Substance Abuse and Mental Health Services Administration

SAMHSA

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
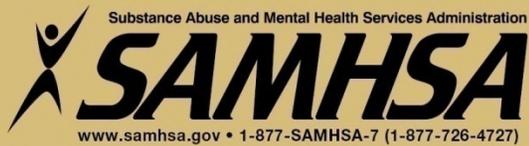
From Opioid Overdose Prevention to Community Resilience

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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

State	2010	2011	2012	2013	2014	2015	Total
Illinois	1284	1014	1619	1072	1203	1382	**7,574**
Indiana	283	347	361	350	452	529	**2,322**
Michigan	200	175	190	575	590	884	**2,614**
Minnesota	214	220	257	294	312	330	**1,627**
Ohio	1075	1100	1325	1690	2350	3200	**10,740**
Wisconsin	410	469	502	588	622	614	**3,205**
Total							**28,082**

Deaths From Suicide

State	2010	2011	2012	2013	2014	2015	Total
Illinois	1178	1226	1292	1321	1398	1363	**7778**
Indiana	864	881	940	944	948	960	**5537**
Michigan	1263	1221	1261	1295	1354	1410	**7804**
Minnesota	606	683	656	678	686	730	**4039**
Ohio	1439	1465	1542	1526	1491	1650	**9113**
Wisconsin	793	745	723	850	769	877	**4757**
Total							**39028**

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

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MADDIE MCGARVEY FOR THE WALL STREET JOURNAL

https://www.wsj.com/articles/the-children-of-the-opioid-crisis-1481816178?mod=e2tw

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.

CDC Syringe Services Programs:
http://www.cdc.gov/hiv/risk/ssps.html

SAMHSA guidance:
http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf
http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.pdf

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)

Rate of Opioid Abuse/Dependence
- 3.4-6.4
- 6.5-9.2
- 9.4-10.3
- 10.8-12.9

Rate of OA-MAT Capacity
- 0.7-3.0
- 3.2-4.3
- 4.4-7.2
- 7.3-16.5

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
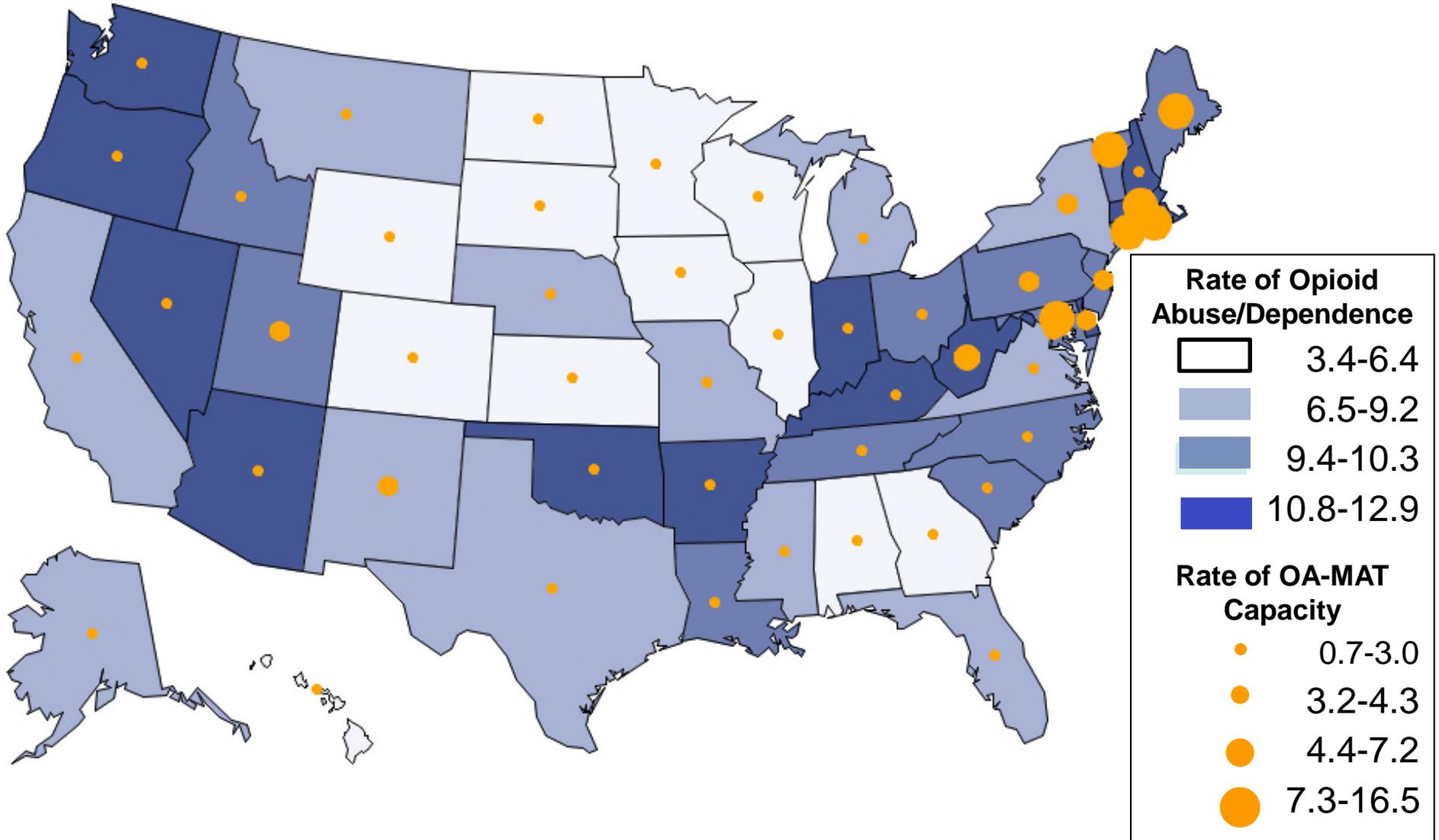
Persistent Gap Between Opioid Use Disorder Prevalence & MAT Treatment

