

2018 Opioid & Heroin MISSISSIPPI DRUG SUMMIT

Understanding the Opioid Epidemic—Resilience in the Time of Crisis Awareness, Education, and Family Intervention. These are the goals of the 2018 Mississippi Opioid and Heroin Summit—an opportunity for all of us to face the epidemic that touches our families, friends and loved ones.

The 2-day summit will bring together 3 communities—public safety, public health, and the public.

Listen to public health and treatment advocates discuss the disease of addiction and the many tools available to prescribers and treatment professionals. Join with the families touched by addiction to hear stories of recovery and hope.

Our goal is to give the audience the opportunity to be educated

by speakers who have specific knowledge and expertise and their fields with the intentions of taking that information and increasing patient awareness and patient outcomes among our state.

Special Guest Speakers are: Susan A. Gibson, Deputy Assistant Administrator, Office of Diversion Control Regulatory, Diversion Control Division, Drug Enforcement Agency (DEA) Washington, DC. Andrea Barthwell, MD, served as Deputy Director for Demand Reduction in the Office of National Drug Control Policy (ONDCP) under President George W. Bush from 2002-2004.

We asked some key leaders in the fight to answer some questions pertaining to this national epidemic. You can read their answers in their entirety at mschristianliving.com.



Jim Hood

Attorney General of Mississippi

What strides have been made in the last year to address the problems of opioid and heroin addiction in Mississippi?

The discussions state and local officials are having and the many awareness campaigns that are out there have made “opioid” a household name. That can be seen as a good thing in the sense that it means those conversations and actions are setting in with people who then take that discussion to their dinner table or their church group and warn others of the dangers of the pill’s addictive nature.

Additionally, the work of the Mental Health Task Force, which was established last October and on which I serve, has a subcommittee that is dedicated to addressing the variety of issues related to opioids including access to mental health services for persons that are unable to pay for substance use disorder treatment or do not have access to transportation to a treatment center.

Another issue the task force is addressing is record sharing between drug and alcohol commitments and mental health

commitments. Sharing data allows better understanding of all aspects of someone in treatment. Using the medical, legal, and socio-economic data of a person in treatment will better identify populations at risk and evaluate gaps in treatment.

Finally, the task force is also working to build peer support networks for persons in recovery throughout our state by partnering with NAMI (National Alliance on Mental Illness) and Faces and Voices of Recovery in Mississippi. Through our collaborative efforts, I believe we can make positive changes in how mental health and substance use treatment services are provided and accessed by the public.

What legislation don’t we have that might take us farther down the road of solving this problem?

On the national level, I’ve voiced concerns to health insurance companies about the lack of coverage for alternative pain management options. Right now, many insurance companies cover opioids, which, under those plans, are not as expensive as less addictive pain medicines or therapies. People shouldn’t be forced to buy opioids that will get them addicted just because it’s cheaper. The way the system is set up is literally killing people.

I’ve also asked members of Congress to support two measures (CARA 2.0 and CARES Acts) that would place stiffer penalties on opioid manufacturers who do not flag suspicious shipments of the drug. If passed, the civil penalty would increase from \$10,000 to \$100,000 per violation, and the criminal penalty would double to \$500,000 for companies that knowingly fail to keep proper reporting systems or fail to report suspicious activity.

On the state level, Mississippi would greatly benefit from mental health courts. The establishment of these courts would link persons who would ordinarily be prison-bound to long-term community-based treatment. This idea could be compared to our state’s drug court program, which has been very successful in giving the participants the opportunity to remain in the community while seeking treatment instead of being incarcerated.

Mental health courts would lessen the burden of our county sheriffs who frequently have to incarcerate individuals with severe mental health issues.

We tried to get mental health courts established in the state by way of two bills this past legislative session, but both bills died. If our legislators would prioritize taking care of this population, it would not only be a cost benefit to the state by creating this court, but it could also save someone’s life and get them on a road to being a more productive citizen.

Finally, I have pushed for the development of new prescribing rules for health care professionals that would curb patients’ abilities to prolong unnecessary opioid prescriptions.

What is your greatest fear with the epidemic?

The death toll rates for young people are increasing rapidly. I fear this high death rate will impact us in ways in which we can’t yet measure with the loss of young people, mothers and fathers, and budding professionals to opioids—or heroin, if they have gotten off of opioids. We have to start early with educating our parents and children about the dangers associated with the use of this drug.



