The Opioid Testing Ground:
How Faith Communities Succeed

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NORTH AMERICAN DIVISION

HEALTH MINISTRIES

What is your level of familiarity with opioids and addiction?

Does your organization have a protocol for dealing with the opioid epidemic?

Terms

Surgeon General's Spotlight 2018

- **Substance misuse** — Use in a manner, situation, amount, or frequency that can cause harm to users or others
- **Substance use disorder** — recurrent use of substance causes clinically and functionally significant impairment; based on impaired control, risky use, social impairment, pharmacological criteria
- **Opioid use disorder** — characterized by loss of control of opioid use, impaired social functioning, tolerance, and withdrawal

Key Concept: Dependence vs Addiction

- **Dependence** — a result of physiological adaptations to chronic exposure to a drug
  - sometimes leads to addiction
- **Addiction** — severe substance use disorder
  - involves changes to brain circuitry
  - compulsive drug seeking and use despite negative consequences

Key Concepts: Dependence vs Addiction

- Difficult to distinguish between the two without thorough assessment
- Both can experience tolerance and withdrawal
- **Tolerance** — altered response such that higher doses required to produce same effect experienced during initial use
- **Withdrawal** — physical/emotional symptoms when abruptly reduce or stop use
  - stress, anxiety, depression, nausea, vomiting, muscle aches, cramping, etc

Key Concept: Opiate vs Opioids

- **Opiate** — naturally derived substance from the opium (poppy) plant
  - > 20 opiates in opium, 6 in large amounts
  - 4 used in medicine: morphine, codeine, thebaine and papaverine
- **Opioids** — include opiates and synthetic drugs; narcotics
- Both are highly addictive and frequently misused

Partial List of Opioids

- **Opiates**
  - Morphine (Kadian, MS Contin)
  - Codeine
  - Thebaine
  - Papaverine
- **Semi-synthetic opioids**
  - Heroin
  - Oxycodone (OxyContin, Percocet)
  - Hydrocodone (Vicodin, Lortab)
  - Hydromorphone (Dilaudid)
  - Oxymorphone (Opana ER)
- **Synthetic opioids**
  - Methadone (Dolophine, Methadose)
  - Fentanyl (Duragesic)
  - Meperidine (Demerol)
  - Tramadol (Ultram, Ultracet)

Key Concept: Endogenous Opioids

- Three types naturally created in the brain
  - **endorphins** — released for short period of time due to pain from an injury, exercise, stress, massage therapy, sex, chocolate, chili peppers
  - **enkephalins** — produced mainly in the central nervous system, adrenal medulla, and other peripheral tissues
  - **dynorphins** — work on peripheral & central nervous systems in response to stress; chronic exposure results in prodepressive-like behavior
- Play a role in socialization

Opioid Receptors

- 3 opioid + 1 non-opioid
- Found on nerve cells in the brain, spinal cord, GI tract, and other organs
- Control pain, reward, addictive behaviors, breathing, gut function

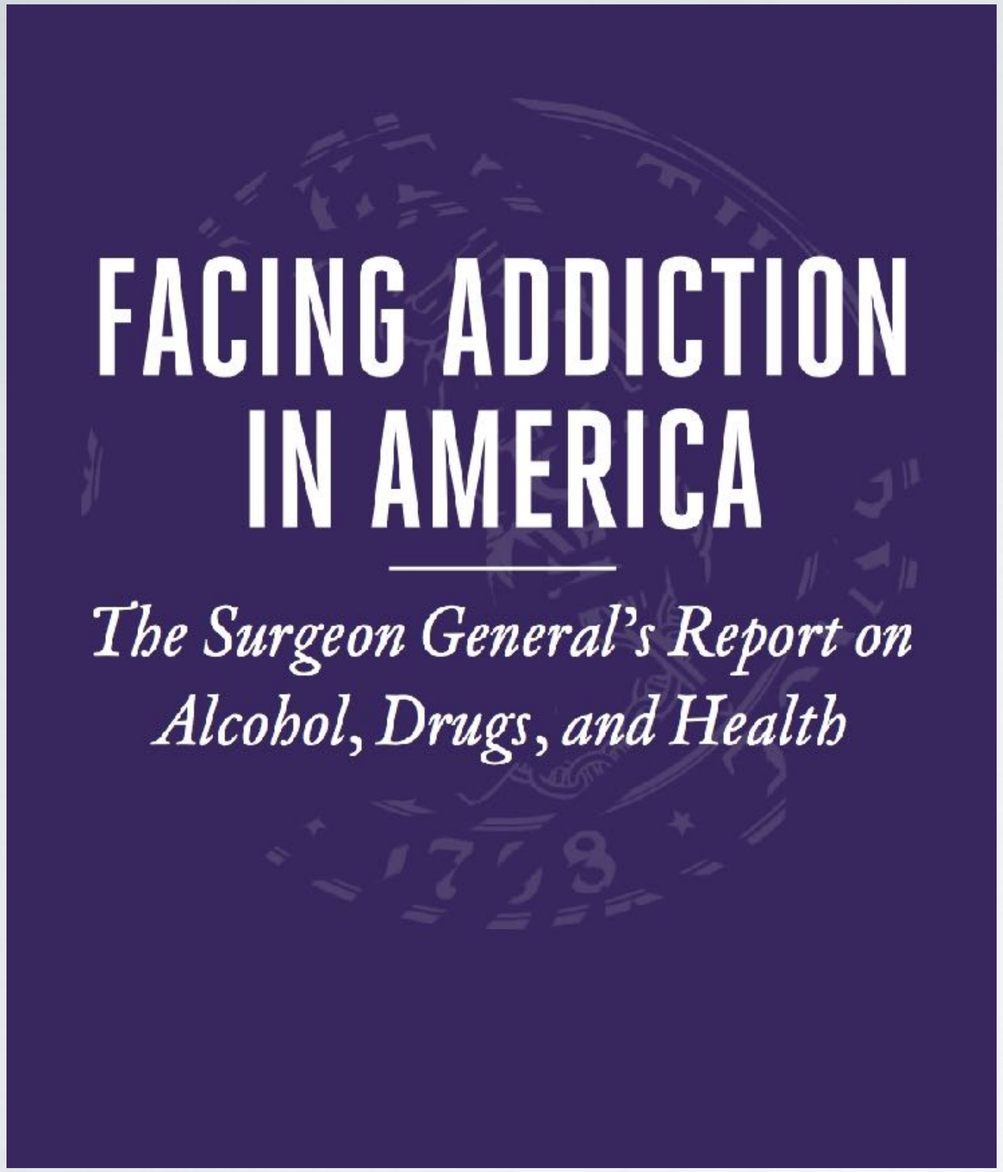
Table 1. Opioid Receptor Type Classification

Current NC-IUPHAR-Recommended Nomenclature[1]	Previous Nomenclature	Presumed Endogenous Ligands
μ, mu, or MOP	OP_3	β-endorphin (not selective) enkephalins (not selective) endomorphin-1[2] endomorphin-2[2]
δ, delta, or DOP	OP_1	enkephalins (not selective) β-endorphin (not selective)
κ, kappa or KOP	OP_2	dynorphin A dynorphin B α-neoendorphin
NOP	OP_4	nociceptin/orphanin FQ (N/OFQ)

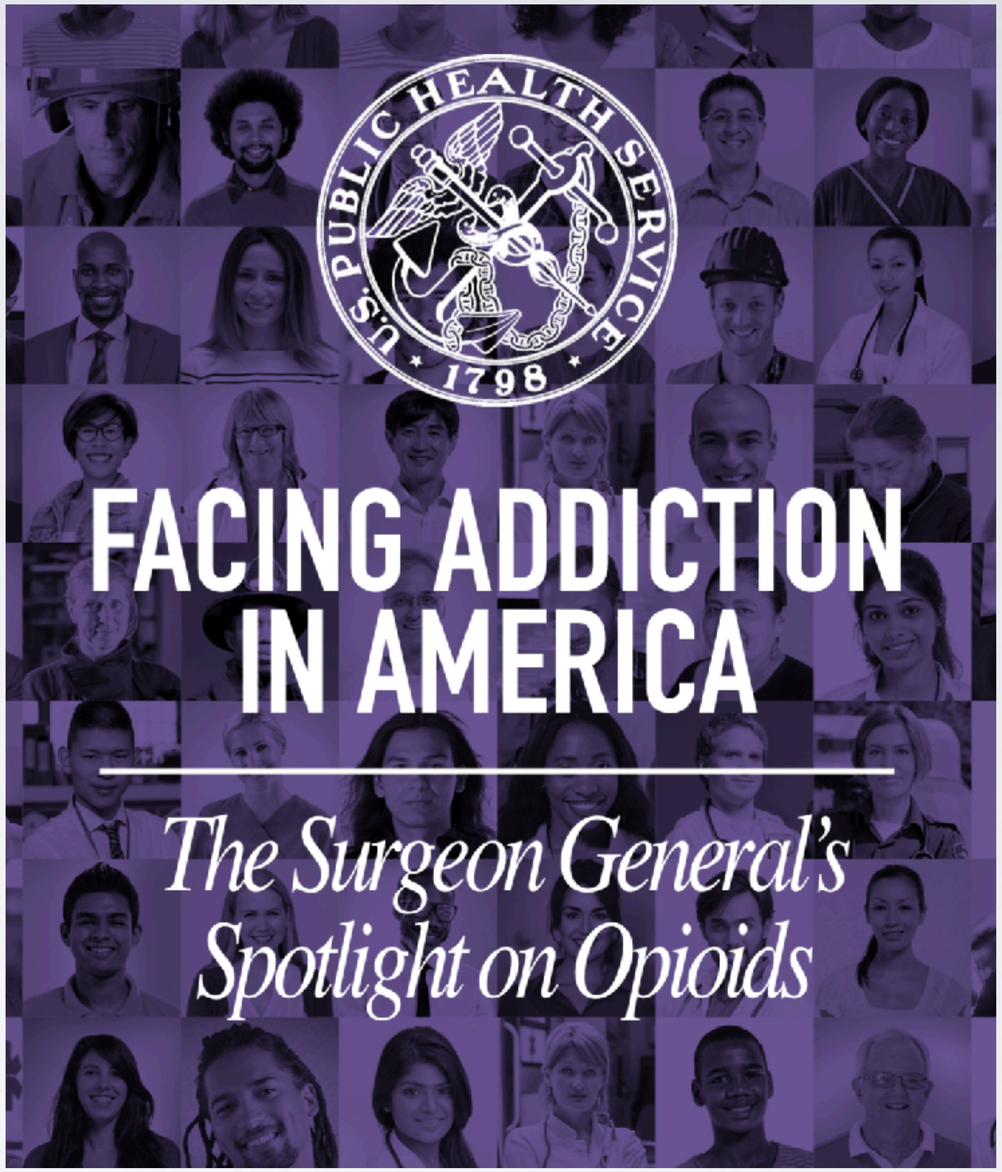
Footnotes:
1. The well-established Greek terminology for opioid receptor types using the descriptors, μ (mu), δ (delta) or κ (kappa), is recommended, but the receptor type should be additionally defined as MOP, DOP, KOP, or NOP when first mentioned in a publication.
2. No mechanism for the endogenous synthesis of endomorphins has been identified; their status as endogenous ligands for the μ opioid receptor is tentative.

