



2021 HAWAII UNIVERSITY INTERNATIONAL CONFERENCES
SCIENCE, TECHNOLOGY & ENGINEERING, ARTS, MATHEMATICS & EDUCATION
ARTS, HUMANITIES, SOCIAL SCIENCES & EDUCATION JUNE 9 - 11, 2021
HAWAII PRINCE HOTEL WAIKIKI, HONOLULU, HAWAII

SAVING A LIFE: THE IMPACT OF COVID ON THE OPIOID CRISIS



WHITEHEAD, SUZANNE

MARTINEZ, QUENNA

CALIFORNIA STATE UNIVERSITY, STANISLAUS


PATTERSON, CALIFORNIA

Dr. Suzanne Whitehead
Counselor Education
California State University, Stanislaus
Patterson, California
Ms. Quenna Martinez, M.A.
Clinical Counselor
University Police Officer
California State University, Stanislaus
Patterson, California

Saving a Life: The Impact of COVID on the Opioid Crisis

Synopsis:

The national opioid crisis continues to ravage our nation with over 221 overdose deaths per day, nearly doubling since last year, and deeply affecting our neighborhoods, schools, and communities. The COVID-19 pandemic has only served to drastically hamper the already overly burdened access to treatment in our country. Addiction is an "equal opportunity disease," and can strike any person, from any background, culture, or environment. Few truly understand the irrepressible anguish of the addicted person's withdrawal that compels continued use. This presentation discusses the raw realities of addiction, the profound hope found in recovery, and the humanistic advocacy role that more police are engaging in as first responders to help those afflicted.



“SAVING A LIFE: THE IMPACT OF COVID ON THE OPIOID CRISIS”

Presented By:

**Suzanne A. Whitehead, Ed.D., LMHC,
NCC, LAC, MAC, Program Coordinator
Counselor Education, California State
University, Stanislaus;**

And,

**Quenna Martinez, MA, Professional
Clinical Counselor and University Police
Officer;**

Goals of the Session:

Increase empathy/understanding, and, Increase activism:



- Participants will gain further understanding of what Opioid addiction does to the human body, mind, and soul
- Participants will gain increased information about the prevalence of the Opioid crisis in the US and how the COVID-19 virus has severely impacted access to treatment
- Participants will learn about the best treatment modalities to help clients in their recovery from Opioid addiction
- Participants will have greater understanding about police interventions, the use of life-saving Naloxone injections or nasal spray, and the advocacy for more humanistic approaches to helping those afflicted

Pain...

- What is pain?
- How do you cope?
- What makes it lessen?
- What makes it worse?
- Which is worse – physical or emotional pain?



*As Human Beings, Every Single
One of Us Has Unmet Needs...*

How many of you
know of someone,
or, are personally worried
about someone,
who uses drugs?



Addiction... (Latin: “Enslaved”)

Addiction is: “An equal opportunity disease.” It is the great equalizer, that doesn’t discriminate and shows no mercy.



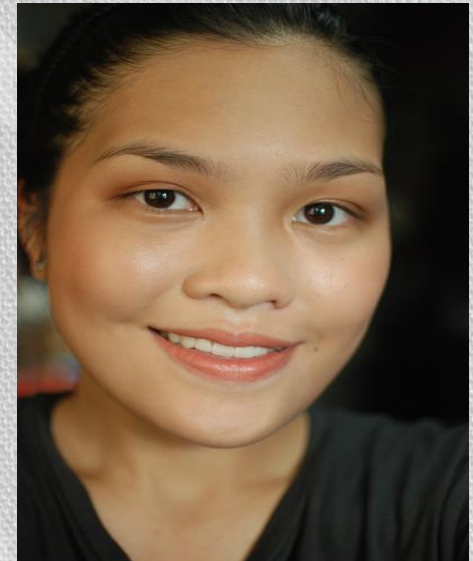
But Why???? - The Human Element...



- We all have needs and wants -
- It is difficult/unpleasant/awful to be in physical, emotional, spiritual pain
- Each one of us wants the pain to stop
- Using often starts out innocent enough...
- It's a baffling and cunning disease...



