

SW + Substance Use: Session 3 Opioid Use Epidemic

CHRISTINA E.J. BELKNAP



Peer Led Discussion

General

- ▶ Opioid epidemic impacts some 2.5 million Americans
- ▶ As of 2017 US government declared opioid epidemic a public health emergency
- ▶ 64,000 people died from drug overdose in 2016; 42,000 from opioids alone due to a sharp increase in production of fentanyl (some indicate this is underrepresented by 20%).
- ▶ The National Institute on Drug Abuse (2018) reports that 40%-60% of drug users relapse, while Chen et al. (2019) project that overdose rates due to opioid use will increase 147% by the year 2025 “under the status quo”

(Barry et al., 2019; Stewart et al., 2021)

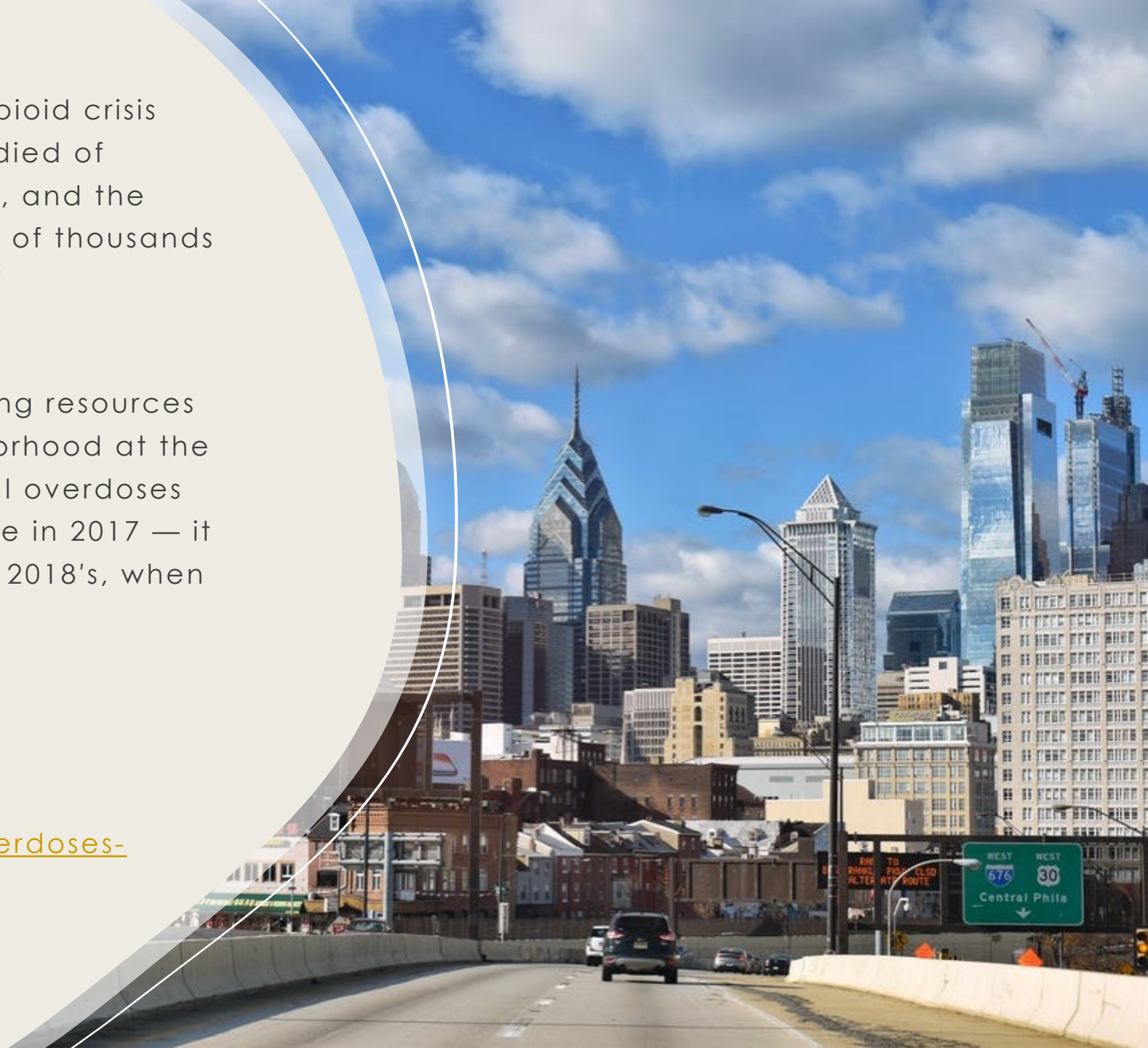


"Philadelphia is home to the worst urban opioid crisis in America. More than 3,000 people have died of drug overdoses here in the last three years, and the city health department estimates that tens of thousands of Philadelphians are addicted to opioids."

"The city has spent more than a year pouring resources and initiatives into Kensington, the neighborhood at the epicenter of the crisis. Two years after fatal overdoses hit an all-time high — claiming 1,217 people in 2017 — it appears that the 2019 toll will be similar to 2018's, when 1,116 people died."

-Aubrey Whelan, *The Philadelphia Inquirer*

<https://www.inquirer.com/health/opioid-addiction/whats-next-2020-opioid-crisis-overdoses-philadelphia-kensington-20200121.html>



THE OPIOID EPIDEMIC BY THE NUMBERS



70,630

people died from drug overdose in 2019²



10.1 million

people misused prescription opioids in the past year¹



1.6 million

people had an opioid use disorder in the past year¹



2 million

people used methamphetamine in the past year¹



745,000

people used heroin in the past year¹



50,000

people used heroin for the first time¹



1.6 million

people misused prescription pain relievers for the first time¹



14,480

