



HEARTVIEW FOUNDATION

EST. 1964

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EXECUTIVE DIRECTOR

DEFINING ADDICTION

American Society of Addiction Medicine (ASAM)'s Definition:

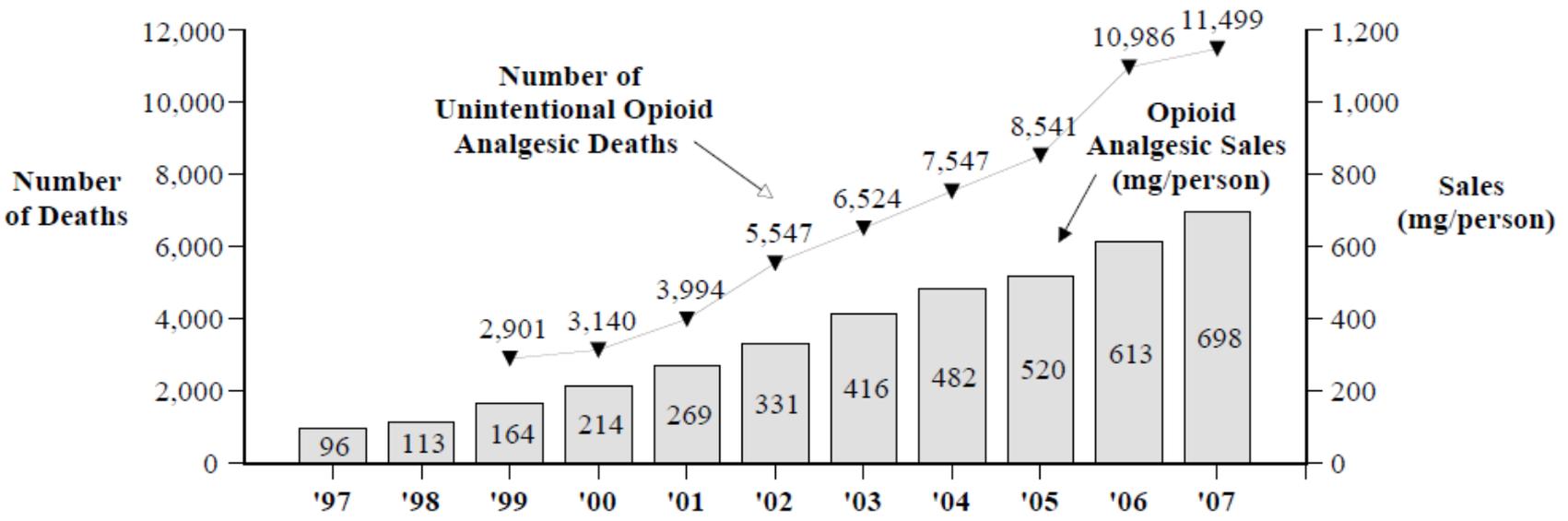
Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.

Addiction is characterized by:

- Inability to consistently abstain;
- Impairment in behavioral control;
- Craving; or increased “hunger” for drugs or rewarding experiences;
- Diminished recognition of significant problems with one’s behaviors and interpersonal relationships; and
- A dysfunctional emotional response.

