


COMBATING THE OPIOID CRISIS

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OBJECTIVES

- ❖ Discuss the impact of the opioid epidemic
 - ❖ Identify interventions implemented by the United States Department of Veterans Affairs (VA) to combat the opioid crisis
 - ❖ Raise awareness of Roudebush VA services available to Veterans diagnosed with Opioid Use Disorders (OUD)
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EXTRA! EXTRA! HEAR ALL ABOUT IT!

Whether received via television, radio, online, or on the covers of magazines, headlines across the country have reported information about the opioid crisis we're facing in the United States. Marion County, Indiana, is no exception.



WHY ALL THE FUSS?

According to the (Centers for Disease Control and Prevention [CDC], 2017), opioid-involved overdose deaths have quadrupled since 1999. There has also been an increase of 21 percent in heroin-related overdose from 2014 to 2015.

“On average, 115 Americans die every day from an opioid overdose (CDC, 2017).”



A study using data from the Marion County, Indiana Coroner's Office (MCCO) found that 1256 people in Marion County died by accidental drug overdose between January 1, 2010 and December 31, 2015. 918 of those deaths involved an opioid (Ray, B., Quinet, K., Dickinson, T., Watson, D.P., & Ballew, A., 2017).



WHAT ARE OPIOIDS?

Opioids, natural (opiates) or synthetic, are a class of drugs that stimulate the body's opioid receptors. They are commonly taken to relieve pain. Because opioids also produce relaxation and feelings of euphoria, they have a tendency to be misused and abused which could lead to an OUD.



Natural opioids originate from the poppy plant:

opium

heroin

morphine

codeine



Synthetic opioids include fentanyl, hydrocodone, oxycodone, methadone, and buprenorphine to name a few.



OPIOID USE DISORDER

One diagnosed with an OUD, has shown hindrance of his/her functioning as result of repeated opioid use despite challenges created and at least two of the below-listed criteria during a 12-month period of time:

taking more opioids longer than intended

wanting or trying to decrease or control opioid use without success

more time is spent to get, use, or recover from opioids

cravings

frequent opioid use results in inability to carry out duties at work, school, or home



OPIOID USE DISORDER CONTINUED

continued use of opioids despite the social or interpersonal problems that result
important social, occupational, or recreational activities are given up or reduced because of
opioid use

recurrent opioid use in hazardous situations

continued opioid use despite knowledge of having a persistent or recurrent physical or
psychological problem that is likely to have been caused or exacerbated by the substance
tolerance

withdrawal

(Galanter, M., Kleber, H. D., & Brady, T.B., Eds., 2015).



WHO HAS BEEN AFFECTED?

Death by opioid overdose crosses age, gender, marital, and cultural lines. The opioid crisis impacts not only those who misuse or abuse opioids but also the people who love and care for them.



Table 1
 Sociodemographic characteristics of opioid-related deaths in Marion County, IN, 2010–2015

Age	<i>M</i> (range)
	39.3 (3–76)
Age categories	<i>N</i> (%)
18 and under	14 (1.5)
19–29	233 (25.4)
30–39	244 (26.6)
40–49	197 (21.5)
50–59	180 (19.6)
60–69	48 (5.2)
70–79	2(0.2)
Sex	
Male	612 (66.7)
Female	306 (33.3)
Race/ethnicity	
Black	115 (12.5)
White	783 (85.3)
Hispanic	10 (1.1)
Other	10 (1.1)
Marital status	
Never married	411 (44.8)
Married	169 (18.4)
Divorced	211 (23.0)
Widowed	14 (1.5)
Unknown	113 (12.3)

WHAT ARE WE DOING ABOUT IT?

The VA is committed to ensuring that cautious consideration is given when arranging treatment for Veterans who require opioid therapy. Initiatives have been implemented to decrease the risks of adverse effects to Veterans who are prescribed opioids.



A new safety plan template has been created for VA providers to discuss with Veterans who have a high risk of suicide. In addition to the triggers, risk factors, warning signs, internal coping strategies, and social contacts that are identified when a crisis management plan is reviewed with Veterans, the assessment of a safe environment now includes evaluation of opioid safety along with access to firearms.



Education for safe medication disposal and identification and reversal of overdose is provided. The need for naloxone referral is also discussed. Once completed, a copy of the note is printed from the medical record and given to the Veteran.



BUPRENORPHINE IN THE VA (BIV)

BIV is a VA initiative aimed to improve the treatment of OUD that is provided in an office-based setting. Monthly webinars are held to provide a series of education and training for providers that can be incorporated into a Veteran's treatment plan.

S.T.O.P. P.A.I.N.

Stepped Care Model for OUD and Pain
Treatment alternatives/complimentary care
Ongoing monitoring of usage
Practice guidelines

Prescription monitoring
Academic Detailing
Informed Consent
Naloxone distribution



S.T.O.P. P.A.I.N. is an initiative to decrease the tragic effects of opioids by use of the VA's top eight best practices to balance pain management and opioid prescribing.



STRATIFICATION TOOL FOR OPIOID RISK MITIGATION (STORM)

STORM is a tool that VA providers use to improve opioid safety. It's a database which pulls contributing factors (medical diagnoses, medications, recent hospitalizations, etc.) from the Veteran's medical record to help calculate the risk of an adverse event (suicide-related health issues including death). VA providers utilize this information when making clinical judgements regarding opioid therapy.