Legend:
- Past year opioid abuse or dependence
- OA-MAT capacity
- Maximum potential buprenorphine capacity
- OTP patients on methadone

Y-axis: Number of Individuals
X-axis: Year (2003–2012)
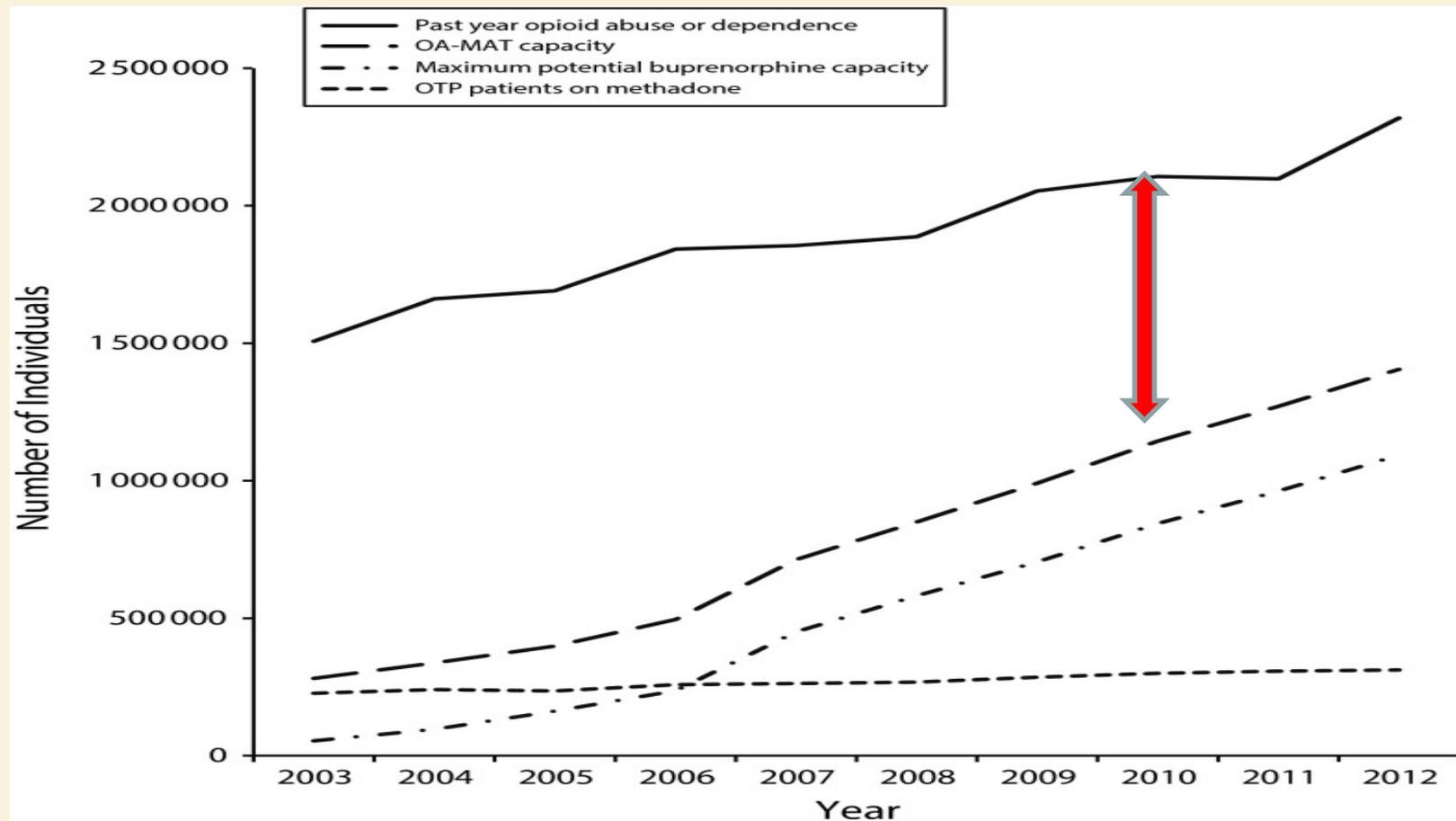
Source: Jones CM et al. National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. AJPH. 2015; 105(8):e55-e63.

