Community Courage:
Battling the Disease of Addiction
June 2017
Our goal is to help reduce and eliminate misuse and abuse of all drugs and to prevent addiction and deaths from opioid drugs in Ohio.
Drug deaths rising in all 50 states

Drug and opioid overdose deaths per 100,000 people (age-adjusted), 1999–2014

- 1.9–7.5
- 7.5–11.5
- 11.5–15.5
- 15.5–21.5
- 21.5–36.3
- Unavailable

Source: CDC
State Rank in the Age-adjusted Rate of Unintentional Drug Overdose Deaths, Ohio, 2000 - 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Rank</th>
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<tbody>
<tr>
<td>2000</td>
<td>3</td>
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<td>2001</td>
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<td>2002</td>
<td>4</td>
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<td>2010</td>
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<td>2011</td>
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<td>2012</td>
<td>17</td>
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<td>2013</td>
<td>18</td>
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<td>2014</td>
<td>26</td>
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</tbody>
</table>

6/21/2017
Unintentional overdose deaths in Ohio

2012 = 1,914 (36% from heroin/ 3% from Fentanyl)
2013 = 2,110 (46% from heroin/ 3% from Fentanyl)
2014 = 2,482 (47% from heroin/ 20% from Fentanyl)
2015 = 3,050 (46% from heroin/ 36% from Fentanyl)
*2016 = 3,963 (36% from heroin/ 52% from Fentanyl)
Patient Access

Gaining Perspective
Is There a Societal Benefit from Chronic Opioid Treatment of Benign Pain?

http://apps.npr.org/unfit-for-work/

NPR Series: Unfit for Work: The startling rise of disability in America 3/13
Data from Social Security Administration
An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

International Association for the Treatment of Pain
Effectiveness of pain meds
(from Cochrane reviews)
(References 17,18,19,20)

Percent of people getting 50% pain relief
(1/NNT)

- Two 5 mg Percocet pills
- Ibuprofen 200mg
- Ibuprofen 400 mg
- Oxycodone 15 mg
- Acetaminophen
- Ibu 200 + acet 500
Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
Past Year Substance Use Disorder in US in 2014 (SAMHSA)

- No SUD in the Past Year: 243.6 Million People (91.9%)
- SUD in the Past Year: 21.5 Million People (8.1%)

- Alcohol Use Disorder: 17.0 million people
- Illicit Drug Use Disorder: 7.1 million people
- Marijuana Use Disorder: 4.2 million people
- Pain Reliever Use Disorder: 1.9 million people
- Cocaine Use Disorder: 0.9 million people
- Heroin Use Disorder: 0.6 million people
Reasons those who see a need for treatment don’t get it:

- 39%: No healthcare coverage
- 10%: Inadequate healthcare coverage
- 29%: Not ready to stop
- 18%: Concerned about opinions of others
- 17%: Negative effect on job
- 14%: Didn’t know where to go
- 8%: Could handle it without treatment
- 8%: No transportation
- 6%: No openings
# Signs and symptoms of chronic diseases

<table>
<thead>
<tr>
<th>Disease characteristic</th>
<th>Cardiac Disease</th>
<th>Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms</strong></td>
<td>• Weakness&lt;br&gt;• Shortness of breath on exertion&lt;br&gt;• Chest pain</td>
<td>• Craving&lt;br&gt;• Inability to control use&lt;br&gt;• Consequences of use</td>
</tr>
<tr>
<td><strong>Signs</strong></td>
<td>• EKG abnormalities&lt;br&gt;• Abnormal stress test&lt;br&gt;• Abnormal angiography</td>
<td>• Abnormal lab tests, Infections&lt;br&gt;• Accidents, etc.</td>
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</tbody>
</table>
# Etiology of chronic diseases

<table>
<thead>
<tr>
<th>Factor</th>
<th>Cardiac Disease</th>
<th>Addiction</th>
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</thead>
<tbody>
<tr>
<td>Genetics</td>
<td>• Substantial genetic component</td>
<td>• Substantial genetic component</td>
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<tr>
<td>Life experiences</td>
<td>• Early life trauma</td>
<td>• Early life trauma</td>
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<tr>
<td></td>
<td>• Stress</td>
<td>• Stress</td>
</tr>
<tr>
<td></td>
<td>• Sedentary lifestyle</td>
<td>• Drug exposure</td>
</tr>
<tr>
<td>Predisposing conditions</td>
<td>• Addiction</td>
<td>• Mental illness</td>
</tr>
<tr>
<td></td>
<td>• esp. tobacco</td>
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<tr>
<td></td>
<td>• Hypertension</td>
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<tr>
<td></td>
<td>• Diabetes</td>
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## Comprehensively addressing chronic disease

