Medically Treated or Dangerously Numb: The Relationship Between Mental Wellbeing & The Opioid Crisis

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Disclosures

Kim Swanson, Ph.D. is a full time salaried employee as the Behavioral Health Director at Mosaic Medical. Dr. Kimberly Swanson has disclosed that within the past 12 months, she has not had financial interest with any manufacturers of medical commercial products pertaining to the presented topics.
Objectives

1) Learn about long term and systemic factors that lead to deaths of despair

2) Identify how mental health factors, such as depression, have played a role in prescribing practices

3) Identify the importance of biopsychosocial multidisciplinary treatment for individuals suffering from chronic non-cancer pain
“It’s a long shot, but someone’s got to win the lottery...”
Background: Pain Related Suffering

Between stimulus and response there is a space.

In that space is our power to choose our response.

In our response lies our growth and our freedom.

- Viktor Frankl
  psychiatrist and holocaust survivor

#MiracleShare
Background: Pain Related Suffering

The story of a “young” UW Research Pain Fellow

- What is pain?
- What is suffering?
- What is the difference between the two?
- Is all pain bad?
- Is all suffering bad?
Background: Pain Related Suffering

The Opioid Crisis

Pain & Suffering

No one has answered the chicken and egg question

1) “Did under/untreated mental health and substance use disorders cause the opioid crisis”

2) “Did the opioid crisis cause mental health disorders and substance use disorders”
The Opioid Crisis and the Pain & Suffering of Our Nation
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Americans consume more opioids than any other country

Standard daily opioid dose for every 1 million people

United States
Canada
Germany
Denmark
Belgium
Austria
Switzerland
Australia
Holland
Spain
Luxembourg
Norway
Great Britain
Ireland
New Zealand
Sweden
Iceland
Israel
France
Slovenia
Portugal
Finland
Italy
Mauritius
Greece

Source: United Nations International Narcotics Control Board
Credit: Sarah Frostenson
The Opioid Crisis and the Pain & Suffering of Our Nation

The opioid crisis is expected to worsen in the next decade owing to multiple factors.

- First, the number of individuals using illicit opioids is expected to increase substantially.
- Second, unlike historical trends where prescription opioid use has served as a path to heroin use, more people are directly initiating opioid use with illicit opioids.
- Third, there has been a rapid increase in illicit opioid lethality, likely mainly driven by the infiltration of the heroin supply with the highly potent synthetic opioid fentanyl.

Reference
The Opioid Crisis and the Pain & Suffering of Our Nation

Suicide

- The Opioid Epidemic is occurring at the same time death by suicides hit a 30-year high. It appears there are multiple syndemics occurring versus twin epidemics.
  - Many opioid overdoses may be suicides. Data from multiple sources strongly suggest that the proportion of opioid-overdose deaths that are suicides are considerable
  - The distinction between unintentional and volitional deaths may be blurred in individuals with opioid use disorder whose motivation to live might be eroded by addiction

- Patients with chronic pain disorders have always been thought to be at higher risk for suicide with or without opioids. Those who are on opioids for a longer duration may be at elevated risk for suicide secondary to increased rates of depression as a consequence of long term opioid therapy.

- Chronic pain, adverse childhood experiences, mental health conditions, and social determinants of health may interact in a “multiplicative and/or cumulative manner” to elevate their risk.

References


The Opioid Crisis and the Pain & Suffering of Our Nation

Declines in Life Expectancy in the United States Paint a Dismal Trend Not Seen Since World War I

• Life expectancy drops as opioid and suicide deaths rise
• The United States is ranked 42nd in the world
Deaths of Despair
The Opioid Crisis is Just Part of the Problem
Deaths of Despair
The Opioid Crisis is Just Part of the Problem

- The opioid epidemic is sitting on top of a much larger, and more poorly understood decline in health and wellbeing in the United States
  - Despair has been rising for a long time
  - Economic stagnation since the 1980s for moderate income households of all races and ethnicities coupled with rising medical costs are compromising Americans ability to satisfy basic needs.
  - Declines in Self-reported trust (a measure of psychological well being)
    - Americans are less likely to see others as fair, to believe their standard of living was as good as their parents
    - Exploratory analyses and the broader literature portend worsening of the following across all ages, races, ethnicities and socioeconomic status
      - Mistrust
      - Loneliness
      - Mental health
      - Health

References
Deaths of Despair
The Opioid Crisis is Just Part of the Problem

Mental Health in America 2018
- The Journal of the American Medical Association reports that the "disease burden" (cost and outcomes) of mental health and substance use disorders was higher than for any other condition in 2015.
- 18% of Adults have a mental health condition (43 Million Americans)
- Nearly ½ of adults with a mental health condition have a co-occurring substance use disorder
- In a five year period, ranges of severe depression in youth increased from 5.9%-8.2%

Lack of Access to Care
- 56% of American Adults with a mental illness did not receive treatment
- 7.7% of youth had no access to mental health services through their private insurance
- Over 1.7 million youth with a major depressive episode did not receive treatment

Shortage of Mental Health Providers
- According to the U.S. Department of Health and Human Services, approximately 111 million Americans live in an area currently experiencing a shortage of behavioral health professionals.

