

Opioid and Meth Epidemics: A Two-Front War on Addiction

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Presentation Overview

- Landscape of Substance Use Disorders in Illinois
 - Overdose numbers – Nationally and Illinois specific
 - Substances of choice
- Methamphetamine/Opioid – a two-front war
- Numbers in Metro East, Macon and Dewitt Counties
- Treatment approaches for meth addiction.
 - Barriers
 - MH and dual diagnosis



Ice Breaker Exercise



**WEIGHT
CONTROL**



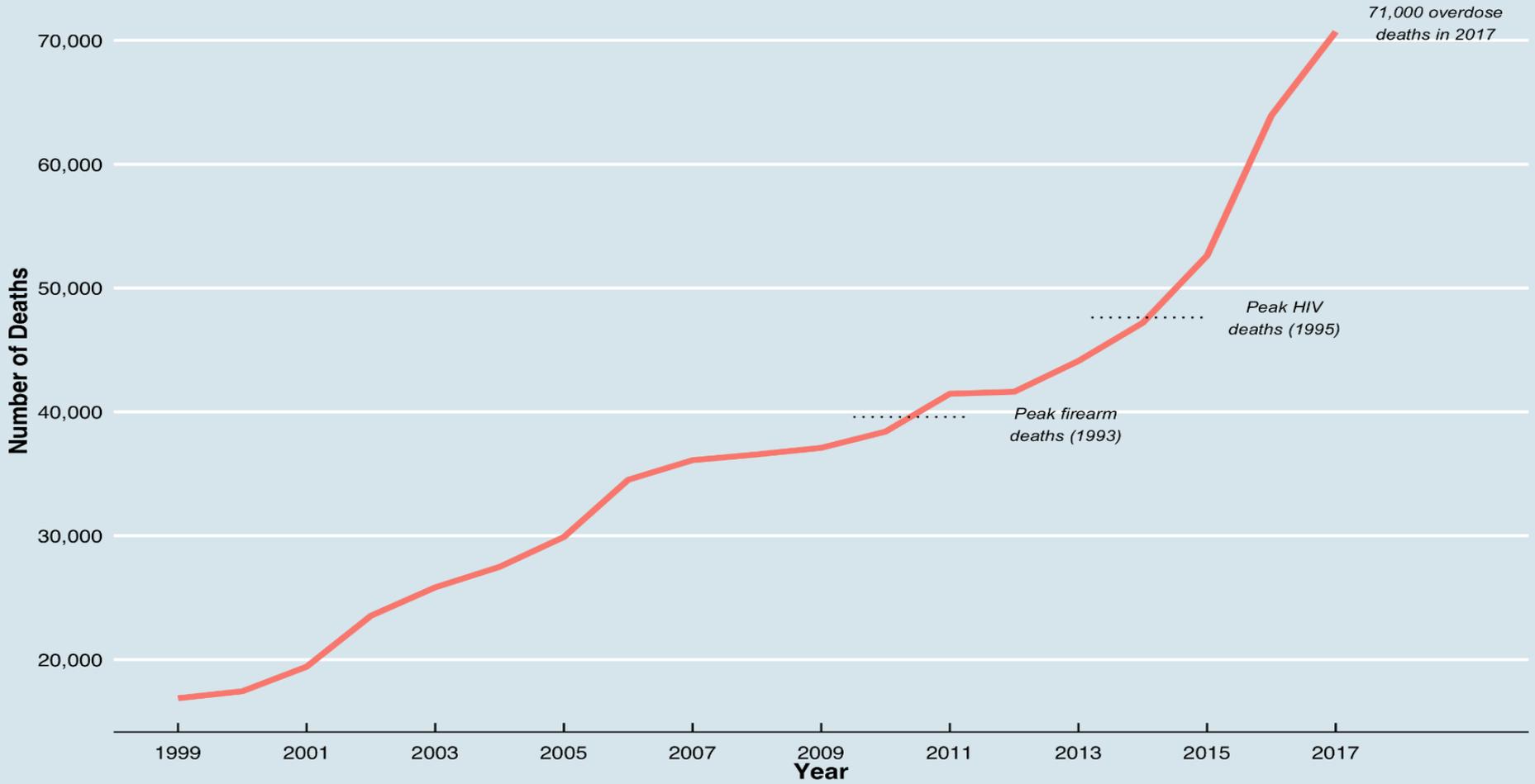
PHYSICALLY ACTIVE



BE SMOKE-FREE



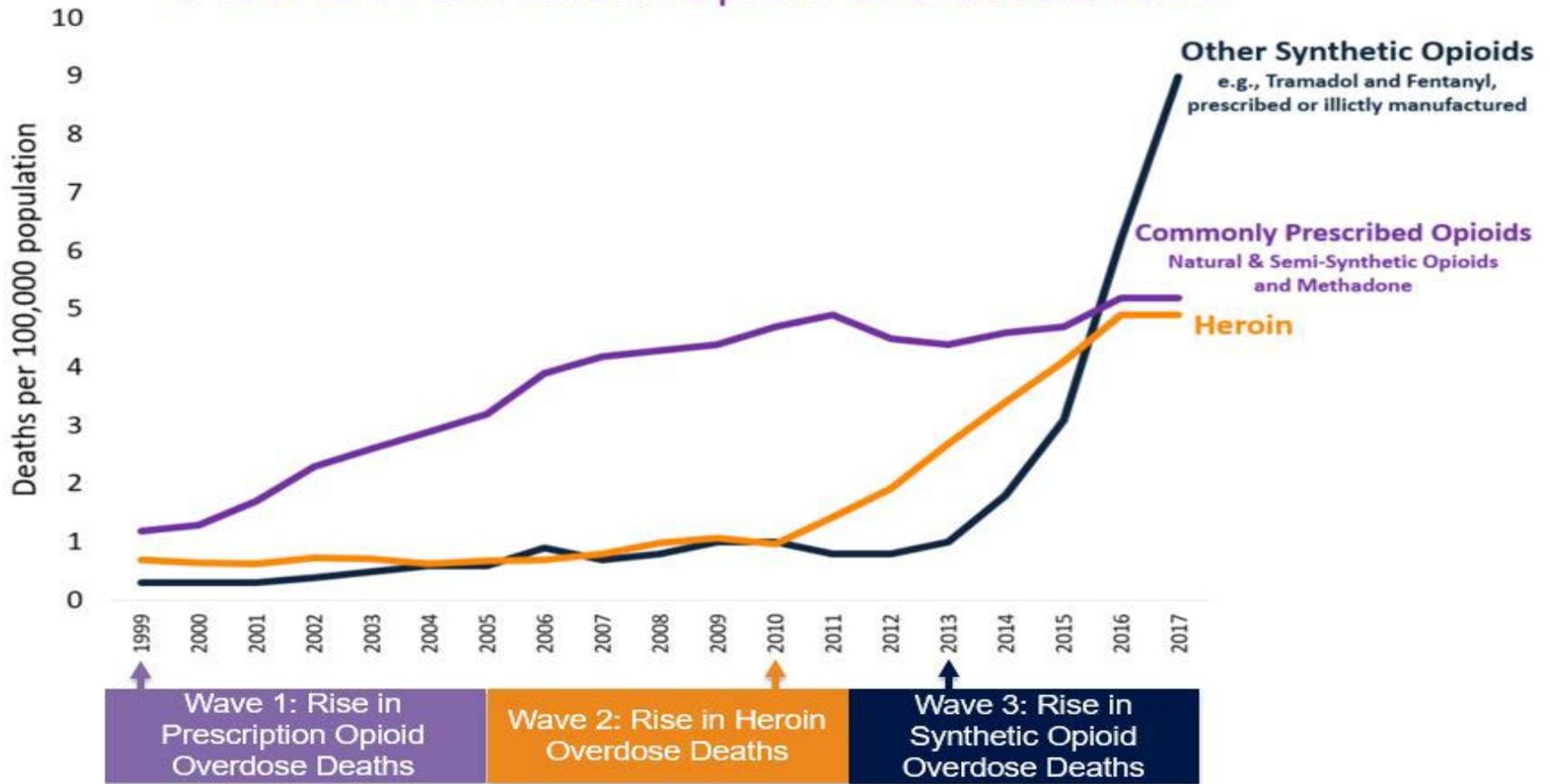
Drug Overdose Deaths 1999 - 2017



Data from the CDC's National Vital Statistics System
Mortality Indicators from the CDC's Opioid Overdose Indicator Support Toolkit



3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.