OVERDOSES & SALES

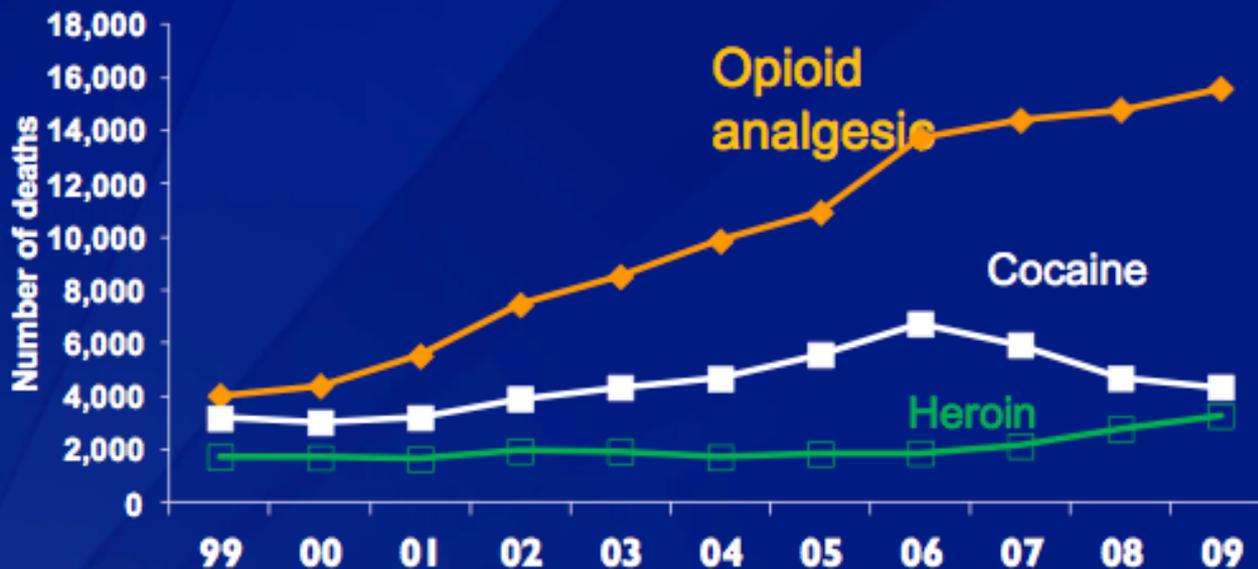
Number of Unintentional Overdose Deaths Involving Opioid Analgesics and Per Capita Sales of Opioid Analgesics (in Morphine Equivalents), United States, 1997 to 2007



¹Paulozzi, L.G., and Ryan, G.W., "Opioid Analgesics and Rates of Fatal Drug Poisoning in the United States," *American Journal of Preventive Medicine* 31(6):506-511, 2006.

CAUSE OF OVERDOSES

Drug overdose deaths of all intents by major drug type, U.S., 1999-2009



Source: National Vital Statistics System. The reported 2009 numbers are underestimates. Some overdose deaths were not included in the total for 2009 because of delayed reporting of the final cause of death.

WHO'S AT RISK OF AN OPIOID OVERDOSE DEATH?

- Middle-aged (Opioids: 45-54yrs; Heroin: 25-34 yrs)
- Low-income (RR: 2.1-5.7)
- Non-Hispanic white
- Male
- Living in non-metropolitan areas (Heroin metro areas)
- History of substance abuse (60-78%)
- History of mental illness (42-57%)

SOURCES: Palozzi, FDA, 2012; Hall et al, JAMA, 2008; Lanier et al, CDC, 2010

WHO'S AT RISK OF AN OVERDOSE DEATH?

- IV drug use (22%)
- Previous overdose (17%)
- Signs of non-medical use (51%)
- History of chronic pain (82%)
- Having a prescription (75% prescription opioid vs 29% for methadone)
- Greater number of prescribers (2.8)
- Greater number of prescriptions (8.2)
- High daily dose

SOURCES: Palozzi, FDA, 2012; Hall et al, JAMA, 2008; Lanier et al, CDC, 2010

REDUCING PHARMACEUTICAL NARCOTICS IN OUR COMMUNITIES TASK FORCE

The Reducing Pharmaceutical Narcotics in Our Communities Task Force is a group of over 40 public and private organizations, including the medical community, law enforcement, treatment services, educators, policy-makers, and others gathered to address this major public health concern.

FIVE PILLARS

-  EDUCATION
-  TAKE BACK PROGRAM
-  LAW ENFORCEMENT
-  PRESCRIPTION DRUG MONITORING PROGRAM
-  TREATMENT

FOR MORE INFORMATION, CONTACT

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- Organized 2012
- Statewide Coalition
- Comprehensive Approach
- Active in Legislation
 - Good Samaritan Law
 - Naloxone Bill

OPIOID OVERDOSE PREVENTION PROGRAMS

Community overdose prevention programs began in 1996 & the key components are:

- 1) training on how to identify the symptoms of an opioid overdose
- 2) how to respond, including using medication (naloxone) to reverse the overdose

Overdose prevention programs are important because:

- Many people are afraid to call 911 in response to an overdose
- Provide naloxone to bystanders, who may administer the reversal drug before medical professionals arrive on the scene

PRESCRIPTION DRUG DROP BOXES & TAKE BACK DAYS

- Provide opportunities to safely dispose of un-used medications
- May prevent diversion of un-used medications
- Challenges in terms of who pays for disposal and the funding/location of drop boxes

Prescription drug drop-off boxes spread across U.S.

