

Understanding Addiction: The Opiate Crisis Among Us and Treatment Options

**Presenter: Jessica Cirillo, BS, MA, ACRPS
Clinical Supervisor & Relapse Prevention
Specialist with Mirmont Treatment Center**



Objectives

- Provide Education about Addiction, The Disease Concept and Bio/Psycho/Social Model
- Educate about Relapse, Progression and Outcomes
- Discuss Current Addiction Trends (Specific to Opiate Epidemic and Overdose Crisis in PA)
- Introduce treatment Options: Collective Approach
- Recovery Process and Success in Sobriety
- Available Resources in our System



Addiction as a Disease

Addiction is recognized as a disease by the American Medical Association (AMA) and is defined as:

A mental obsession and pre-occupation that drives compulsive behaviors despite negative consequences



Criteria for Addiction

Abuse vs. Dependence

- Abuse is defined as using substances more often & frequently than recommended, leading to minor consequences as a result.
- Once Abuse crosses over into Chemical Dependency, there is criteria used to diagnose Addiction.



Criteria for Addiction (cont)

Bio/Psycho/Social Model (DSM V)

Alcohol & Substance Use Disorders

- Chemical Dependence and Physical Withdrawal
- Several attempts to cut down, control and/or stop using that have been unsuccessful
- Progression Occurs: Increase in frequency, tolerance, method and amount



Criteria for Addiction (cont.)

- Irrational and/or Distorted perceptions/beliefs, negative thought patterns, unhealthy behaviors and change in personality and affect
- Consequences with self, job, finances, legals, ect.
- Family Dysfunction and social/relationship discord
- Symptoms with self, personality & life in addition to the addictive use.



Misconceptions of Addiction

- Self will and intention should allow people to stop addiction “they can stop on their own”
- Addicts are hiding use and behaviors because of deviance and because they are bad people
- Love should be powerful enough to produce change



Misconceptions of Addiction (cont)

- Family doesn't need to do anything, the addict is the one that needs help and has to change
- We can force and/or control someone to change
- They did this to themselves, they deserve it



Addicts' Point of View

- Shame due to behaviors and progression
- Fear of change and being honest with others
- Guilt over impact of their use and their consequences
- Overwhelming efforts to hide/mask addiction and behaviors



Addicts' Point of View (cont)

- Suffering, mentally, physically and emotionally
- Denial – struggle to see the impact of their use and behavior while their still stuck in the cycle of addiction
- Resistance/Difficulty with change due to all of the above



Facts About Addiction

- Addiction is not something people consciously choose to have happen to them, it's a developing Brain Disorder
- There is no cure for addiction, only remission through treatment and continued support
- Relapse is a major problem for people trying to recover, but not a requirement for everyone
- Recovery is a process that begins in treatment and continues over time through continued care and consistent change



Facts About Addiction (cont)

- It is a progressive and fatal illness which, if goes untreated will result in jail, institution and/or death
- Huge epidemic among our population, now primarily affecting young adults ages 18-29 and is moving towards a National Crisis due to overdose rates
- Need for support, funding and resources to allow for treatment and help to intervene



Facts about Relapse

- Define Criteria for relapse (6 months remission).
- Progression of thought impairment, emotional instability, change in behavior, poor decision making and loss of control that leads back to drug/alcohol use.
- Usually occurs when recovering individual stops working on themselves and engaging in 12 step program/self care.
- Leads to increased tolerance, worse consequences, further dysfunction with self/families and adds to underlying core issues/trauma.
- Important to intervene ASAP with treatment and consider long term approach.



Current Addiction Trends

- Opiate Epidemic Among Us:
 - Narcotic Medication Movement
 - Powerful effects of the Opiate
 - Prescription Versus Street Usage
 - Progression from Miligram of Pills to Heroin (4 out of 5 heroin users began with pills)
 - Cross Addiction and Tolerance
 - Withdrawal as a Motivating Factor (begins as early as 4-6 hours)
 - Invincibility + Desperation + Distorted reality



American Society of Addiction Medicine

- Of the 21.5 million Americans 12 or older that had a Substance Use Disorder (SUD) in 2014, 1.9 million had a SUD involving prescription pain relievers and 586,000 had a SUD involving heroin
- Drug overdose is the leading cause of accidental death in the US, with 47,055 lethal drug overdoses in 2014,
- Opioid addiction is driving this epidemic, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin
- In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.



National Center of Addiction & Substance Abuse Facts:

- Each year federal, state and local governments spend close to \$500 billion on addiction and substance abuse, but for every dollar that federal and state governments spend, only 2 cents goes to prevention and treatment
- A [report](#) in 2012 by The National Center on Addiction and Substance Abuse revealed that medical schools devoted little time to teaching addiction medicine — only a few hours over the course of four years. Since then, the number of Americans overdosing from prescribed opioids has surpassed [14,000 per year](#), quadrupling from 1999 to 2014.



