Real Talk on The Overdose Crisis...

FAVOR Greenville
Rich Jones MA, MBA, LCAS, CCS, CEAP, CAI, SAP, EMDR-c
Professional Credentials

- Masters Arts (MA) Social Psychology with Concentration in Addiction Studies
- MBA with Concentration in Healthcare Management
- Licensed Clinical Addiction Specialist (LCAS, # 4752)
- Certified Co-Occurring Disorder Professional (CCDP, # 5492)
- Certified Clinical Supervisor (CCS, # 4752)
- Internationally Certified Advanced Alcohol and Drug Counselor (ICADC, #114793)
- Internationally Certified Clinical Supervisor (ICADC, # 600033)
- Internationally Certified Co-Occurring Disorders Professional (ICADC, #300087)
- Department of Transportation Substance Abuse Professional (SAP, #13546)
- Certified ARISE Interventionist
- Certified Employee Assistance Professional (CEAP, #48034)
- Certified EMDR Trauma Therapist
• The Problem

• The Problem with “The Solution”

• A Proposed Solution
Before we get started on the obvious impact...

Let’s talk hidden impact...
A ripple effect across the “system”...
Children of the Opioid Epidemic Are Flooding Foster Homes. America Is Turning a Blind Eye.
The economic costs and Healthcare costs...
Goldman Sachs thinks the opioid crisis is so bad it’s affecting the economy

- A Goldman Sachs economist discussed the economic impact of the opioid crisis in a rare report for a Wall Street investment bank.
- One consequence of drug abuse may be felt in the labor force participation rate, which measures the number of people employed or actively looking for employment.
- The growing opioid epidemic kills more than 90 Americans every day.

Evelyn Cheng | @chengevelyn
Published 11:00 AM ET Thu, 6 July 2017 | Updated 1:39 PM ET Thu, 6 July 2017
The Economic Impact of OPIOIDS

$55 Billion/Year
In health and social costs related to prescription opioid abuse

$20 Billion/Year
Emergency department and inpatient care for opioid poisonings

Source: The U.S. Department of Health and Human Services
Rich Jones, FAVOR Greenville
Schools are becoming de-facto treatment centers...
Dealing directly with kids using
Dealing with kids feeling the emotional pain of family addiction

Rich Jones, FAVOR Greenville
FEATURE

Measuring the impact: Rising opioid abuse puts pressure on schools

Schools and universities have been no exception to the epidemic's effects.
• Front end of the epidemic

• Trending in the wrong direction

• A community at a crossroads...

<table>
<thead>
<tr>
<th>Class</th>
<th>2015</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
<td>“OVERDOSE ER Visits STATE”</td>
<td>2,658</td>
<td>3,123</td>
</tr>
<tr>
<td>Opioid Admits</td>
<td>3,877</td>
<td>4,117</td>
</tr>
<tr>
<td>Greenville NARCAN</td>
<td>701</td>
<td>721</td>
</tr>
</tbody>
</table>

The “EPIDEMIC” Arrives...

Rich Jones, FAVOR Greenville
In addition to the forecasts, provided by academics who specialize in

SCENARIO 3
The opioid deaths forecast for 2027 is 6,645. The forecasted change is up. Since it was 9,000.

This curve assumes total opioid deaths will rise slightly because increasing fatal heroin and fentanyl overdoses will offset a lower death toll linked to prescription opioids.

STAT

NATALIA BROKHEIMSTEIN/STAT
SOURCE: SEE BELOW

Worst Case Scenario: 93,000 plus deaths per year in 2027. Assumptions overdose rates continue at current “trending” levels and current policy and approach is maintained.

In other words. If we keep doing what we have been doing this is what we can expect.

Rich Jones, FAVOR Greenville
South Carolina EMS Narcan Administration Counts by County - 2016

Rich Jones, FAVOR Greenville
Overdose...data lags—“coding” and identification difficult

Rich Jones, FAVOR Greenville
Why such little progress? Not all about the money... $50 billion a year spent on addiction...

The “money” will come... specifically “earmarked” for the opioid crisis...

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The Opium Poppy

*Papaver Somniferum*

Rich Jones, FAVOR Greenville
Crude Opium Latex on Poppy Head

Rich Jones, FAVOR Greenville
• 1900’s—Morphine
  – Heroin-manufactured by BAYER

• 1914—Harrison Narcotics Tax
  – Heroin illegal 1924

• 1920’s—Opioids viewed as dangerous. Avoided

The unspoken rules around NOT prescribing opioids persists until the 1970’s

How do we get here?