Paulina Firozi, USA TODAY 11:51 p.m. EDT July 11, 2014



(Photo: The (Louisville, Ky.) Courier-Journal, Carl Yates)

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A growing number of police departments across the U.S. are adding prescription drug drop-off boxes at stations to allow people to properly dispose of expired or unneeded drugs.

Organizations like the National Association of Drug Diversion Investigators are providing grants to police departments to pay for the drop off boxes. Executive Director Charles Cichon said the organization began the program four years ago to address the lack of opportunities to safely dispose of prescriptions.

Got Drugs?

Turn in your unused or expired medication for safe disposal
Saturday, September 27th,
10 a.m. – 2 p.m.

[Click here for a collection site near you.](#)



TWO LOCATIONS

BISMARCK



CANDO



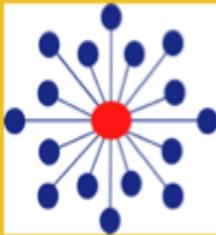
OVN NIDA CTN



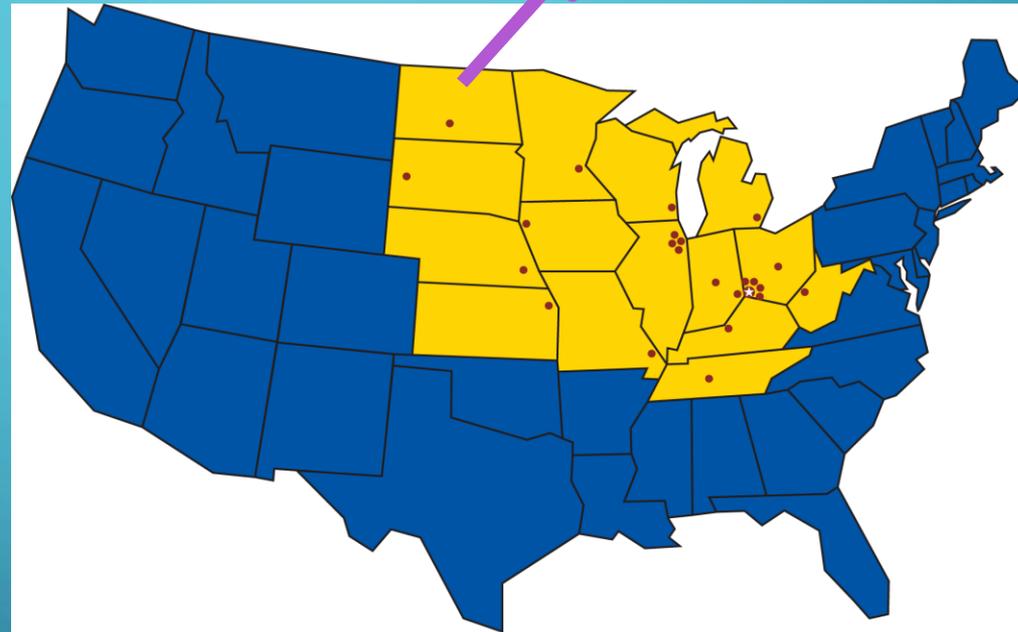
Ohio Valley Node

NIDA
CTN

Community
Treatment
Programs



15 States
23 Programs

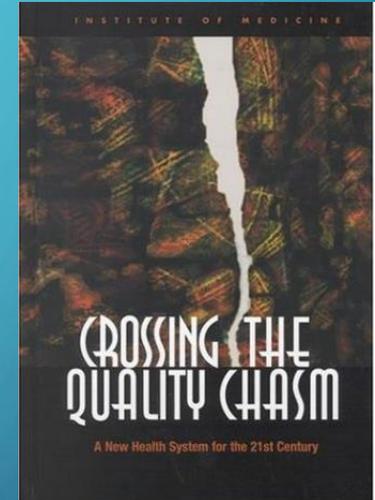


- States having Ohio Valley Node CTPs (N=15)
- Ohio Valley Node RRTC
- Ohio Valley Node CTP (N=23)

NIDA CTN

Goals:

1. Bridge the gap between research and practice
2. Conduct clinical trials
3. Disseminating evidenced-based treatment to community treatment programs



- 13 Nodes across the country
- 6 active studies
- Enrolled 14,412 study participants

WHY PROVIDE MAT?

