Learning Objectives

- Describe how the opioid crisis effects individuals, systems, and is hindering human services programs from meeting their objectives.

- Opioids, other drugs, and the myriad of related problems that accompany them, are too vast to belong to or be solved by any one system!
Individual Barriers

Effects of opioid use disorder (OUD) on individuals in our collective programs that make it harder for them to attain positive outcomes.
Many individuals in the workforce have not received training about how OUD disrupts an individual’s neurocircuitry affecting their ability to prioritize beneficial behaviors over destructive ones and their ability to exert control over these behaviors even when associated with catastrophic consequences.

Refresher: Brain science and behavior$^1$
Brain science and OUD

- This form of compulsive behavior must be managed over time and for OUD, Medication Assisted Treatment (MAT) is the standard of care.

- “…With the medications, you’re creating stability in the brain, and that helps recondition it to respond to everyday pleasures again.” Nora Volkow (Director of NIDA, 7.8.19)
Brain science and OUD

- Despite the brain science, OUD and other SUDs are among the most stigmatized conditions in the world due to two main factors:
  - Perceived control that a person has over the condition; and
  - Perceived fault in acquiring the condition.
Stigma trumps science

- In turn, people who experience stigma are less likely to seek out treatment services and access those services.
- When they do, people who experience stigma are more likely to drop out of care earlier.
- Both of these factors compound and lead to worse outcomes overall.
While the initial decision to use substances is often voluntary,* the brain changes that occur over time challenge a person’s self control and ability to resist intense impulses urging them to continue using substances.

* Coercion is often a factor
The individuals often have significant and complex histories of physical and sexual abuse, abandonment, loss, and associated trauma (for Native populations historical trauma) adversely affecting their ability to engage in/comply with programming.
Effectively treating people with histories of abuse, abandonment, loss, and associated trauma requires a time-involved process of testing and engagement (these behaviors should be expected as confirmation of their disorder, yet they can nonetheless be challenging for programs).
Effects on the individual

- The individuals often have complex family dynamics (multigenerational SUD/OUD, multi-age sibling groups who themselves are adversely affected from parental use, drug using partners who can sabotage recovery efforts, etc.).

- Failure to address these complex issues can result in treatment failure for the individual and missed opportunities to stabilize their family and environment.
Systems Barriers

Misaligned policies (punitive vs. therapeutic, timelines/punishment vs. accountability); lack of timeliness; misalignment between need vs. system response (e.g., unreasonable efforts); and workforce challenges.
Systems barriers

- OUD/other SUD treatment is offered to/accepted by too few—only about 10% of people who need treatment get it and only a lifetime engagement rate of 25%
- Begins too late—with years and, in some cases, decades of dependence preceding first treatment admission.
- Does not accommodate families (about 3% of residential programs allow mothers and children together).
POOR
HOMELESS
CJ HISTORY
DV SURVIVOR
TRAUMA VICTIM
SINGLE PARENT/PREGNANT
LOW JOB SKILLS
4 X DAY OPIOID USER
NO TRANSPORTATION
3RD GENERATION SUBSTANCE USER

Don’t worry!
We can squeeze you in every Wednesday from 3:00-4:00 starting in 2 weeks
“We are routinely placing individuals with high problem severity, complexity, and chronicity in treatment modalities whose low intensity and short duration offer little realistic hope for successful post-treatment recovery maintenance. For those with the most severe problems and the least recovery capital, this expectation is not a chance, but a set-up for failure—a systems failure masked as personal failure.” (Bill White, 2013)
Systems barriers

- Retains too few (less than 50% national treatment completion rate) and some kicked out for confirming their diagnosis (for no other major health problem is a person thrown out for becoming symptomatic in the service setting);
- Ends too quickly, e.g., before the 90 days across levels of care recommended by the National Institute on Drug Abuse (NIDA);
- Offers too few evidence-based choices (especially MAT);
Systems Barriers

- Is too disconnected from indigenous recovery community resources (AI/AN ways of “knowing”);
- Fails to alter treatment methods in response to patient non-responsiveness, e.g., blaming substance use disorder recurrence on the patient rather than the treatment methods; and
- Offers minimal continuing care--far short of the five-year point of recovery durability.
INTRODUCTION

This brief is one of a series presenting findings of a mixed methods study describing how the current opioid epidemic, particularly parental opioid misuse, affects the child welfare system. This brief focuses on key challenges and opportunities related to implementation of medication-assisted treatment (MAT) for opioid use disorder in child welfare contexts. MAT is a treatment approach that practitioners have observed and researchers have documented to produce the best treatment outcomes for individuals with opioid use disorder (Connery, 2015). This brief describes four primary challenges that affect the use of MAT in child welfare contexts and identifies opportunities for communities to address these challenges through existing resources or approaches.
Opportunities to Strengthen Practice

If we can walk on the moon, we can improve our systems’ practice with this population of focus. We can apply research and common sense to our collaborative work with individuals/families with OUD. We can align and balance services, supports, and accountability with the scope of challenges that individuals and families with OUD present to our respective systems.
Questions/Information about this presentation:
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CITATIONS


http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction
And
https://www.ncbi.nlm.nih.gov/books/NBK424849/

https://www.samhsa.gov/medication-assisted-treatment/treatment

http://www.williamwhitepapers.com/topical_quotes/