Rich Jones, FAVOR Greenville
ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients, Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug Surveillance Program
Waltham, MA 02154

Boston University Medical Center


Purdue Pharma uses obscure letter to editor—mid 1990’s

Rich Jones, FAVOR Greenville
Opioids

- **Morphine**
- **Codeine**
- **Thebaine**
- **Diacetylmorphine (Heroin)**
- **Hydrocodone (Vicodin)**
- **Oxycodone (Oxycontin)**
- **Oxymorphone (Opana)**
- **Hydromorphone (Dilaudid)**

Naturally occurring opioids—also called opiates

Semi-synthetic opioids

Rich Jones, FAVOR Greenville
Industry-funded organizations campaigned for greater use of opioids

- Pain Patient Groups
- Professional Societies
- The Joint Commission
- The Federation of State Medical Boards
• 1996—Oxycontin Purdue Pharma
• 1998—“I got my life back” video
Oxycontin Marketing
Opioid Prescriptions Dispensed

Rich Jones, FAVOR Greenville
South Carolina: More Scripts than people
Abuse Deterrent Formulations are Important to Reduce Prevalence of Opioid Use
So If PO’s Are So Widely Available, Why is Heroin Use Increasing?
Why is Heroin Use Increasing?

In correspondence dated August 10, 2010, Purdue notified FDA that it had ceased shipment of original OxyContin, and FDA subsequently moved original OxyContin to the “Discontinued Drug Product List” section of the Orange Book. In a letter to FDA dated March 19, 2013,
Decline in OxyContin Use Corresponds to INCREASE in Heroin Use
Orally Ingest Prescription Pain Medication

• "Friend said he got it from medicine cabinet..."  Age 18...

Intranasal Use of Opioid Pain Medication

• "They said it would work better if I snorted it..."

Intranasal Use of Heroin

• "Couldn't afford pills anymore...Dope sick had to do something"

Opioid Progression

Rich Jones, FAVOR Greenville
Snorting heroin starts to “not work”

“Friend fixes me up”

A well established Heroin Addiction/Habit Follows

- “Told me that shooting dope works better…but I was afraid of needles…”

- A “friend” will help with initial introduction to IV use

- Daily use at age 22 or 23...

IV Heroin Use

Rich Jones, FAVOR Greenville
Progression...

<table>
<thead>
<tr>
<th>AGE 14</th>
<th>AGE 16</th>
<th>AGE 18</th>
<th>AGE 22</th>
<th>AGE 27</th>
<th>AGE 29</th>
<th>AGE 31</th>
<th>AGE 32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation</td>
<td>THC</td>
<td>Cocaine</td>
<td>Others (LSD, pills)</td>
<td>Pills etc. (occasion)</td>
<td>Pills Reg.</td>
<td>Pills Heavy</td>
<td>Pills</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Alcohol Reg.</td>
<td>THC Reg.</td>
<td>Cocaine (occasion)</td>
<td>THC (semi-reg)</td>
<td>Alc. Heavy</td>
<td>Alc. (Occ.)</td>
<td>Alc. Rare</td>
</tr>
<tr>
<td>Alcohol Heavy</td>
<td>Alcohol Heavy</td>
<td>THC Reg.</td>
<td>Alcohol Heavy</td>
<td>1st run @ “recovery”</td>
<td>1st rehab</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


“I will quit pills only” but I don’t tell the rehab staff. Drink again and see “they were right”.

Rich Jones, FAVOR Greenville
## The Progression Accelerated

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<tr>
<th>Age 14</th>
<th>Age 16</th>
<th>Age 18</th>
<th>Age 19</th>
<th>Age 20</th>
<th>Age 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>THC</td>
<td>Pills Regular</td>
<td>Pills Heavy</td>
<td>Heroin Snorted</td>
<td>Heroin IV</td>
<td>Heroin IV</td>
</tr>
<tr>
<td>Pills Intro.</td>
<td>THC occasion</td>
<td>THC Rare</td>
<td>THC Rare</td>
<td>THC Rare</td>
<td>Alcohol Never</td>
</tr>
<tr>
<td>Alcohol Intro.</td>
<td>Alcohol Rare</td>
<td>Alcohol Rare</td>
<td>Alcohol Rare</td>
<td>Alcohol Never</td>
<td></td>
</tr>
</tbody>
</table>

The facts are it takes 4 to 5 tries at recovery to get it. Using careers historically last 20 plus years. We have a fundamentally different problem on our hands.

Kid finds himself in rehab at 21 being told to give up all mood and mind altering substances. He is stunned. Heroin is my problem. But he is 21 with a habit. Where does the progression go from heroin? Is it appropriate to wait until the pain gets great enough?
Figure 76. Two Milligrams of Fentanyl - A Potential Lethal Dose

Source: Network Environmental Systems (NES)
Figure 83. Illicit Fentanyl and Fentanyl Precursor Flow Originating in China

1. Fentanyl is in powder form and pill presses are shipped via mail services.

2. The powder fentanyl is processed and mixed with heroin, or sold as heroin, or pressed into pills and sold in the Canadian drug market.