deaths attributed to overdosing on heroin (in 12-month period ending June 2020)³



48,006

deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)³

SOURCES





1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.

The FACTS about street **FENTANYL**

There is no such thing as a safe street drug. Know the risks.

Fentanyl is often **added** to other illegal drugs without people knowing.

Fentanyl has been used illegally in various forms including:

-  Pills
-  Pure powder
-  Powder mixed with other drugs
-  Patches



**50 - 100
times**

more potent than
Heroin • Oxycodone • Morphine

Fen•ta•nyl
[fen-tuh-nil]

An opioid
narcotic, a
prescription
drug used for
cancer patients
in severe pain.



Overdose Signs

- Trouble walking or talking
- Pinpoint pupils
- Seizures
- Slow heartbeat
- Shallow breathing
- Bluish or cold/clammy skin



Slang Terms

- Fake oxy
- Greenies
- Green beans
- Green apples
- Apples
- Eighties
- Shady eighties

You can't
See it,
Smell it, or
Taste it.

Visit saskatchewan.ca/addictions for more information.

Brief Introduction to Harm Reduction

- ▶ Harm reduction is a broad term that applies to policies, programs, and practices that aim to minimize the health, social, and economic consequences of substance abuse. The idea behind harm reduction is not to necessarily eliminate substance abuse but to diminish its harmful effects.
- ▶ Harm reduction acknowledges that many people will continue to use/abuse/misuse drugs and engage in other dangerous behaviors despite prevention efforts. It also accepts that many people are unwilling or unable to seek treatment. But while some people who use substances may not necessarily require treatment, it is helpful for them to be aware of resources that can help minimize harm from their drug use.
- ▶ Some forms of harm reduction range from safe injection sites (SIS), needle exchange programs (NEP), community drop-in center (New Day Women's Center, Philly), medicate assisted treatment (MAT), Narcan (Naloxone) overdose prevention.