...It's human to judge!



We're in this Journey, Together

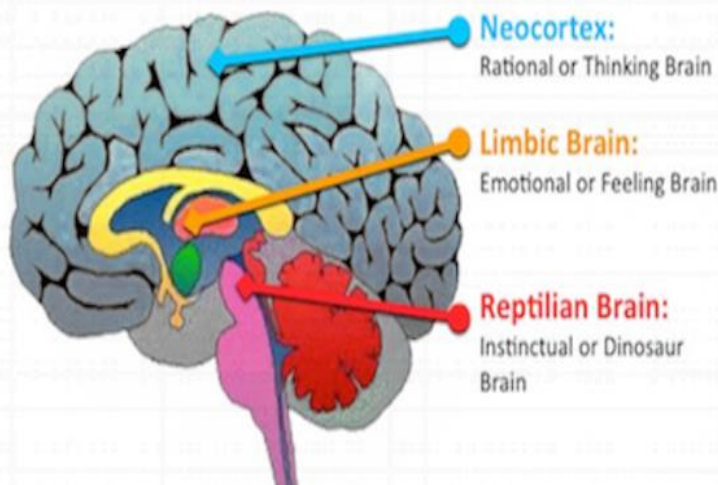
**But, it's what we *DO* with that
judgment that defines our
character, who we are,
and in the end,
*how we decide
to treat each other.***



What Happens When You Use?

- Our brains evolved a dopamine reward system to encourage behaviors linked to survival: eating, procreating, interacting socially, etc.; our reptilian-brain's tiny Amygdala organs trigger “fight or flight” response when we sense pain/fear.
- Prescription opioid drugs (i.e. Oxycodone, Hydrocodone, Vicodin) and heroin work through same mechanisms of action – brain eventually becomes

“hijacked,” rewiring it and changing its physical structure (plasticity)



What Happens to You?????

- Opioids reduce perception of pain by binding to natural opioid receptors, which “mimic” your own neurotransmitters found in the brain and other cells in the body
- The “reward regions” of the brain (Nucleus Accumbens) are activated through Dopamine Pathways (promotes desire) and Serotonin (satiety and reduced inhibition) releasing immense, pleasurable reinforcers of ***Endorphins***; thus promoting huge ***potentiation*** for repetition



What Happens, Continued...



- With overdoses, deeper brain regions become impaired resulting in drowsiness, respiratory depression and arrest, which can lead to death
- Synthetic opioids desensitize the body's natural opioid system, making it less responsive over time
- Repeated administrations inhibit production of own "endogenous opioids" (endorphins), leading to tolerance and severe withdrawal pattern
- Addiction occurs when opioids are used only to avoid horrific withdrawal; pleasurable feelings/high no longer occurs

Overwhelming Statistics...

- Opioid Crisis: 2020 - Over 221 persons died every day in the United States due to opioid overdoses, mostly from Fentanyl-lacing; an increase of 38.4% deaths over 2019!
- In 2018, estimated 10.3 million people in US suffered from Opioid Substance Use Disorders; Tragically, *only about 10% receive treatment!*
- 2016: Due to massive outcries and outrage, (doctors were issuing over **200,000,000** opioid prescriptions yearly!), physicians starting cutting back on prescriptions; an unintended consequence was those addicted, turned to the streets...



Startling Facts...



- For a person with high tolerance: On the streets, one pill of Oxycodone costs a dollar per milligram (roughly \$300 daily); heroin can cost as little as \$10 a “hit, costing the person roughly \$80/day = survival
- Heroin is often “cut” with Fentanyl (synthetic) and many other impurities because they are cheap
- Codeine: Morphine (poppy plant: 1803 synthesized) is 3x stronger = Hydrocodone same strength
- Morphine: Oxycodone is 2x stronger; Methadone 3x stronger; Heroin 5x stronger; Buprenorphine 40x stronger; Fentanyl 100x stronger (lethal dose – 2mg); Carfentanil 10,000x stronger (elephant tranquilizer!)



