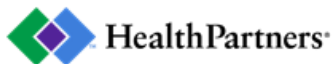# Meeting the Challenges of Opioids and PAIN

Opioids and Behavioral Health

Tuesday, November 13, 2018

A Provider Toolkit

Meeting the Challenges of Opioids and PAIN:

PATIENT EDUCATION ON PAIN AND OPIOID PRESCRITIONS

ADDRESSING OPIOID PRESCRIPTION PRACTICES

IDENTIFYING SAFE AND EFFECTIVE PAIN MANAGEMENT PROTOCOLS

NONPHARMACOLOGIC AND NON-OPIOID PHARMACOTHERAPY ALTERNATIVES

http://www.stratishealth.org/pip/opioids.html

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Opioids and Behavioral Health

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Objectives

1) Identify key components in the intersection of opioid and substance use disorders and mental health issues
2) Identify important elements that can have exacerbating effects on both SUD and mental health conditions, and learn how you can be sensitive to these elements in your work.
3) Understand how dual diagnosis treatment programs approach healing for mental health and substance use disorders.

Past year SUD and MH diagnoses among US adults

12.3 Million with SUD

35.6 Million with MI

7.9 Million with BOTH

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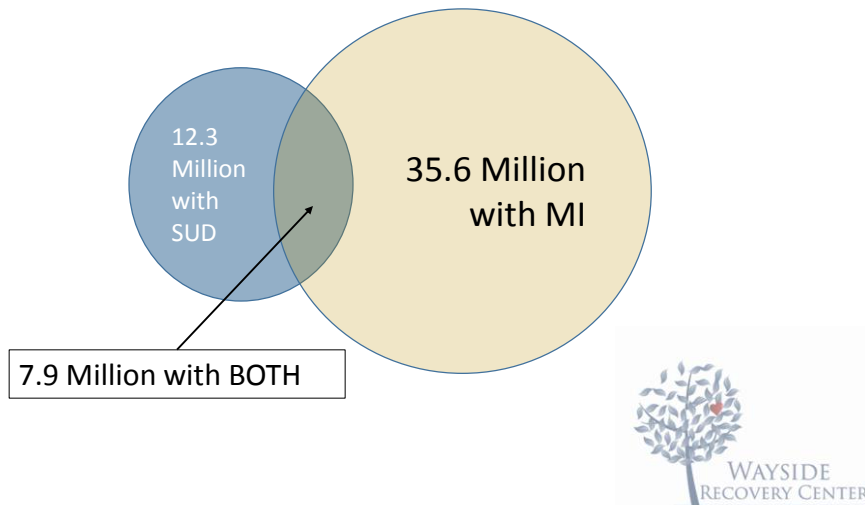
SAMHSA (2015): Results from the 2014 National Survey on Drug Use and Health

COD Treatment

Treatment

Mental Health Care Only

49.5%

Both Mental Health Care and Treatment for Substance Use Problems

12.4%

3.6%

Treatment for Substance Use Problems Only

34.4%

No Treatment
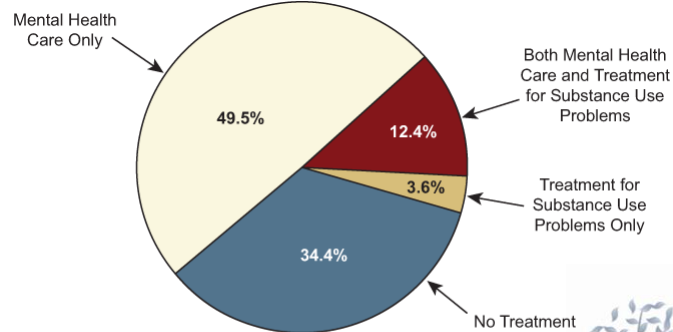
2.6 Million Adults with Co-Occurring Serious Mental Illness (SMI) and Substance Use Disorder

Samhsa.gov

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Diagnostic Criteria for SUD

1: Taking more than intended
2: Unsuccessful efforts to decrease use
3: Time spent in activities related to use
4: Craving
5: Failure to fulfill major role obligations
6: Interpersonal problems caused by use
7: Activities reduced due to use
8: Use in situations physically hazardous
9: Physical or psychological problems
   caused by use
10: Tolerance
11: Withdrawal

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Patients diagnosed with opioid use disorder are more frequently diagnosed with...

