Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
From Opioid Overdose Prevention to Community Resilience

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SAMHSA Regional Administrator (Region 5)

Region 5 Fatherhood Initiative
October 24, 2017
Today’s Presentation

- Public Health Crisis
- Response
- Recovery and Resilience
Third Phase

Opioid Prescriptions → Heroin → Fentanyl
## Opioid Related Deaths

<table>
<thead>
<tr>
<th>State</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total</th>
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<tbody>
<tr>
<td>Illinois</td>
<td>1284</td>
<td>1014</td>
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<tr>
<td>Indiana</td>
<td>283</td>
<td>347</td>
<td>361</td>
<td>350</td>
<td>452</td>
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<tr>
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<td>200</td>
<td>175</td>
<td>190</td>
<td>575</td>
<td>590</td>
<td>884</td>
<td>2,614</td>
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<td>Minnesota</td>
<td>214</td>
<td>220</td>
<td>257</td>
<td>294</td>
<td>312</td>
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<td>1,627</td>
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<td>1075</td>
<td>1100</td>
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<td>1690</td>
<td>2350</td>
<td>3200</td>
<td>10,740</td>
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<td>Wisconsin</td>
<td>410</td>
<td>469</td>
<td>502</td>
<td>588</td>
<td>622</td>
<td>614</td>
<td>3,205</td>
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<td><strong>Total</strong></td>
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<td><strong>28,082</strong></td>
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## Deaths From Suicide

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<tr>
<th>State</th>
<th>2010</th>
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<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total</th>
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<tr>
<td>Indiana</td>
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<td>881</td>
<td>940</td>
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<td>948</td>
<td>960</td>
<td>5537</td>
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<td>Michigan</td>
<td>1263</td>
<td>1221</td>
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<td>1410</td>
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<tr>
<td>Minnesota</td>
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<td>656</td>
<td>678</td>
<td>686</td>
<td>730</td>
<td>4039</td>
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<tr>
<td>Ohio</td>
<td>1439</td>
<td>1465</td>
<td>1542</td>
<td>1526</td>
<td>1491</td>
<td>1650</td>
<td>9113</td>
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<tr>
<td>Wisconsin</td>
<td>793</td>
<td>745</td>
<td>723</td>
<td>850</td>
<td>769</td>
<td>877</td>
<td>4757</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39028</td>
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</table>
Impact of Opioid Epidemic

- 2.5 Million people abuse opioids
- Only 200,000 have access to addiction treatment
- **$55 billion** in annual health and social costs related to prescription opioid misuse

Everyday...

- 650,000+ opioid prescriptions are dispensed
- 3,900 people initiate misuse of prescription opioids
- 1,000 people are treated in ERs for prescription opioid misuse
- 580 people initiate heroin use
- 78 people die from an opioid-related overdose
Prevention: Overdose

- Educate patients to recognize and respond to overdose.
- Assure access to naloxone.
- Do not use drugs alone.
- Use by the safest means possible.
- Test drugs from an unfamiliar source.

SAMHSA.gov for overdose prevention curriculum!
Prevention: Infectious Disease

Persons who inject drugs can substantially reduce their risk of getting and transmitting HIV, viral hepatitis and other blood borne infections by using a sterile needle and syringe for every injection.

SAMHSA guidance:

CDC Syringe Services Programs:
http://www.cdc.gov/hiv/risk/ssps.html
Medication Assisted Treatment (MAT)

- Combination of FDA-approved medication:
  - Methadone
  - Buprenorphine/naloxone
  - Naltrexone

- and psychosocial treatments
  - Counseling: Coping skills/relapse prevention
  - Education
  - Toxicology Screening
  - PDMP use
Rate of Past Year Opioid Abuse or Dependence and Rate of OA-MAT Capacity
(rate per 1,000 persons aged 12 years and older)

Source: Jones CM, Campopiano M, Baldwin G, McCance-Katz E. National and state treatment need and capacity for opioid agonist medication assisted treatment. AJPH, 2015
Persistent Gap Between Opioid Use Disorder Prevalence & MAT Treatment

Recovery Oriented MAT

- Do not discontinue MAT due to relapse or comorbid substance use disorder
- Peer recovery support
- Trauma informed care

Recovery Oriented Methadone Maintenance:
NIDA Principles of Drug Addiction Treatment, 3rd Edition

<table>
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<th>Condition</th>
<th>Relapse Rate</th>
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<td>Type 1 Diabetes</td>
<td>30 to 50%</td>
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<tr>
<td>Drug Addiction</td>
<td>40 to 60%</td>
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<tr>
<td>Hypertension</td>
<td>50 to 70%</td>
</tr>
<tr>
<td>Asthma</td>
<td>50 to 70%</td>
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</table>

Four Dimensions of Recovery

Health—overcoming or managing one’s disease(s) or symptoms

Home—having a stable and safe place to live

Purpose—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society

Community—having relationships and social networks that provide support, friendship, love, and hope
Recovery and Community Resilience

Public Health

Recovery

Source: Dahlgren and Whitehead, 1991

SAMHSA
**ACE Questions**

**Emotional abuse**
- Often or very often swore at, insulted, put down
- Often afraid of being hurt

**Physical abuse**
- Sometimes, often or very often pushed, slapped OR injured once

**Sexual abuse**
- Touch or fondle or have you touch
- Attempted intercourse
- Intercourse

V.J. Edwards, CDC, 9/12/11
ACE Family Dysfunction Categories

- Family Substance Abuse
- Family Mental Illness
- Interparental Violence
- Parental Divorce/Separation
- Incarcerated Family Member
ACE Prevalences

- Physical abuse
- Household substance abuse
- Parental divorce
- Sexual abuse
- Household mental illness
- Witnessing violence
- Emotional abuse
- Incarcerated family member

