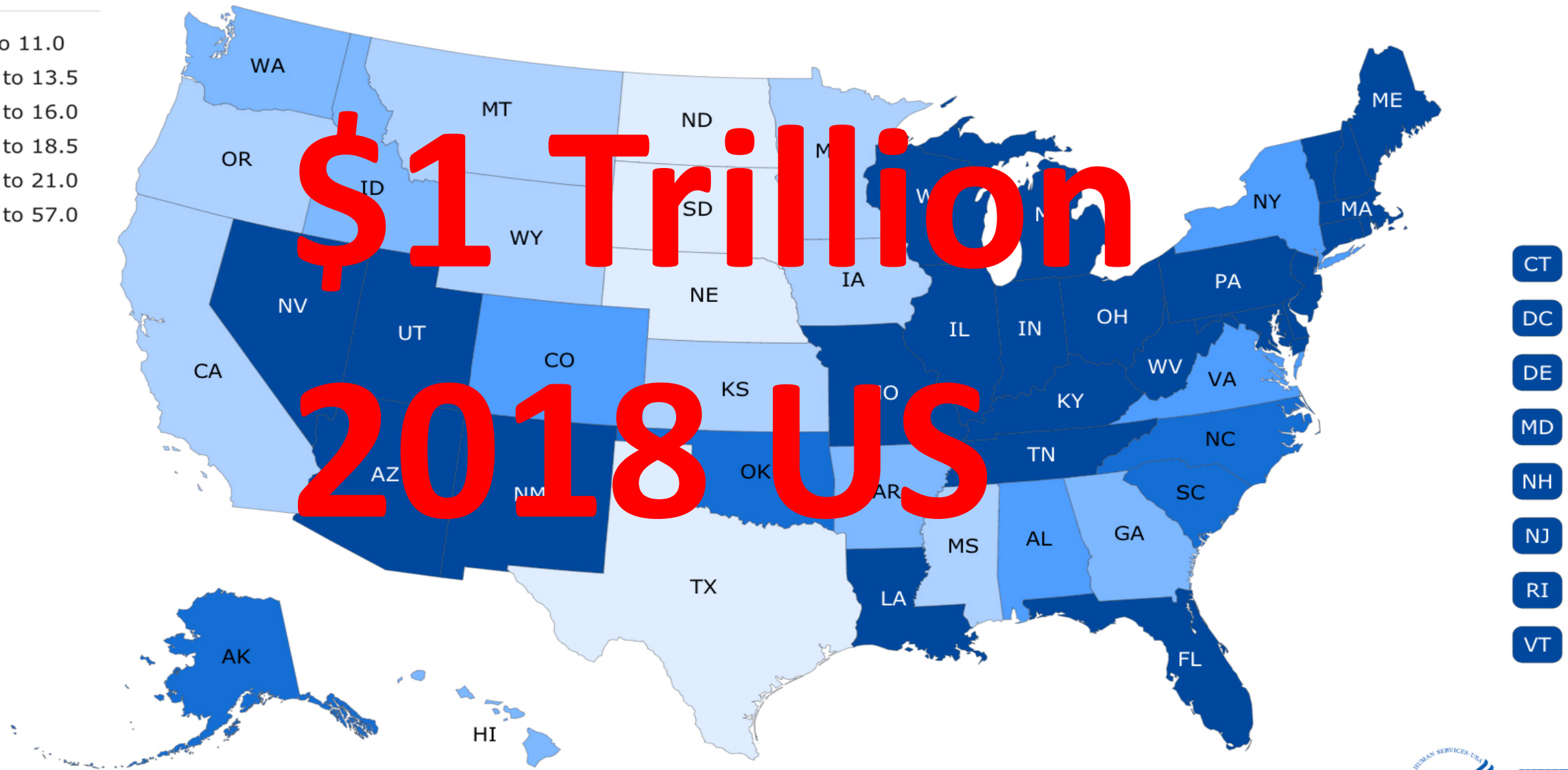


Percentage of the total heroin-dependent sample that used heroin or a prescription opioid as their first opioid of abuse. Data are plotted as a function of the decade in which respondents initiated their opioid abuse. *Source: Cicero et al., 2014*

