Opioid Overdose Epidemic and What it means for College campuses

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Outline
Stigma
Opioid epidemiology
Prevention
Treatment/Management
Overdose Prevention
Recommended practices

Address stress and pain management proactively
Provide opioid use disorder treatment medications with appropriate staffing and clinical supports
Provide opioid overdose education & prescribe naloxone

Personal Views about substance use disorder

We all have some (maybe a lot) of direct experience with people who have substance use disorder.
We may feel sympathy, anger, and other emotions.
How do my experiences:
• shade how I see and think about it?
• impact how I treat people?
• how I talk about substance use disorders?

The impact of those feelings on your behaviors, words and actions and in turn your impact on other people is essential to consider in your roles as:
As a friend and family member
In your work
As an expert resource to those in your communities
“If I wanted to view myself as an ethical practitioner and doing the best that I could for the people I served, I needed to make this change [incorporating treatment medications] based on the overwhelming evidence,” he said.

“And I needed to separate that from my personal recovery experience.”

Why does opioid use disorder matter?
Epidemiology/Human toll
Rhetoric- Stigma- Care seeking
Opioid Prescribing

Approximately 1 in 5 adults gets at least one opioid Rx each year
Approximately 2-4% of adults use opioid chronically
Approximately 10% of adolescents get an opioid Rx each year
  - Peak age of first misusing Rx opioids is 14-15

WA State Healthy Youth Survey
Opioid use

Decreased prescribing is associated with decreased misuse by adolescents.
Misusing Rx opioids is strongly associated with using heroin.
What do we *do* about it?
Opioid Medication & Pain: What You Need to Know

If you’ve had an injury, surgery or major dental work, you are likely to have pain. Pain is a normal part of life and healing. Talk with your doctor about how you can get the most effective pain relief with the least risk.

NON-OPIOID PAIN TREATMENTS HAVE FEWER RISKS

For pain that will likely be gone in a week or two, it is always best to start with non-opioid pain treatments. Opioids may help control pain at first, but they are usually not necessary. Consider other options that may work just as well but have far fewer risks.

- Over-the-counter pain relievers
- Physical therapy
- Exercise
- Professional help coping with the emotional effects of pain
OPIOIDS ARE STRONG PRESCRIPTION MEDICATIONS

Opioids can be the right choice for treating severe pain, such as from cancer or immediately after major surgery. However, medications such as Vicodin, Percocet and OxyContin are very powerful and can be deadly. Even if you take them as directed, all opioids have serious side effects such as addiction and overdose.

OPIOIDS ARE CHEMICAL COUSINS OF HEROIN AND ARE HIGHLY ADDICTIVE

You can build up a tolerance to opioids over time, so you need to take more and more to get the same relief. The higher the dose, the more dangerous opioids are. You can even become addicted after a short time.

If you are prescribed an opioid for short-term pain:

- The prescription should only be for a three to seven-day supply (when this is as low as 1.5 pills).
- Take the lowest dose possible for the shortest period of time.
- Always talk with the doctor about managing your pain better without taking prescription opioids.
- Dispose of opioid medications as soon as you stop using them.*

*King County free clinics for patients that can dispose of your unused medications for free. Find the one closest to you at: www.wasteholiday.in.org

Stigma

There seems to be as much stigma associated with people who have opioid use disorder as there is about the treatment medications for opioid use disorder.

Information is a starting place

For those with OUD,
Professionals and General Public

What is opioid dependence?

- A physical state where the body adapts over time to taking opioids.
- People develop tolerance, need more to get the same effect.
- People develop withdrawal, without opioids a temporary state of extreme discomfort.
What is opioid dependence?

- Happens to anyone who takes opioids for a while.
- Changes to the brain, natural endorphin system, may be long lasting or permanent.
- A person may make choices to use opioids initially, but structural changes to the brain mean that for many it is hard/impossible to simply make a choice to stop.

What is Opioid use disorder?

- Biological - dependence
- Psychological - compulsive use, preoccupation (always thinking about)
- Social - Gets in the way of important life activities - relationships, work, school

What is Opioid use disorder?

Some people get OUD and some do not.
1 in 4 people who use heroin develop OUD. Why is complicated and not completely understood.
Important factors:
- Genetics
- Personality type
- Trauma
- Psychological/Mindset & Social/Setting
What is opioid use disorder?

Goals of OUD Treatment

- Provide tools (behavioral change, environmental change, medications) to help patients manage their OUD.
- Teach people how to use those tools.
- Facilitate a continuing care model (OUD is chronic).
- Collaborate with patients to adapt treatment as their needs and circumstances change.

But aren’t they still addicted if on methadone or buprenorphine?

- What is the definition of OUD?
  - Is it simply physical dependence?

- How does the change of lifestyle and psychosocial stability associated with treatment medications fit with OUD diagnosis?

  A person can be on treatment medications and be in recovery.
Research clearly and consistently shows that medication assisted treatment for opioid use disorders saves lives and money.

Many large studies show OD Death rate 50% lower when on methadone or buprenorphine.

Emerging data showing effectiveness of long-acting naltrexone.

Co-morbidities
Opioid use disorder often is co-morbid:
- Chronic pain (physical and emotional)
- Mental health (anxiety and depression)
- Other health conditions
Conveying information
By deconstructing a common and complex question:

_How does a person go from taking pills to shooting heroin?_

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**Converting to Heroin**

**OXYCODONE**

$80

**MORPHINE (heroin metabolite)**

$10

& easier to get
Recommended practices

Discuss pain management- treatment options and expectations

Ensure awareness of and access to effective opioid use disorder treatment including medications

For all regular opioid users and their friends provide opioid overdose education

e.g. www.stopoverdose.org