Far-Reaching Dangers

- Overdose — suppress breathing
  - 42,249 deaths in 2016—more than 115 deaths/day
  - Opioid overdose deaths were five times higher in 2016 than in 1999
- Neonatal Abstinence Syndrome (NAS)
  - Withdrawal after exposure to drugs in the womb
  - Increased risk of low birthweight and respiratory complications



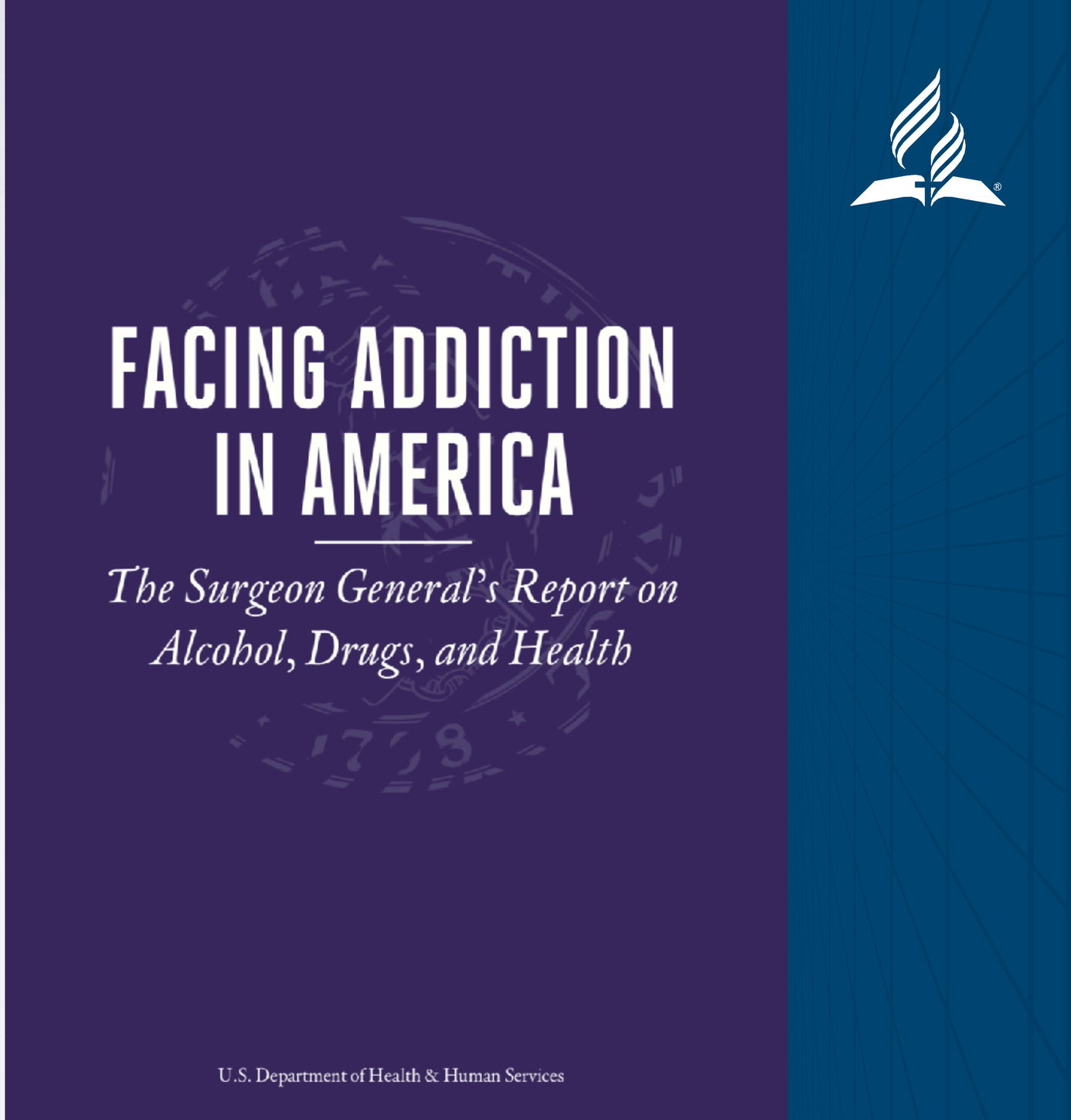
Nov 2016



Sept 2018

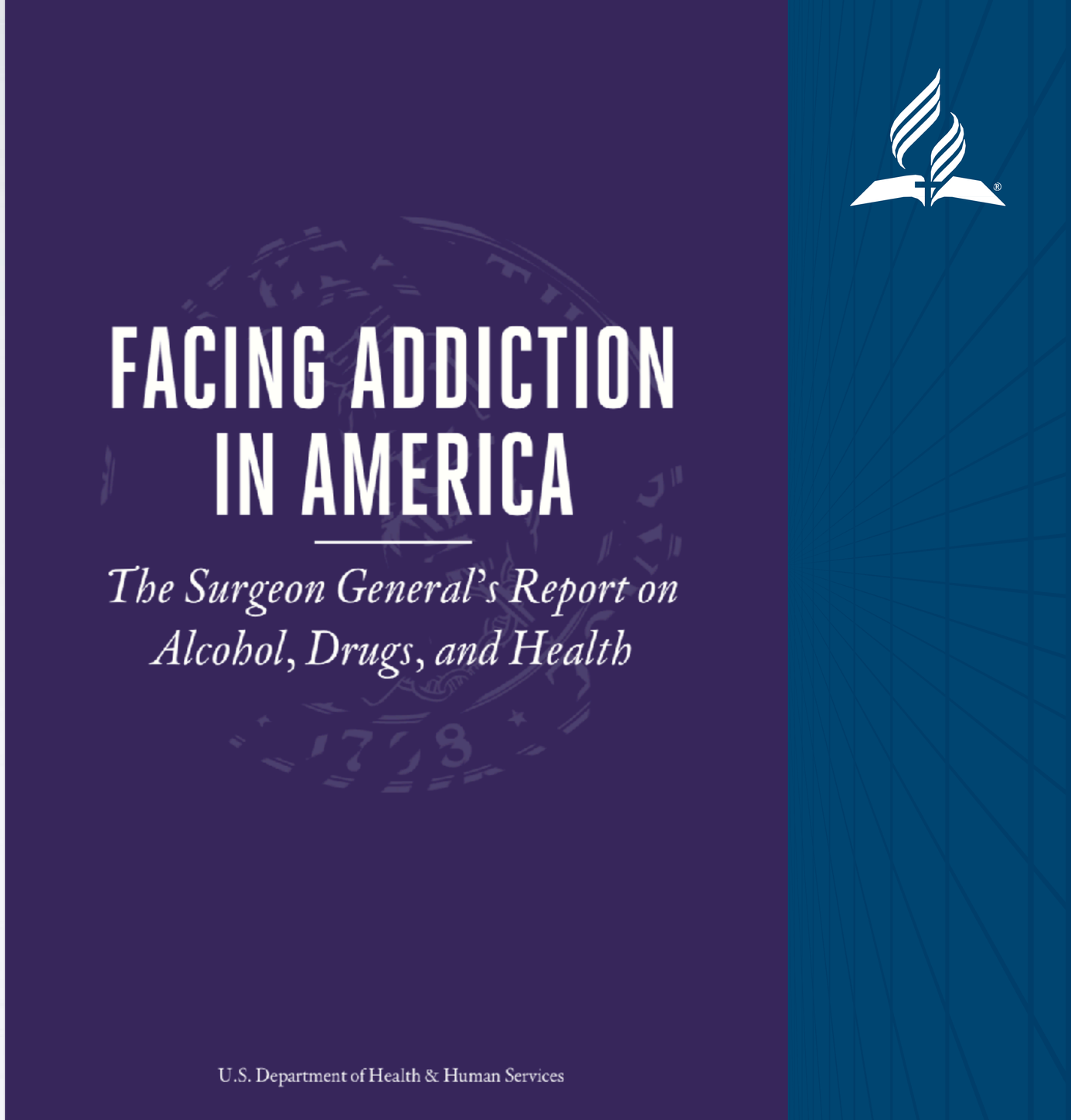
Surgeon General's Report 2016

- …substance use disorders represent one of the most pressing public health crises of our time.
- We must help everyone see that addiction is not a character flaw – it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer.



Surgeon General's Report 2016

- Recovery has many pathways that should be tailored to the unique cultural values and psychological and behavioral health needs of each individual.
- …involving a combination of medication, counseling, and social support.



Surgeon General's Report 2016

- Above all, we can never forget that the faces of substance use disorders are real people. They are a beloved family member, a friend, a colleague, and ourselves.
- How we respond to this crisis is a moral test for America.