V.J. Edwards, CDC, 9/12/11
### Adverse Childhood Experiences Score

Number of categories endorsed were summed…

<table>
<thead>
<tr>
<th>ACE Score Prevalence (%)</th>
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<tr>
<td>0</td>
<td>36.1</td>
</tr>
<tr>
<td>1</td>
<td>26.0</td>
</tr>
<tr>
<td>2</td>
<td>15.9</td>
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<tr>
<td>3</td>
<td>9.5</td>
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<tr>
<td>4</td>
<td>6.2</td>
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<tr>
<td>5 or more</td>
<td>6.3</td>
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</tbody>
</table>

- Almost **two-thirds** had at least one ACE
- More than **one in five** had 3 or more ACEs
Major Findings

ACEs were common

Multiple ACEs were commonly reported

ACEs were interrelated
Long Term Outcomes with Graded relationships to ACEs

- Depression
- Suicide
- Current smoking
- Teenage pregnancy
- Teenage paternity
- Work Absenteeism
- IPV Perpetration
- Liver disease
- Heart disease
- Unintended pregnancy
- STDs
- Memory deficits
- Illicit drug use
- Early alcohol use

V.J. Edwards, CDC, 9/12/11
SAMHSA’s Concept of Trauma
3-E’s (draft)

Trauma: Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and/or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, and/or spiritual well-being.
Characteristics of Individuals with Traumatic Stress and Substance Abuse

- Emotional and behavioral dysregulation
- Coping deficits
- Family strain
- Challenges navigating environmental stress
- Academic & vocational difficulties
- Health problems
- Involvement with multiple service systems (legal system, social services, mental health, substance abuse,
A program, organization or system that is trauma-informed

(1) realizes the prevalence of trauma and taking a universal precautions position;

(2) recognizes how trauma affects all individuals involved with the program, organization, or system, including its own workforce;

(3) responds by putting this knowledge into practice; and

(4) resists retraumatization.
Principles of a Trauma-Informed Approach (draft)

- **Safety**: Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

- **Trustworthiness and transparency**: Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

- **Peer support** (peers refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery) and mutual self-help are key vehicles for establishing safety, building trust, enhancing collaboration, and maximizing a sense of empowerment.
Principles of a Trauma-Informed Approach (draft)

• **Collaboration and mutuality:** Partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators; demonstrates that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach; one does not have to be a therapist to be therapeutic.

• **Empowerment, Voice and Choice:** throughout the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed. The organization fosters a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma; building on strengths and not just addressing perceived deficits.

• **Cultural, historical, and gender issues:** the organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.
Guidance for a Trauma-Informed Approach (draft)

1. Governance and leadership
2. Policy
3. Physical environment of the organization
4. Engagement and involvement of people in recovery, trauma survivors, consumers, and family members of children receiving services
5. Cross sector collaboration
6. Screening, assessment, and interventions
7. Training and workforce development
8. Progress Monitoring and Quality assurance
9. Financing
10. Evaluation
SAMHSA plans to adapt these suggested guidelines into a matrix worksheet that organizations and systems can use to plan and assess the implementation of a trauma-informed approach. Examples of matrices from various sectors will also be made available.

### SAMHSA’s Trauma-Informed Approach Guidance for Implementation Matrix Draft 7-11-13

<table>
<thead>
<tr>
<th>Governance and Leadership</th>
<th>Safety</th>
<th>Trustworthiness and Transparency</th>
<th>Peer Support</th>
<th>Collaboration and Mutuality</th>
<th>Empowerment, Voice, and Choice</th>
<th>Cultural, Historical, and Gender Issues</th>
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<td>Progress Monitoring and Quality Assurance</td>
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<td>Financing</td>
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</table>
Motivational Interviewing

Encouraging Motivation to Change
Am I Doing this Right?

Motivational interviewing encourages you to help people in a variety of service settings discover their interest in considering and making a change in their lives (e.g., to manage symptoms of mental illness, substance abuse, chronic illnesses such as diabetes and heart disease).

REMINDE ME
Use the back of this card to build self-awareness about your attitudes, thoughts, and communication skills as you assist your clients. Keep your attention centered on the people you assist. Encourage their motivation to change.

www.centerforebp.case.edu

www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4772)
Trauma Informed Care Resources


SAMHSA’s Concept of Trauma and Guidance for a Trauma-informed Approach-2014

Trauma Informed care in Behavioral Health Services
https://www.store.samhsa.gov/product/Trauma-Informed-Care-in-Behavioral-Health-Services/SMA15-4420

How childhood trauma can make you sick as an adult
http://bigthink.com/videos/vincent-felitti-on-childhood-trauma

Practice Parameter for the Assessment and Treatment of Children and Adolescents with Post-Traumatic Stress Disorder
http://www.jaacap.com/article/S0890-8567(10)00082-1/abstract
Motivational Interviewing

Motivational interviewing (MI) is a form of goal-oriented psychotherapy, in which clinicians help clients overcome their ambivalence or lack of motivation toward changing their behavior in positive ways. MI is a method of communication, not a set of techniques, for “eliciting the person’s intrinsic motivation for change” (Miller & Rollnick, 2002, p. 25).

http://nrepp.samhsa.gov/Docs/Literatures/Motivational%20Interviewing_NREPP%20Literature%20Review.pdf

Motivational interviewing for peer support providers

https://center4si.adobeconnect.com/_a966410469/p4n013s2naw/?launcher=false&fcsContent=true&pbMode=normal (Session 1)

https://center4si.adobeconnect.com/_a966410469/p2bp84qa679/?launcher=false&fcsContent=true&pbMode=normal (session 2)
Thank You! Questions?

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