Illinois' Opioid Crisis



Overdose Deaths

Illinois Ranks 9th in rate of drug overdose in US

Statistically significant increase

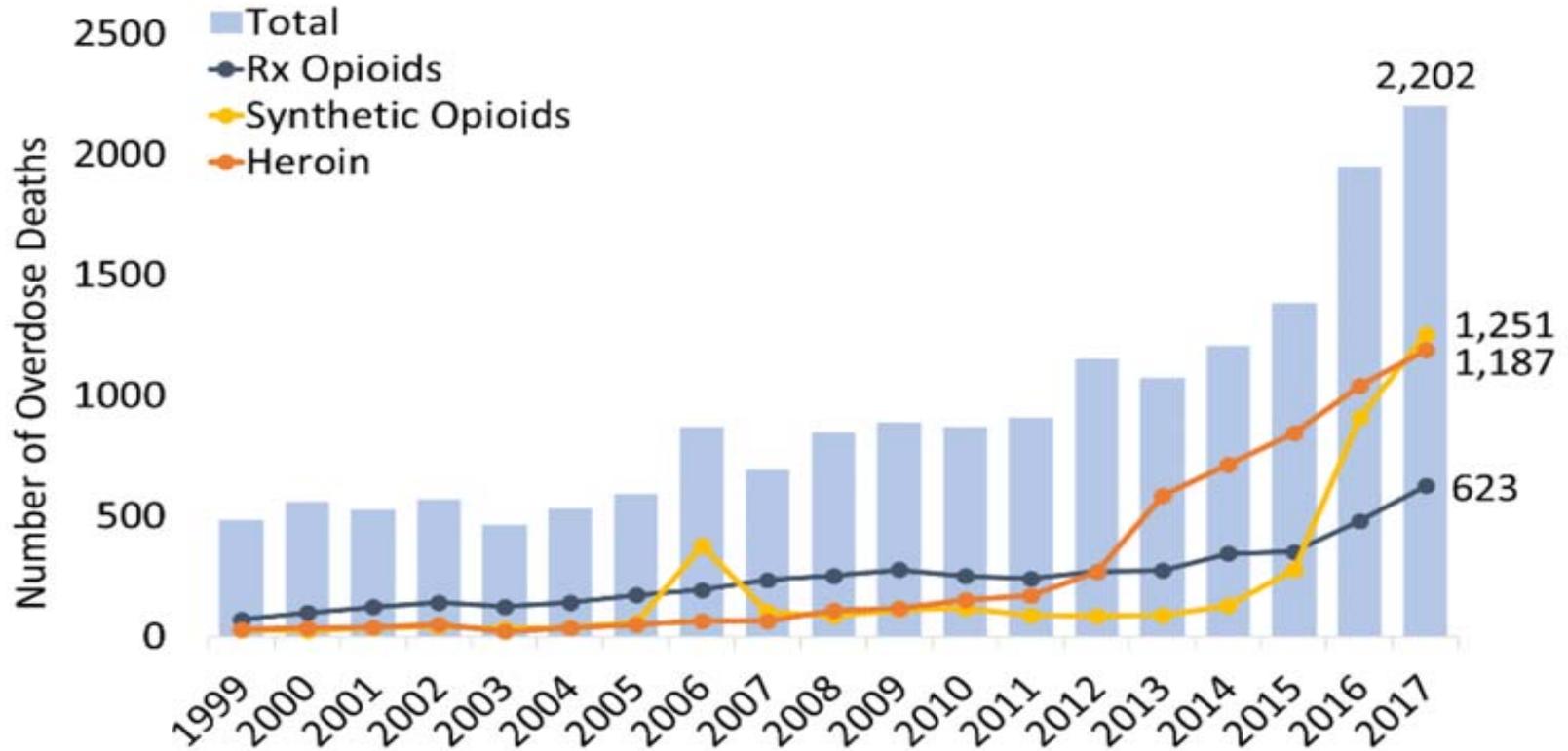
- 2015-2016 34% increase
- 2016-2017 14% increase