How is this a moral test for …?

Scope of the Problem: US

- More than 100 million suffer from chronic pain
- 11.5 million report misuse of prescription opioids (Age 12+)
- 1.7 million people had a prescription pain reliever use disorder
- 953,000 people received treatment for misuse of opioid pain relievers
- Primary care providers report insufficient training in prescribing opioids

Sources of Prescription Opioid Misuse, Age 65+

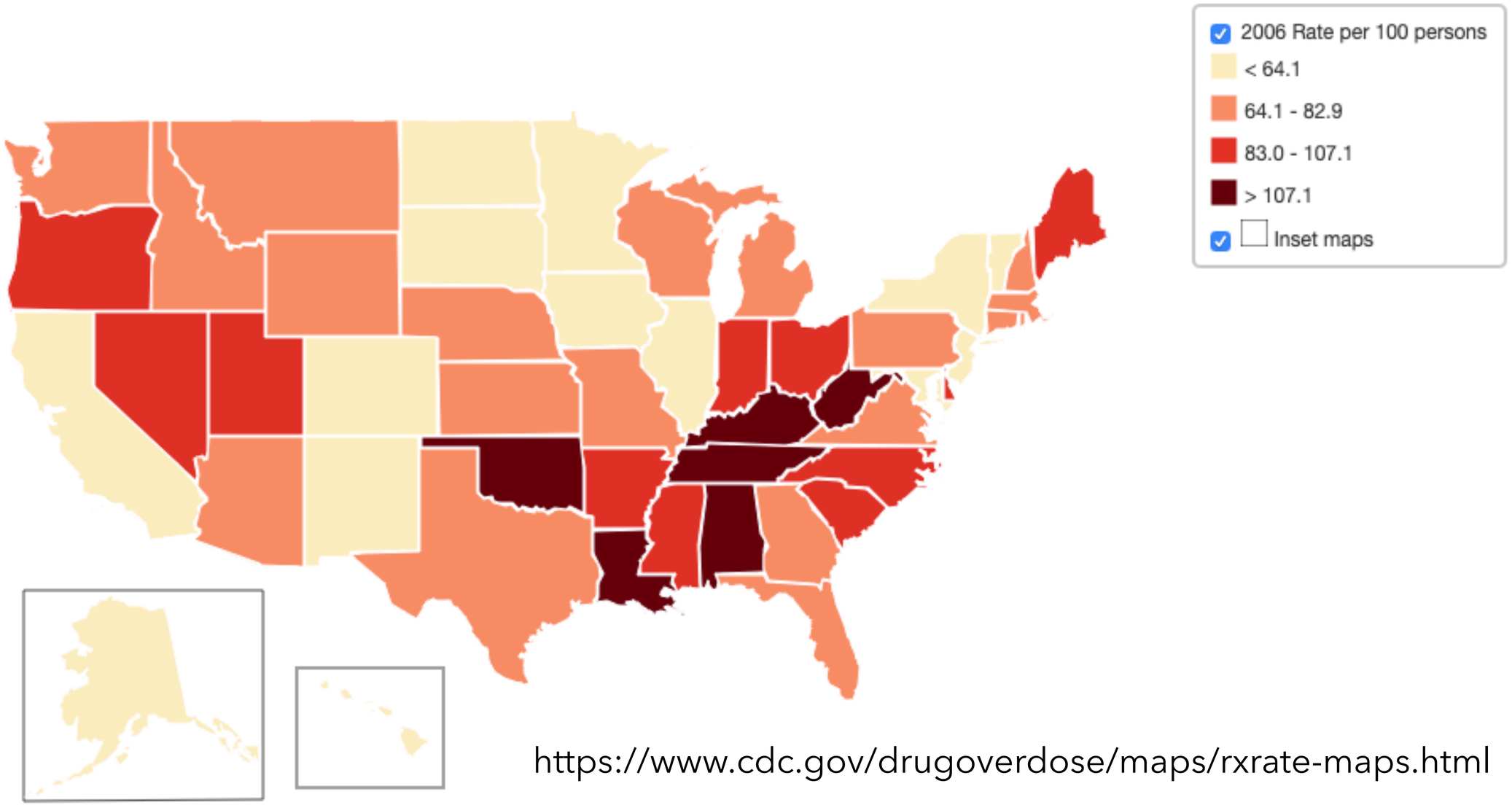
Pain. 2018 Aug;159(8):1543-1549

- 47.7% — physician sources for past 30-day PO misuse
  - 39.2% among 50-64 year olds
- 23.2% — friends or family
- 8.5% — purchases
- 5.3% — theft
- Those using physician sources have elevated PO use disorder symptoms

Prescriptions In the US, 2017

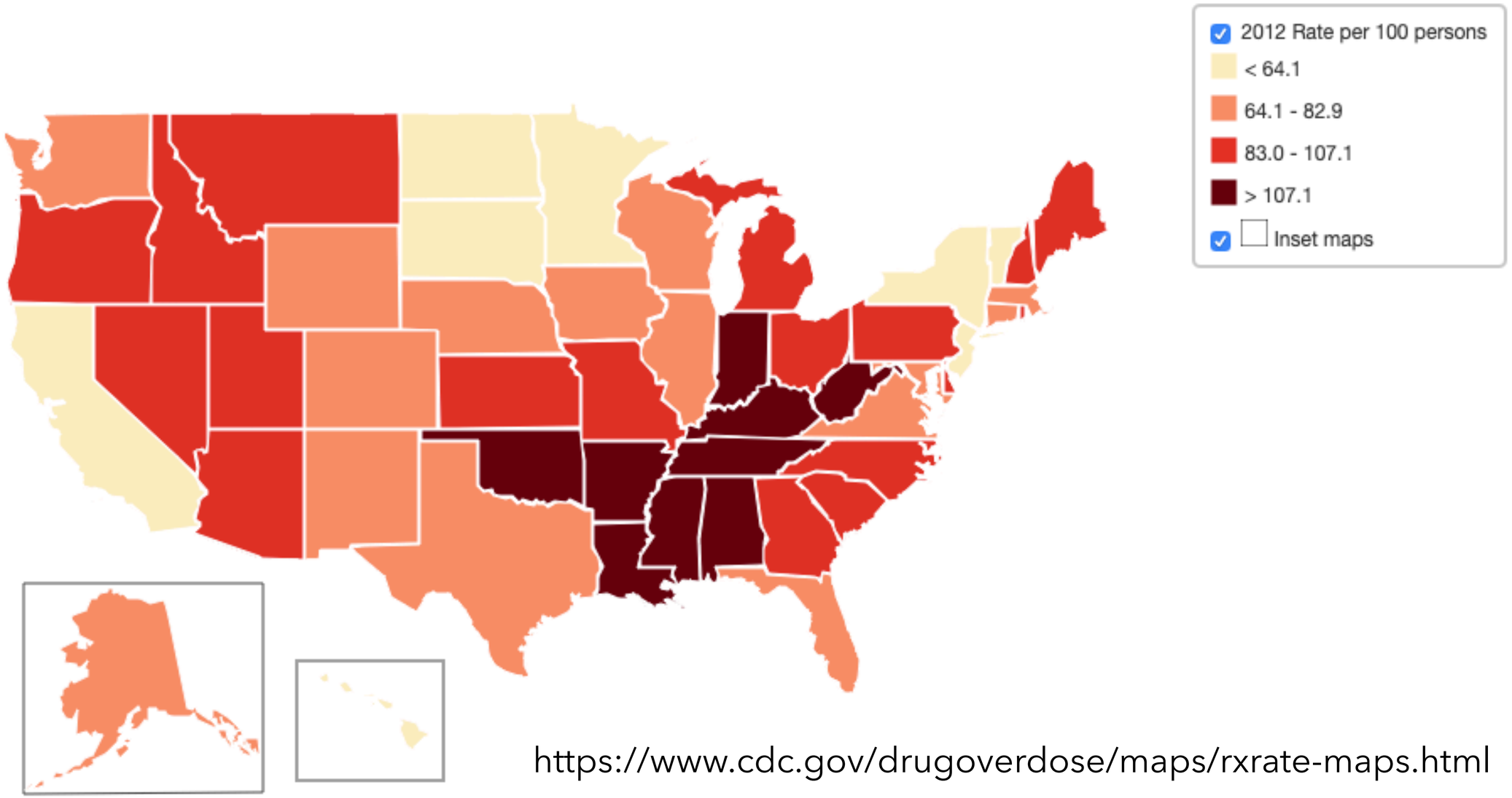
- 191 million total opioid prescriptions
- Overall opioid prescribing rate = 58.7 prescriptions per 100 people
  - Some counties were seven times higher