- Better outcomes
 - Less substance use, less criminal problems, less health problems, better employment & reduced mortality
- Cost-effective
- Evidence-based practice
- Provision of MAT as a quality indicator



*Giving patients access to all of the tools that n
recovery*

TREATMENT GUIDELINES

Pharmacotherapy should be a standard component of treatment for SUD when effective drugs exist

- ❖ American Medical Association (AMA)
- ❖ American Psychiatric Association
- ❖ National Institute on Drug Abuse (NIDA)
- ❖ National Quality Forum
- ❖ Substance Abuse and Mental Health Services Administration (SAMHSA)
- ❖ Veteran's Administration

EBPs for Opioid Dependence?

Medication

(detox):

- Methadone
- Clonidine
- Benzodiazepines
- Buprenorphine (Suboxone)

Medication

(maintenance):

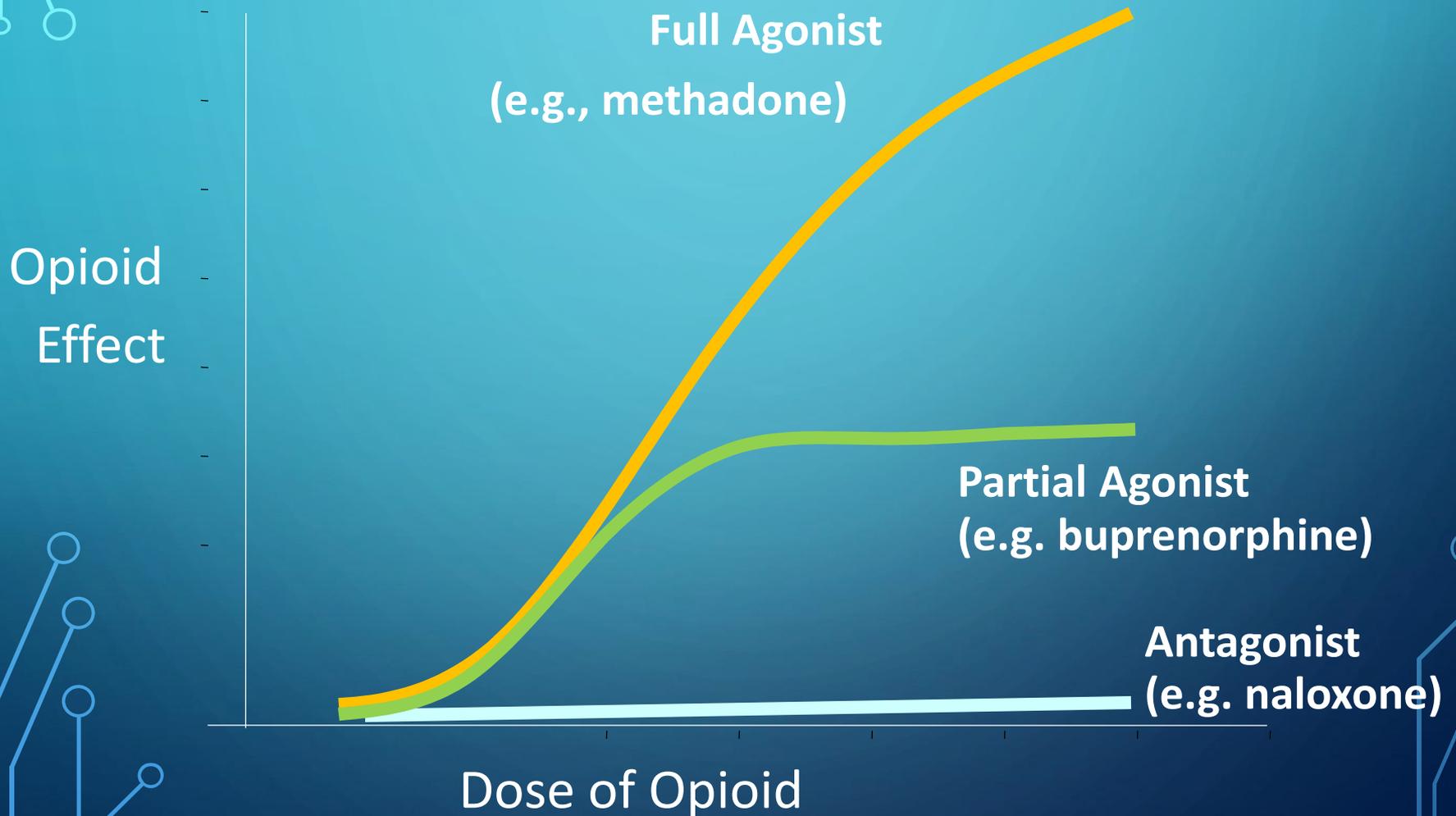
- Methadone
- Buprenorphine
- Naltrexone (ReVia/Vivitrol)