Ruth Ann Rigby
 CHAIR, 2018 Opioid and Heroin Summit
 Capstone Treatment Center, Director of
 Business Development

Why is the Opioid and Heroin Summit so important for people to attend?

Our Mississippians are struggling with addiction and other issues at an alarming rate. Unfortunately, the disease of addiction does not discriminate, it doesn't care what socioeconomic background you come from; its goal is to take you down a path of destruction. At the Summit, our goal is to provide great speakers for education for everyone, whether you are a physician, therapist, counselor, teacher, school counselor, pastor, Sunday school teacher, or a first responder, we have something for you at the Summit.

Is there anything for families this year?

The Family Forum on Thursday, July 12, is really for anyone—but families who are struggling and not knowing what steps to take next are especially encouraged to come. We want to answer the questions that make this make sense for you. There will be many professional therapists and treatment providers on hand to offer assistance.

What is the perfect storm that creates an addiction for a person you would never dream would become addicted?

That is a great question! No one wakes up one day and says, "I think I will become an addict." It's usually something very deep and traumatic that has happened to them and they are numbing—with alcohol, legal and illegal drugs, or whatever they can—all the pain they are experiencing with drugs. The important thing to realize is that there is help available for everyone. You just need to take that first step by asking for help.

The storm you are referring to could be an athlete that had a long career in sports and in an instant his life changed. He may have been drinking alcohol already and then added pain

medication to the mix and this is a deadly combination that will create a perfect storm. It could be someone that had an unthinkable trauma happen to them and they got some relief and then it just grew and grew into their perfect storm.

What is the best way for a family member to facilitate an intervention?

First, the most important thing you need to do is to partner with a professional—therapist, counselor, or pastor.

I always recommend these books for families to use as tools:

- *Love First* by Jeff and Debra Jay
- *Codependent No More* by Melody Beattie
- *It Takes a Family: A Cooperative Approach to Lasting Sobriety* by Debra Jay

Where can we learn more about the Summit?

Visit drugsummit.com for complete information on the schedule and speakers for the event.



Preston C. Crowe, Ph.D.
 Marriage and Family Pastor
 Director, The Center for Hope and Healing,
 Broadmoor Baptist Church

Why is Broadmoor a Host of this event?

For well over five years, Broadmoor has attempted to step into the world of addiction/recovery ministry. We wanted to demonstrate to our community and state that we are passionate about being part of the solution to the opioid epidemic by hosting the Summit.

How can churches offer help to those who are affected by this epidemic and how can those affected believe that they will not be stigmatized or looked down on by coming for counseling in a church environment?

Many people are under the wrong assumption that they have to "have it all together" to come to church. However, in reading about the life of Jesus, he spent most of his time reaching out to those who were struggling in various ways. One of the best

things churches can do to help those struggling with opioid or other drug abuse is to talk about these struggles without condemnation. Open dialogue reduces stigma and demonstrates to both addicts and their families that the church is a place of help and support.

Allowing people within the church who have battled addiction to give their testimonies is a great way to open doors of dialogue. It is important for pastors to touch on this topic from the front of the room, but equally important for churches to release their members to share their own stories of hope. The testimony of someone else who has walked the same road is a great way to increase the comfort level of those who may also be struggling.

What would you want a struggling addict to know if they are too ashamed to seek help?

Everyone struggles with something. Everyone. While it is commonplace to assign levels of grievousness or acceptability to a struggle, at the end of the day they all remind us that we are humans living in a fallen world. The levels of consequences for our behaviors may be vastly different, but the internal tug-of-war that accompanies these behaviors is always similar. This is heightened in addictive behavior because the struggle is repetitive and often feels so out of control. That "repetitive failure" is one of the reasons shame finds a foothold.

One of the best "shame breaking" behaviors an addict can do is to reach out for help. It is a way of saying, "I don't know if I can stop on my own. What I do know is that I can ask for help along the way." Whereas addiction is an "out of control" behavior, reaching out for help demonstrates great strength and self-control. Shame has no place when we are doing the next right thing by asking for help!

What services do you provide at Broadmoor and the Center for Hope and Healing?