Opioid Prescribing Rates, By State 2006



https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html

Opioid Prescribing Rates, By State 2012



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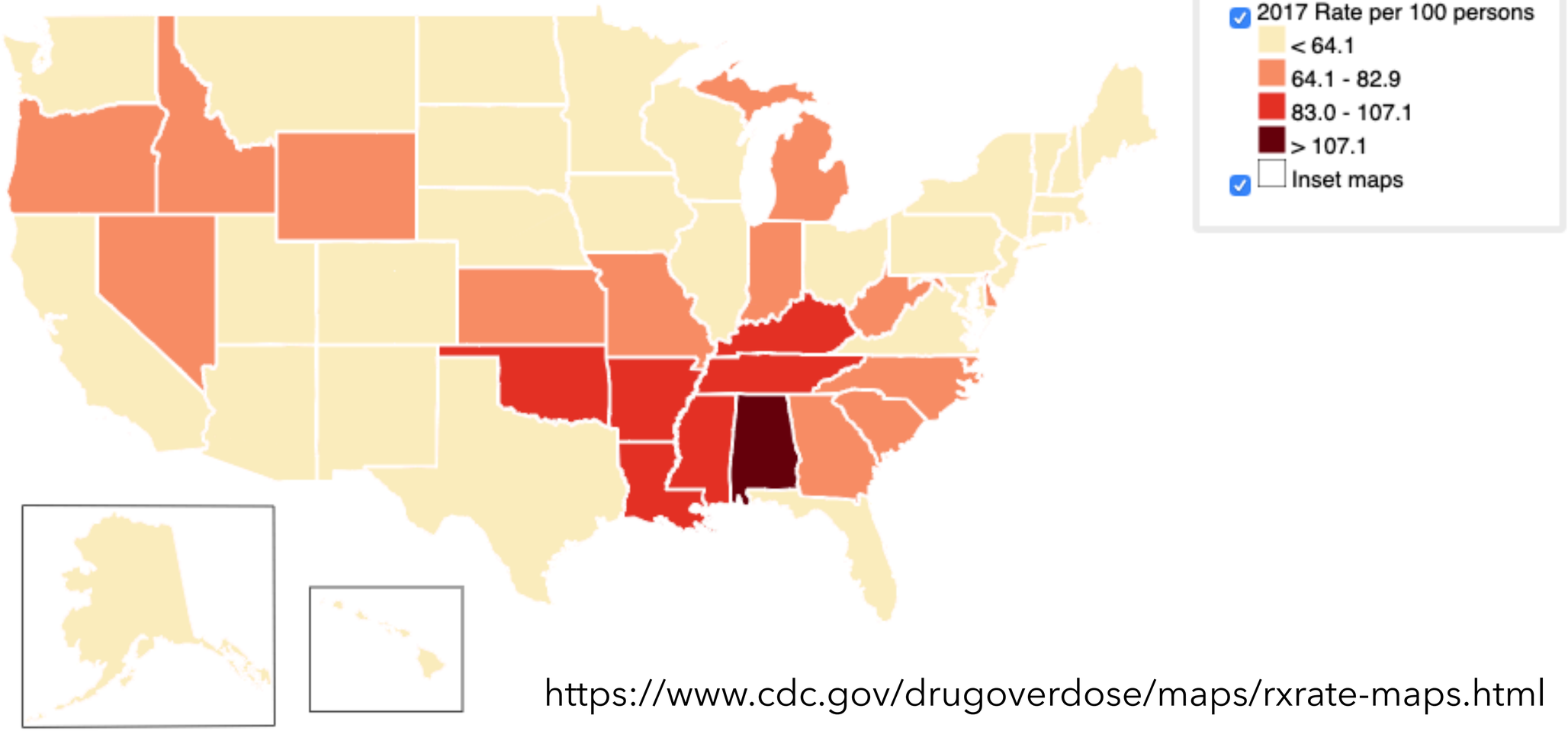
Opioid Prescribing Rates, By State 2017



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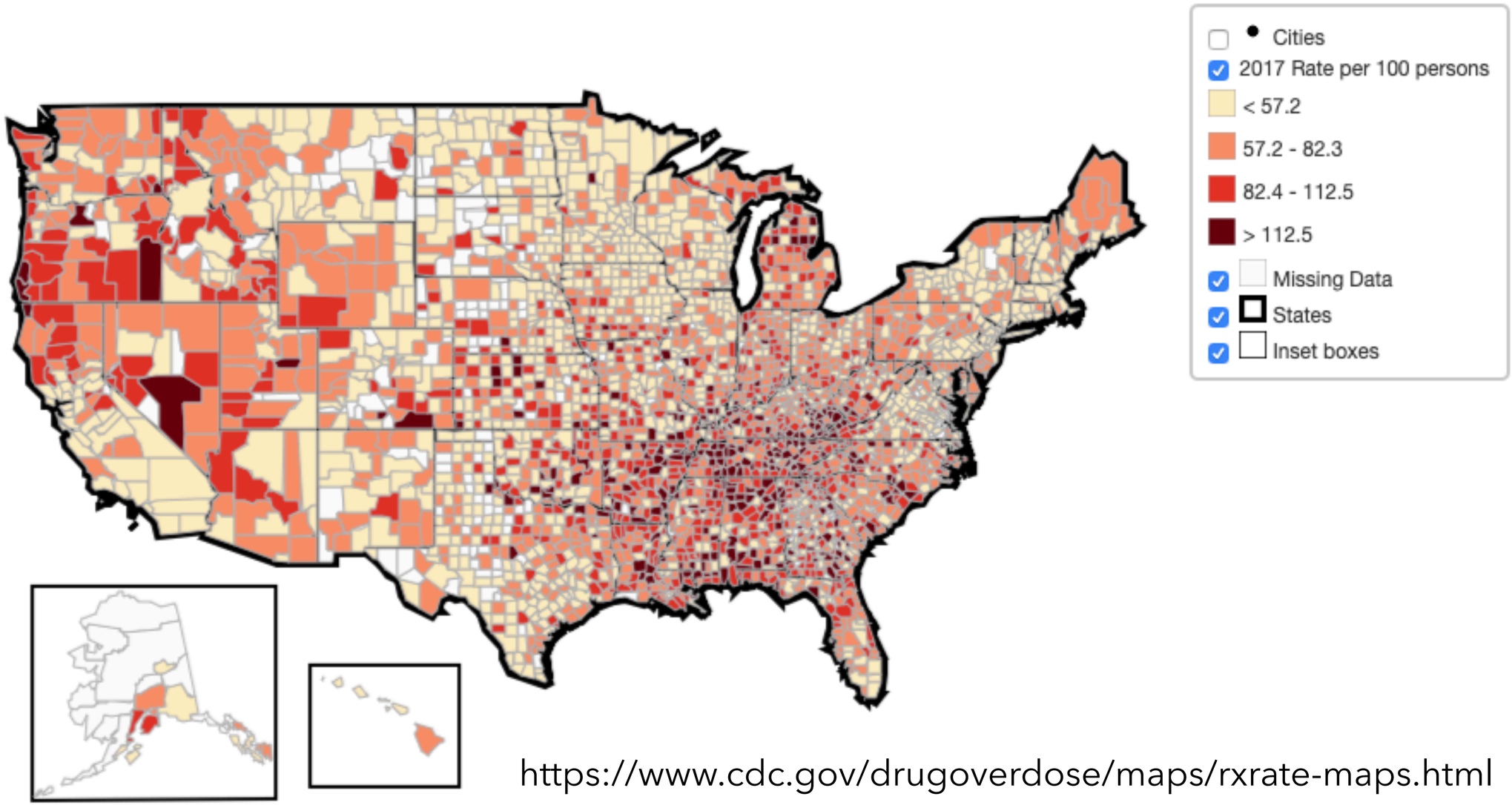
Opioid Prescribing Rates, Counties 2017



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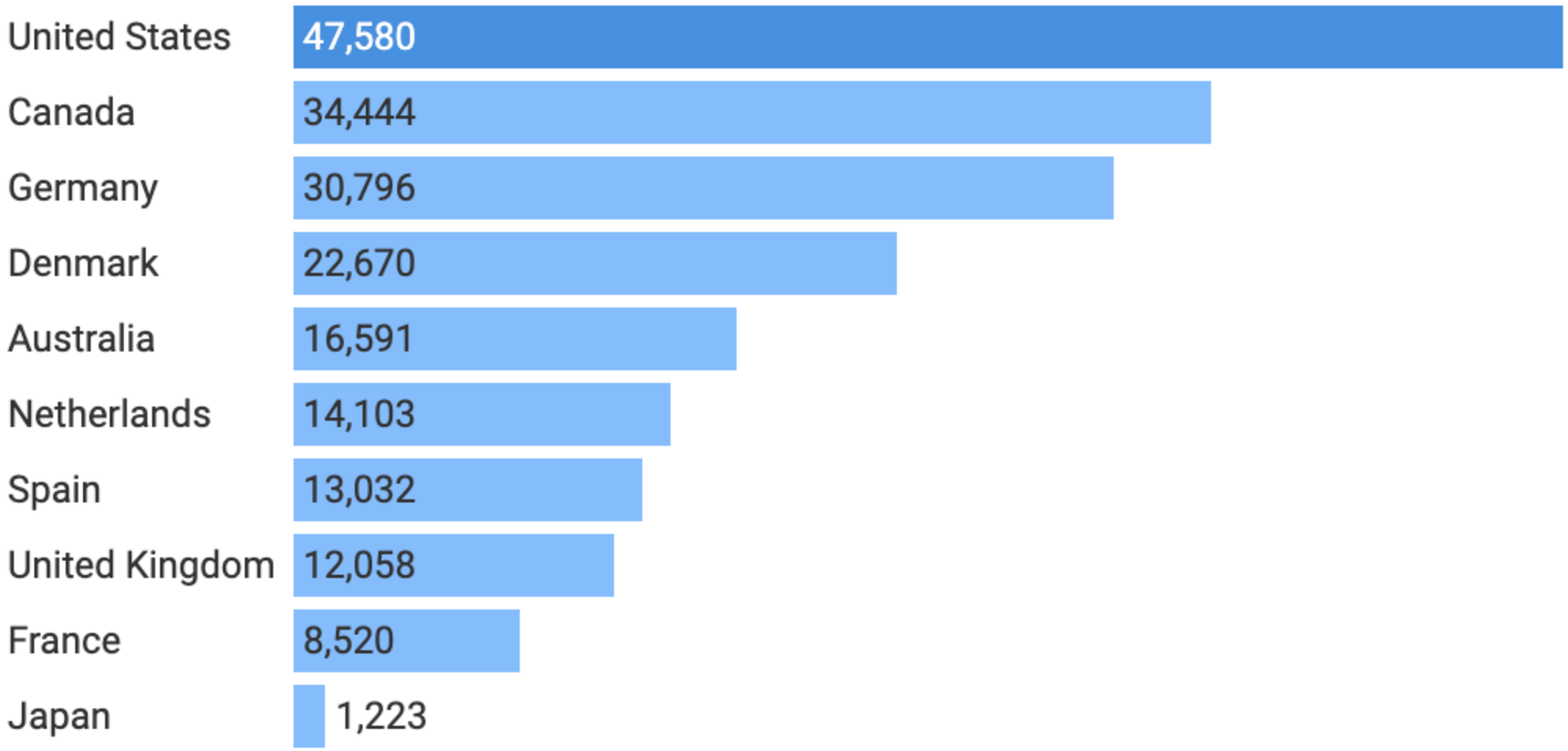
Consumption of narcotic drugs

Compared to the rest of the world, the U.S. has the highest level of daily doses of narcotics per million inhabitants per day.



