WHAT CAN WE DO ABOUT THE OPIOID EPIDEMIC?

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Solutions To Tackle The Opioid Crisis
Farm and Dairy

There is no one-size-fits-all answer to solving the opioid epidemic, but these solutions are from Ohio and around the country. Some are personal action items, some can be accomplished by organizations and others require local, state or federal governments to act. Which ones are at work in your community, and which ones can you work to put in place?
Need help right now? In Ohio: text "4HOPE" to 741741 or call 877-275-6364. In other states: text "HELLO" to 741741 or call 800-662-4357 (HELP).

Needle/syringe exchanges: By exchanging used for new syringes, heroin users are less likely to develop infections, contract HIV or hepatitis C, each of which would significantly increase health care costs. The exchange also encourages users to not discard infected needles in parks and parking lots because they have value, and also provides one more opportunity for health-care workers to have contact with victims, encourage treatment.

Opioid response teams: A first responder, such as police or EMS, joins with health care and social workers to visit victims of overdose within a few days of the event. They ask questions that help victims think about personal behavior and discuss treatment.

Personal record sharing: Widespread sharing of opioid patient records in the health community assists in tracking users to provide the best treatment. For example, in Camden, New Jersey, the Coalition Health Information Exchange maintains a central database and social workers pursue victims for counseling.

Tougher prescription guidelines: Ohio has enacted limits on the prescribing of addictive pain medications, particularly opioids, to reduce addictions. There is growing controversy over the limits because addicted users may turn to illegal heroin. However, fewer people are being exposed for the first time.

County task force: Opioid task forces are a starting point for reviewing what works in other communities and applying those concepts to local work.

Medicine recycling or disposal: Removes addictive painkillers and other unused prescription drugs from the house. Many police departments and hospitals serve as drug drop-off locations.

When you see an overdose, call 911: Ohio and Pennsylvania have "Good Samaritan" laws that protect callers from prosecution for minor drug offenses if they are a participant and meanwhile witness a life-threatening overdose. However, there is a two-time limit from prosecution for the caller.

Recovery coaching: The Ohio Department of Mental Health and Addiction Services offers coach training for people who want to work with a person with addictions. Recovery coaches encourage victims to write a recovery plan and then support the person through the plan. Coaches can be jail workers, law enforcement officials, social workers and volunteers.

Obtain a free overdose revival kit: Ohio has distributed more than 53,000 naloxone kits through its ProjectDawn, (Deaths Avoided with Naloxone). Kits can be obtained by calling your county health department. Pennsylvania's Department of Health, Department of Drug and Alcohol Programs, and the Pennsylvania Commission on Crime and Delinquency have collaborated to make more than 60,000 naloxone kits available in 2017-18

Jail/treatment-center release: People most vulnerable to overdoses are those who have stopped using for a period of time and return to the same environment in which they used drugs. Some jails have created in-house education and treatment in an effort to steer inmates away from abuse after release.

Access to medication-assisted treatment (MAT): Medication-assisted treatment (methadone, buprenorphine and naltrexone) is the standard of care for reducing opioid addiction, but as many as 60 percent of those abusing or dependent on opioids lack access to such treatment. Or if treatment is available, patients must

often visit private practice physicians who don't accept commercial insurance or Medicaid. More providers (physicians and hospitals) should be encouraged to obtain the waiver required to prescribe opioid treatments to their patients.

Drug courts: Thirty-three counties in Ohio and 46 in Pennsylvania have some form of drug court that directs users to intervention programs rather than jail. A few are for juveniles only.

Youth: With data and a growing number of personal experiences, educators are creating programs targeted at students most at risk. National Public Radio recently profiled a new class at South Webster High School in the southern tip of Ohio. Students read about the epidemic, how it came to be and learn that "drugs are a national crisis, not just a family catastrophe." Ohio has a "Start Talking" web page with resources for schools, churches, organizations and governments. Penn State Extension has adopted the Prosper program to help students make good decisions from a young age and keep their communities away from drugs. In Ohio, the Ohio 4-H Health Heroes are 4-H teens who are raising awareness among their youth peers about drug use.

OPIOID TREATMENT: WHAT HELP IS OUT THERE?

In 2015, there were between 92,000 and 170,000 Ohioans abusing or dependent upon opioids, resulting in annual costs associated with treatment, criminal justice, and lost productivity of $2.8 billion to $5 billion.
But what are their options for recovery?