Statistically significant increase

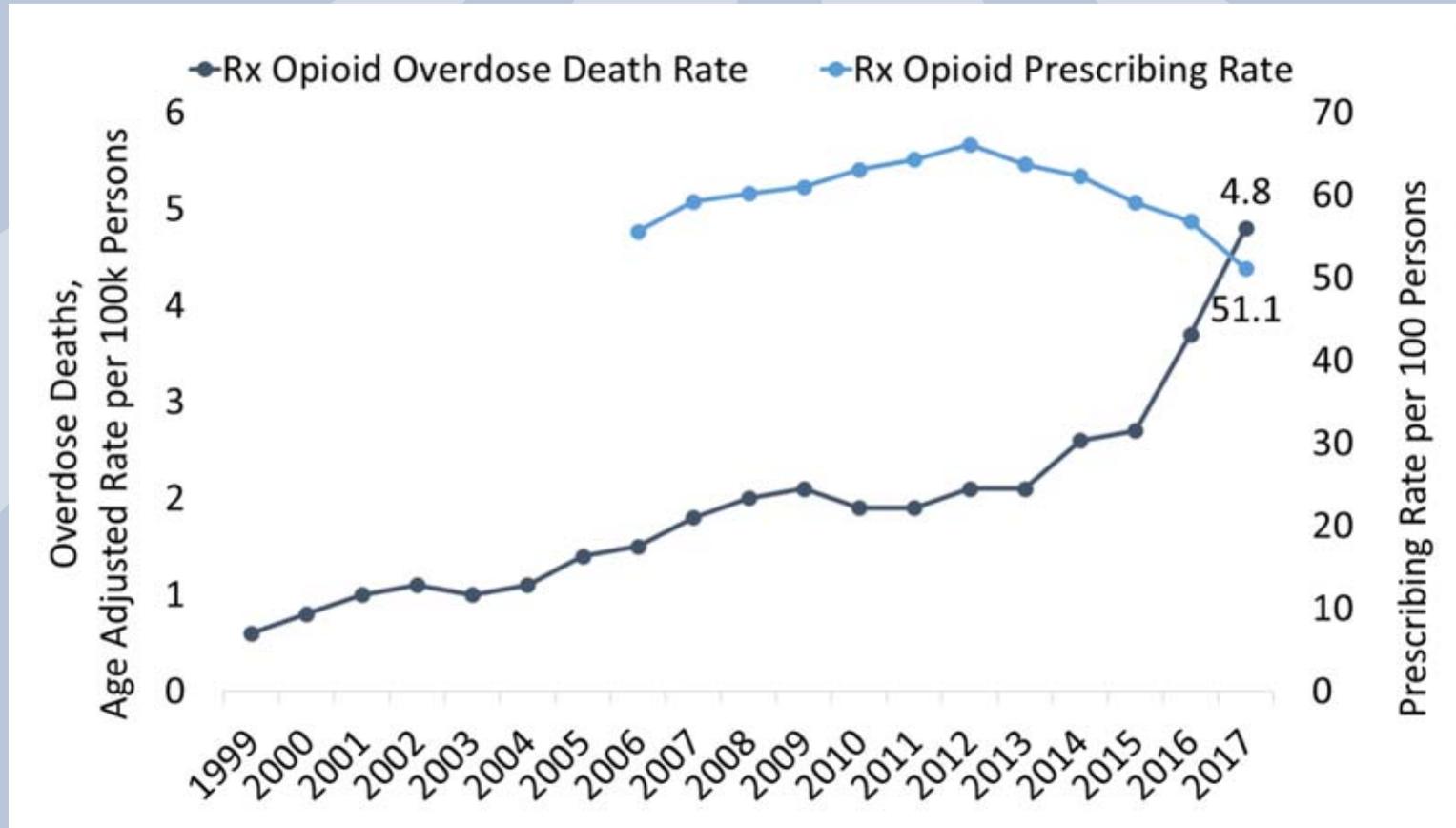
Statistically significant increase from 2016 to 2017