Some countries not shown.

Chart: The Conversation, CC-BY-ND • Source: International Narcotics Control Board • Get the data

http://theconversation.com/what-the-us-can-learn-from-other-countries-in-dealing-with-pain-and-the-opioid-crisis-97491

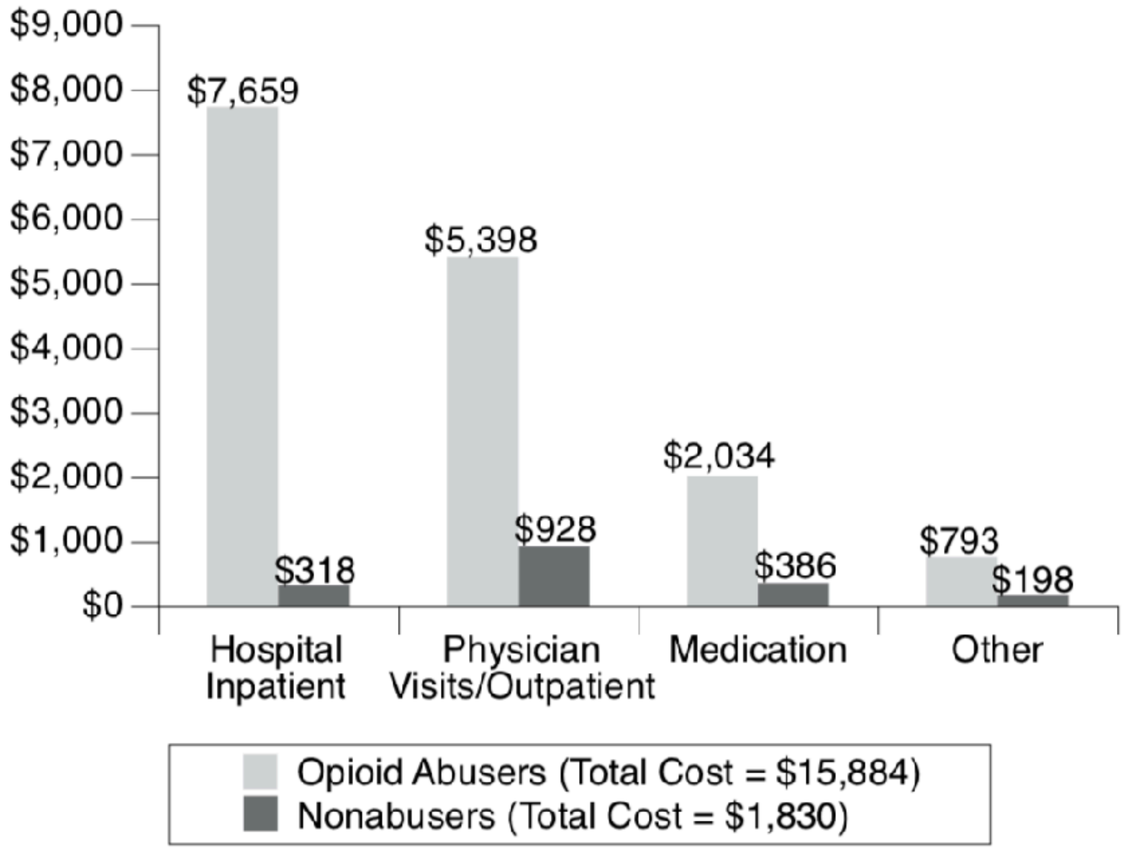
Access to Care

- US — 30 times more opioid pain relief medication than it needs
- Mexico — 36% of what it needs
- China — 16% of what it needs
- India — 4% of what it needs
- Nigeria — 0.2% of what it needs
- Source: The Lancet Commission on Global Access to Palliative Care and Pain Relief

Economic Burden

- Mean annual direct costs in 2003 U.S. dollars
  - $15,884 per person with PO use disorder
  - $1,830 per person without PO use disorder

FIGURE 2 Direct All-Cause Health Care Costs Per Person (2003 U.S. Dollars) Associated with Opioid Abuse.



Adapted from White et al. Direct costs of opioid abuse in an insured population in the United States (2005).[39]

J Manag Care Pharm. 2009;15(7):556-62

Non-opioid Costs

J Manag Care Pharm. 2009;15(7):556-62

- 78 times more likely to have had an episode of non-opioid poisoning
- 36 times more likely to have hepatitis A, B, or C
- 43 times more likely to have other substance abuse disorders
- 21 times more likely to have had pancreatitis
- 8.5 times more likely to have a psychiatric diagnosis

Costs for Medicare Beneficiaries

J Manag Care Spec Pharm. 2019 Jan;25(1):1827

- 2010-2011 Medicare fee-for-service population
- Prevalence of misuse/abuse =13.1 per 1,000 persons
- Prevalence of being at risk for misuse/abuse = 117.4 per 1,000 persons
- Half of patients used an opioid
- Total annual unadjusted mean costs of health care resources for abusers ($46,194) and matched controls ($21,964)
  - $P < 0.0001$

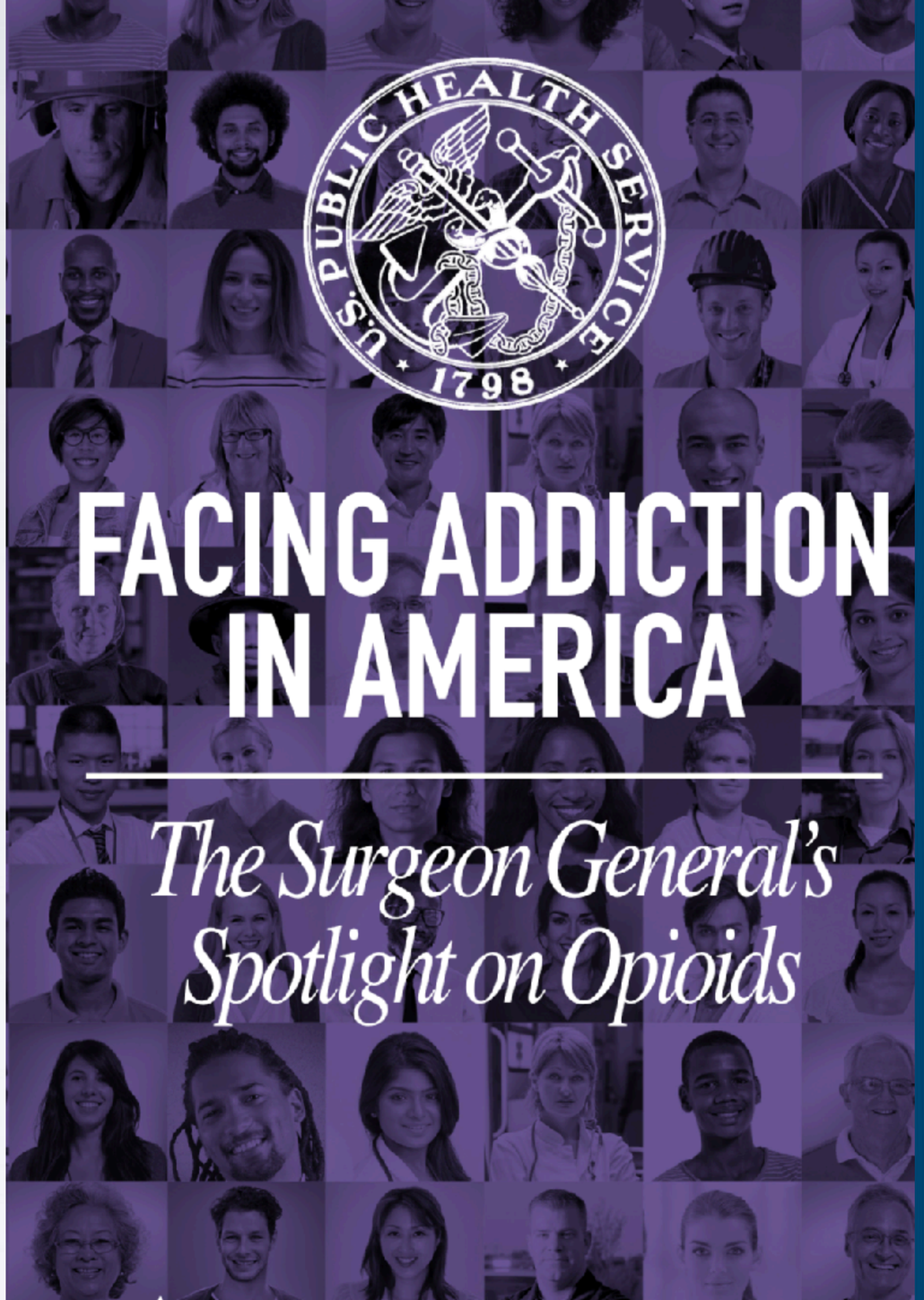
Cost of Not Treating Pain

J Manag Care Pharm. 2009;15(7):556-62

- decreased healing
- increased costs and resource use
- slower return to functioning
- decreased quality of life

Surgeon General's Spotlight 2018

- Effective integration of prevention, treatment, and recovery services across health care systems is key to addressing opioid misuse and its consequences, and it represents the most promising way to improve access to and quality of treatment.



What Can Be Done?