Effects of the COVID-19 Pandemic on Clients:

- The pandemic is just one more huge crisis that a person suffering from addiction has to deal with.
- There is such a large decrease in access to treatment; residential treatment centers have reduced the numbers of clients they can admit due to physical distancing restrictions.
- Many clients whose conditions warrant residential treatment, are now forced to only receive virtual, out-patient services.
- These clients tend to do very poorly and often attend out-patient phone or virtual group counseling while under the influence as they continue to self-medicate and remain in agony.
- As a result, there has been a sharp rise in overdoses and suicides.
- These cases are largely overlooked due to the pressing worldwide focus on the horrific pandemic.
- So too, incredible social unrest in the United States, economic/job losses, corrosive/divisive politics, natural disasters, unemployment, businesses closed, and inconsistent messaging have only added to overwhelming distress for people.



COVID-19 and: Why are Americans in So Much Pain?

- Opioid epidemic uniquely American problem. ‘Pain cannot be tolerated,’ societal/cultural norms, over-prescription/abuse of pain medications by “Big Pharma,” reduced belief in natural, alternatives and increase trust in doctors – not the same in Europe, rest of world!
- United States: 5% of world population; **uses 80% of prescription opioids**
- Centers for Disease Control – surveyed over 5,000 persons in June 2020, 40% reported increased struggle with mental health issues: 37% increase in anxiety/depression; 26% increase in trauma/stress related symptoms; 13% increase in substance abuse; 13% seriously considered suicide (doubled from previous year!).
- Accumulated distress serves as relapse trigger.
- Isolation has become deadly for those addicted.
- Many, harm-reduction programs have lost employees, shut down, reduced offerings of needle exchange programs; reduced access
- Borders shut down, so fewer drugs coming in – good thing! But, dealers just cut Heroin with more Fentanyl; much more deadly!





Trying to Stop...

- The vast majority of those suffering from addiction are very good people who happen to make some very poor choices
- The anguish, heartache, self-loathing, remorse, and guilt most feel is catastrophic, which leads to further use
- If we can't even begin to understand the immense suffering they go through, then we won't ever be able to really help
- Withdrawal from all drug addiction is horrific, especially from opioids - every fiber of your being is on fire, you vomit and defecate continually for days, you are doubled over in agonizing pain, you're freezing then sweating profusely, your skin is crawling and you're seeing double; you become dehydrated and so incapacitated that you cannot even walk or take care of yourself
- This is what leads them back to using; rarely can a person ever go through detox alone and remain sober

The Stigma Persists...

- For *no other mental health disorder* would we treat people so inhumanely!
- Those suffering from addiction undergo unspeakable horrors, especially in jails and prisons, and yet we permit this to go on...
- Access to treatment is still very limited, and based largely on insurance; waiting periods are exhaustive and cruel
- The stigma for those suffering persists to this day –
“*They caused their own self-inflicted pain and deserve to suffer; maybe they’ll **finally** learn something from this!!*”
- The stigma for counselors with family members who suffer is still pervasive; Misnomer: *We are the ones who are supposed to have the answers, to heal everyone – what’s wrong with **US**??!?!???*
- Families may face incredible isolation, judgment, fear, pain, sorrow, misunderstanding, shock, remorse, and guilt.



How Are Families Affected?

- Guilt, shame, blame, feeling helpless, anger, remorse, fear, sadness, despair, enabling, rescuing, regret, bargaining, promises, demands, ultimatums, heartache, pleading, sorrow, give up, resentment, resignation...
- Nothing seems to work, apathy sets in, separation for self-preservation; abandon the addicted person – or, enable them for life...



