

Helping Hands in Breaking the Chains of Substance Use Disorders and Improving Lives in South Carolina

Michelle Nienhius, M.P.H.

Manager of Prevention and Intervention Services

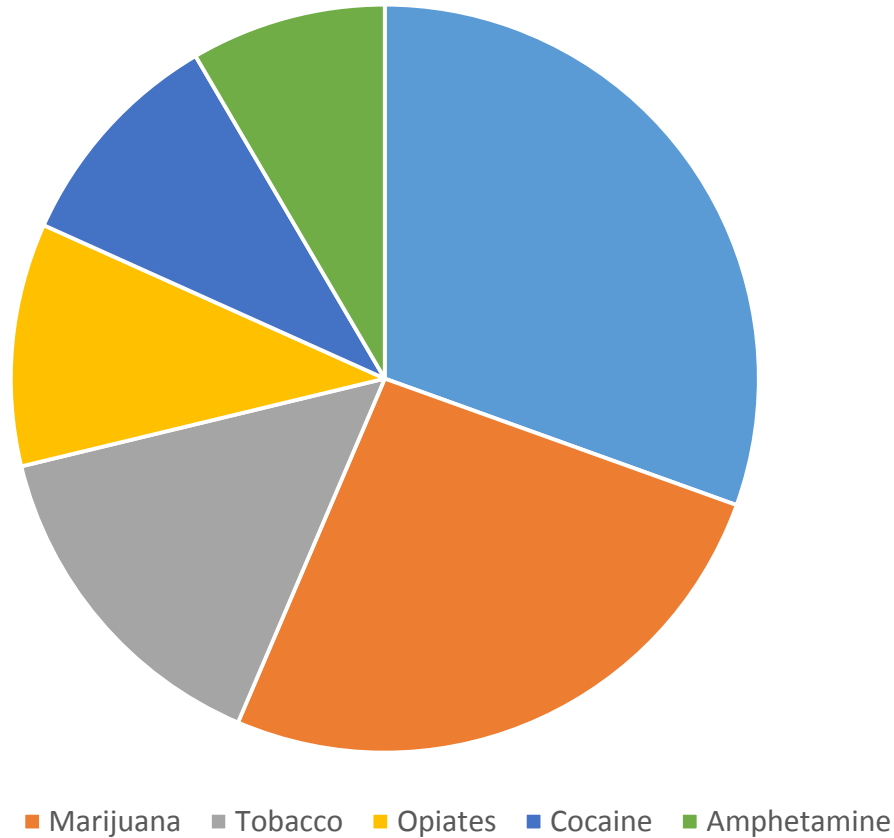
South Carolina Department of Alcohol and Other Drug Abuse Services

Session Objectives

- The scope of the problem of Substance Use Disorders in South Carolina
- Insight on the continuum of care in providing services
- How communities can be involved in creating healthier and safer communities across South Carolina

Quarter 1-State Fiscal Year 2019

SUD Disorder



Age: Zero-11	1%
Age: 12-17	12%
Age: 18-24	14%
Age: 25-34	30%
Age: 35-44	20%
Age: 45-64	20%
Age 65-over	2%

Source: DAODAS

Needing but Not Receiving Treatment

- The largest gap in treatment continues to be among persons **ages 18-25, where in 2015-2016, 9.9% reported needing but not receiving treatment for alcohol use disorder, although rates are down from 10.2% in 2013-2014.**
- The percentage of persons who reported needing but not receiving treatment for illicit drug use has **increased among persons ages 18-25 and ages 26 and older.**
- Rates have decreased among persons ages 12-17.
- As is the case with treatment for alcohol use, the largest gap in treatment for illicit drug use is clearly among persons **ages 18-25, with 7.5% reporting needing but not receiving treatment in 2015-2016, up from 6.4% in 2013-2014.**
- After a peak of 4.5% of persons ages 12-17 needing treatment but not receiving it in 2010- 2011, rates have declined annually to a rate of 3.1% in 2015-2016