Who Are the Long-Term Users?

https://www.kff.org/tag/opioids/

- Washington Post/Kaiser Family Foundation Survey, 2016
- 809 adults age 18+
- Interviewee (n=622) or a household member (n=187) has taken strong prescription painkillers for 2+ months at some time in the past 2 years
- Excludes cancer & terminally ill patients

Who Are The Long-Term Users?

https://www.kff.org/tag/opioids/

- Majority started prescription painkillers for medical reasons
  - 44% — chronic pain
  - 25% — pain after surgery
  - 25% — pain after accident or injury
  - 3% — recreational use
- Physician provided information
  - 75% — enough information on risk of addiction and other side effects
  - 61% — no discussion about plan for tapering off

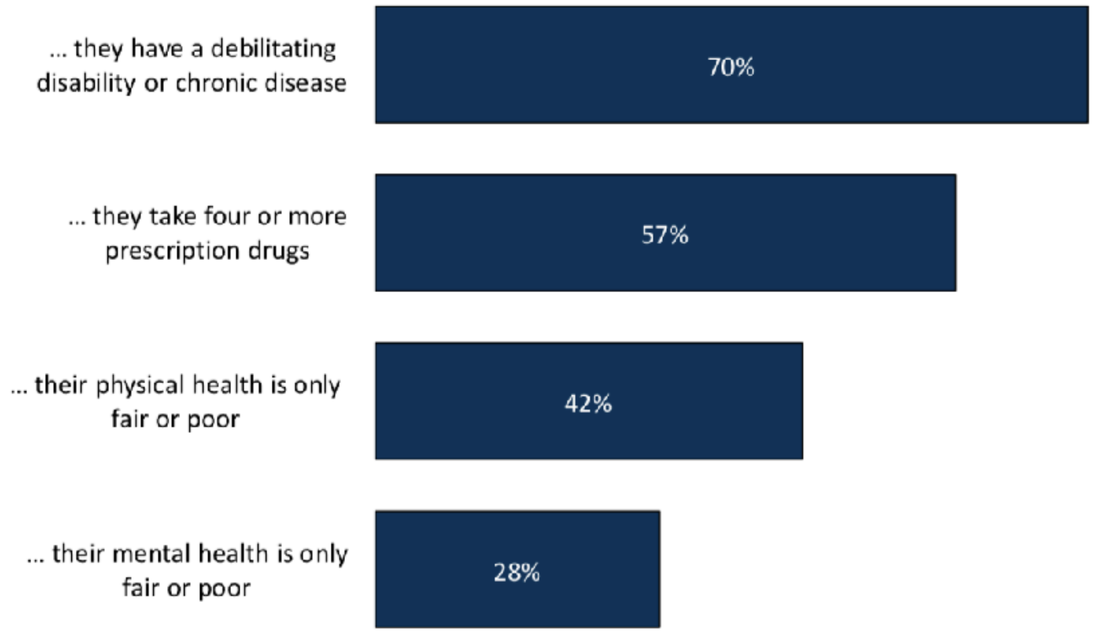
Who Are The Long-Term Users?

https://www.kff.org/tag/opioids/

Figure 2

Many Long-Term Prescription Painkiller Users Are Sick and Disabled

AMONG THOSE PERSONALLY TAKING PRESCRIPTION PAINKILLERS LONG-TERM: Percent who say...



NOTE: Question wording abbreviated. See topline for full question wording.
SOURCE: The Washington Post/Kaiser Family Foundation Survey of Long-Term Prescription Painkiller Users and Their Household Members (conducted October 3-November 9, 2016)

THE HENRY J. KAISER FAMILY FOUNDATION

Who Are The Long-Term Users?

https://www.kff.org/tag/opioids/

- Reasons for taking long-term
  - 20% — report use "for fun or to get high"
  - 14% — to "deal with day-to-day stress"
  - 10% — to "relax or relieve tension"

Who Are The Long-Term Users?

https://www.kff.org/tag/opioids/

- 57% report improved quality of life
  - 16% worse quality of life
- 67% fear increased difficulty in obtaining prescription due to current epidemic
- 34% self-report physically dependent or addicted
- 14% shared prescription with family or friends

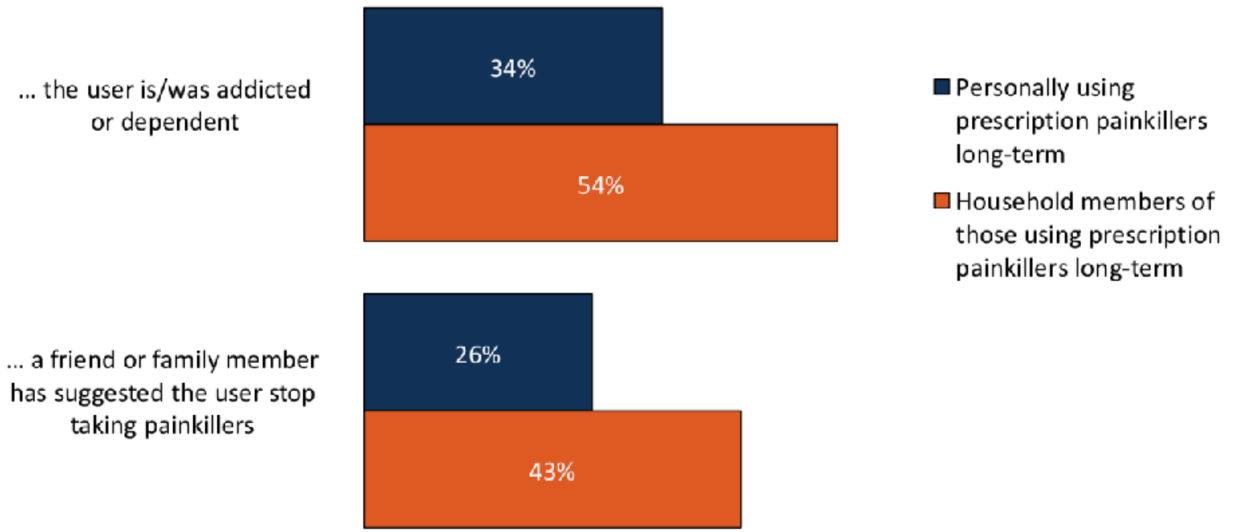
Who Are The Long-Term Users?

https://www.kff.org/tag/opioids/

Figure 6

Household Members More Likely to Report Concerns About Use Than Those Personally Using Prescription Painkillers Themselves

Percent who say...



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THE HENRY J. KAISER FAMILY FOUNDATION

Who Are The Long-Term Users?

https://www.kff.org/tag/opioids/

- Thoughts on effective strategies
  - 82% — increase pain management training for medical students and physicians
  - 80% — increase access to addiction treatment programs
  - 81% — increase research about pain and pain management

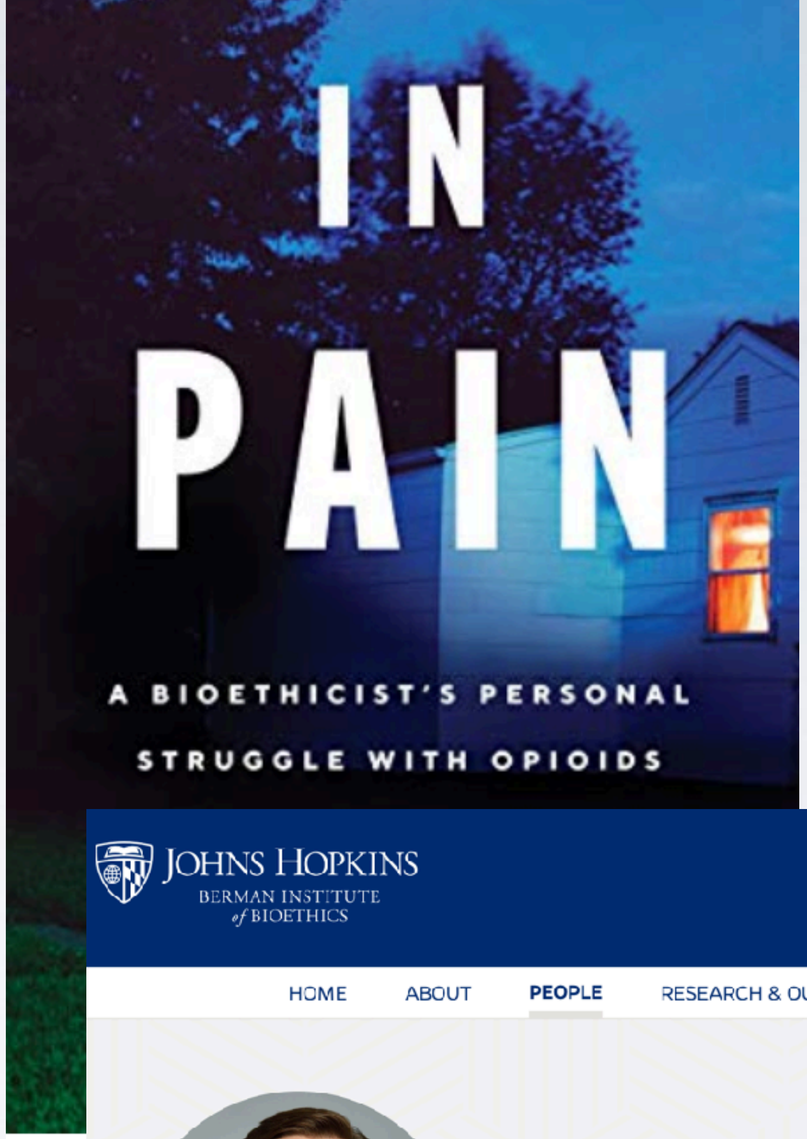
I was in opioid withdrawal for a month

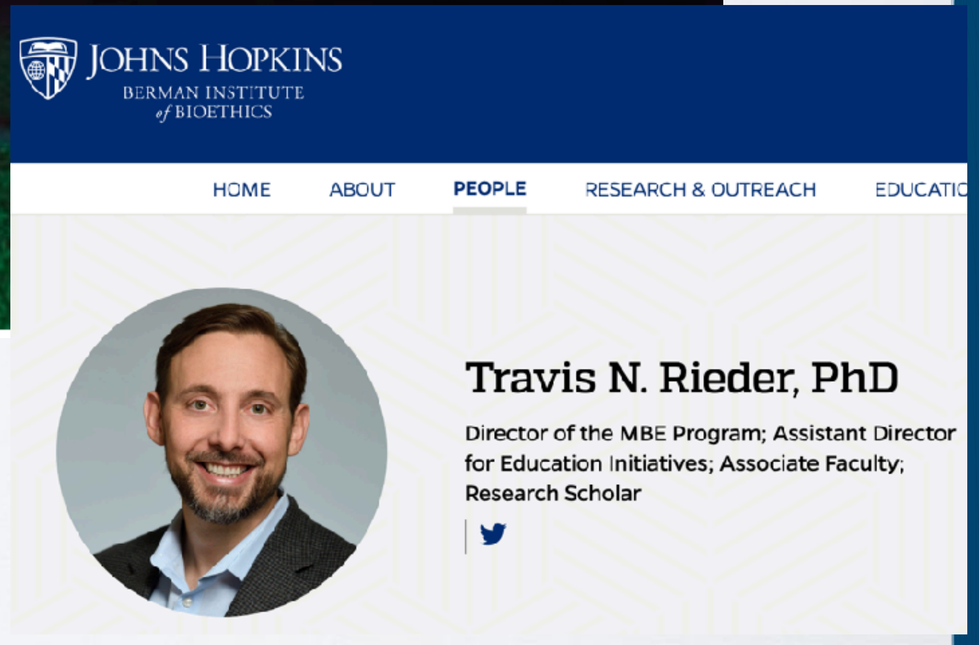
Travis Rieder

Reflections?