Relative frequency ratios of select conditions among patients diagnosed vs. not diagnosed with opioid use disorder

Condition	Ratio
Alcoholism	8.4x
Suicidal ideation	6.9x
Binge drinking	5.0x
Bipolar disorder	5.0x
Post traumatic stress disorder	4.2x
Generalized anxiety disorder	2.5x
Depression	2.4x
Insomnia	2.0x

Alcoholism is **8.4 times** more frequently diagnosed among patients also diagnosed with opioid use disorder versus patients not diagnosed with opioid use disorder.

▲ amino   Based on 3.1 million patients diagnosed with opioid use disorder and at least one other condition in 2014-2016. Take the guesswork out of healthcare on amino.com   © 2017 Amino Inc.

Opioids and Mental Health

HIGHER OPIOID PRESCRIPTION RATES FOR THOSE WITH MENTAL HEALTH DISORDERS

5%

18%+

Only 5% of **Americans without mental health** disorders are prescription opioid users.

Over 18 % of **Americans with mental health disorders** are prescription opioid users.

16%

51%+

Americans with mental health disorders make up 16% of the U.S. population...

but are prescribed over 51% of the **115 million opioid prescriptions** given in the U.S. in 2016.

Data from: **"Prescription Opioid Use Among Adults with Mental Health Disorders in the United States"** *Journal of the American Board of Family Medicine*, July 6, 2017

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Opioids – Strategies

- **Emergency Response** (Tertiary Prevention) – Naloxone, Good Samaritan Laws, Syringe Exchange, transitions of care, discharge planning, fentanyl alerts, infectious disease control

- **Intervention & Treatment** (Secondary Prevention) – Screening, early identification, SBIRT Services, Medication Assisted Therapy, chemical health treatment, OB and infant care for NAS, safe storage, safe disposal

- **Primary Prevention & Public Health** (Primary Prevention) – Prescribing practices, safe use of prescriptions, control supply, prevent diversion, reduce marketing, enrollment and use of PMP, prevention of ACEs, adolescent risk reduction, pain management, addressing trauma, integrating care, protective factors, community resiliency, culture as prevention

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Opioids – Long Term Goals

Statewide goals – The overarching, long terms goals are to:
- Reduce opioid overdose death
- Reduce non-fatal opioid overdose
- Reduce disparity in opioid use and overdose death within Native American, African American, and LGBTQ communities
- Improve prescribing practices
- Diagnose and treat substance use disorder
- Increase investment, intention and financial support for identified high-need communities
- Increase the conditions that support health (e.g. mental, medical, dental, sexual, chemical)

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Social Determinants

Determinants of Health
Factors that contribute to the social patterning of health, disease, and illness

Genetics & Biology

Health Behaviors

Socioeconomic Environment

person
Family
Community

Health Care

Physical Environment
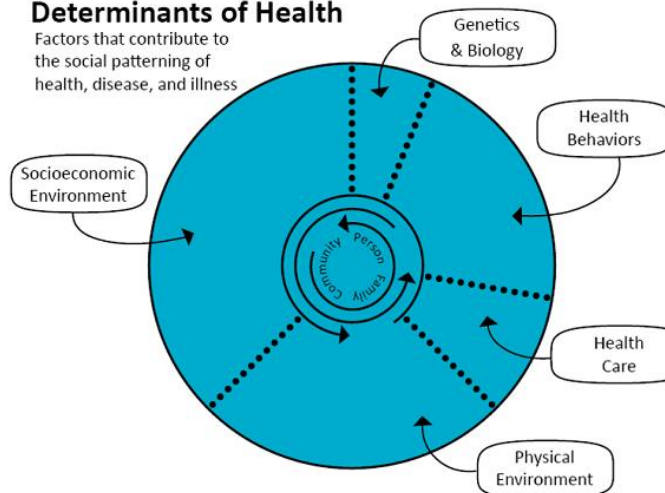
Minnesota Department of Health

