

# Opioid Use Disorder (OUD) and Suicide Prevention

End Abuse Long Beach-September 12, 2019  
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# Conflict of Interest Disclosure

I, Lauren M. Walton, MD, have no conflicts to disclose.

# Learning Objectives

## Help participants to:

- Understand that addiction is a brain disease
- Learn about the scope and magnitude of Opioid Use Disorder (OUD)
- Recognize those at highest risk for OUD
- Understand current medical and behavioral treatment strategies for OUD
- Learn the warning signs and risk factors for those at risk for suicide
- Understand how you can help someone in crisis

## What is Addiction?

“Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.”

National Institute on Drug Abuse (NIDA)



Addiction is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

## Addiction is a Brain Disease

An individual who uses drugs or alcohol may have neurotransmitter imbalances prior to use

- The substance use is an effort to self-medicate to feel better
- Substance use itself affects the brain at the cellular level
  - Affects many neurotransmitters, part of the brain's messaging system
  - Stimulates dopamine, the neurotransmitter in the reward center of the brain
  - Use over time damages the neurotransmitter system, and the addicted person can no longer feel normal without substance use
- Even after the person stops using, it can take months to years, in some cases, to repair the damage

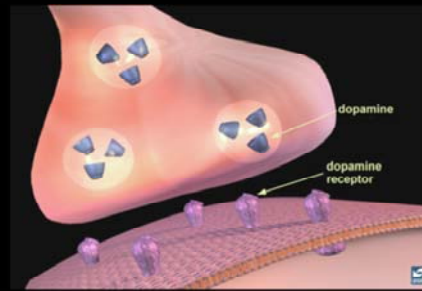
Drugs enter the brain and central nervous system. They produce their effect at the cellular level via neuro-transmission

Drugs cause huge shifts in neuro-transmitters and long-term use changes the brain chemistry, making it more difficult to normalize activity.

Changes occur in the Reward pathway involving the Ventral Tegmental Area and the Nucleus Accumbens with projections to the Prefrontal Cortex

# Neurotransmitters

- Chemical messengers
- Along with electrical impulses, make up the communication system among brain cells (neurons)
- Many neurotransmitters are affected by the use of drugs and alcohol



Changes may be long lasting and permanent

Drug exposure during adolescence might result in different neuro adaptations from those that occur during adulthood

Individuals who start using drugs in adolescence are at higher risk of addiction than those who start using drugs later in life

## Who Becomes Addicted?

- Anyone can become addicted, but some are more susceptible
- 50-60% of the predisposition may be genetic
- Environmental and developmental components can increase likelihood of addiction

Genetic Predisposition + Stressful Environment  
+ Substance Use = Increased Likelihood of  
Addiction

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Addiction and Substance Use are linked to Domestic violence/intimate partner violence in a strong way. Nearly 80% of domestic violence crimes are related to the use of drugs. The risk increase when both parties have a substance use disorder ASAM research has found that both victims and abusers are 11 times more likely to be involved in incidents on days of heavy use.

Most substance abusers are not abusive toward their partners however a large number of people who abuse their partner have substance abuse issues Primary issue is loss of control

ASAM 2014 40-60 percent of domestic violence incidents involved substance use More than one in five male abusers admitted to using before most recent extreme acts of violence

47 % of domestic assaults occurred after substance use compared to 31% of non domestic violence assaults

WOMEN make up 85% of DV victims ASAM 56 % OF ABUSED WOMENT HAVE PSYCHIATRIC PROBLEMS RAPE VICTIMS 5.3X MORE LIKELY TO MISUSE PRESCRIPTION DRUGS



## Scope and Magnitude of OUD

- Opioids are among the world's oldest known drugs. Use of opium poppy for medical, recreational and religious purposes can be traced back to 4<sup>th</sup> Century B.C.
- In the 1990s, pharmaceutical companies reassured the medical community that opioids were not addictive and healthcare prescribers began to prescribe in larger quantities. This led to misused and diversion.
- An estimated 2.1 million people in the US had a substance use disorder related to prescription opioid pain medicine in 2016
- In 2017, more than 47,000 Americans died of opioid-related overdose. Every day more than 130 people in the US die after overdosing on opioids
- According to the National Survey on Drug Use and Health (NSDUH), approximately 27 million Americans, or 10.2% of the American population over the age of 12 reported using illicit drugs in 2014

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The numbers speak for themselves

1 in 7 in US will face substance addiction in their lifetime

Prescription drug abuse is the fastest growing drug problem in the United States.