- *In Pain* is not only a gripping personal account of dependence, but a groundbreaking exploration of the intractable causes of America's opioid problem and their implications for resolving the crisis. Rieder makes clear that the opioid crisis exists against a backdrop of real, debilitating pain—and that anyone can fall victim to this epidemic.

- Release: June 2019





What systemic issues would be most challenging to modify?

What is the role of healthcare in managing an individual's opioid use/misuse?

Continuum of Care

- Prevention
  - school-based, community-based, clinical community, media outlets
  - every dollar spent on prevention returns between $0.62 and $64.18 in reduced costs (alcohol)
- Screening & early intervention
  - misuse, SUDs, risk factors (ACEs, trauma)
  - The National Institute on Drug Abuse's (NIDA) Opioid Risk Tool & NIDA Quick Screen

- https://www.cdc.gov/drugoverdose/prescribing/guideline.html

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

CDC's *Guideline for Prescribing Opioids for Chronic Pain* is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

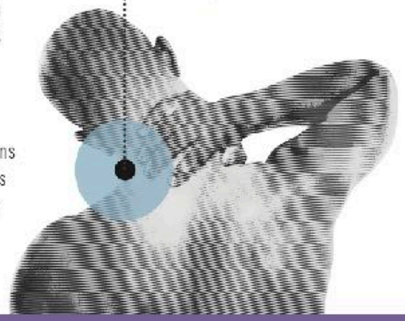
1. Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2. Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3. Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

NIH Interagency Pain Research Coordinating Committee

Search IPRCC

About | Meetings & Events | National Pain Strategy | Federal Pain Research Strategy | Pain Research

National Pain Strategy Report (PDF, 1,050 KB)

A comprehensive high-level strategy for pain

Oversight Panel & Working Groups

The experts responsible for monitoring and implementing the National Pain Strategy.

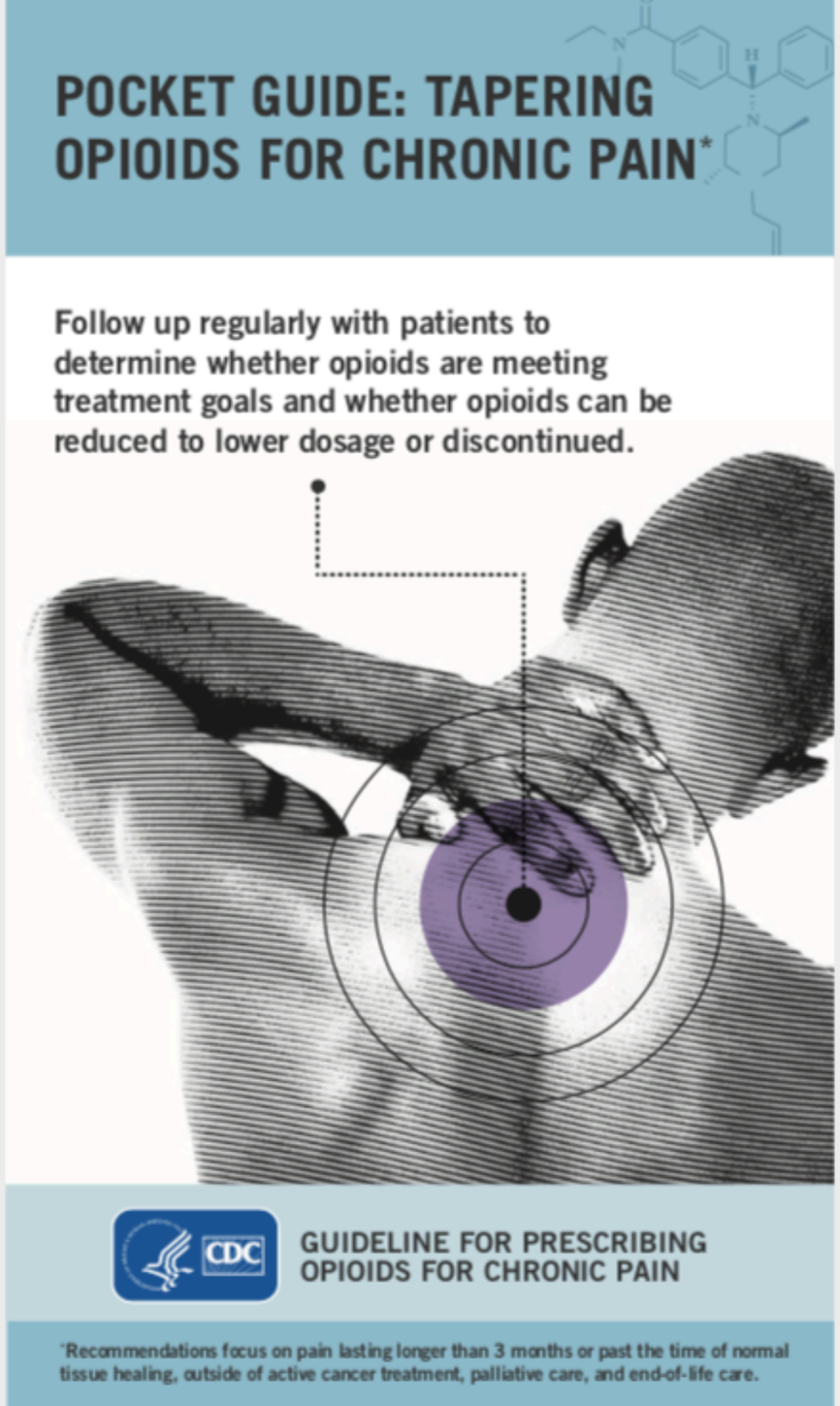
Strategies & objectives to improve pain management, including improving access to non-pharmacologic and non-opioid pain management options.

https://iprcc.nih.gov

Continuum of Care

- Treatment
  - Clinical evaluation
  - Person-centered plan to include tapering off and on-going support
  - Incorporate treatment for multiple substance use disorders (tobacco, alcohol, etc) leads to 25% greater likelihood of maintaining long-term abstinence
  - Include co-occurring mental health conditions
  - Medication-assisted treatment (MAT)
  - Behavioral interventions

- https://www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf



Continuum of Care

- Recovery support
  - Recovery coach, peer support specialist
  - Support groups
  - Community support
  - Emotional and practical support
  - Faith community support
- Is there a role for complementary/alternative treatments for pain?

Adventist Recovery

ADVENTIST recovery MINISTRIES
NORTH AMERICAN DIVISION

Journey to Wholeness ›
Awareness Sabbath
Recovery Retreats
Professional Help
History
ARMin Taskforce

Next training
November 2019, Florida

www.NADHealth.org

There is hope and help for any and all addictions through Christ. Some drugs of choice may be classified as substances that are addictive. Other "drugs" of choice include processes and activities that are out of balance in a person's life. The powerful pull of addictive behaviors relative to "the lust of the flesh, the lust of the eyes, and the pride of life" (1 John 2:16) can all be referred to as "besetting sins" or "addictions."