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:
http://www.attcnetwork.org/userfiles/file/GreatLakes/5th%20Monograph_RM_Methadone.pdf

NIDA *Principles of Drug Addiction Treatment, 3rd Edition*

COMPARISON OF RELAPSE RATES
BETWEEN DRUG ADDICTION AND
OTHER CHRONIC ILLNESSES

Percentage of Patients Who Relapse

TYPE I DIABETES
30 TO 50%

DRUG ADDICTION
40 TO 60%

HYPERTENSION
50 TO 70%

ASTHMA
50 TO 70%

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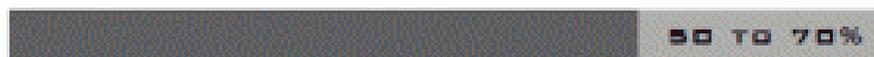
Four Dimensions of Recovery

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
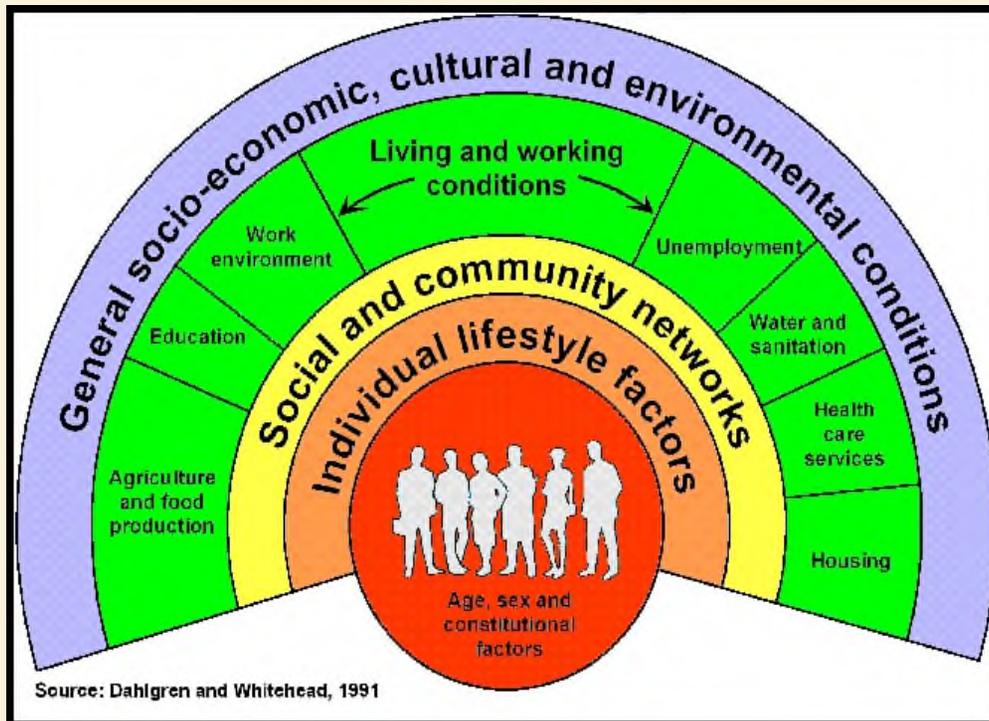
Recovery
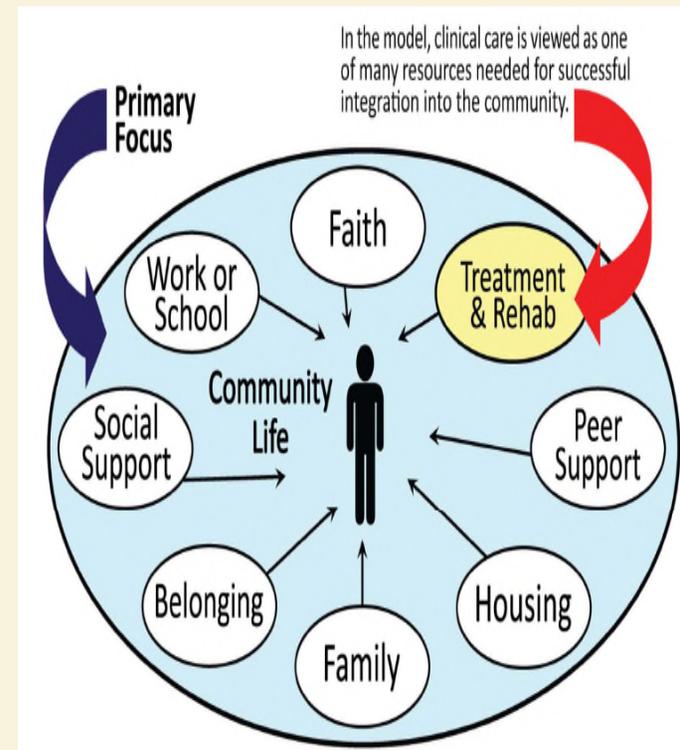
ACE Questions