References


Medically Treated or Dangerously Numb

BRENÉ BROWN
Numb the dark and you numb the light.
@TRACYAMALONE
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• With chronic pain, comorbidity is the rule, not the exception, for both mental and physical health conditions

• Co-morbid conditions underscores the biopsychosocial issue of chronic pain that requires comprehensive approaches involving multidisciplinary pain management team
  • Why is it important?
    ◦ The historical division of mind and body must give way to the reality that we cannot improve patient care as long as we structure health and mental health care as separate and discrete enterprises
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Depression, Pain, & the Opioid Crisis

- On average, 65% of depressed individuals also complain of pain symptoms
- 40-60% of chronic pain patients meet criteria for depression
- Individuals with Depression may also be more likely to abuse pain killers for non-pain-related reasons.
  - A 2015 study published in the Journal Pain researchers noted that depressed patients were likely to keep using opioids even after pain had subsided and physical functionality was restored.
  - A 2016 study conducted by Harvard researchers observed that individuals with mood disorders were twice as likely to continue opioid use after pain subsided as non-depressed individuals.
  - Women prescribed opioid pain relievers are more likely than those not prescribed opioids to have depression, anxiety disorder and to smoke tobacco.

References
Patrick, S.W. et al. (2015), Prescription Opioid Epidemic and Infant Outcomes, Pediatrics
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Childhood Emotional Abuse

- A study by researchers at the University of Vermont has revealed a link between adult opioid misuse and childhood emotional abuse.
- Children who had been emotionally abused were more likely to suffer posttraumatic stress disorder (PTSD) as adults.
- The greater the severity of childhood emotional abuse, the greater the opioid use disorder

References

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Co-Prescription of Benzodiazepines & Opioids

- Pain relief is not the only desired treatment outcome, but it also includes mood improvement, sleep and quality of life, all of which require co-prescription of opioids with other medications
- Benzodiazepines and Chronic Pain
  - The prescriptions for benzodiazepines have risen 67% since the mid-1990’s. In 2001, only about 1 in 10 patients taking opioids were also taking a benzodiazepine; by 2013, the figure had almost doubled.
  - Strength (in milligrams) of benzodiazepine prescriptions has risen 300%.
  - Nearly 80% of patients taking an opioid also used a benzodiazepine and that those who used both drugs concurrently were at a tenfold increased risk of death from overdose
- Factors influencing co-prescription of benzodiazepines and opioids
  - Comorbid sleep issues
  - Comorbid PTSD : Approximately 15% to 35% of patients with chronic pain also have PTSD
  - Comorbid Anxiety : Up to 45% of chronic pain patients will screen positive for an anxiety disorder, with up to 20% meeting diagnostic criteria
  - Access to integrated behavioral health or mental health treatment
  - Stigma associated with engaging in mental health treatment
  - Insurance coverage of evidenced based alternative treatment modalities

References


The Statistics Underestimate the Impact of the Opioid Epidemic on Children

The overall incidence of hospitalizations for prescription opioid poisonings in children and adolescents has more than doubled from 1997 to 2012, with increasing incidence of poisonings attributed to suicide or self-inflicted injury and accidental intent.

“Poisonings by prescription and illicit opioids are likely to remain a persistent and growing problem in the young unless greater attention is directed toward the pediatric community, who make up nearly one-quarter of the U.S. population.”

The Foster Care System

Approximately 92,000 children were removed from their home in 2016 because at least one parent had a substance use problem.

Out-of-home placements also include the 2.5 million children nationwide being raised by grandparents and other relatives.

A baby is born suffering from opioid withdrawal every 25 minutes.

Teachers

“When their family members struggle with substance use disorders, children bring experiences of neglect, trauma, and often mental health issues into the classroom creating challenging environments for teachers.”

70% of West Virginia teachers report an increase in students impacted by substance use in the home.

10% of teachers feel confident in knowing how to support children with parents or caregivers who use substances.

Most teachers surveyed in West Virginia report they are experiencing

- Emotional Exhaustion
- Cynicism
- Lack of feelings of personal accomplishment

References


Treating Whole People and Whole Communities

Only by restoring the broken connections can we be healed. Connection is health.

Wendell Berry
PICTUREQUOTES.com
Treating Whole People and Whole Communities

Community + Connection = Medicine

If we want to make a difference in our national health, we need to be asking not only “Why the disease?” but also “Why the despair?”

- What are the conditions of our psyches, our families, our communities, our society that are producing despair, shame, and anxiety?
- And then we need to intervene by creating systems, structures, and community cultures that actively generate the opposites of despair:

We CAN (& Must) Do This

The truest wisdom is a resolute determination.
Napoleon Bonaparte
We CAN (& Must) Do This

We must work together to envision a world in which the fundamental behavioral and experiential drivers of human health and wellbeing are both easily and affordably accessible via clinical healthcare, and embedded into the daily systems and structures that guide our lives.
Questions & Answers