Source: <http://www.daodas.sc.gov/wp-content/uploads/2019/01/2017-SC-Substance-Use-Epidemiological-Profile-2.pdf>

Admission and Hospitalization Data

- Admissions for substance use disorder treatment across South Carolina's state-funded providers **decreased** by 3% from 2016 to 2017 (36,057 to 34,979). However, admissions for treatment related to opioid use **increased** by 11% (5,689 to 6,305).
- Hospitalizations across the state due to a drug-related overdose **decreased** by 1.8% from 2016 to 2017 (44,197 to 43,385).
- The number of hospitalization discharges due to an opioid-related overdose also decreased from 7,052 in 2016 to 6,961 in 2017 (-1.3%).
- Hospitalization discharges across the state due to a reported primary or secondary alcohol dependence dropped overall from 2016 to 2017 (52,132 to 49,748).

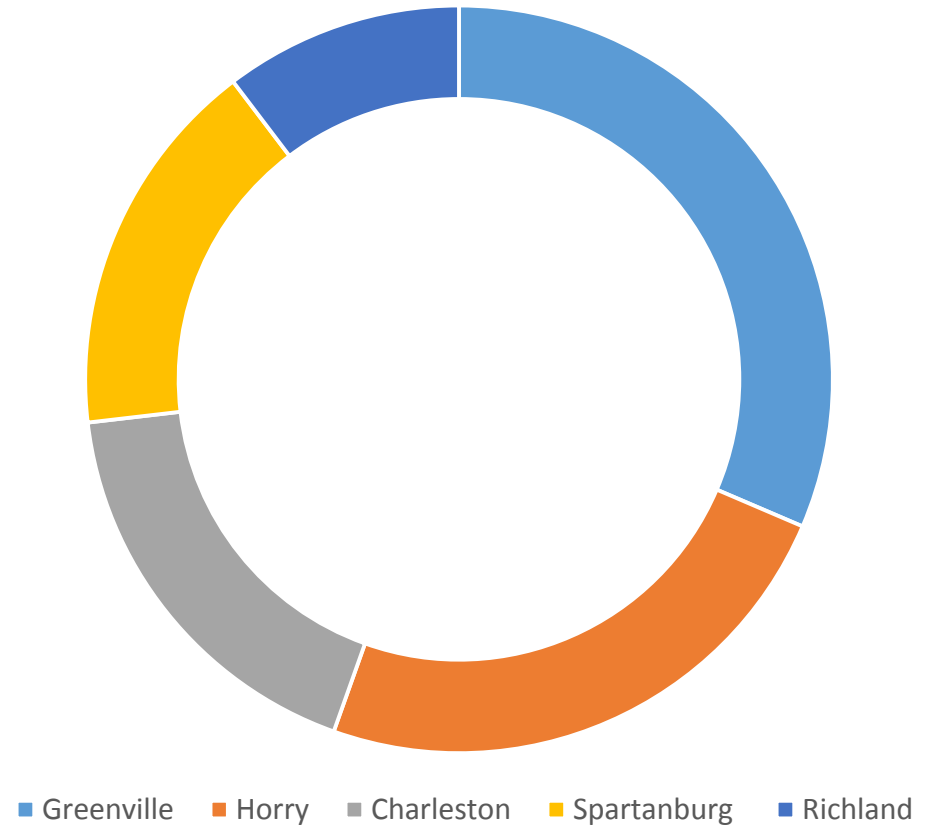
Source: <http://www.daodas.sc.gov/wp-content/uploads/2019/01/2017-SC-Substance-Use-Epidemiological-Profile-2.pdf>

Opioid Crisis in SC: Naloxone Reversals Calendar Year 2018

- Total of 6,341 person incident naloxone administrations with 4,042 overdose reversal.
- Males were 69% more likely than females to have had non-fatal opioid overdose.
- White, non-Hispanic were 135% more likely than Black, non-Hispanic to have had non-fatal opioid overdose.
- Adults aged 25-34 years were 99% more likely than the rest of the population (excluding <15 years) to have had non-fatal opioid overdose.