Number and age-adjusted rates of drug overdose deaths by state, US 2017

Legend

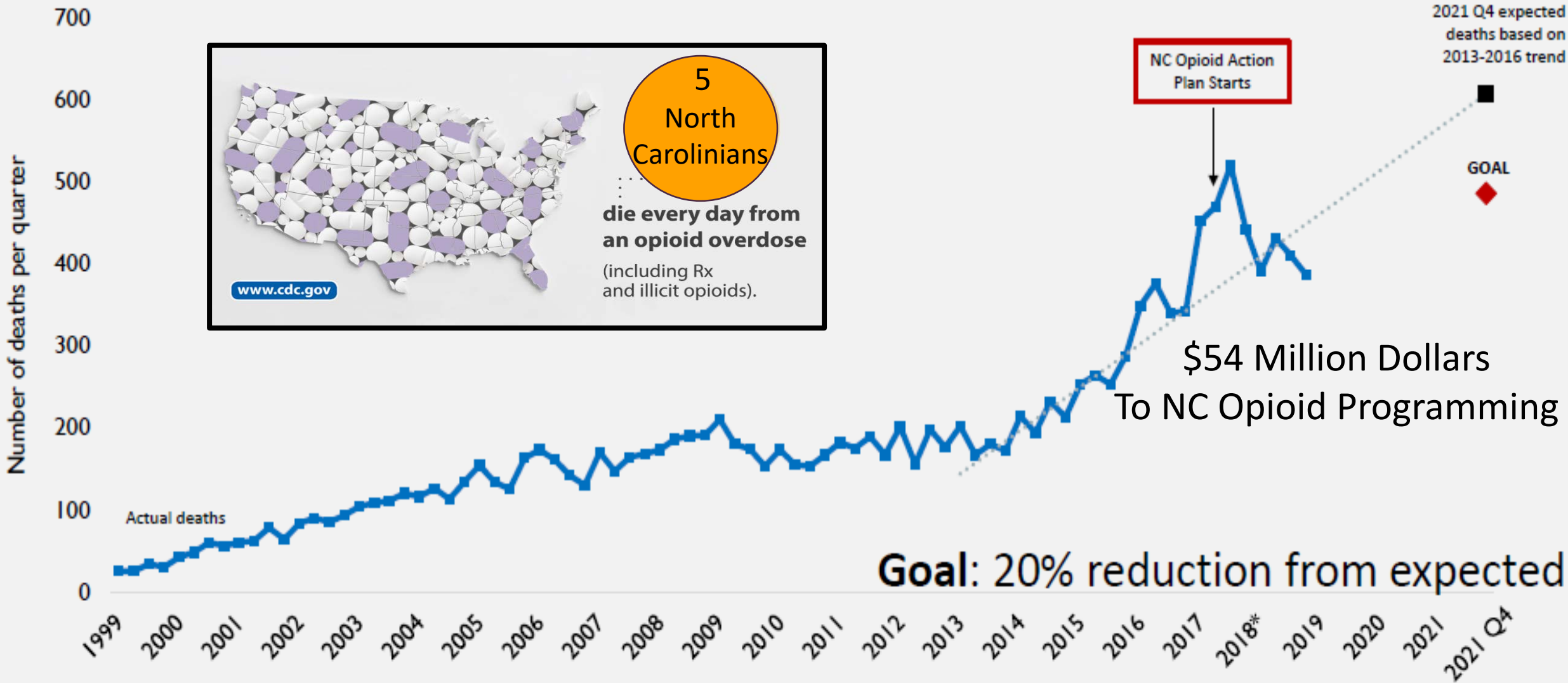
- 6.9 to 11.0
- 11.1 to 13.5
- 13.6 to 16.0
- 16.1 to 18.5
- 18.6 to 21.0
- 21.1 to 57.0



Age-adjusted death rates were calculated as deaths per 100,000 population using the direct method and the 2000 standard population.
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.