We are blessed to be part of a church that feels called to this fight. Because of this, our church and its counseling arm, The Center for Hope and Healing, partner to provide counseling, support, education, and guidance for those struggling with addiction and for their family members. On a regular basis, we have a support group for addicts and families meeting in our church through our Courage to Recover ministry. Our church also tries to open its doors as often as reasonable to others who are likeminded in the desire to help addicts and their families, such as an AA group that meets at Broadmoor on Friday nights.

Through The Center for Hope and Healing,

we offer professional and pastoral counseling for addiction as well as many of the underlying or surrounding issues such as depression, anxiety, co-dependency, and trauma.



J. Derryle Smith

DEA Assistant Special Agent in Charge

Why are we in a firestorm of this epidemic?

Almost **4 million** people in America are addicted to prescription painkillers, including a quarter-million adolescents. Some people who become addicted to these drugs started taking them under a doctor's care for chronic pain, but others use them recreationally to get high. Due to the overwhelming abuse of prescription drugs, the U.S. has seen an increase in new heroin users. While the vast majority of nonmedical users of opioid prescription drugs do not go on to use heroin, **80 percent of new heroin users started by abusing opioid prescription drugs.**

What is the greatest challenge that you are seeing?

Of significant concern is the increasing presence of fentanyl on the illicit market with law enforcement reporting and public health data indicating higher availability, increased seizures, and more known overdose deaths from fentanyl and fentanyl derivatives than at any other time since the drugs were first created. Fentanyl is lethal at the milligram level, whether through ingestion, or if it is absorbed through the skin. The trafficking of fentanyl, which is many times more potent than street level heroin, presents a significant risk of overdose to users as well as a risk to the law enforcement personnel who may come into contact with the substance during the course of their work.

What can we do to help in the effort of helping those with this struggle?

We all bear some responsibility for this (opioid abuse/addiction) problem—everyone in the supply chain ranging from manufacturers

to consumers. Physicians and pharmacists should be aware of “red flags” that signal a person may be abusing or selling the medication. Everyone—including DEA—needs to talk about how dangerous these substances can be so that we can begin to change behavior.

See www.operationprevention.com for detailed information. Also, visit www.dea.org to view the documentary film, *Chasing the Dragon*, to learn the raw truth of how dangerous this problem is in our country.



Andrea G. Barthwell, MD, FASAM
CEO, Two Dreams Encounter Medical Group

What are the red flags physicians need to be aware of in an addiction in progress?

Patients who have an addictive disorder have a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, and diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Additionally, the person may have tolerance—needing to use more to get the same or desired response, and withdrawal—where there are severe physical consequences when the person stops using.

Some physicians who are in general practices may not do an interview to diagnose the problem but may be concerned when the physical consequences of alcohol or drug exposure are found on physical exam. If that is

the case, the patient needs a focused interview and labs to identify why the problems of alcohol or drug exposure are showing up (such as liver disease or heart arrhythmia).

Another way patients come forward is with complaints of problems associated with alcohol or drug use. So, a patient complaining of insomnia and seeking medication for it needs an evaluation for alcohol or drug use as the cause.

Patients sometimes suggest a problem when they show behaviors associated with problematic drug or alcohol use. A patient who smokes cigarettes has a substance use problem and other problems should be sought and treated if necessary. A patient who reports using a lot of caffeine should be evaluated for other problems. A patient who is asking for a specific substance to be prescribed may be broadcasting a problem with a substance (so a particular pain medicine by name). Also, patients with repeated injury should be evaluated for substance use disorder. Finally, if medications with abuse potential are prescribed and a patient is presenting for refills too soon or too often, or reports losing prescription medication, should be evaluated.

How do you address the issue when you suspect a patient is getting too dependent on a drug

- Interview the patient and ask direct questions.
- Look for consequences then ask about use.
- Screen for concomitant medical conditions.
- Conduct a physical exam (comprehensive assessment).
- Order laboratory testing looking for consequences of alcohol or drug exposure, such as liver enzymes, and consider testing the urine for substances.

What can families do to help their loved one?

Families need to know that they cannot help their loved one if they do not get help themselves. I suggest that family members go to Al-Anon or at least family session provided by the treatment provider.

What can families do if their loved one is resistant?

Your loved one will not change if you do not. Stop focusing on the user and gain control over your own life and choices and take care of yourself. If all else fails, get a treatment professional to do an intervention. Many result in the person going to Treatment, but if your loved one does not go to treatment right away at least you will not be supporting the use any more. ∞