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ASAM Six-Dimension Assessment

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1 DIMENSION 1 — **Acute Intoxication and/or Withdrawal Potential**
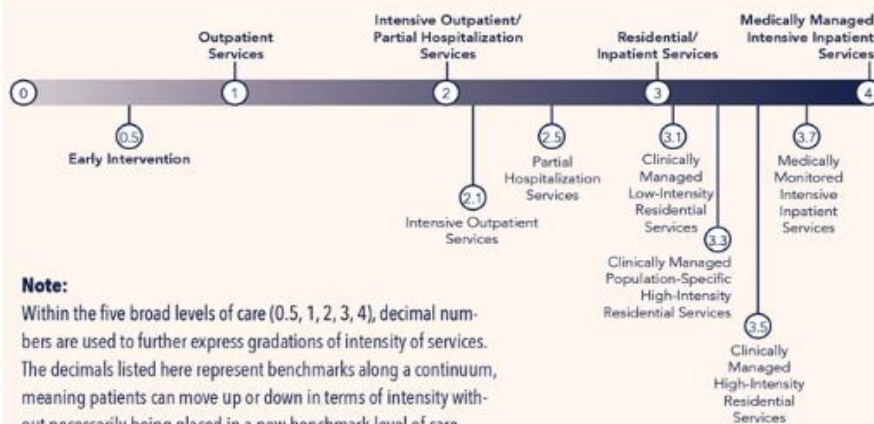Exploring an individual's past and current experiences of substance use and withdrawal

2 DIMENSION 2 — **Biomedical Conditions and Complications**
Exploring an individual's health history and current physical condition

3 DIMENSION 3 — **Emotional, Behavioral, or Cognitive Conditions and Complications**
Exploring an individual's thoughts, emotions, and mental health issues

4 DIMENSION 4 — **Readiness to Change**
Exploring an individual's readiness and interest in changing

5 DIMENSION 5 — **Relapse, Continued Use, or Continued Problem Potential**
Exploring an individual's unique relationship with relapse or continued use or problems

6 DIMENSION 6 — **Recovery/Living Environment**
Exploring an individual's recovery or living situation, and the surrounding people, places, and things

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ASAM: American Society of Addiction Medicine

REFLECTING A CONTINUUM OF CARE

Outpatient Services (1)
Intensive Outpatient/ Partial Hospitalization Services (2)
Residential/ Inpatient Services (3)
Medically Managed Intensive Inpatient Services (4)

0 — 1 — 2 — 3 — 4

0.5 Early Intervention

2.5 Partial Hospitalization Services
2.1 Intensive Outpatient Services

3.1 Clinically Managed Low-Intensity Residential Services
3.3 Clinically Managed Population-Specific High-Intensity Residential Services
3.5 Clinically Managed High-Intensity Residential Services

3.7 Medically Monitored Intensive Inpatient Services

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Co-occurring Care at Wayside

Trauma-informed Care

Relational-Cultural Theory

Family-Centered Care

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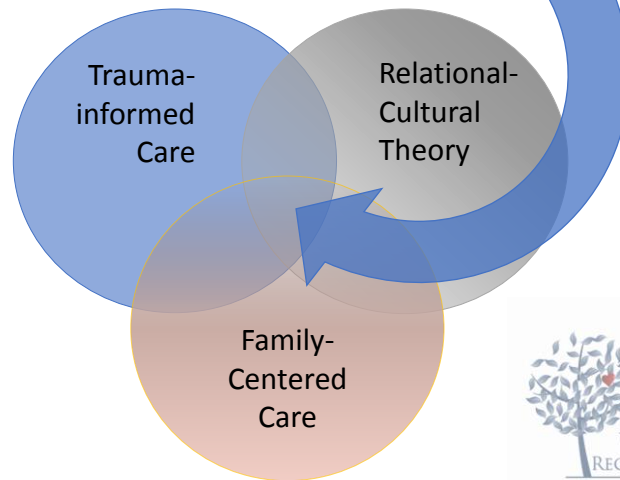
Trauma-informed Care in a nutshell

TRAUMA-INFORMED CARE: GUIDING VALUES "HEALING HAPPENS IN RELATIONSHIP"

Understand the prevalence and impact of trauma.