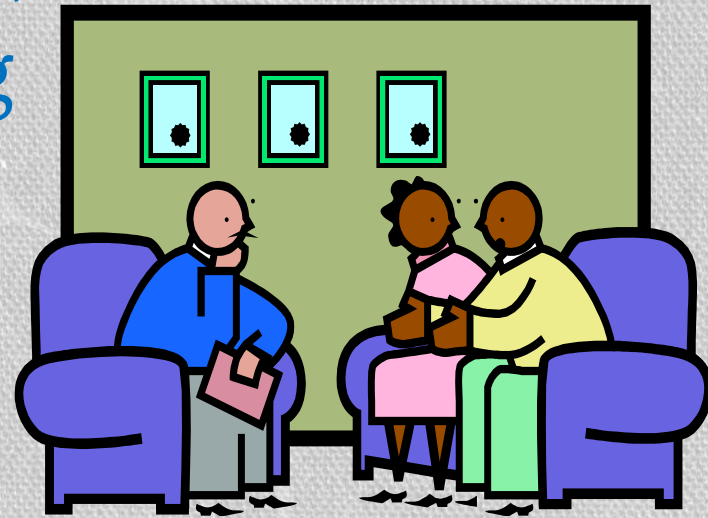
Yet, We *Must Believe* In Hope...

- Families are a system; what affects one member affects all
- As one member becomes ill, the rest adapt, pick up the slack, and try to adjust, enable
- While well-meaning, this is often done in dysfunctional ways
- **But**, families deserve treatment and deserve to be well!
- Treatment centers are much more holistically minded now
- Gone are the days of treating just the “identified patient”
- Family counseling can restore lives, restore futures, and restore dreams
- Support systems *are crucial*; Families can, and do, get well!
- “We’re one, but we’re not the same; we’ve got to carry each other” – “One” - U2 Band



What Works:

- Evidence-Based Practices, including American Society Addiction Medicine placement criteria
- Conducting Holistic Bio-Psycho-Social Assessments (CAGE, SASSI, MAST, ASI, Medical, Psychological, Spiritual, Genogram, Career, Wrap-Around Services)
- Treatment Matching (Utilizing Prochaska and DiClemente's "Stages of Change, Transtheoretical" Model)



What Works, Continued:

- Cognitive Behavioral Therapy (A. Beck)
- Rational Emotive Behavior Therapy (A. Ellis)
- Motivational Interviewing (W. Miller & S. Rollnick)
- Narrative Therapy (M. White and D. Epston)
- Gestalt Therapy (F. Perls)
- Person-Centered Therapy (C. Rogers)
- Dialectical Behavior Therapy (M. Linehan)
- Logotherapy (V. Frankl)
- Reality Therapy (W. Glasser)
- Working w/ Co-Morbid Disorders; Integrative Therapeutic Approaches
- Use of Medication Assisted Therapies (MAT) – crucial!!!



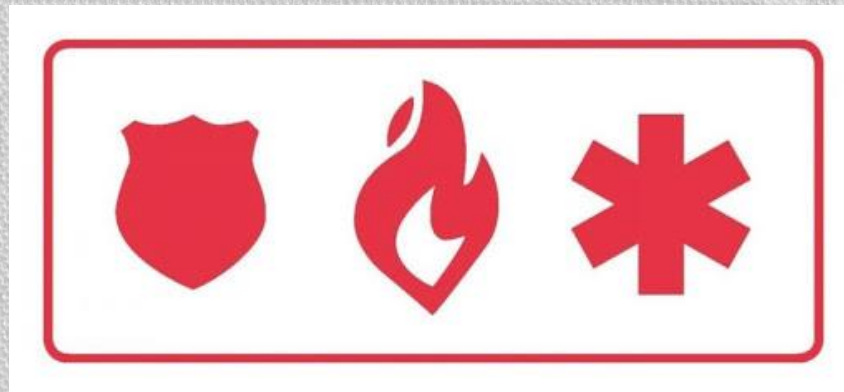
Treatment Approach Variations by the Substance Used:

- Better outcomes are realized by accurately treating the person's "drug of choice"
- Understanding substitution theory; **People use to change the way they feel – bottom line!**
- Once narrowed down, you can begin to understand what trauma the person may be self-medicating
- Utilize trauma-informed care and practices
- Treatment planning is more effective and engaging
- Building trusting relationships are essential!
- Co-Occurring Disorders must be treated **simultaneously** for successful recovery



First Responders

- California Assembly Bill no. 1945 defines First Responders
- What are first responders entrusted with?
 - ❖ Having specialized training, provide assistance in an emergency
 - ❖ “Protect and Serve”
 - ❖ This can be out in the field or in a facility (Can we implement changes to better assist those we serve?)
 - ❖ In California Peace Officers are mandated to have a continuous mental health training



First Responders Addressing Opioid Crisis



As previously mentioned, Center for Disease Control and Prevention (CDC) declared it a public health crisis.