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
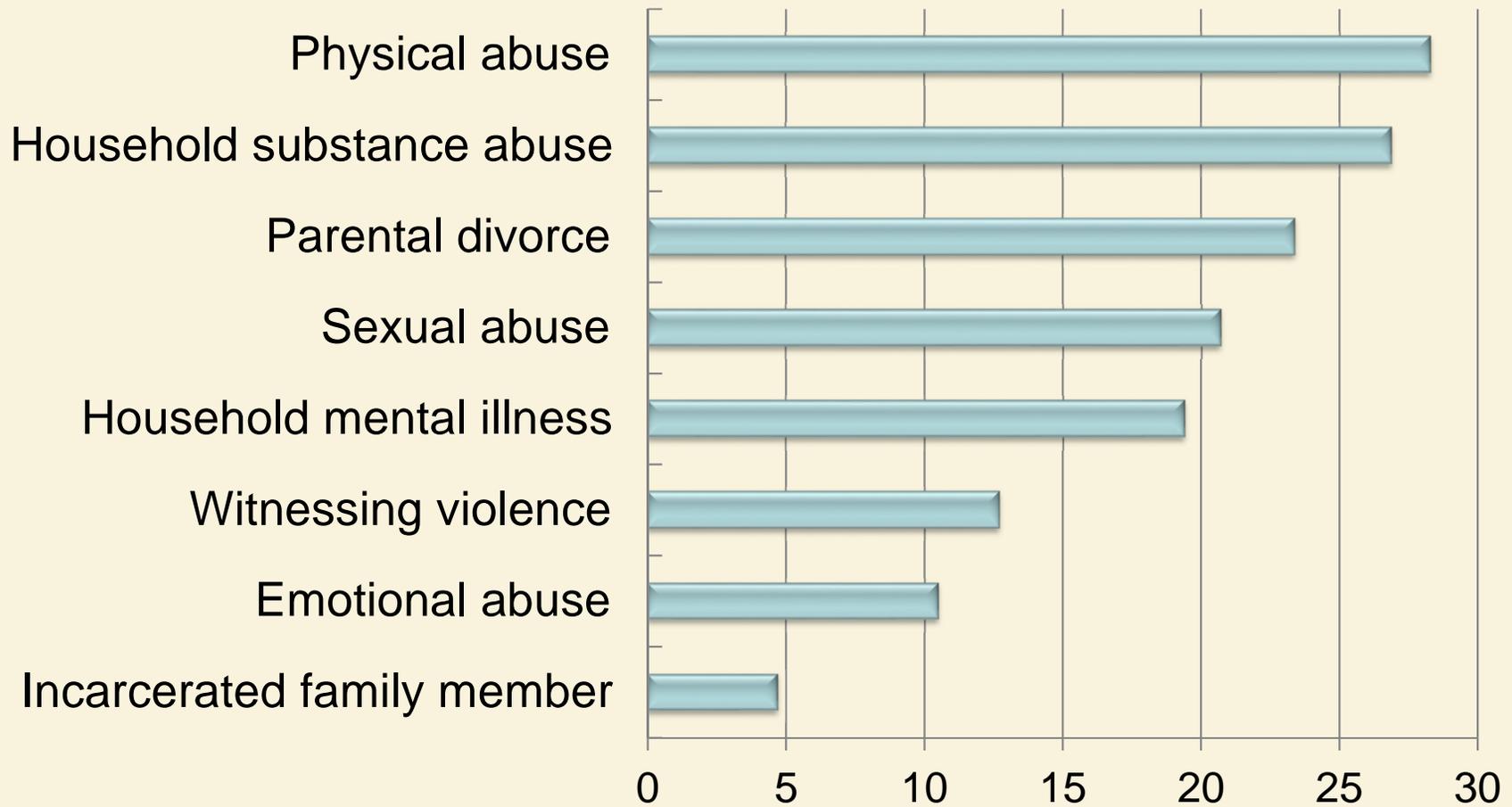
Adverse Childhood Experiences Score