The increase in unintentional drug overdose death rates in recent years has been driven by prescription opioids. Since 2003, more overdose deaths have involved opioid analgesics than heroin and cocaine combined

Concomitant (simultaneous) use of benzodiazepines is most common factor in

prescription opioid related overdose deaths

## Our Reality

- General population unintended Pregnancy rate is 30-50 %
- Women with Opioid Use Disorder an unintended Pregnancy rate is 86%
- Opioid overdoses accounted for more than 42,000 deaths in 2016, more than any previous year on record. An estimated 40% of opioid overdose deaths involved a prescription opioid
- Women with OUD have higher risk of:  
Domestic Violence, Human trafficking, Lower Child-maternal bonding, Reduction in likelihood of breast feeding and incomplete Pre-natal Care.

## Our Reality

- In the general population, 6% of pregnant women have substance use disorder. For those living with domestic violence, the rate is 34%
- Women have higher cravings and relapse than men
- Pregnant women will use more often if their Partners use
- Pre-term labor in with with Opioid Use Disorder can be as high as 41%
- Opioid Use Disorder quadrupled from 1999-2016

National Survey on Drug Use and Health 2016

# Substance Use Disorder Diagnosis

Problematic pattern of use of an intoxicating substance leading to clinically significant impairment or distress as manifested by at least two of the following, occurring within a 12 month period

- Substance (drug) is often taken in larger amounts or over a longer period than was intended.
- Persistent desire or unsuccessful efforts to cut down or control use.
- A great deal of time is spent in activities necessary to obtain, use or recover from drug/alcohol and its effects.
- Craving, or a strong desire or urge to use drug/alcohol.
- Use of drug results in a failure to fulfill major role obligations at work, school, or home.
- Continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of drug use.

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## Substance Use Disorder Diagnosis

- Recurrent use of the drug in situations in which it is physically hazardous
- Use of the drug is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
- Tolerance, as defined by either of the following: a need for increased amounts of the drug to achieve intoxication or desired effect or a diminished effect with continued use of the same amount of the substance
- Withdrawal, as manifested by either of the following: the characteristic withdrawal syndrome for that substance (as specified in the DSM-5 for each drug) or the drug (or a closely related drug) is taken to avoid withdrawal symptoms
- Important social, occupational or recreational activities are given up or reduced because of use of the drug

**SCORING: 2-3 MILD, 4-5 MODERATE, 6 or more SEVERE Substance Use Disorder**

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In a nutshell, when the use of prescription, non-prescription, and illegal drugs interferes with one's activities of daily living, meeting responsibilities, and maintaining healthy family relationships, then the non professional suspects addiction

## Physical Signs of Addiction

- Bloodshot eyes or dilated pupils
- Changes in appetite or sleep patterns
- Poor personal grooming habits or changes in dress or appearance
- Sudden changes in weight (loss or gain)
- Unusual smells on the breath or body
- Slurred speech, trembling or poor coordination

# Behavioral Signs of Addiction

- Missing work or school
- Sudden loss of interest in friends, hobbies, family activities
- Sudden change in friends
- Getting into trouble (arguments, fights, accidents)
- Increased need for money, including borrowing or stealing
- Verbal or physical abuse
- Engaging in risky or secretive behaviors
- Isolation

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# Early Childhood Trauma

- Adverse Childhood Experiences Study (ACE Study)
- Significant findings:
- About 1 in 7 children experience child abuse/neglect in past year
- ACE are common with 28 % reporting physical abuse and 21% reporting sexual abuse
- ACE often occur together with 40% reporting 2 or more experiences
- ACE have a dose-response relationship meaning a person's cumulative ACE score has strong relationship to numerous health, social and behavioral problems across the lifespan.

ACE Study is a research study conducted by Kaiser Permanente and Centers for Disease Control and Prevention

Recruited 1995-1997 and have been in long-term follow up for health outcomes

What we have learned...

Children living in poverty experience more abuse and neglect 5 times higher

Suicide risk is higher among people who have experienced violence, including child abuse, bullying or sexual violence

The adverse childhood experiences or ACEs.

Physical abuse

Sexual abuse

Emotional Abuse

Physical or emotional neglect

Exposure to domestic violence

Household substance abuse

Household mental illness

Parental separation or divorce

Incarcerated household member

## Protective Factors

- Access to effective mental health care
- Connectedness
- Problem-solving skills
- Contacts with caregivers

## Help for Addiction: Intervention

### Intervention

○ A drug intervention is a **structured, solution-oriented process** undertaken to persuade someone who has a problem with drugs or alcohol to seek help in overcoming the addiction

○ A **successful intervention** is **not** a confrontation but an opportunity for an addicted individual to accept help in taking the first step toward recovery

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It is common for addicts to deny that drugs are the source of the difficulties they face. They may instead blame other people or circumstances in their lives. When that happens, an intervention can break through the denial and help these individuals clearly see the effects of their drug use on the people who matter most to them.