California Standing Order for First responders

- Implementation of NARCAN
- Policies and Procedures

California Department of Public Health

Home | Programs | Center for Chronic Disease Prevention and Health Promotion | Division of Chronic Disease and Injury Control | Injury and Violence Prevention | Naloxone Standing Order

INJURY AND VIOLENCE PREVENTION (IVP) BRANCH

Injury and Violence Prevention Branch

- Programs
- Topics of Interest
- Resources
- Contact Us
- COVID-19 Women and Families

Statewide Standing Order for Naloxone

- [Naloxone Statewide Standing Order FAQs \(PDF\)](#)
- [Administering Naloxone - Training Video \(You Tube\)](#)

CDPH has issued a statewide standing order to help reduce morbidity and mortality associated with opioid overdose by facilitating the distribution and administration of Naloxone Hydrochloride (Naloxone) in California.

[REVIEW THE TERMS AND CONDITIONS TO DETERMINE IF YOU SHOULD APPLY](#)

After reviewing the [terms and conditions](#), apply for a standing order in three easy steps:

1. Click the Apply button below

Who Could Help?

- Emergency Medical Services
- Fire Authorities
- Law Enforcement
- Justice Partners
- Schools
- Community Organizations

NARCAN

narcan.com/first-responders/law-enforcement-roll-call-video/ ☆

Generation II (Red Plunger) Prescribing Information | Instructions for Use | Important Safety Information

PATIENTS | PRESCRIBERS | PHARMACISTS | PUBLIC SERVICE


NARCAN[®] (naloxone HCl)
NASAL SPRAY 4mg

WHAT IS NARCAN[®] NASAL SPRAY? | LAW ENFORCEMENT ROLL CALL VIDEO | IMPLEMENTING A NALOXONE PROTOCOL

Emergent BioSolutions has developed a short Law Enforcement Roll Call Training Module.

In this training module, you'll learn:

- How to identify an opioid overdose and check for response
- Proper administration of NARCAN[®] (naloxone HCl) Nasal Spray
- How to place the patient in the recovery position until emergency medical assistance arrives



INDICATION AND IMPORTANT SAFETY INFORMATION [See More ▾](#)

NARCAN[®] (naloxone HCl) Nasal Spray is used for the treatment of an opioid emergency or a possible opioid overdose with signs of breathing problems and severe sleepiness or not being able to respond. NARCAN[®] Nasal Spray is to be given right away and does not take the place of emergency medical care. Get emergency medical help right away after giving the first dose of NARCAN[®] Nasal Spray, even if the person wakes up because symptoms may return. Repeat doses may be necessary.

<https://www.narcn.com/first-responders/law-enforcement-roll-call-video/>

It Requires Ongoing Training

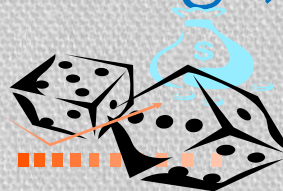
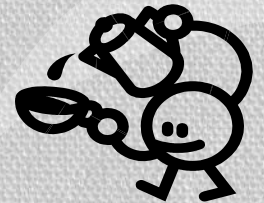
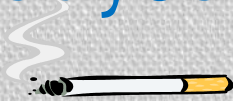
Crisis Intervention Training added to California Peace Officer Standards and Training (32-40 hours).

- Improved knowledge of mental health
- Understanding laws pertaining to disabilities
- Utilize de-escalation
- Facilitate referrals
- Connect with resources
- Reduced stigma
- Cultural sensitivity
- First Aid training (practical skills)
- We cannot do this alone; we must collaborate with one another to better help our communities.