Data Source: South Carolina Department of Health and Environmental Control, Bureau of Emergency Medical Services and Trauma

Overdose Reversals



Substance Abuse is a Chronic Illness

- Addiction is a chronic, complex neurobehavioral disease
- Addiction is not “one size fits all”
- Residential care is considered the most intense level of addictions treatment (except withdrawal management is better considered medical management)

The Substance Abuse and Mental Health Services Administration (SAMHSA) demonstrates that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and/or substance use disorders.

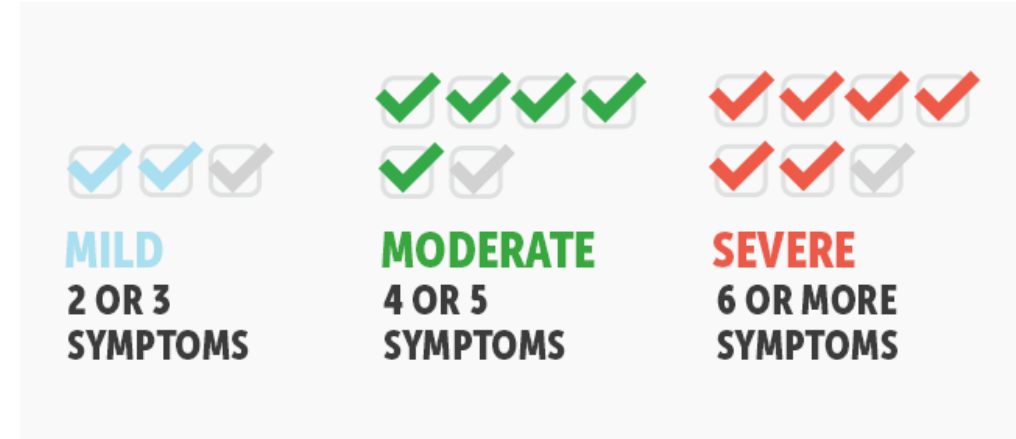
What is Addiction?