- No
- Yes

Illinois Overdose Deaths Involving Opioids, by Type of Opioid 1999 to 2017



Illinois rate of overdose deaths involving prescription opioids and the opioid prescribing rate



Comparison of Potentially Lethal Doses of Illicit Opioids



Photo used with permission from
Kensington Police- PEI Canada 2017

In one year in Chicago
(2015 to 2016) the
number of opioid
overdose deaths
involving ***fentanyl***
increased from **71** to

420

Source: Cook County Medical Examiner. Includes all
opioid-related overdose deaths that occurred in
Chicago (2015 and 2016)



Public Health Interventions to Address Opioid Crisis

Prevention



- Prescribing guidelines and limits
- Education programs
- Provider education
- Disposal of unused opioids

Reducing Misuse



- Drug (re)formulation
- Insurance utilization
- Pain clinic regulations
- Prescription drug monitoring programs
- SBIRT

Treatment and Recovery



- Access to medications for addiction treatment (MAT)
- Linkage to MAT
- MOUD in jails and prisons
- Supportive services (housing, job training, etc)

Harm Reduction



- Naloxone access
- Good Samaritan laws
- Syringe service programs
- Overdose prevention sites



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Meth and Opioids: What is Happening?

- We have heard about the increase in overdose deaths involving meth and opioids, but what brought us to this place?
- What is happening? Why is this a problem?
- How is this impacting individuals with substance use disorder...and the communities they live in?



How We Got Here: A Timeline

- Drug preferences have been described as “generational”
- From heroin...to cocaine and crack...to meth...
to heroin...to fentanyl...to meth
- Crackdown on ingredients used to make meth AND
increased efforts by law enforcement to shut down meth
labs
- No more “Bathtubs or Breaking Bad”



Meth Makes a Comeback...In a New Way

- Filling a void- Mexican cartels now producing and importing most of the meth used in the U.S.
- Increased potency for less risk and less expense
- This increased potency leads to significant risk for users



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The Opioid Crisis

- A “Perfect Storm” contributed to sharp increases in opioid use... and overdose deaths
- The staggering number of overdose deaths and the devastation they caused to families and communities spurred a great deal of debate regarding how to solve this crisis
- Harm reduction efforts, education, coalitions...and so much more



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Effects of Meth Alone

- Decreased appetite
- Hallucinations
- Accelerated respiration and heart rate
- Intense focus
- Wakefulness or insomnia
- Heightened awareness and energy



Effects of Opioids Alone

- Inability to concentrate
- Slowed breathing and heart rate
- Increased appetite
- Slowed reflexes
- Decreased pain
- Relaxation or drowsiness



Use of Both Meth and Opioids- Why?

Three possibilities:

- Unintentional contamination due to fentanyl or heroin residue
- Intentional addition of one substance to the other by dealer
- Intentional use of both substances by individual in order to “manage” their high



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Heroin and Meth: A Potent Combination

- Mixing an opiate with a stimulant – In the “olden days” - cocaine was used with heroin or other opioids and was referred to as “speedballing”
- Using both an opioid and meth has sometimes been referred to as “goofballing” in some parts of the country.
- Combining meth with morphine or heroin produces a more potent effect than either drug alone, based on the dosages of each
- Use of opioids to counter negative impacts of meth...and using meth to reduce the effects of withdrawal



Physical and Mental Effects of Mixing Heroin with Meth

- Intense euphoria rush
- Normal to increased respiratory rate
- Increased heart rate
- Relaxation and release of inhibitions



Risks

- The stimulant masks the negative effects of the depressant, making it hard to tell when an overdose point has been reached.
- While the opiate may slow breathing, the stimulant might accelerate it, making one feel like breathing is normal.
- Harder to tell when the dose of heroin that is tolerated might have been exceeded, which can then lead to other overdose effects and result in death.
- Meth high generally lasts longer than the heroin high, causing the person to move from a slowed heart and respiration rate to a dramatically increased one
- Can lead to a sudden heart arrhythmia, increased blood pressure, and potential heart issues, such as stroke or heart failure.