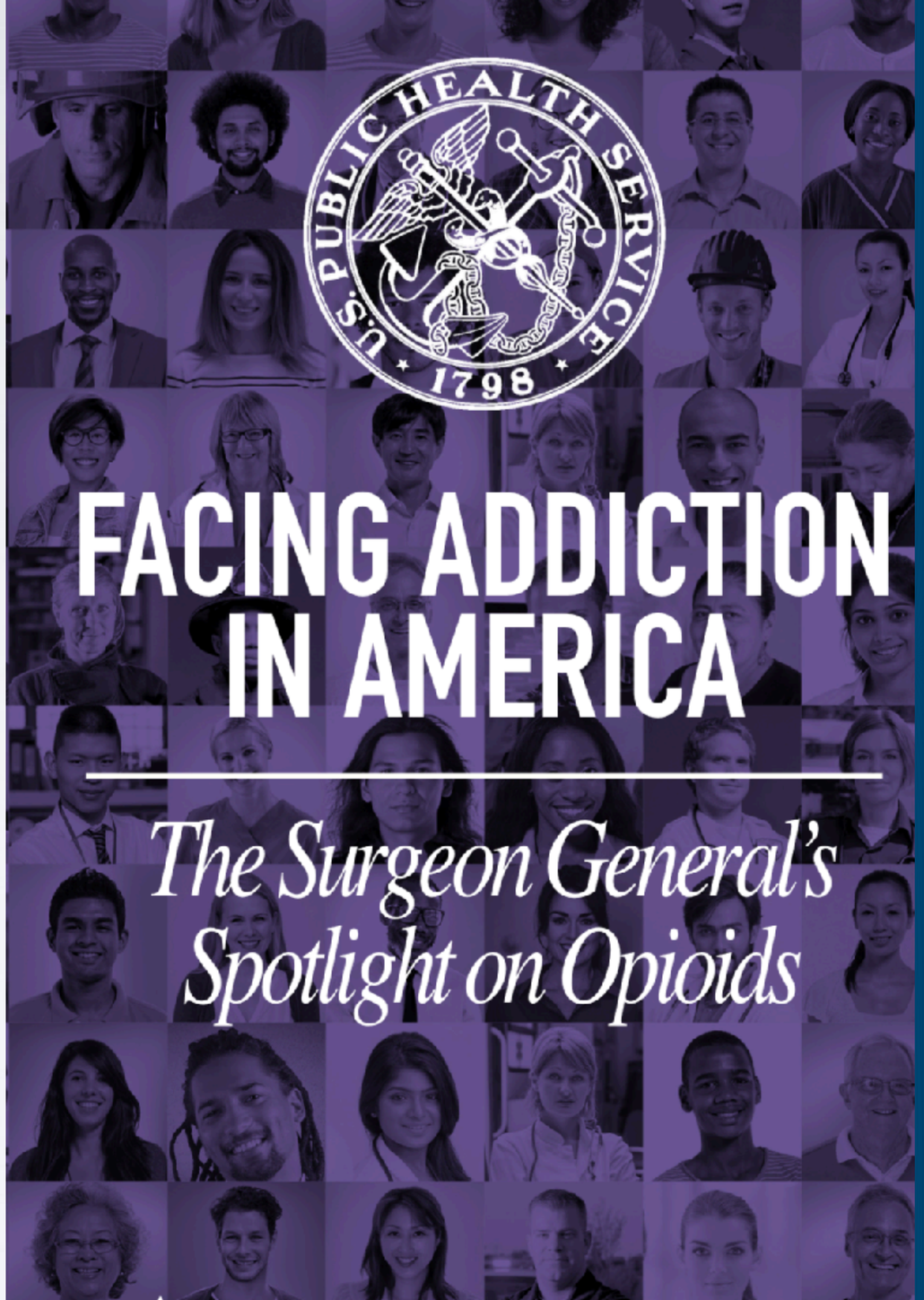
The purpose of Adventist Recovery Ministries (ARMin) is to provide training and support for those who are seeking freedom from addictions of any kind, as well as to their family and friends. Our goal is to have all Adventist churches be a safe place for anyone to come in order to find victory through Jesus Christ.

The *Journey to Wholeness (JTW)* is a Christ-centered recovery group ministry. It follows the 12-step recovery process and we encourage all Adventist churches and organizations to host a support group in their facility. Download the JTW Brochure or order print copies through AdventSource.

View past issues of the Journey to Life Newsletter.

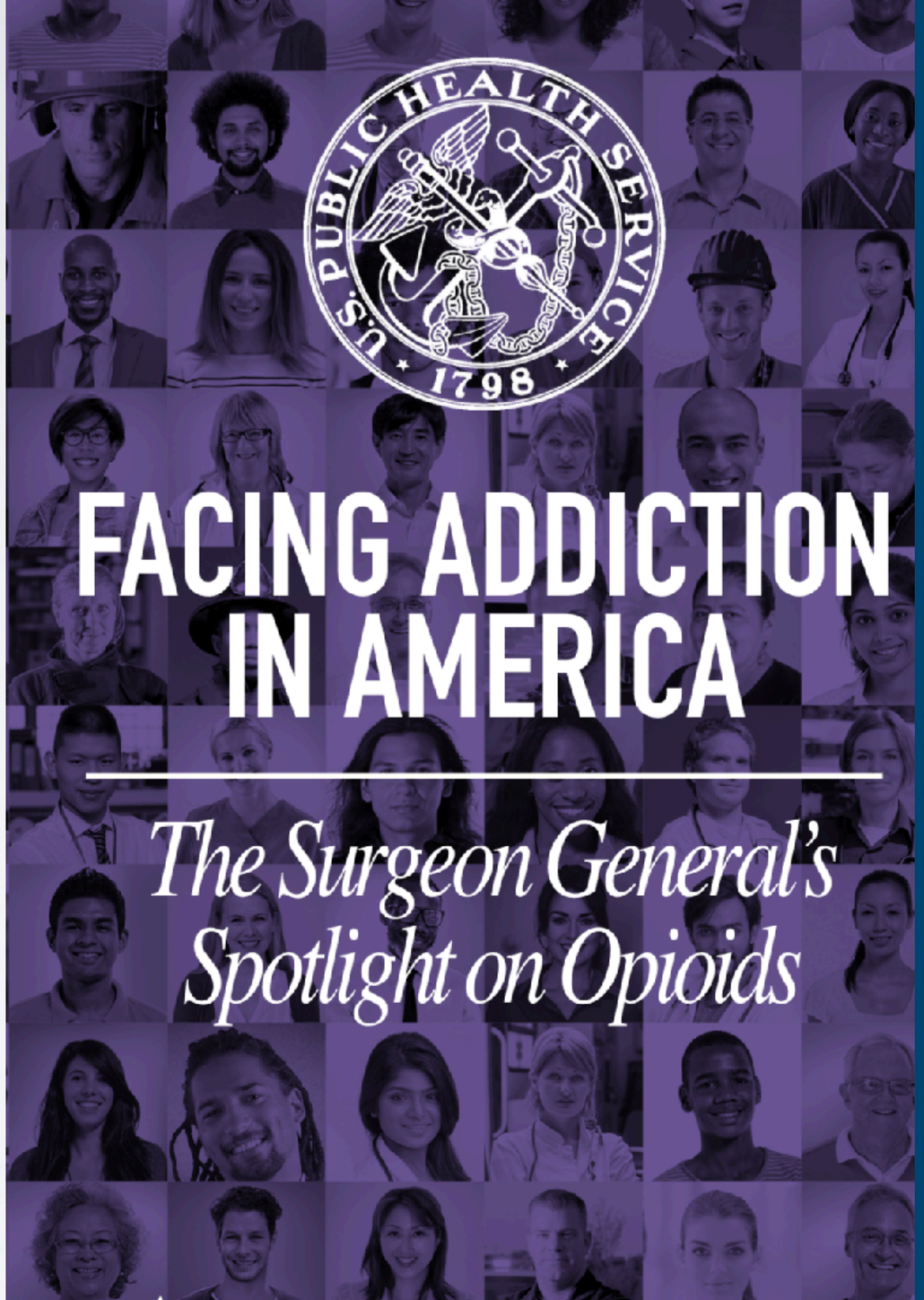
Surgeon General's Spotlight 2018

- Medication-assisted treatment (MAT) combined with psychosocial therapies and community-based recovery supports is the gold standard for treating opioid addiction.



Surgeon General's Spotlight 2018

- I believe that the best way to address the opioid crisis is to work towards achieving better health through better partnerships. Health advocates must involve businesses and law enforcement organizations… Educators and the faith-based community have unique touchpoints and resources that can be brought to bare for prevention and treatment efforts.



What collaborative solutions have you found to be successful?

Office of Intergovernmental and External Affairs (IEA)

About IEA +

Regional Offices +

IEA Tribal Affairs +

The Partnership Center −

Opioid Epidemic Practical Toolkit

Open Your Doors

Increase Awareness

Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities

The U.S. Department of Health and Human Services (HHS) recognizes that faith-based and community partners eagerly and willingly step in to meet the needs of their colleagues, friends and neighbors — especially during a crisis. As such, we want to equip our partners to respond to the current opioid health crisis — complementing their compassion and local understanding with the expertise of HHS.

This toolkit, which is segmented into seven key areas, briefly covers practical ways your community can consider bringing hope and healing to those in need. To further complement this kit, we recommend signing up for our monthly webinars, which go into greater detail and highlight promising practices. Sign up by emailing us at Partnerships@HHS.Gov.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Opioids & Substance Use

As part of AHRQ's Opioid Initiative, the Academy provides information to support those in primary care settings who are implementing medication-assisted treatment (MAT) for opioid use disorder. The Academy also supports Primary Care MAT Grantees by offering technical assistance and disseminating resources about MAT in rural primary care practices. Learn more about the Academy's Opioid & Substance Use Resources.

The items below highlight recent news, resources, and publications about opioid use disorder and MAT.

U.S. Department of Health and Human Services Opioid Initiative

Medicaid Coverage of Medication-Assisted Treatment for Alcohol and Opioid Use Disorders and of Medication for the Reversal of Opioid Overdose

In This Section

- Global Year
- ICD-11
- Opioid Position Statement
- International Pain Summit
- Declaration of Montreal
  - Sign the Declaration
- Desirable Characteristics of National Pain Strategies
- Pain Initiatives

Past Global Years

Pain Education
Joint Pain

2019 Global Year Against Pain in the Most Vulnerable

Welcome to the 2019 Global Year!

This 2019 Global Year Against Pain in the Most Vulnerable focuses on the following vulnerable populations:

- Pain in older persons (including pain in dementia)
- Pain in infants and young children
- Pain in individuals with cognitive impairments (non dementia-related) or psychiatric disorders
- Pain in survivors of torture

You will find publications, resources, and ways to participate in Global Year events on pain in vulnerable populations on this page and on the pages to which each domain is linked.

Read the message from IASP President Lars Arendt-Nielsen, Prof., Dr. Med, PhD

Is pain really the problem?

God's purpose is not merely to deliver from the suffering that is the inevitable result of sin, but to save from sin itself.

Thoughts from the Mount of Blessings, 60

www.NADHealth.org
health@nadadventist.org

References

- https://www.cdc.gov/drugoverdose/prescribing/guideline.html
- https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html
- https://www.drugabuse.gov/publications/misuse-prescription-drugs/what-classes-prescription-drugs-are-commonly-misused
- Opioid receptors, introduction. Last modified on 10/08/2015. Accessed on 06/05/2019. IUPHAR/BPS Guide to PHARMACOLOGY, http://www.guidetopharmacology.org/GRAC/FamilyIntroductionForward?familyId=50.