<https://www.youtube.com/watch?v=v6rEiMq7mV8>

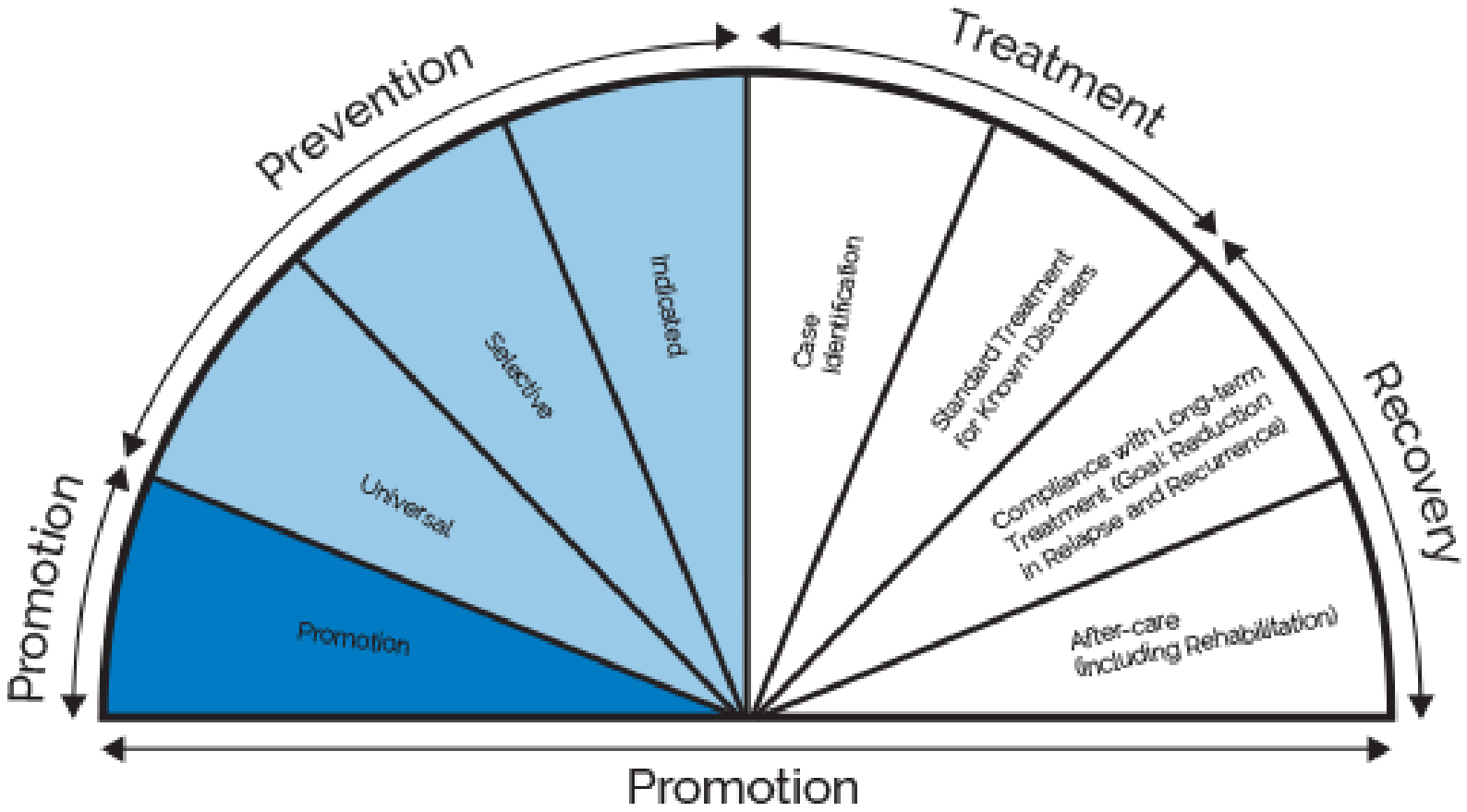
Criteria of Addiction

ADDICTION SYMPTOMS CHECKLIST

- Often taking more of the substance for a longer period than intended
- Ongoing desire or unsuccessful efforts to reduce use
- Great deal of time spent to obtain, use or recover from substance
- Craving the substance
- Failing to fulfill obligations at work, home or school as a result of continued use
- Continued use despite ongoing social or relationship problems caused or worsened by use
- Giving up or reducing social, occupational or recreational activities because of use
- Repeated use in physically dangerous situations (like drinking or using other drugs while driving, or smoking in bed)
- Continued use despite ongoing physical or mental health problems caused or worsened by use
- Developing tolerance (feeling less effect from the substance with continued use)
- Experiencing withdrawal symptoms after reducing use (symptoms vary by substance). Withdrawal does not happen with all substances; examples include inhalants and hallucinogens



Continuum of Care



Health Promotion

- **Health promotion** is defined by the World Health Organization as the process of enabling people to increase control over their health and its determinants, and thereby improve their health.

Source: SAMHSA



Prevention

- Prevention approaches focus on helping people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors.
- **Universal preventive interventions** take the broadest approach and are designed to reach entire groups or populations. Universal prevention interventions might target schools, whole communities, or workplaces.
- **Selective interventions** target biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population.
- **Indicated preventive interventions** target individuals who show signs of being at risk for a substance use disorder.

Source: SAMHSA

Treatment

- [Substance](#) use disorder treatment, an individualized set of evidence-based clinical services designed to improve health and function, including medications and behavioral therapies.
- Early treatment is best. A trained professional should do a full evaluation to make the diagnosis. No single treatment works best. Treatments must address each person's needs and symptoms.