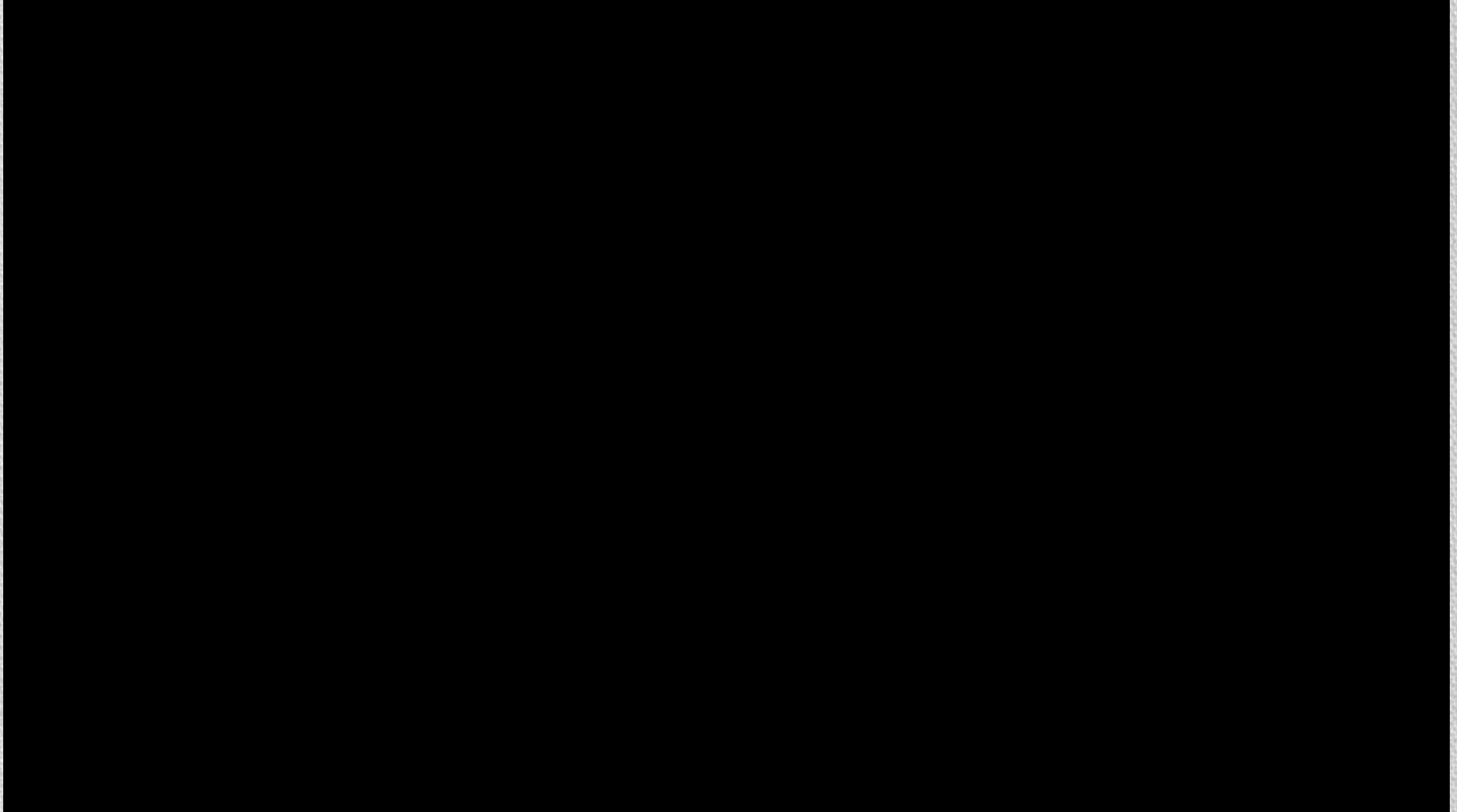


How Best to Understand...