<table>
<thead>
<tr>
<th>prevention</th>
<th>Cardiac Disease</th>
<th>Addiction</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Know family history • Don’t smoke • Exercise • Follow a prudent diet • Stress</td>
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<td></td>
<td>management • Decrease early life trauma</td>
<td>• Know family history • Delay/eliminate exposure to drugs that can cause addiction • Stress management • Decrease early life trauma • “Start Talking” and other interventions</td>
</tr>
<tr>
<td>Early intervention</td>
<td>• Treat Diabetes, hypertension, elevated lipids • Smoking cessation, exercise,</td>
<td>• Identify and treat mental illness • SBIRT</td>
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<tr>
<td>Treatment</td>
<td>• Utilize modern evidence-based approaches for treatment</td>
<td>• Utilize modern evidence-based approaches for treatment</td>
</tr>
<tr>
<td>Life-saving measures</td>
<td>• CPR • Wide availability of defibrillators</td>
<td>• Wide availability of naloxone and individuals trained to administer</td>
</tr>
</tbody>
</table>
Relapse Rates are Similar for Addiction and Other Chronic Illnesses

Percent of Patients Who Relapse

- Drug Addiction: 40 to 60%
- Type I Diabetes: 30 to 50%
- Hypertension: 50 to 70%
- Asthma: 50 to 70%

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

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

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

Dennis et al, Eval Rev, 2007
If one in five Americans reports having a family member addicted to painkillers, then chances are your place of employment has an employee that is addicted.

**Absenteism** increases costs American employers $1.1 billion per year. **Healthcare** costs related to addiction indicate that private health insurance claims related to opioid dependence soared by 3,204% from 2007-2014. **Turnover** results in having to pay to hire and train a new employee which also causes slower productivity.
Substance Use Disorders Are Treatable

• Over a million Ohioans are currently or have previously experienced a substance use disorder
• Addiction is a chronic, bio-behavioral disease that requires chronic bio-behavioral treatment
• Successful treatment addresses the biological, and social aspects of the disease in a comprehensive manner and generally requires both non-medication and medication treatments
• Recovery is not only possible, it is likely in motivated patients receiving appropriate and consistent treatment
What Is the State Doing?

- **Addiction Treatment Program:**
  Drug courts in 21 counties that have funding to support Medication Assisted Treatment (MAT)

- **Naloxone Access:**
  $500,000 allocated to local health departments to provide to first responders that do not otherwise carry the medication. Passed HB 4 making Naloxone available for purchase over the counter.

- **Maternal Opiate Medical Support, MOMS**
  A systemic change in addressing pregnant moms that struggle with opioid use. It involves wrap around services with detailed algorithms for the team to assist mom in her recovery and the delivery of a healthy baby.
What Is the State Doing?

• Recovery Requires a Community, (Housing)
  Provides financial assistance for individuals with a mental illness or
  substance use disorder to transition out of a nursing home into
  housing.

• Start Talking!
  Governor Kasich’s educational awareness program that develops
  talking points for parents, care-givers and educators to bridge the
  conversation about substance use disorders.

• Interdiction that Includes Treatment
  The Department of Public Safety has implemented a
  plan that has local law enforcement agencies
  collaborating with the integrated health providers
  in their areas to connect individuals to treatment.
• Prescribing Protocols
  Guidelines for prescribers in EDs, chronic care facilities and
treatment and acute care settings
• Ohio Automated RX Reporting System
  System improvement, increased access for judges and probation
officers and cross-system analysis to decrease “doctor shopping”
and over-prescribing
• Opioid Action Guidelines
  This is the third edition of this helpful and instructive guide that
encourages community action and individual courage
in seeking assistance for SUD.
• Prescription Take-Back Programs
• Expansion of Medicaid
• WHAT WILL YOU DO?
Contact Information

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GCOAT website at mha.ohio.gov/gcoat or http://mha.ohio.gov/Default.aspx?tabid=779

On this page you will find:

• Prescribing Protocols
• Medication Assisted Treatment
• OARRS
• Project DAWN Information
• Information on Specialized Dockets
Contact Information

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