A recent study at Ohio State University found, that in the best-case scenario, Ohio has the capacity to treat only 20 percent to 40 percent of the population dependent upon opioids. The same study found distinct geographic disparities in access to treatment: Many people in rural areas of Ohio have extremely limited access to medication-assisted treatment.

Nationally, in 2015, only 11 percent of people who needed substance use treatment received it. A recent study estimated that the U.S. was short 1.3 million treatment

slots for medication-assisted treatment in 2012 — and demand has only increased since then.

That means when someone is ready and willing to seek help, often the help simply isn't available or accessible. Treatment is complicated by society's negative attitudes — including the attitudes of law enforcement officers, physicians, and other health care practitioners — toward substance users.

RISK IS REAL

If you take any opioid for pain relief, you could get hooked and not even know it. Tolerance can develop after even a few days of continued opioid use. There is no one-size-fits-all opioid substance use treatment strategy, and everyone's path to recovery is different. But for any treatment to work, it must include ongoing counseling and support. And there are multiple prongs: medical services, educational services, family services, vocational services, mental health services and continuing care.

Treatment strategies include detoxification (stopping the drug), substitution (substituting another drug and gradually reducing its dose), and maintenance (substituting another drug that is taken indefinitely).

DETOXIFICATION

There are several approaches to detoxification: stopping the opioid and allowing withdrawal to run its course (cold turkey); substituting a similar but less potent drug, then gradually decreasing the dose and stopping the drug.

In both detoxification strategies, treatment is usually needed to lessen the symptoms of withdrawal. Substitution typically involves giving drugs such as methadone and buprenorphine, which are then slowly decreased and eventually stopped completely. Detoxification is just the first step toward recovery, and must be followed by

rehabilitation to prevent a return to opioid use. Ongoing treatment may include long-term counseling and support and drugs such as naltrexone.

MAINTENANCE

For people who continually return to using opioids, another approach — maintenance — is often preferred. It involves substituting a prescribed drug that the user takes for a long time (months or years). Methadone, buprenorphine, or naltrexone may be used as substitutes for opioids.

Maintaining opioid users with regular doses of one of these drugs enables them to be socially productive because they do not have to spend time getting the illicit opioid and because the drugs used do not interfere with functioning the way that illicit drug use does. For some opioid users, the treatment works. For many, lifelong maintenance is necessary.

Methadone suppresses withdrawal symptoms, however, opioid users must appear once a day at a clinic where methadone is dispensed. For many, such programs work. However, because the participants continue to take an opioid, many people in society disapprove of these programs. Ohio has only 26 certified methadone treatment centers.

Buprenorphine is being used more and more because it can be prescribed by doctors in their office. Thus, opioid users do not have to go to a special clinic. But training required to qualify for a waiver to prescribe the drug. In Ohio, there are 377 doctors who are certified to prescribe buprenorphine.

"It has been estimated that for every dollar spent on methadone and buprenorphine treatment, $1.80 in social savings would be realized," says Mike Betz, assistant professor in Ohio State's Department of Human Sciences.
Naltrexone is a drug that blocks the effects of opioids (opioid antagonist). Before starting naltrexone, people must be fully detoxified from opioids, or a severe withdrawal reaction can occur.

Depending on the dose, naltrexone’s effects last from 24 to 72 hours. Thus, the drug can be taken once a day or as few as three times a week. Because this drug has no opioid effects, this drug is most useful for opioid users who are strongly motivated to remain free of opioids and who are not severely dependent on opioids.

There are also new vaccines under development that target opioids in the bloodstream and block them from reaching the brain.

REHABILITATION

Regardless of which approach is used, ongoing counseling and support is essential. Support may include specially trained doctors, nurses, counselors, opioid maintenance programs, family members, friends, and other people with the same substance use disorder (support groups).

In the therapeutic community concept, opioid users live in a communal, residential center for an extended period of time. These programs help people build new lives through training, education, and redirection. The programs have helped many people, but initial dropout rates are high. Questions about precisely how well these programs have worked and how widely they should be applied remain unanswered. Because these programs require a lot of resources to run, many people may be unable to afford them.

SETTING

Cultural and social factors are very important in initiating and maintaining (or relapsing to) substance use. People who are trying to stop using a substance find it much more difficult if they are around others who also use that substance.

They need to remove themselves from those triggers.