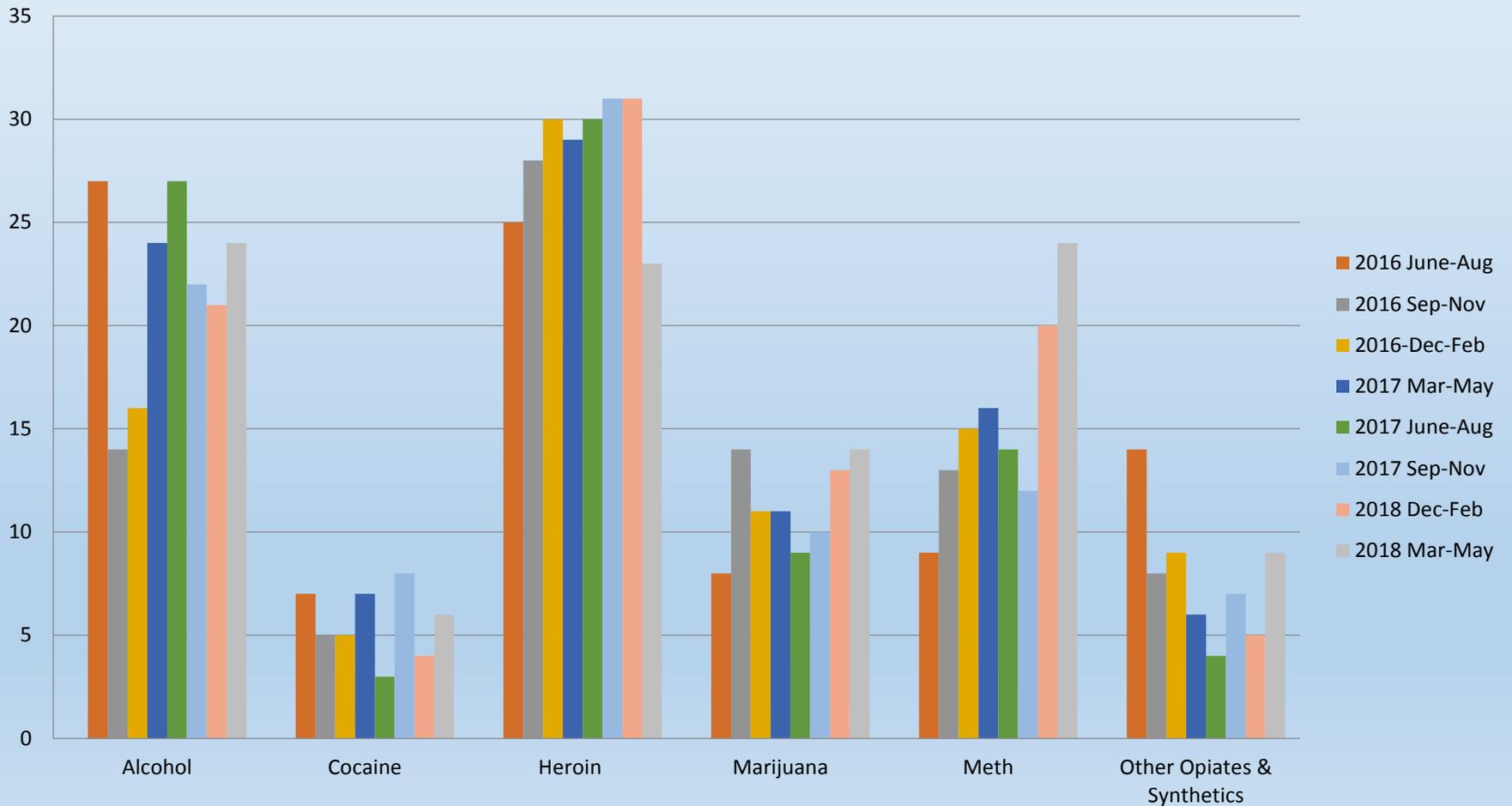


Impact

- Increase in overdose deaths attributed to both opioids and meth
- Difficulty in treating individuals
- Lack of funding for programs to address the impact of meth on individuals, families, and communities