Psychosocial:

- Cognitive Behavioral Therapy
- Contingency Management
- Brief Medication Management
- Individual & group counseling

Detox Meds + Maint. Meds + Psychosocial

Partial vs. Full Opioid Agonist and Antagonist



PHILOSOPHICAL BARRIERS

“Cultural belief That medications are not effective when interjected into therapy, in spite of the preponderance of evidence-based practice to the contrary”



--Anonymous SSA

- ❖ Drug addiction should not be treated with a drug
- ❖ Abstinence –only approach
- ❖ Inconsistent with 12-Step facilitation

SCIENCE DRIVEN CARE

- 2011 began offering Medication Assisted Treatment (MAT)
 - Buprenorphine
 - Vivitrol
- April 2015 - Began working with Coal Country Community Health mentoring them and coordinating efforts regarding MAT. They currently have 80 patients

SCIENCE DRIVEN CARE

- 2015 - Enlisted a physician in Rugby to provide Buprenorphine to our patients in our Cando facility.
- Fall 2016 - Opening Opioid Treatment Program (OTP) at Bismarck location
 - HUB and Spoke Model
 - Use Methadone, Buprenorphine, and Vivitrol

CONCLUDING REMARKS

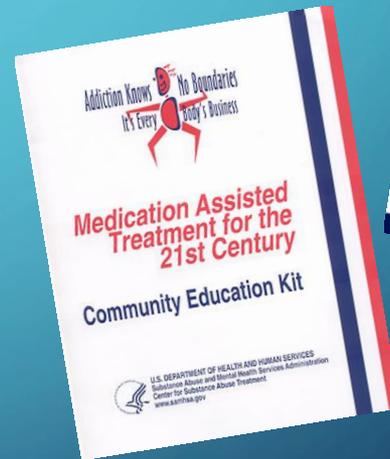
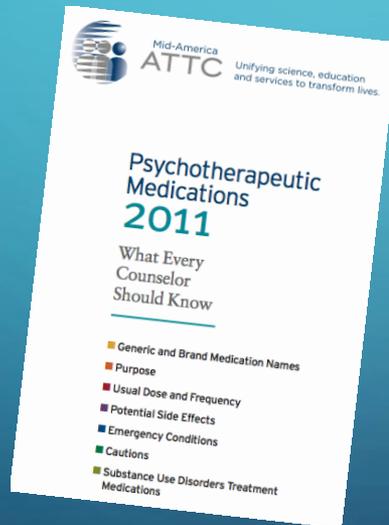
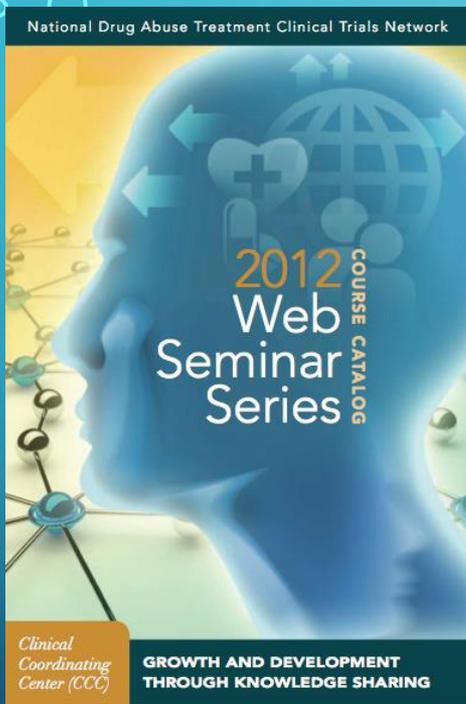
- **Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.**
- Use evidence-based practices to give patients the best chance of recovery
- Medications + psychosocial therapy works & improves outcomes
- In the long term, patients may be able to achieve drug abstinence & those who cannot should be able to use medications as a treatment tool to sustain their recovery



ADDITIONAL RESOURCES

<http://ctndisseminationlibrary.org/>

Project DAWN 740-353-8863



http://buprenorphine.samhsa.gov/bwns_locator/