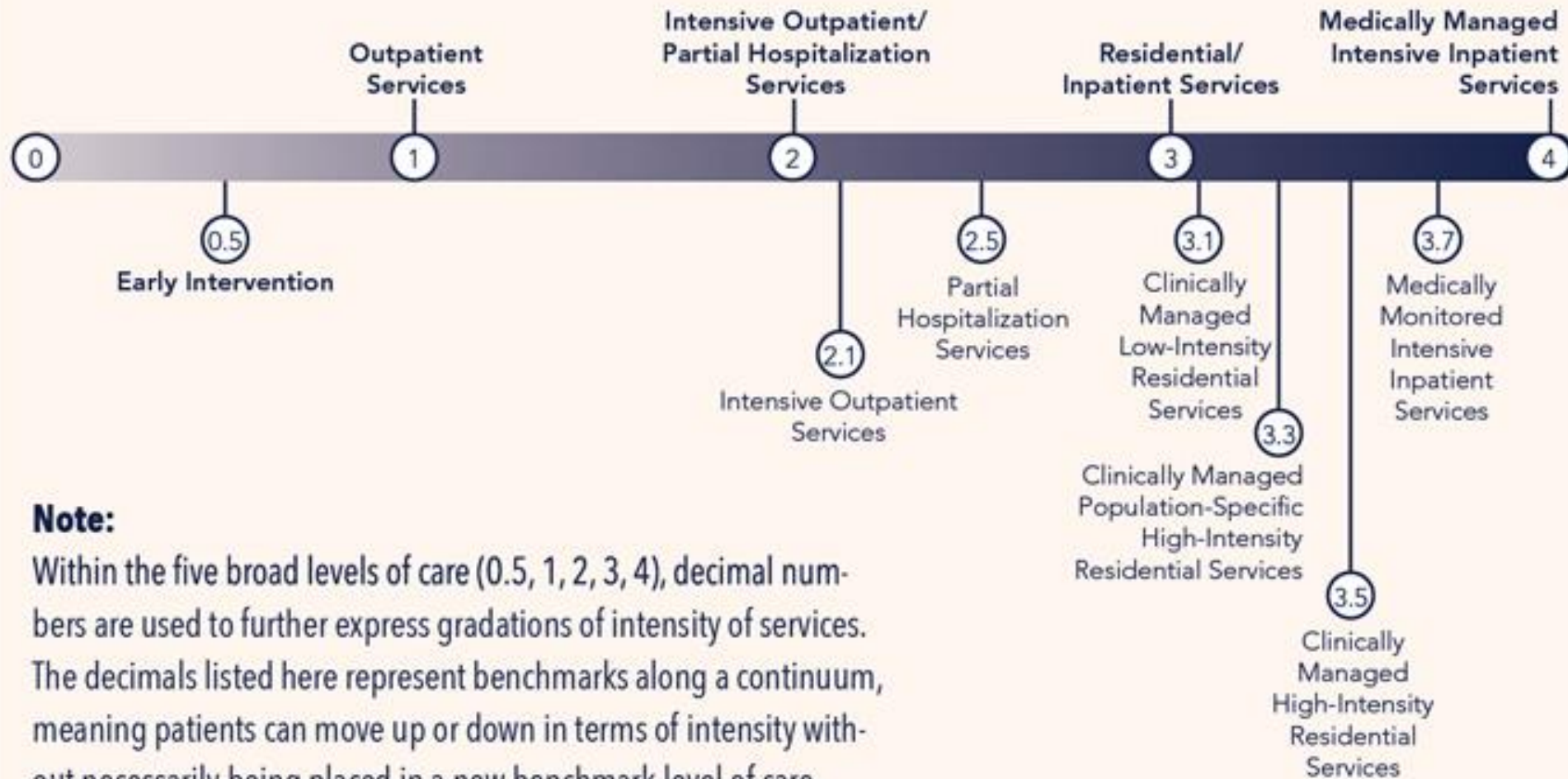
Source: SAMHSA

- ASAM's treatment criteria provide separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans. Adolescent and adult treatment plans are developed through a multidimensional patient [assessment](#) over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and [security](#) provided and the intensity of treatment services provided.
- Through this strength-based multidimensional assessment the ASAM criteria addresses the patient's needs, obstacles and liabilities, as well as the patient's strengths, assets, resources and support structure