An invitation to change

## Treatment for Opioid Use Disorder

- Individualized Treatment Plan
- Medical Withdrawal Management/Detoxification with Methadone, Buprenorphine or Naltrexone
- Naloxone(Narcan) for opioid overdose reversal
- Therapy
- Recovery

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Opiate addiction treatment follows a fairly standard regimen, but the specifics depend on the particular drugs and amount of drugs you've been abusing as well as your health and addiction history.

Before beginning the process of detox and treatment, a medical professional will likely create an individualized treatment plan

**Methadone:** Methadone is long-acting synthetic opioid agonist. It reduces cravings and alleviates symptoms of withdrawal in order to prevent relapse

**Buprenorphine:** a synthetic opioid medication that works as a partial agonist at opioid receptors. Drug has a ceiling which discourages abuse

**Naltrexone:** a synthetic opioid antagonist, meaning it blocks opioid receptors in the brain. The drug works to prevent

opioid abuse by blocking the euphoric effects.

## 12-Step Recovery Model

- Narcotics Anonymous (NA)
- Alcoholics Anonymous (AA)
- AA and NA are International Fellowships of men and women who have had a drinking or drug use problem. It is non-professional, self-supporting, multiracial, apolitical, and available almost anywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking/drug problem.

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Self-Help Groups represent an important, broadly available and in expensive resource.

Breaks down denial

Engages persons interested in voluntary commitment to the 12 steps

We in addiction use Motivational Interviewing

To address ambivalences, look at their values vs choices they are making

## References/Resources

National Institutes of Health (NIH) <https://www.nih.gov>

National Institute on Drug Abuse (NIDA)  
[www.drugabuse.gov](http://www.drugabuse.gov)

The Substance Abuse and Mental Health Services  
Administration (SAMHSA) [www.samhsa.gov](http://www.samhsa.gov)

Centers for Disease Control and Prevention [cdc.gov](http://cdc.gov)

AFSP.org

## Why this work is so important...

September is National Recovery Month and National Suicide Prevention Month

September 8<sup>th</sup>-14<sup>th</sup> National Suicide Prevention Week 2019

Suicide rate has increased 33% in past 2 years

Suicide takes more lives than homicides, war and natural disasters combined

In the US, Suicide is the 10<sup>th</sup> leading cause of death and 2<sup>nd</sup> leading cause of death for those 10-34

Suicide one death every 11 minutes in the US

For every death by suicide, it is estimated 25 others attempt. That is a million Americans each year who survive a suicide attempt

Each suicide leaves 100 people behind Economic burden to lost wages and productivity is 70 Billion

Why do people take their own lives? No single cause. Suicide most often occurs when several stressors and health issues converge to create immense pain, hopelessness and despair.

Research has shown 9 out of 10 people who die by suicide have a mental health condition at the time of their death-undiagnosed, untreated, inadequately treated

1 in 4 people will suffer from a mental health condition in their lifetime but most do not go on to die by suicide





The best way to prevent suicide is through early detection, diagnosis and treatment of depression and other mental health conditions [AFSP.ORG](https://www.afsp.org)

Suicide is a complex health issue. It is a global issues. World wide, according to the WHO 1 million people die by suicide each year. That is a suicide every 40 seconds world wide.

2017 47,000 people in US died by suicide. That is one person every 11 minutes. Despite its complexity, we believe suicide is preventable. Just like there are warning signs and risk factors for cardiac arrest, we can learn the warning signs and risk factors that can help us prevent people from dying by suicide. Time is the critical and life saving issue. A life may be saved if you allow time for the persons suicide risk or period of distress to subside and the get mental health help

# Risk Factors for Suicide

## Historical Factors:

- Adverse childhood experiences (Trauma)
- Previous suicide attempts
- Suicide by family member

## Health Factors

- Mental health issues
- Serious physical health issues including pain

## Environmental Factors

- Access to lethal means including firearms and drugs
- Stressful life events, like rejection, divorce, financial crisis, death of a loved one

Risk factors are characteristics or conditions that increase the chance that a person may try to take his or her life.

Historical risk factors include child abuse, trauma and neglect.

Health factors include mental health disorders and physical pain, very poor physical health

Significant among environmental factors are adverse childhood experiences or ACEs.