OPIOID OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION (OEND) PROGRAM

OEND focuses on providing clinicians with education and training to decrease unfortunate opioid-related effects to Veterans. Information reviewed covers opioids, risk for opioid overdose, and distribution of naloxone to Veterans who use opioids.



NALOXONE: GIVE AND LET LIVE

Naloxone is an opioid reversal medication that is given in emergent situations to stop the effects of an overdose. It binds to the body's opioid receptors and helps a person return to his/her normal pattern of breathing. One of the symptoms of an opioid overdose is slowed/difficulty breathing which could lead to respiratory failure.



<https://www.bing.com/videos/search?q=naloxone+training++va+hoispital+training+video&view=detail&mid=992AD598356ED321A0B8992AD598356ED321A0B8&FORM=VIRE>

Deposit Your Unwanted Medications Here!

Acceptable Items Include:

- Controlled substance prescriptions, including narcotics
- Non-controlled substance prescriptions
- Over-the-counter (non-prescription) drugs

Note: Medications deposited in this container cannot be returned to you and will not be replaced.

These Items are Not Allowed in This Container:

- Illegal drugs, including marijuana
- Needles or needle containers, broken or other sharp objects
- Trash
- Inhalers
- Aerosol cans
- Liquid nutritional items
- Medical supplies
- Hazardous or flammable substances
- Unlawfully possessed medications



VA



U.S. Department of Veterans Affairs

medsafe



COMBATING THE CRISIS

The VA has several facilities in the United States with Substance Use Disorder (SUD) programs. SUD services may still be offered at facilities without a SUD program.

SUDRP

The Substance Use Disorder Recovery Program (SUDRP) is a clinic within the Richard L. Roudebush VA Medical Center that provides a multidisciplinary team approach to assist Veterans who have issues with alcohol, prescription medications, and other drugs of abuse.



SUDRP's multidisciplinary team consists of our Psychiatrist/Medical Director, Medical Doctor, Psychologist, Residents, Licensed Clinical Social Workers, Addictions Therapists, Registered Nurses, Peer Support Specialist, and Medical Support Assistants. The Veteran is also included in our team approach.



SUDRP SERVICES

SUDRP services available to Veterans include:

triage provided by RNs to assess needs

outpatient detox for relief withdrawal symptoms

medication management services for SUD and/or mental health (nicotine replacement, naltrexone - oral and injection, acamprosate, prazosin)

neuropsychological screening and trauma therapy administered by Staff
Psychologist

SUDRP SERVICES CONTINUED

group engagement (Outpatient Programming, Intensive Outpatient Programing, Aftercare, Alumni, Opioid Substitution, Seeking Safety)

individual therapy and marriage counseling with use of motivational interviewing (MI), cognitive behavior therapy (CBT), contingency management (CM) provided by LCSWs

court-ordered evaluations

referrals to other services including mental health, medical, pain clinic, GI for Hep C treatment, housing, chaplaincy, and training/employment needs



SUDRP SERVICES CONTINUED

We also have two community-based outpatient clinics (CBOCs) which are located in Bloomington and Terre Haute.

Services within the CBOCs are limited; include appointments, groups, and medication management offered onsite or via clinical video teleconference (CVT).



Participation in SUDRP is often initiated by recommendation of other service providers within the VA. Veterans may also self refer to the clinic.



OPIOID SUBSTITUTION CLINIC

Comprised within SUDRP is the Opioid Substitution Clinic (OSC). In the OSC, Veterans receive treatment for OUDs. The Psychiatrist or Medical Doctor performs the Veteran's History and Physical and prescribes opioid substitution as appropriate per the assessment.



OPIOID SUBSTITUTION CLINIC CONTINUED

Buprenorphine or methadone is used to replace the Veteran's drug of choice.

Factors taken into account when determining which substitution medication is prescribed includes the Veteran's history of opioid use (history of overdose), medical issues (pain), risk for diversion, ability to attend treatment (transportation barriers), etc.

OPIOID SUBSTITUTION CLINIC CONTINUED

A LCSW and RN are available for counseling/support and case management needs. Random urine drug screens (UDS) are also utilized to monitor the Veteran's recovery process.



FACT OR FALLACY?

ADDICTION IS A CHOICE.



AN OUD AFFECTS ONLY THE PERSON USING THE DRUG.



WOMEN DO NOT STRUGGLE WITH OUDs.



ONLY PEOPLE OF LOW SOCIOECONOMIC STATUS HAVE ISSUES
WITH OUDs.



MEDICATION-ASSISTED TREATMENT OF OUDs ONLY SUBSTITUTES
ONE DRUG FOR ANOTHER.



QUESTIONS



THANK YOU FOR ATTENDING!

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ADDITIONAL RESOURCES

<https://www.va.gov/directory/guide/sud.asp>

<https://www.mentalhealth.va.gov>

Caregiver Support 1-855-260-3274

<https://www.caregiver.va.gov>

Veterans Crisis Line 1-800-273-8255, press 1

<http://www.drugfreemc.org>