Promote safety.

Earn trust.

Embrace Diversity.

Provide holistic care.

Respect human rights.

Pursue the person's strengths, choice and autonomy.

Share power.

Communicate with compassion.

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What happens in treatment?

Most common modalities:
- Cognitive Behavior Therapy (CBT)
- Illness Management & Recovery (IMR)
- Dialectical Behavior Therapy (DBT)
- Family Therapy
- Wellness/Life Skills groups
- Use/Relapse Prevention skills groups
- 12-Step Facilitation
- Seeking Safety/Trauma therapies
- Mental Health therapy
- Culturally specific programs
- Medication-assisted treatment (MAT)
- Case Management/Care Coordination
- Peer Recovery Services (PRS)

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What gets in the way of treatment effectiveness

Client factors and Provider factors!

- Shame
- Stigma
- Separation or threat of separation from children
- Legal consequences
- Financial barriers
- Fragmented/siloed systems
- Abstinence-only/zero-tolerance philosophies
- Medication adherence
- Lack of social support
- Symptoms

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Why focus on Shame?

Shame gets in our way when we want to make a change.

How **Shame** Changes Your **Client's Brain**

NICABM (2018)

1. Activates default mode network

2. Activates pain system

WHAT'S WRONG WITH YOU

WHAT OTHER PEOPLE THINK ABOUT YOU

WHAT'S WRONG WITH OTHER PEOPLE

Why focus on Stigma?

Stigma also gets in our way when we want to make a change.

- **Stigma** is real or perceived judgment from others, and is a major deterrent to seeking treatment.

- 3 out of 4 people with mental illness report feeling stigmatized.

- Misconception about mental illness is that it is under the person's control.

- Message: "You did this to yourself, fix it yourself" from doctors, media, words we use, attitudes.

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Ways to Corrode Stigma

<u>We</u> have to make it okay to talk about, to seek treatment, and restore dignity (sense of worth) for those suffering from SUD/mental illness.

- Person-first language

- Telling the stories

- EMPATHY (is a skill)

- **Advocate: Talk, Listen, Learn**

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Language Matters – *Person First*

Think about how your words reflect your attitudes and may trigger shame for clients:

Stigmatizing Language	Preferred Language
Addict/User	Person with SUD
Clean	Abstinent
Dirty	Actively using
Relapse/Slip	Resumed/Experienced a recurrence of use
Former addict/alcoholic	Person in Recovery
Clean/Dirty UA or screen	Negative/Positive UA or screen
NAS baby	Infant with NAS
Failed treatment/episode	Prior treatment episode

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Ways to Corrode Shame and Stigma

- Recognize things providers say that inadvertently trigger shame (which can be debilitating in making changes)

- Provide a safe space that embraces vulnerability

- Encourage people to talk about their stories by being non-judgmental and asking questions to help them identify their own motivators

Helping someone connect to SUD Treatment

- **Talk with patients about their substance use and recognize the six different dimensions of risk**
- **Be able to answer some questions about the treatment experience**
- **Do some connecting – know where to send someone for a Rule 25/Comprehensive Assessment**
- **Follow up – motivation changes day by day**

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Helping someone connect to SUD Treatment

<u>Motivation for self-initiation</u>

Use Motivational Interviewing techniques:

- Express empathy through reflective listening.
- Explore discrepancies between clients' goals or values and their current behavior.
- Avoid argument and direct confrontation.
- Adjust to client resistance rather than opposing it directly.
- Support self-efficacy and optimism.

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Takeaways

SUD Treatment is hard work!

There are a lot of barriers to getting into and being successful in SUD treatment – some barriers can be minimized by:
- Working together as providers
- Recognizing the impact of shame and stigma
- Adapting our view of people with SUD
- Being aware of resources and supports

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