Number of categories endorsed were summed…

ACE Score Prevalence (%)

0	36.1
1	26.0
2	15.9
3	9.5
4	6.2
5 or more	6.3

- Almost <u>two-thirds</u> had at least one ACE
- More than <u>one in five</u> 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

SAMHSA's Concept of Trauma 3-E's (draft)

Trauma: Individual trauma results from an <u>event</u>, series of events, or set of circumstances that is

<u>experienced</u> by an individual as physically and/or emotionally harmful or threatening and that has lasting adverse

<u>effects</u> 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,**

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SAMHSA's Concept of a Trauma-Informed Approach – 4R's
(draft)

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

Service Sector-/Organization-Specific Guidelines Matrix

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

SAMHSA's Trauma-Informed Approach Guidance for Implementation Matrix *Draft 7-11-13*

	Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
Governance and Leadership						
Policy						
Physical Environment						
Engagement and Involvement						
Cross Sector Collaboration						
Screening, Assessment, Treatment Services						
Training and Workforce Development						
Progress Monitoring and Quality Assurance						
Financing						
Evaluation						

Motivational Interviewing

Trauma Informed Care Resources

https://www.samhsa.gov/integrated-health-solutions/build-practices/clinical-practice/trauma-informed-care

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

https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

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 Resources

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?
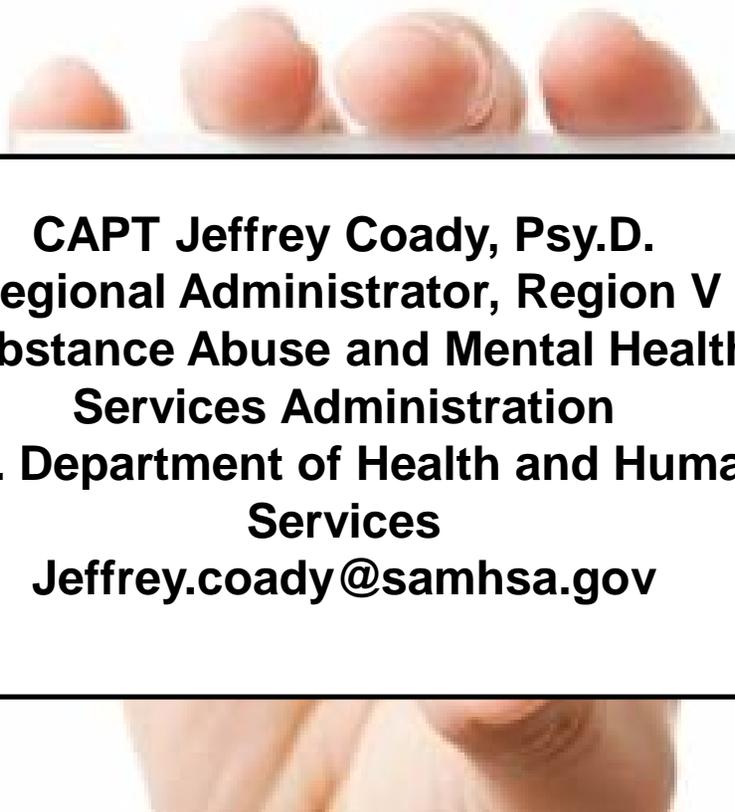
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