

Addressing the Nation's Opioid Epidemic

WellLife Network Provides Vital Services to Stem the Tide of Opioid Addiction

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Opium is an extract of the exudate derived from seedpods of the opium poppy, *Papaver somniferum*. Cultivated in the ancient civilizations of Persia, Egypt and Mesopotamia, archaeological evidence and fossilized poppy seeds suggest that Neanderthal man may have used the opium poppy over thirty thousand years ago. The first known written reference to the poppy appears in a Sumerian text dated around 4,000 BC.

Today, the use of opioids, in America, is not a new phenomenon. By the early 1900s, the use of opioids was pervasive (Ries, et al., 2009). It was even used in soft drinks and was found in trace amounts in colas until the late 1920s. In 2016 America consumed 80% of all the opioid products produced worldwide (Americans consume vast, 2016). Because opioids have a propensity to cause physical dependence, the result has been a devastating opioid epidemic. According to the World Health Organization (2014, p.1), "An estimated 69,000 people die each year from opioid overdose."

Additives to Heroin Compound the Problem

Prescription pain medications, such as oxycodone and hydrocodone, for example, have a more expensive street value than heroin (Leger, 2013). If pain medications are being abused, the addiction can progress to heroin, which has a lower street value. In 2013, systems like *iStop* were developed for prescribers to have access to their patients' histories of being prescribed controlled substances (Department of Health, 2013). The goal of *iStop* is to assist prescribers in determining whether their patients may be abusing controlled substances for non-medical use (Department of Health, 2013). If patients are no longer able to obtain opioid prescriptions from prescribers based on their histories, heroin is readily available on the street.

Today, one of the major factors contributing to opioid overdose related deaths is fentanyl. Heroin cut with fentanyl has a higher rate of overdose (Lewis, et al., 2017). An overdose from heroin mixed with fentanyl requires more naloxone to save a life than just heroin alone. Because of the potent high associated with fentanyl-laced heroin, it becomes a more desirable product, despite the negative outcomes (Lewis, et al., 2017). The Good Samaritan Law protects individuals who administer naloxone during an opioid overdose and encourages people to call 911 (Department of Health, 2013). It acts as an incentive to attempt to save a life. Free naloxone trainings equip the general public to prevent an opioid overdose.



Access to Treatment Boosts Retention Rates

Access to treatment is another aspect of addressing the opioid epidemic. Individuals should have the right to choose a treatment provider and be granted access to services. It is important that individuals seeking treatment are engaged as soon as possible. If individuals are motivated to engage in treatment, research suggests that they have a higher retention rates (Joe, et al, 1998). Therefore, when individuals are waitlisted for services or denied access to services, there will be a higher rate of relapse. The use of care coordination is also important in order to address health risks associated with opioid use and linkage to community-based resources.

Reducing the Symptom of Opioid Withdrawals

Medication-assisted therapies like Suboxone help to reduce the experience of opioid withdrawals, affording the individual an opportunity to get sober. Vivitrol is another medication-assisted therapy for individuals who are experiencing cravings from opioid and/or alcohol use. Both should be used in conjunction with treatment.

Opioid Dependence is a Disease

With the increasing number of deaths from opioid overdoses, this epidemic has gained public attention. Although media exposure has unmasked the severity of the opioid abuse, it has not removed the stigma. The behavioral healthcare field subscribes to the disease concept of addiction. Understanding that addiction is a treatable disease is essential. Although there may be no cure for addiction, there are ways to maintain sobriety in comparison to maintenance of other chronic and pervasive diseases. The disease concept does not negate personal responsibility,

just as someone with diabetes is responsible to monitor his/her blood sugar levels and take medication as prescribed. By reducing the stigma associated with drug use, people may be more inclined to seek help.

These are not addicts. These are people who are living with an addiction deserving of the same access to and assistance with receiving treatment as any other person who has a disease. A shift in thinking needs to occur to truly address the opioid epidemic. Otherwise, the rate of opioid use and overdose will continue to rise resulting in more opioid-related deaths that, as a society, should be prevented.

WellLife Network Offers Vital Addiction Recovery Services

WellLife Network offers a variety of services to address the opioid epidemic as well as other substance use. There are three addiction recovery service (ARS) clinics located in Huntington, Smithtown, and Wyandanch. Each clinic offers a network of services including group, individual and family therapy and medication-assisted therapy, including Vivitrol maintenance and Suboxone induction/maintenance and a rich cadre of counseling and prevention programs for youth.

Each site has an interdisciplinary team comprised of social workers, mental health counselors, CASACs, psychiatrists and registered nurses that aggregate served 1,500 individuals with substance abuse issues. Specialty tracks are designed for women, individuals with co-occurring disorders, DWI, opioid overdose prevention, reintegration, and more. Approximately 60% of out-patients served in our clinics discontinue their substance use, while the New York State average is 25%. Naloxone training can be provided for any patient who is interested as well as their family members. The Task Force on Integrated Projects (TFIP) is a school-based substance abuse counseling and prevention program.

TFIP offers group, individual, and family counseling services to students as well as offers educational presentations to students and faculty.

The Prevention Department is a community-based education and prevention program. Evidence-based curriculums are used in school settings to education students about chemical dependency. This year some 4,600 Suffolk County students were educated by WellLife Network in the evidenced-based drug prevention curriculum *Too Good for Drugs*. Educational presentations are provided to the community as well as naloxone trainings. WellLife Network ARS services are licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

Our treatment services offer daily same-day access. If you have an alcohol or drug problem or know of someone who does, please call our Addiction Recovery Services Intake Center for a free consultation at (631) 920-8324.

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Behavioral Health News Salutes the Many Organizations That are Making a Difference

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WellLife Network Addiction Recovery Services are licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