HARM REDUCTION

MEET
PEOPLE
WHERE
THEY
ARE

DRUG ABUSE
IS A HEALTH
ISSUE, NOT A
CRIMINAL ONE

SUPPORT,
NOT
STIGMA

THERE'S MORE
THAN ONE
PATH TO
RECOVERY

THERE'S NO
RECOVERY FROM
FATAL OVERDOSE

THE
OPPOSITE OF
ADDICTION IS
CONNECTION

NOT EVERYONE
IS READY TO
STOP USING
DRUGS

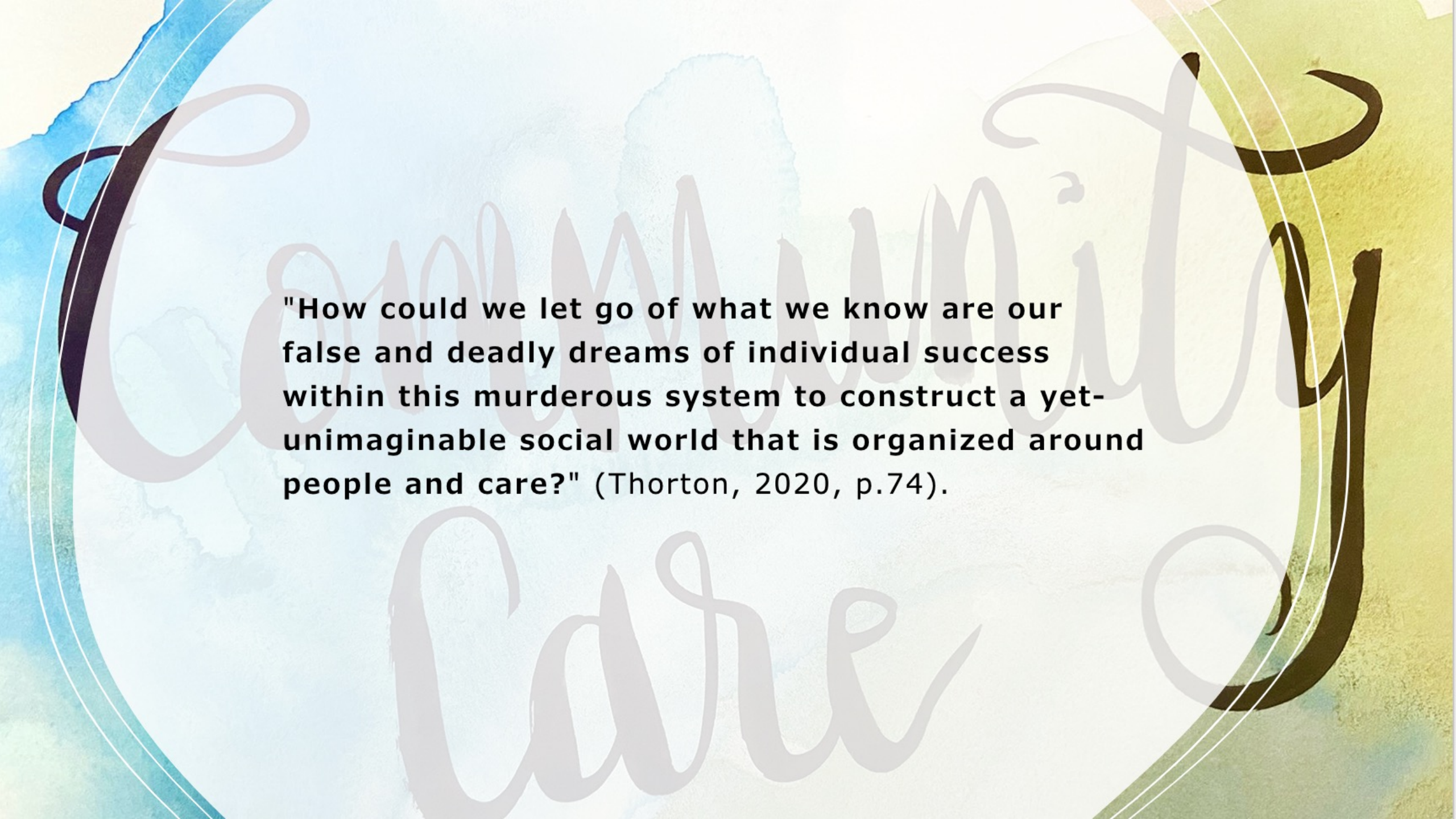
WE CAN
PREVENT
DEATH BY
OVERDOSE

WWW.OPAIDFW.ORG



COMPASSION
DIGNITY
MODERATION
EMPOWERMENT
SELF- DETERMINATION

"Death certainly is the most severe risk of heroin use, but it is not the only one. In addition to the numerous legal risks, heroin use is associated with an increased risk of suicide, infectious diseases, and psychiatric issues (McBride, Pates, Arnold, & Ball, 2001; Rudd, Seth, David, & Scholl, 2016). In addition, chronic users face many serious forms of victimization, including use of contaminated products, robbery, physical assault, and sexual assault. The physical, emotional, and legal risks of chronic drug use are well known, especially by those who misuse these substances. Those who misuse drugs are not passive actors who accept these risks. Rather, they actively engage in risk reduction strategies they believe will minimize or mitigate the risks of drug use" (Kerley et al., 2019).



"How could we let go of what we know are our false and deadly dreams of individual success within this murderous system to construct a yet-unimaginable social world that is organized around people and care?" (Thorton, 2020, p.74).

Harm Reduction; Philadelphia SIS: Safehouse

- SIS is a community effort based in harm reduction, prevention, and the need to curve not only overdose death but also contraction of HIV, hepatitis, and COVID
- **Safehouse** states that services would extend beyond safe injection but also offer wound care, referrals to primary care, referrals to treatment, resources about seeking Tx if someone is ready, HIV/Hepatitis testing and treatment, housing opportunities, and distribute Narcan (Naloxone).
- Opportunities to speak with certified peer specialists, social workers, medical staff on site.
- Debate in South Philly (the morality argument); the need to partner with communities (ex: churches) for this to be viable and successful.
- --> Mayor's Taskforce <https://www.phila.gov/programs/combating-the-opioid-epidemic/>

SIS Evidence Shows

- No fatal overdose on site
- Decrease fatal overdoses in the vicinity of SIS
- Increase quality of life for neighbors
- Increased access to treatment
- Prevention of other health consequences
- Reduced taxpayer burden and healthcare costs

▶ (<https://www.safehousephilly.org/resources/the-science>)