NUMBER OF UNINTENTIONAL OPIOID-RELATED DEATHS TO NC RESIDENTS



5 North Carolinians die every day from an opioid overdose
(including Rx and illicit opioids).

www.cdc.gov



- Q drug addicts are|
- 🕒 drug addicts are **weak**
- Q drug addicts are **selfish**
- Q drug addicts are **human beings**
- Q drug addicts are **liars**
- Q drug addicts are **pathetic**
- Q drug addicts are **human beings book**
- Q drug addicts are **mean**
- Q drug addicts are **not victims**
- Q drug addicts are **worthless**
- Q drug addicts are **manipulative**



- Q drug users are|
- Q drug users are **losers**
- Q drug users are **victims**
- Q drug users are **criminals**



MORAL MODEL OF ADDICTION

human weakness, defect of character, and poor choices

addicts have a lack of willpower or moral strength, and committ moral failure and sin

critics of this concept state that their view increases stigma and prevents effective treatment and support for all those who suffer.



DISEASE MODEL OF ADDICTION

chemical, biological, and chronic

obsession to use drugs or drink has a biological, environmental, genetic and neurological origin.

Critics of this concept say the brain is always changing in response to new experiences and this is proof that addiction is learned and can be unlearned

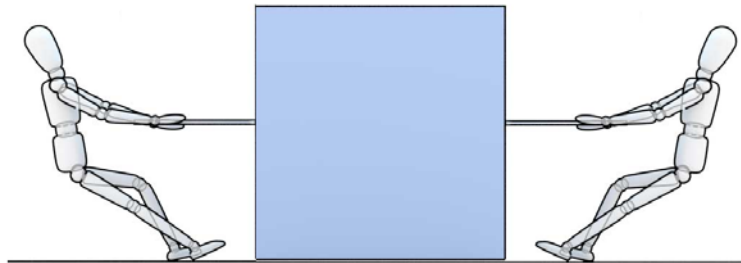
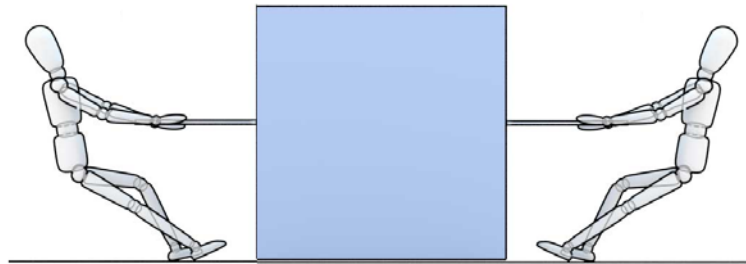