Physical abuse

Sexual abuse

Emotional Abuse

Physical or emotional neglect

Exposure to domestic violence

Household substance abuse

Household mental illness

Parental separation or divorce

Incarcerated household member

# Suicide Warning Signs

## Talk

If a person talks about:

Killing themselves  
Feeling hopeless  
Having no reason to live  
Being a burden to others  
Feeling trapped  
Unbearable pain

## Behavior

Increased use of alcohol or drugs  
Looking for a way to end their lives, such as searching online for methods  
Withdrawing from activities  
Isolating from family and friends  
Sleeping too much or too little  
Giving away prized possessions

## Mood

Depression  
Anxiety  
Loss of interest  
Irritability  
Humiliation/Shame  
Agitation/Anger  
Relief/Sudden Improvement



## How to Intervene? Have a Conversation

Now that you have become more familiar with the statistics, symptoms and signs, What's next. How many of you know someone who has died by suicide. Many of us have lost family and friends to this health issue. Who are the faces of suicide? In addition to the numbers, there are family, friends and clients that we treat everyday who may become one of the statistics. Suicide is a preventable. It is not a terminal illness, but it is deadly.

If you suspect that someone you know is suicidal, there is a protocol to follow. Assume you are the only one who will say something. Listen to your gut.

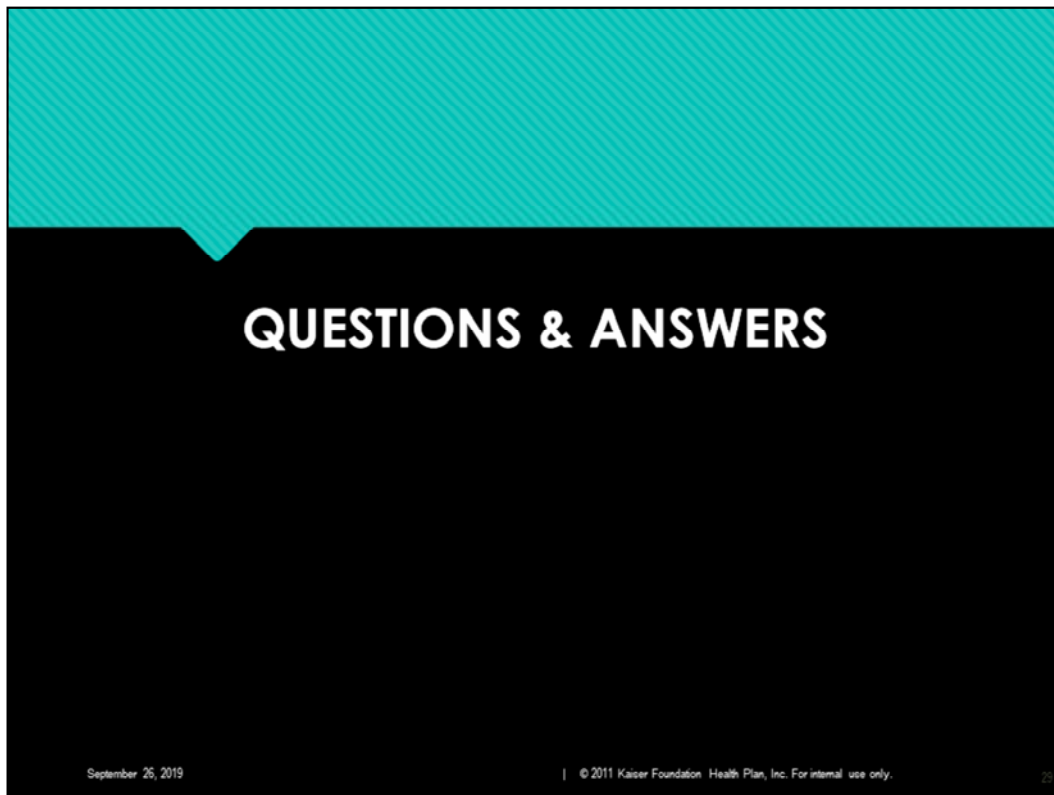
## Important Questions to Ask

- Don't be afraid to ask the tough question.
- Assume you will be the only one who will say something about suicide. So, what to say?
  
- I have been concerned about you lately...
- I wanted to check in with you because you just have not been yourself....
- Have you had thought about taking your life?
- When did you begin feeling this way?
- How can I support you right now?

## Helpful things to say and what to avoid saying...

- **You are not alone. I am here for you.**
- **I may not understand exactly how you feel, but I am here to help you get through this**
- You may not believe it, but the thoughts you have now and the way you are feeling can change.
- Do's: Be sure to be present, listen and offer hope.
- Don'ts: Do not argue, try to reason or try to fix their problems in this moment. Do not promise confidentiality if their life is at stake. They need professional help at this point and some guidance.

**THANK YOU**



Fentanyl –synthetic opioid 50-100 x more potent than morphine

Heroin 2-3x more potent than morphine

Naloxone treats opioid overdoses



**If you or someone you know is in  
crisis, please call the National  
Suicide Prevention Lifeline 24/7  
1-800-273-TALK(8255)**

**or**

**Text TALK to 741741 for free 24/7**

**or**

**Call 911 for Emergencies**