- Attend open AA, NA, Al-Anon 12-Step meetings
- Visit a residential treatment center
- Listen to those in recovery
- Talk with the experts
- Do some self-reflection
- Think about your own needs, and *how you cope...*
- Reflect upon our own 'drug' of choice?
- In the end, as human beings, we are not so very different at all



Demi Lovato: “Anyone” – (Written 4 days before her overdose and treatment)



References:

- Addiction Center. (2019). *Addiction statistics*. AddictionCenter.com. Retrieved from <https://www.addictioncenter.com/addiction/addiction-statistics>
- California Assembly Bill AB-1945 Emergency services: First responders. (2020). Retrieved from http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1945#:~:text=8562.,as%20defined%20in%20Section%2050925.
- California Department of Public Health. (2020) Standing order. Retrieved from <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Naloxone-Standing-Order.aspx>
- California Peace Officers and Standards Training (2019). Mental health training in law enforcement. Retrieved from <https://post.ca.gov/mental-health-training-in-law-enforcement>
- Centers for Disease Control and Prevention (2020). Overdose deaths accelerating during COVID 19. Retrieved from <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>
- Centers for Disease Control and Prevention. (2020). Morbidity and Mortality Weekly Report. August 14, 2020 / 69(32); 1049-1057. Retrieved from <https://www.dcd.gov>
- Centers for Disease Control and Prevention. (2018). *Opioid overdose*. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>
- Centers for Disease Control and Prevention. (2017). *Overdose death rates*. Bethesda, MD: National Institute on Drug Addiction.

References Continued:

- Conley, M. (2019). *Why are Americans in so much pain?* Retrieved from <https://news.yahoo.com/americans-much-pain-141918964.html>
- DSM-5 (2013). *Diagnostic statistics manual of mental disorders*. Arlington, VA: American Psychiatric Association.
- Ivey, A., D'Andrea, M., & Ivey, M. (2012) *Theories of counseling and psychotherapy: A multicultural perspective* (7th ed.) Thousand Oaks, CA: Sage.
- Harvard Medical School. (2011). *How addiction hijacks the brain*. Cambridge, MA: Harvard Health Publishing
- Health and Human Services (2020). *Opioid crisis statistics*. Retrieved from <https://www.hhs.gov/opioids/about-the-epidemic/opoid-crisis-statistics/index.html>
- International Classification of Diseases – 10 (2018). *ICD-10*. Retrieved from <https://icd10coded.com/search/?q=Addiction>
- Kaur, H. (2020). The opioid epidemic was already a national crisis; COVID-19 could be making it worse. CNN Health. Retrieved from <https://southgatv.com>
- Keeting, D. & Granados, S. (2017, October). See how deadly street opioids like ‘elephant tranquilizer’ have become. *The Washington Post*. Retrieved from https://washingtonpost.com/graphics/2017/health/opioids-scale/?utm_term=.2d8f7b845358
- Kinney, J. (2012). *Loosening the grip* (10th ed.) New York, NY: McGraw-Hill.

References, Continued:

- Lovato, D. [YouTube video recording] (2020). Anyone. Retrieved from <https://www.youtube.com/watch?v=AqtooBbxuaw>
- National Institute on Drug Abuse. (2018). *Opioid overdose crisis*. Bethesda, MD: Author
- National Institute on Drug Abuse. (2016). *What science tells us about opioid abuse and addiction*. Bethesda, MD: Author
- Neukrug, E. (2011). *Counseling theory and practice*. Belmont, CA: Brooks/Cole, Cengage Learning.
- Substance Abuse and Mental Health Administration. (2018). *Buprenorphine*. Retrieved from <https://samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>
- Smith, Fran. (2017, September). The addicted brain. *Journal of the National Geographic Society*, 232(3), 30-55.
- Sharf, R. (2012). *Theories of psychotherapy and counseling*. Belmont, CA: Brooks/Cole.
- U2 Band [YouTube video recording] (2009). One. Retrieved from https://www.youtube.com/watch?v=Hk1BQva1Tak&feature=player_detailpage