Detox to community or residential

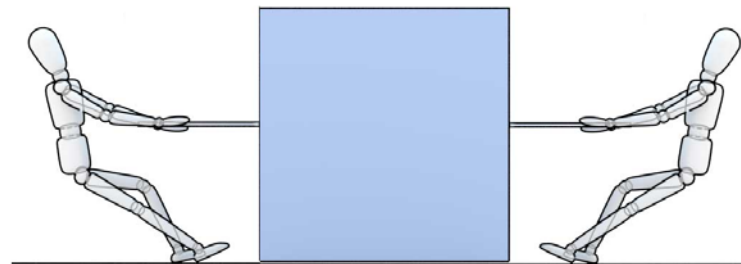
Methadone

Naltrexone

Buprenorphine

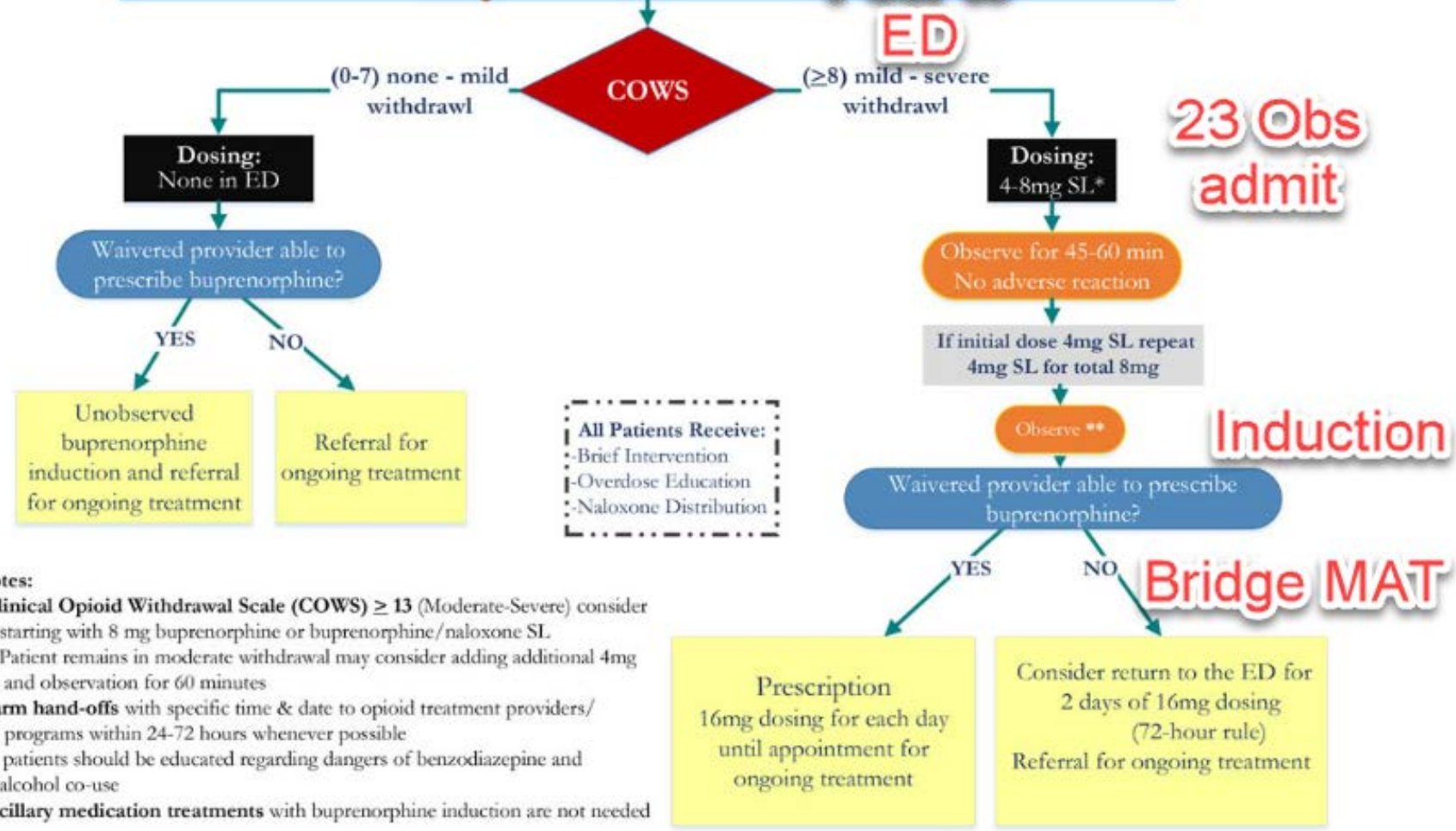


If all you have is a hammer, then everything looks like a nail!