Prevalence of Substance Use Disorders Chestnut Health Systems



Macon and DeWitt County Data

2019 Macon County:

- 52 Emergency Department Opioid Overdoses in 2019
- Non-fatal Opioid Overdoses in Macon County
 - 2016: 54
 - 2017: 62
 - 2018: 21
- Fatal Opioid Overdoses in Macon County
 - 2016: <10
 - 2017: <10 2018: <10

DeWitt County 2016 - 2018

- Fatal Opioid Overdoses: <10 each year
- Non-fatal Opioid Overdoses: <10 each year



Heritage Behavioral Health Center Data:

- 485 individuals were diagnosed with Methamphetamine Use Disorder (mild, mod, severe)
- 171 (35%) out of 485 are from Macon County;
- 224 (46%) out of 485 are engaged in Substance Use services

- Within the last year, 155 individuals were diagnosed with both amphetamine and opioid use disorder.
- 55 (35%) of those individuals were from Macon County.
- Of those 155 individuals, 85 (55%) followed up with treatment services

Limitation: no public record of methamphetamine use



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Barriers to treatment

- Lack of understanding
 - Access to treatment
 - Comparisons
 - Limitations in research/published data
- Cultural Divides
 - Treatment providers
 - Recovering community
- Medication Assisted Treatment options
- Workforce and workforce training



“The pain that exists for people who use drugs does not come from the substances themselves, rather it comes from estrangement, stigmatization, displacement, and ultimately the loss of community and isolation — which only serves to propel a person further into an unhealthy relationship with any given substance.”



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Dual Diagnosis Concerns

- What does the research suggest?
- Depression
- Anxiety
- Bipolar Disorder



Treatment Implications

- Harm Reduction
 - Drug testing
 - Syringe access programs
 - “Any Positive Change” model
 - Psychoeducation
- Relationship-Based Approach
- Cognitive-Behavioral Therapy
- Dual Diagnosis Approaches



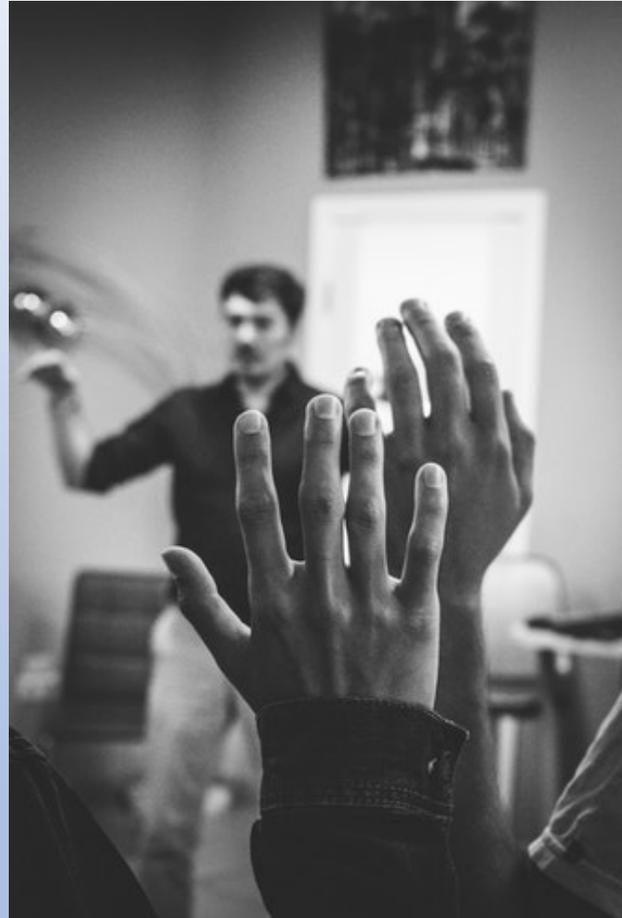
What can we do to help?

- Understand how your community is impacted
 - Peer Recovery Specialists
 - Client Feedback
- Organizational Environment/Curriculum
- Support harm reduction efforts
- Support data collection efforts for the use of methamphetamine and opioid use



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Discussion



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Naloxone training



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