   Some fentanyl products are smuggled from Canada into the United States for sale, on a smaller scale.

3. The powder fentanyl is processed and mixed with heroin, or sold as heroin, or pressed into pills and sold in the United States drug market.

4. The powder fentanyl is cut and diluted for further smuggling, or pressed into counterfeit prescription pills.
It’s not “here yet” but it’s coming our way...
• Reducing accessibility to prescription opioids will initially increase threat. People will “go to the street”.

• Increasing accessibility? Is it coming our way.

• Disposable income. Greenville has the “right demographic”.

• Greenville is a growing city. No longer too small for the cartel’s attention?

• Where there is a demand...supply will show up
• The traditional solution to the “addiction” problem
  – Try some prevention. General awareness. Some drug specific education. “Push back” age of first use. Works but there is a “prevention resistant” group.
  – Otherwise...hope for the best. Until it gets bad
  – Family practice “tough love”. Can’t do anything until they “hit bottom”
  – When you become willing—go off to rehab or to the clinic.
  – Attend 12-step meetings. Live happily ever after.

• Has proven ineffective for this modern opioid addiction...
90% Untouched....

Rich Jones, FAVOR Greenville
• Some new ideas

• A paradigm shift

• An innovative response...

FAVOR GREENVILLE...
Opioid users require extensive treatment experience before abstaining.

- Opioid users enter treatment an average of 8 times before staying abstinent.
FAVOR-Greenville...
Engaging the 90%

The professional organization bears responsibility for participant engagement.

Rich Jones, FAVOR Greenville
By the numbers

- 17,000 participants enrolled since July 2013.
- ~8,000 “family participants”
- 40,000 plus hours of recovery coaching/family recovery coaching—17,000 family coaching
- Teen programs, children’s programs, 37 community based satellite meetings.
- Over 400 interventions successfully completed
- Refer over 500 people per year to treatment (60/40 split-public/private)

Rich Jones, FAVOR Greenville
• Assertive Community Engagement

Specialized programming

Rich Jones, FAVOR Greenville
University of South Carolina Medical School @ GHS—M-3 Recovery Coach Certification
Collaboration with Law Enforcement—Identify and Access...
NMBC The Love Center and FAVOR Greenville invite you to

Rally for Recovery

Saturday, October 7, 2017
11:30 a.m.-2:30 p.m.
327 Ackley Road, Greenville

Food, Fellowship and Recovery!

Join Pastor Darian Blue of the Nicholtown Missionary Baptist Church and Rich Jones of FAVOR Greenville as they celebrate a partnership of recovery, support meetings and above all love!

BBQ - Mike & Jeff’s * Ice Cream - Pink Mama’s Ice Cream Truck * Music by DJ Mel

Strategic Satellite Locations...
Agenda

• Family Coaching

• FAVOR MODEL

• Scaling Family Recovery
Paradigm shift...

“There's a way to do it better - find it.”

THOMAS EDISON

Focus on the family as a PRIMARY part of this “better way”...

Rich Jones, FAVOR Greenville
Family Recovery Coaching

- Core recovery coach training. 40 hour “Medicaid” approved curriculum.
- Additional 16 hours for family certification.
- Systems theory, ARISE model, crisis management, motivational interviewing (practice specific to family), ePreventions integration, resource/referrals.

Rich Jones, FAVOR Greenville
Staffing - 13 paid family coaches; 8 active family volunteer coaches

Rich Jones, FAVOR Greenville
Honoring the natural impulse to help a loved one

Rich Jones, FAVOR Greenville
FAVOR Programs--Start with a “group”

• FAVOR—Started with 1 group in 2013 12 people in attendance. Average attendance now = 58 people.

• Expanded to 3 additional groups in Greenville and 1 additional group in nearby Spartanburg

• Laurens County Healthcare Foundation—Starts September 2017

• We roll ~160 family members through groups each week.

Rich Jones, FAVOR Greenville
One to one coaching...

- One to one sessions ranging in duration from 30 minutes to 60 minutes.
- Phone contact at a level appropriate to the situation
- Recovery planning (ie...“what’s my recovery program”)
- Email support
- Text support
- Educational support and instructional manuals
- Educational support and instructional videos
- Crisis planning and support
- Referral support and guidance around selecting treatment programs
- General consultation

Rich Jones, FAVOR Greenville
Send a unified group message to:

Plant a Seed of Recovery

ISN'T IT TIME FOR A CHANGE?

Use the power of a group to confront the disease

Build Your Team

ePreventions helps you identify key loved ones and close friends that will be crucial in supporting the recovery. We then help you define roles in the message delivery process as well as developing the right action plan to:

Rich Jones, FAVOR Greenville
Scaling family recovery/interventions…

Rich Jones, FAVOR Greenville