American Society of Addiction Medicine (ASAM) *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*



REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

American Society of Addiction Medicine (ASAM) *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*

Recovery

- Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.
- There are four major dimensions that support recovery:
 - **Health**—overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
 - **Home**—having a stable and safe place to live.
 - **Purpose**—conducting meaningful daily activities and having the independence, income, and resources to participate in society.
 - **Community**—having relationships and social networks that provide support, friendship, love, and hope.
- **Hope**, the belief that these challenges and conditions can be overcome, is the foundation of recovery. The process of recovery is highly personal and occurs via many pathways. Recovery is characterized by continual growth and improvement in one’s health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

Source: SAMHSA

South Carolina County Authorities for Service Provision

- DAODOAS is organized into **32 county alcohol and drug abuse authorities** that have offices in each of the state's 46 counties, thereby ensuring the availability of core substance use services to all South Carolina residents.
- These services include traditional group, individual, and family outpatient counseling, post-discharge; Alcohol and Drug Safety Action Program (ADSAP), the state's DUI program; youth and adolescent services; and primary prevention/education programs.
- Service delivery emphasizes evidence-based practices and is supported by DAODAS quality assurance efforts.

South Carolina's Prevention and Treatment System

- Act 301 of 1973 formed the SC System of “County Alcohol and Drug Abuse Authorities”.
- Have 32 agencies that provide prevention, intervention, treatment and recovery services to the 46 counties. All agencies must be licensed through DHEC and accredited through CARF-The Rehabilitation Accreditation Commission or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- Program was initially funded through “Mini Bottle” taxes, then several years later federal SAPT Block Grant funds were added.



Issues with Substance Use Disorders

- Substance use and mental disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Mental illness and substance use disorders are among the top conditions that cause disability in the United States.
- In addition, drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease. Preventing mental and/or substance use disorders and related problems is critical to Americans' behavioral and physical health.

How to create safe and healthy communities

- Promote health across the lifespan
- Education
- Strong laws/policies that are enforced to create safer environments
- Make screening for alcohol and drug use a standard of care
- Reducing Stigma
- Increase availability of treatment
- Increase resources for recovery services
- Build community coalitions/partnerships with agencies to address substance use disorders
- Determine the community needs and resource gaps
- Enhance cross-sector collaboration in community planning and design to promote health and safety.

The Real Stigma of Substance Use Disorders



In a study by the Recovery Research Institute, participants were asked how they felt about two people
“actively using drugs and alcohol.”

One person was referred to as a
“substance abuser”



The other person as
“having a substance use disorder”



No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE “SUBSTANCE ABUSER” WAS:

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

What can we do to end stigma?

- Each of us can commit to not using hurtful or damaging words about those who face addiction.
- We can all be part of the solution.
- We can take a stand against stigma.
- We can support treatment opportunities.
- We can encourage people in recovery.
- Most importantly, we can talk about addiction amongst our friends and family members to hopefully address the misperceptions about addiction, treatment options and long-term recovery.
- Additional resources:
 - https://facesandvoicesofrecovery.org/resources/language_stigma.html
 - <https://lradac.org/language-of-recovery/>

Source: The Language of Recovery (Missouri Recovery Network)

Michelle M. Nienhius, M.P.H.

mnienhius@daodas.sc.gov

(803) 896-1184

South Carolina

DAODAS

Department of Alcohol and Other Drug Abuse Services