Opiate Overdose Crisis

- One person dies every 19 minutes of an opiate overdose.
- PA is among the 10 states with the highest opiate use and overdose rates, PA also has the 14th highest Drug overdose morality rate in the US
- More than 90% of people with a substance problem began smoking, drinking or using other drugs before age 18, yet less money is invested in educated this generation on addiction issues



Opiate Overdose Crisis

- Delaware County is within the 10 highest counties for opiate overdoses
- In Delaware County, someone overdoses every 7 minutes
- Roughly 1 in 3 people who die from suicide are under the influence of drugs, typically opiates.
- Healthcare costs from Opiate Abuse in 2014 averaged \$874 Million Dollars
- Pharmaceuticals are the most common cause of overdose (in 2010 57.7%)



Treatment Options/Getting HELP

LEVELS OF CARE:

- Detox/Medical Treatment
- Inpatient Rehab (Dual Dx)
- Partial Hospital Treatment
- Intensive Outpatient Program (IOP)
- Outpatient Counseling
- AA/NA 12 step meetings, sponsorship, home group, etc.
- Mental Health Services are available as well
- MAT Services



Recommendations for Best Outcomes

- Begin with Detoxification
 - to ensure safety in medical stabilization
- Followed by an inpatient treatment stay
 - to gain insight & understanding into addiction as a disease
- Develop Healthy Peer relationships with people motivated for change



Recommendations for Best Outcomes (cont)

- **Engage in therapy**
 - Address underlying issues/trauma related to addictive use
 - Address behaviors related to addiction
 - Involve family to address any dysfunction
 - Address mental health concerns
 - Assess and recommend aftercare that fits patient needs for best outcomes in sobriety which promote positive change.



Progression of Change

- **Pretreatment** – recognition of addiction (normally through consequences and lack of resources to keep going)
- **Stabilization** – regain control of thought & emotional processes, judgement and behavior
- **Early recovery** – acceptance of the disease and learning to function w/o substances
- **Middle Recovery** – Developing a normal balanced lifestyle
- **Late Recovery** – Development of self esteem, spiritual growth, healthy intimacy and meaningful living
- **Maintenance** – Staying sober & productive in life



Steps to Recovery

- Stabilize in all aspects through treatment directions.
- Continue to work a 12 step program of recovery, including sponsor relationship, home group, service/commitments.
- Practice daily self care, stress management and asking for help. Maintain healthy supportive relationships.
- Remain abstinent from all chemicals and continue to make necessary changes in attitude, behavior, thinking and defense mechanisms that create positive growth and change.
- Life long process of self inventory, reflection, acceptance and the willingness to work on self improvement.



Collaborative Approach

- MLHS creating new avenues for overall Behavioral Health, Education and Support & Connection
- Working together with: Social Workers, Therapists, Medical professionals, EMS and First Responders
- Involving the schools and community to assist with education and prevention for teens/young adults
- Decrease punitive action/mandate treatment
- Increase awareness, raise funds and work together with the recovering communities



Outcomes with a Collaborative Approach

- Decrease the amount of narcotic prescriptions used to treat pain with alternative options
- Intervene on signs/sx of addiction to minimize access to prescriptions, ER visits, Doctor Shopping
- Identify and Address concerns versus ignore them
- Decrease wait times for tx, and increase resources for people to access care and stay in treatment
- Intervene early on future generations to help prevent progression with a national crisis.
- Increase Compassion as Providers



Medication Assisted Treatment Options

- Naloxone (Narcan) is saving lives as it reverses the effects of Opiate Overdose instantly
- Vivatrol – Anti-craving, Blocker for Opiates lasting 30 days
- Suboxone - is a prescription medication that combines Buprenorphine and naloxone. It's used to treat opioid addiction.
- Changes in the way we treat addiction in 2016 are centered around the Opiate Crisis and MAT



How to get Help: Mirmont ... A Few Facts

- **24/7 ADMISSIONS ADULTS 18 AND OLDER**
- Dual Diagnosis drug and alcohol inpatient facility
- Holistic approach to healing (acupuncture, yoga, pain management, Qi Gong)
- Treatment of trauma
- Individual, group, peer and family therapy
- Specialized program for First Responders (VIPER)
- Relapse Prevention Program



Mirmont Facts (cont)

- Alumni Program
- Community Approach to change
- All levels of care and continued aftercare
- Family Program
- Member of Main Line Health System
- Several convenient locations for Outpatient Treatment:
 - Drexel Hill, Exton, Lima (main campus)



A Few Facts about OP...

- Programs available (Broomall & Exton)
 - Day time and Evening IOP (9 hours per week)
 - Day time and Evening OP (1 hour per week)
 - DUI/Early intervention Group
 - MAT group program
 - Adolescent IOP/OP and Family Group
 - Consistent and in alignment to Mirmont's holistic approach to treating addiction, trauma and relapse issues.

Resources

- Staying Sober by Terrence Gorski
- www.overdosefreepa.edu
- www.nationaldrugabuse.org
- The National Center on Addiction and Substance Abuse
- American Society of Addiction Medicine



Thank You!

For Help or Questions:

24/7 Admissions to Mirmont: 484-227-1453

Clinical: Jessica Cirillo: 484-476-1847

Central Intake: 1-888-CARE-898

Web Address: www.mirmont.org