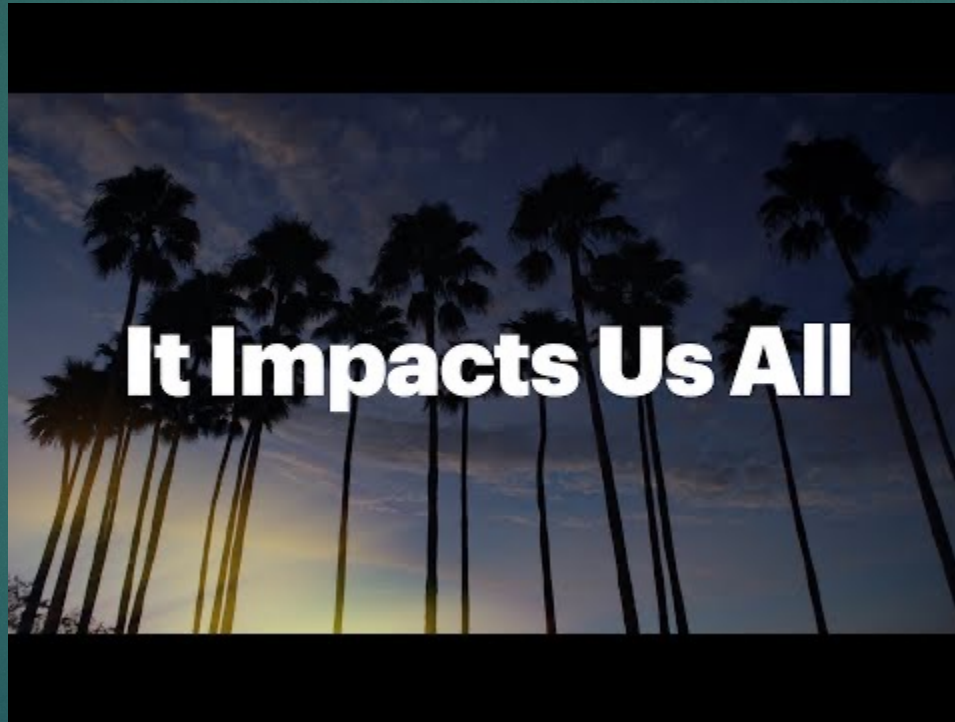


Safe Injection Sites

Bozza and Berger (2019) define SIS as *“medically supervised facilities that are designed to curb drug overdoses, reduce public illegal drug use, and provide a sterile and stress-free supervised space where addicts can consume recreation drugs intravenously without fear of being apprehended by police”* (p. 85).

Synchronous Viewing.

17 min , then



I will either continue my suffering
or harvest the wisdom from
my experiences

It's not Recovery
that is Painful
Our Resistance to
it is.





