Understanding the Opioid Epidemic: Clinical Applications for Psychologist

January 10, 2018

Kristine De Jesus, Psy.D.

Learning Objectives

Participants will:

1. Describe the modern history of the opioid use and the “opioid epidemic” in the USA.
2. Discuss the incidence of Opioid Use Disorder to other Substance Use Disorders
3. Outline the methods of evaluating and providing supports for clients presenting with an Opioid Use Disorder

Opioid Use in the USA
First Wave

- 1800's The China Trade (also known as the "Opium War") Wealthy American families (Astor, Delano, & Forbes) began imported by in the name of profit.
- Late 1800's-Civil War Veterans were using morphine at high rates to manage pain
- 1898 the Bayer Co began production of heroin "the wonder drug" which was prescribed for pain and as a cough suppressant.
- 1906 the American Medical Association approved heroin for general use and recommended it replace the use of morphine.
- By 1920 the addictive nature was known and heroin became illegal in 1924.

Opioid Use in the USA
Second Wave

- 1950's- to early 1970's -Opium production moved from Europe to the Golden Triangle (Burma, Laos, and Thailand). US soldiers stationed in that area of the world had easy access to heroin. Vietnam vets were blamed for the introduction of heroin to the United States.
- Mid to late 1970's -Heroin use linked to urban young men. Incarceration rates increased as law enforcement became the preferred way of dealing with Substance Use Disorder. Percocet and Vicodin were introduced and marketed as generally non-addictive.
- 1980's -Purest forms of heroin to date in New York coming from the "Golden Crescent" (Afghanistan, Iran and Pakistan). AIDS epidemic mainstreamed the use of harm reduction strategies (needle exchange and methadone) to manage risks associated with opioid use.

Opioid Use in the USA
Third Wave

- Mid 1980's -Concern about possible addiction to opioid pain relievers
- 1996 –OxyContin hit the market and were said to "do not have serious medical side effects"
- 2000's-Pain management assessment and treatment became a priority in client care and physicians were told there was little risk of addiction with opioid pain medication. Doctor and hospital outcome satisfaction surveys became tied to pain management, over prescription began taking hold, and opioid abuse was on the rise.
- 2010 and beyond –Abuse deterrent measures began for opioid related drugs to reduce risk of abuse. Stricter control of prescription led people to seek pills on the "black market" and heroin use came back into popular use.

Sociocultural Understanding of Opioid Use in the USA

- First Wave of opioid use in the USA mainly effected poor and working class Chinese Americans in major cities like San Francisco, Los Angeles and Denver. Opium was seen as a problem (epidemic) with an estimated 30% of Chinese population were said to be addicted to opium. *No government intervention to address the opioid use*.
- Second Wave of opioid use in the USA was seen as a largely "urban problem" among young men. Many of soldiers (young men) had been introduced to heroin while in Vietnam. African American's and Latino's were more likely to be drafted and see direct combat. They were also more likely to live in "urban" areas when they returned from war. *Incarceration was the government sponsored intervention used to address opioid use*.
- Third Wave of opioid use in the USA is a largely Euro-American phenomenon, thought to effect everyone equally (regardless of socio-economic status). *Treatment is the government sponsored intervention used to address opioid use*.

Who is impacted by the current "Opioid Epidemic"

People from every race, ethnicity, religion, and age have been effected by the "opioid epidemic", however Euro-Americans have been hit harder than any demographic.

Theories for why this is include

- Doctors are more likely to prescribe opioids to Euro-Americans than to people of color
- Increase of prescription related to injury
- Easy access to prescription medication
- Access to healthcare (or lack their of)

Substance Use Disorder & Mortality Rates

- Over 49,000 people died from an opioid* related death in 2016
- Over 64,000 people died from an overdose related death in 2016
- Over 88,000 people died from an alcohol related death 2016

Sociocultural factors & Substance Use Disorder

How the USA approaches Substance Use Disorder is closely tied to power and privilege.

Most commonly used substances in the USA

- Tobacco
- Alcohol
- Marijuana

Rates of opioid deaths in the Euro-American community are on par with the rate of cocaine related deaths in the African-American community, yet we aren't talking about a stimulant deaths.

The United States does not have an "Opioid Epidemic" it has a Substance Use Disorder epidemic

Substance Use Disorder & Mental Health

- 20% of the general population meets criteria for an Alcohol Use Disorder
- 30% of people who use marijuana meet diagnostic criteria for Cannabis Use Disorder
- Over 2 million people are diagnosed with a prescription drug related (usually opioid) Substance Use Disorder

It is likely that we will come across a client with a Substance Use Disorder as a clinician, however most will not present for therapy related to substance use.

Anxiety, Depression, & Substance Use Disorder

People diagnosed with anxiety and depression are twice as likely to have a co-occurring Substance Use Disorder.

Anxiety, Depression, & Substance Use Disorder

The prevalence of a co-occurring Substance Use Disorder is so commonplace that the DSM-5 requires that a Substance Use Disorder be ruled out before diagnosing an anxiety mood or disorder.

Clinical Presentation of Substance Use Disorder

Most clients present for mental health treatment because they need assistance managing emotions. Substance use is an effective* way to dull intense emotions.

*Effective not healthy

Intake & Assessment

Questions about substance use should be a standard component of intake and assessment

- Stigma around “addiction” makes it difficult for many clients to bring up their substance use
- Client may not realize that their rate of use is problematic
- Wording of the questions are important
- How you ask about specific drug use matters

Therapy or Substance Use Treatment

Factors to consider when deciding on whether to see someone for therapy verses refer to a rehab or IOP for Substance Use Disorder treatment

- Appropriate level of care
- Experience working with people with a Substance Use Disorder
- Comfort working client in your work setting
- Support to work with a client with a Substance Use Disorder
- Knowledge of resources
- Treatment team or collaboration with other professionals

Expanding the Continuum of Care

Clinical psychologists play an important role in reducing the effects of Substance Use Disorder in our communities

- Assessment
- Referral
- Family/Couples counseling
- Individual and group therapy
- Consultation
- Post substance use treatment counseling/therapy

Questions?