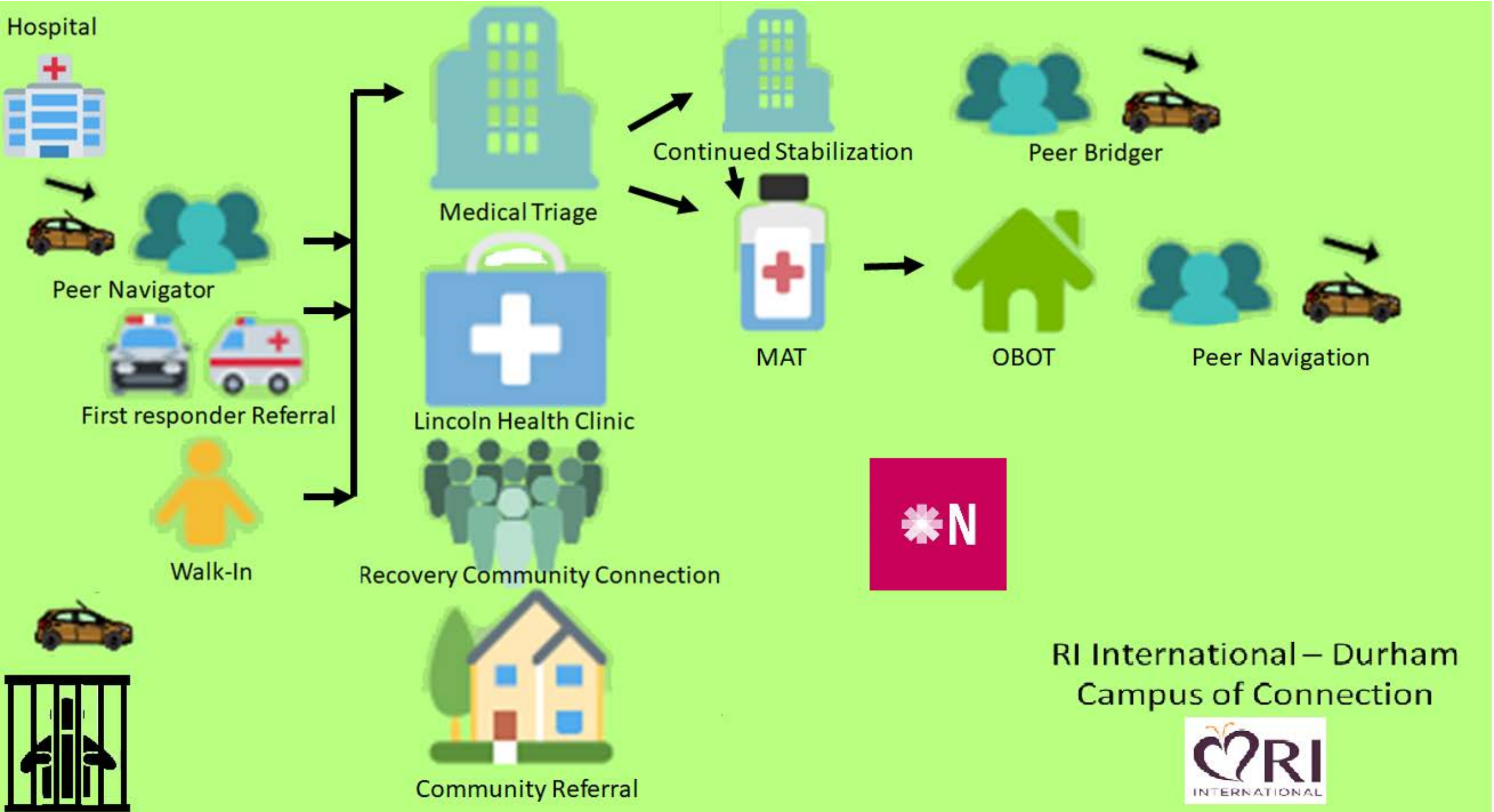


~~ED~~-Initiated Buprenorphine

Diagnosis of Moderate to Severe Opioid Use Disorder
 Assess for opioid type and last use
 Patients taking methadone may have withdrawal reactions to buprenorphine up to 72 hours after last use
 Consider consultation before starting buprenorphine in these patients