**“The simplest gesture of kindness
can fill a galaxy with hope.”**

*- BAIL ORGANA,
STAR WARS REBELS: “DROIDS IN DISTRESS”*

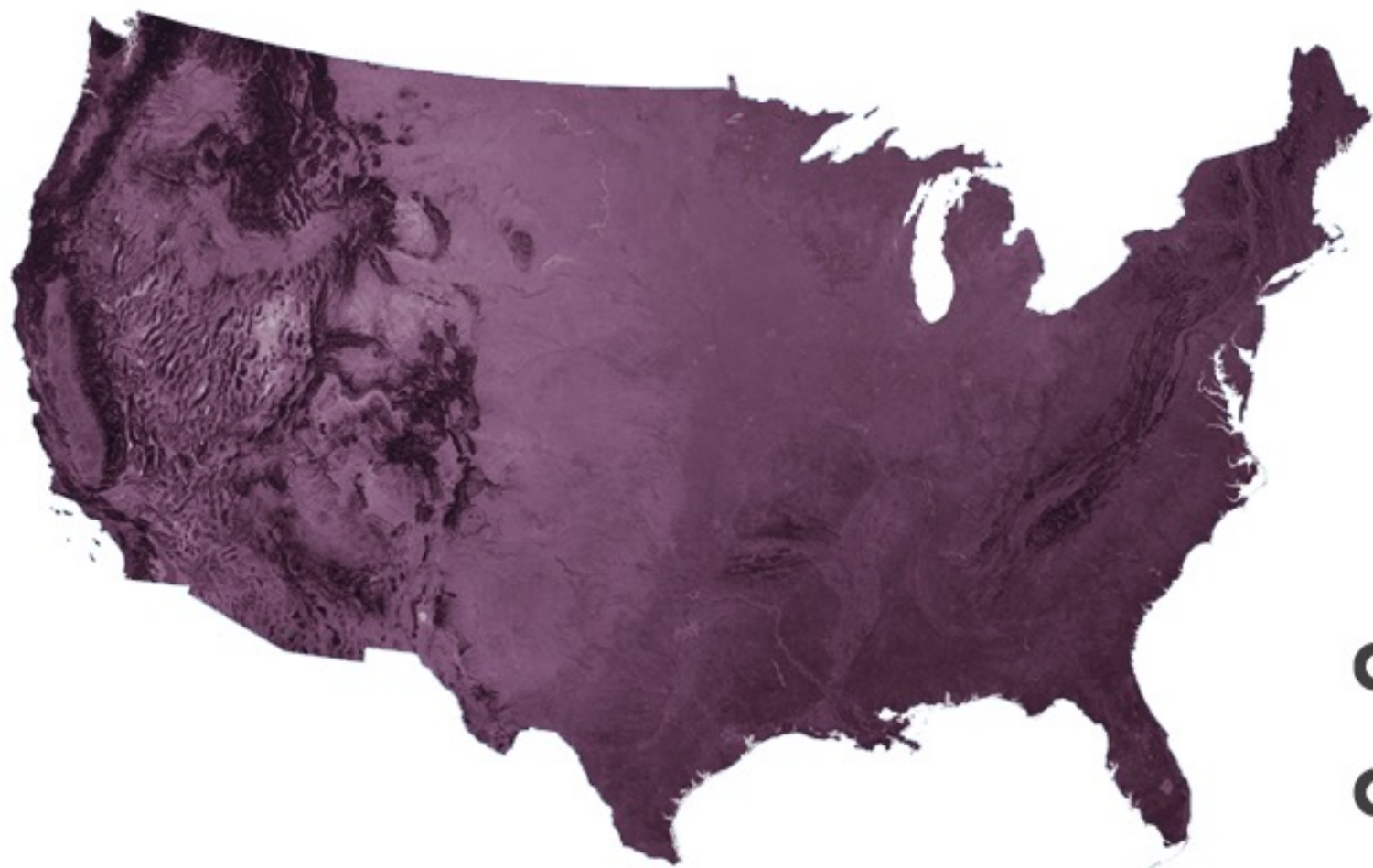




Moment of Silence

The background features an abstract geometric design. On the left, there are overlapping shapes in light blue, white, and a bright orange rectangle. On the right, a solid dark teal background contains a small red rectangle in the top right corner. The text is centered on the teal background.

Additional Slides for Your Reference



136
PEOPLE

.....
:
die every day from
an opioid overdose
(including Rx and illicit opioids).

THE OPIOID EPIDEMIC



Brief History of Pain

- ▶ Before 1800's clinicians saw pain as a sign of aging, and at this time there was no regulation on cocaine or opioids used in treatment from tooth aches to diarrhea
- ▶ In 1914 the Harrison Narcotic Control Act of 1914 was passed, due to sudden increase in heroin abuse and morphine dependence – this influenced a culture shift in the 1920's where unexplained pain was now seen as "**malingering**" - pain medicine became avoided by medical professions and under prescribed in North America/Europe
- ▶ Later in 1900's treatment of cancer influenced rise in popularity for pain medications and in 1995 the *American Pain Society* campaigned to disseminate standardized pain treatments and increase pain prescription
- ▶ At the same time, the *Federation of State Medical Boards* and the *Drug Enforcement Agency* promised "less regulatory scrutiny over opioid prescribers" and were mandated to prove they were treating pain "sufficiently" or they would receive less funding/grants.

(Jones et al., 2015)



OPIOID
CRISIS

Brief History of Pain

- ▶ At this time pharmaceutical companies started to push newly developed pain medicine, such as Oxycodone (OxyContin) which increased in prescriptions from 670,000 to 6.2 million from 1997-2002.
- ▶ We know now that these companies significantly downplayed the addictive nature of these drugs, claiming Oxycodone, one of the most highly abused drugs today, only had a 1% addiction rate.
- ▶ Also influenced by corruption and unethical practices where sales representatives would target physicians most likely to prescribe, fly them to exotic locations to attend conferences that pitched new chronic pain medications, and offer paybacks for successfully prescribing.
- ▶ On a macro level, this calls into question many aspects of our governing regulatory bodies that are relevant to the opioid use epidemic

▶ (Jones et al., 2015)