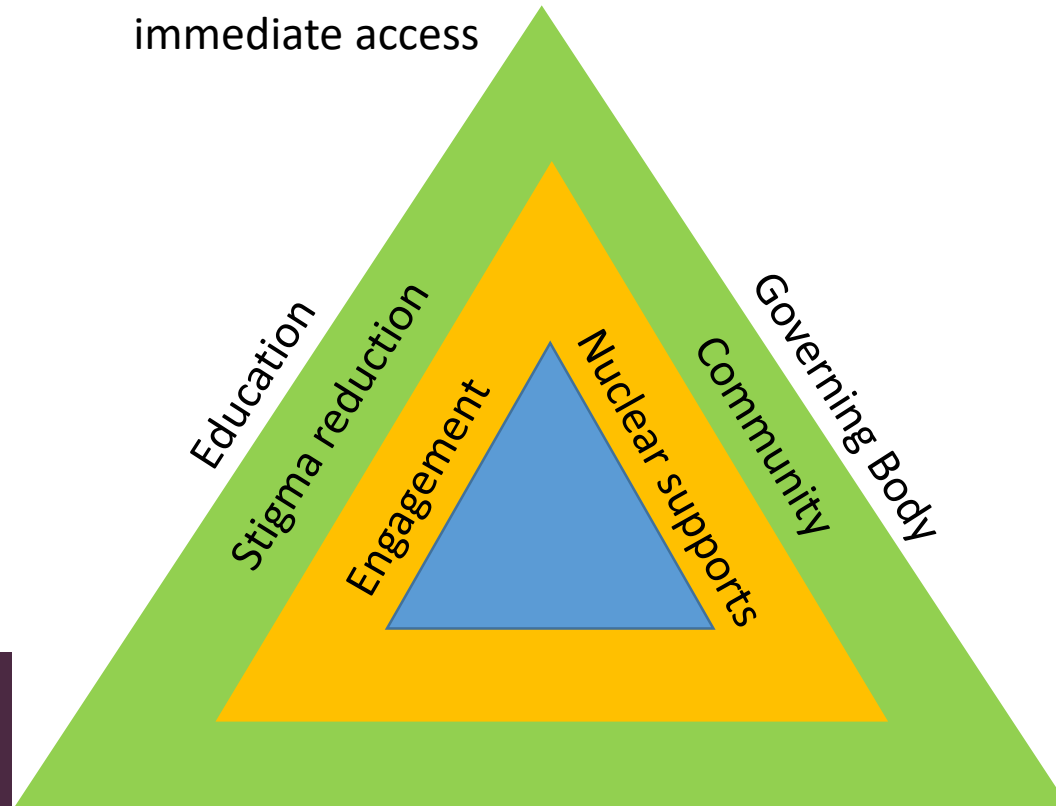


Notes:
 *Clinical Opioid Withdrawal Scale (COWS) ≥ 13 (Moderate-Severe) consider starting with 8 mg buprenorphine or buprenorphine/naloxone SL.
 ** Patient remains in moderate withdrawal may consider adding additional 4mg and observation for 60 minutes
Warm hand-offs with specific time & date to opioid treatment providers/ programs within 24-72 hours whenever possible
 All patients should be educated regarding dangers of benzodiazepine and alcohol co-use
Ancillary medication treatments with buprenorphine induction are not needed



Access

- Transportation, uninsured support, universal screening, bias awareness, legal system, immediate access



Clinical Fit to Need

- OTP, OBOT, Inpatient
- Integrated Care
- Improving flow and hand off
- Assessment tool

Recovery Focused

- Evidenced based therapies
- Collaborative Care
- Peer supports, family & natural support engagement



WHERE DO WE GO ?

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