




GENERATIONAL DIFFERENCES AND OPIATE DEPENDENCE

- COMMUNITY OPIOID SYMPOSIUM: AN EDUCATIONAL EVENT FOR HEALTHCARE PROVIDERS
 - SHREVEPORT LA 12/7/19
 - BILL DOCKETT MA, LAC, SAP
 - BRENTWOOD HOSPITAL., SHREVEPORT LA
- 




DISCLOSURES

- I AM AN EMPLOYEE OF BRENTWOOD HOSPITAL
- 



LEARNING OBJECTIVES

- DESCRIBE THE IMPACT OPIATES HAVE HAD IN LOUISIANA
 - DESCRIBE AND IDENTIFY THE IMPACT OF THE FOLLOWING FACTORS REGARDING OPIATE DEPENDENCE
 - BIAS
 - CULTURE
 - CONTEXT
 - PERCEPTION
- 

DATA

U.S. Border Patrol Nationwide Drug Seizures FY 2014 - FY 2019

	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19
Cocaine	4,554	11,220	5,473	9,346	6,550	11,682
Heroin	606	518	566	953	568	808
Marijuana	1,922,545	1,538,307	1,294,052	861,231	461,030	266,882
Methamphetamine	3,930	6,443	8,224	10,328	11,314	14,434
Fentanyl	n/a	n/a	105	181	388	226

*weights are in pounds (lb)

2017 OPIATE PRESCRIPTIONS PER 100 PEOPLE

- OPIOID PRESCRIPTIONS/100 PERSONS (2017)
- **THE AVERAGE U.S. RATE OF 58.7 PRESCRIPTIONS**
- [ALABAMA](#) 107.2
- [ARKANSAS](#) 105.4
- **MISSISSIPPI 92.9**
- **LOUISIANA 89.5**

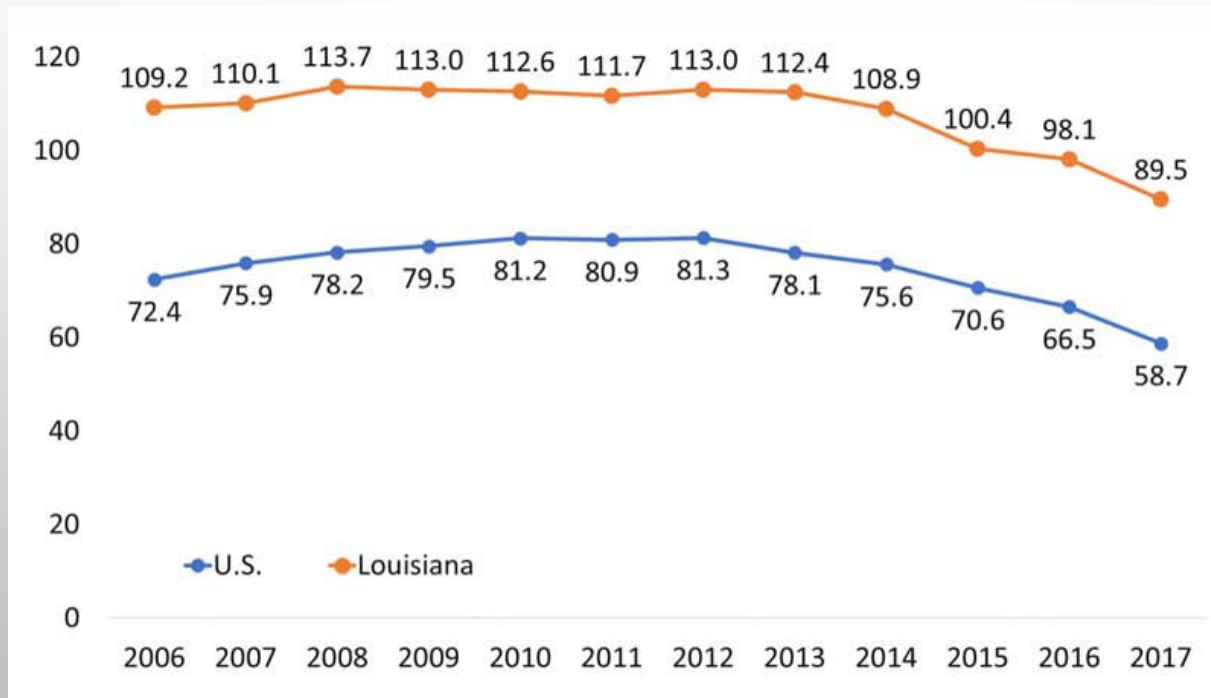
- LOWEST
- [WASHINGTON D.C.](#) 28.5



2017 OPIATE PRESCRIPTIONS PER 100 PEOPLE

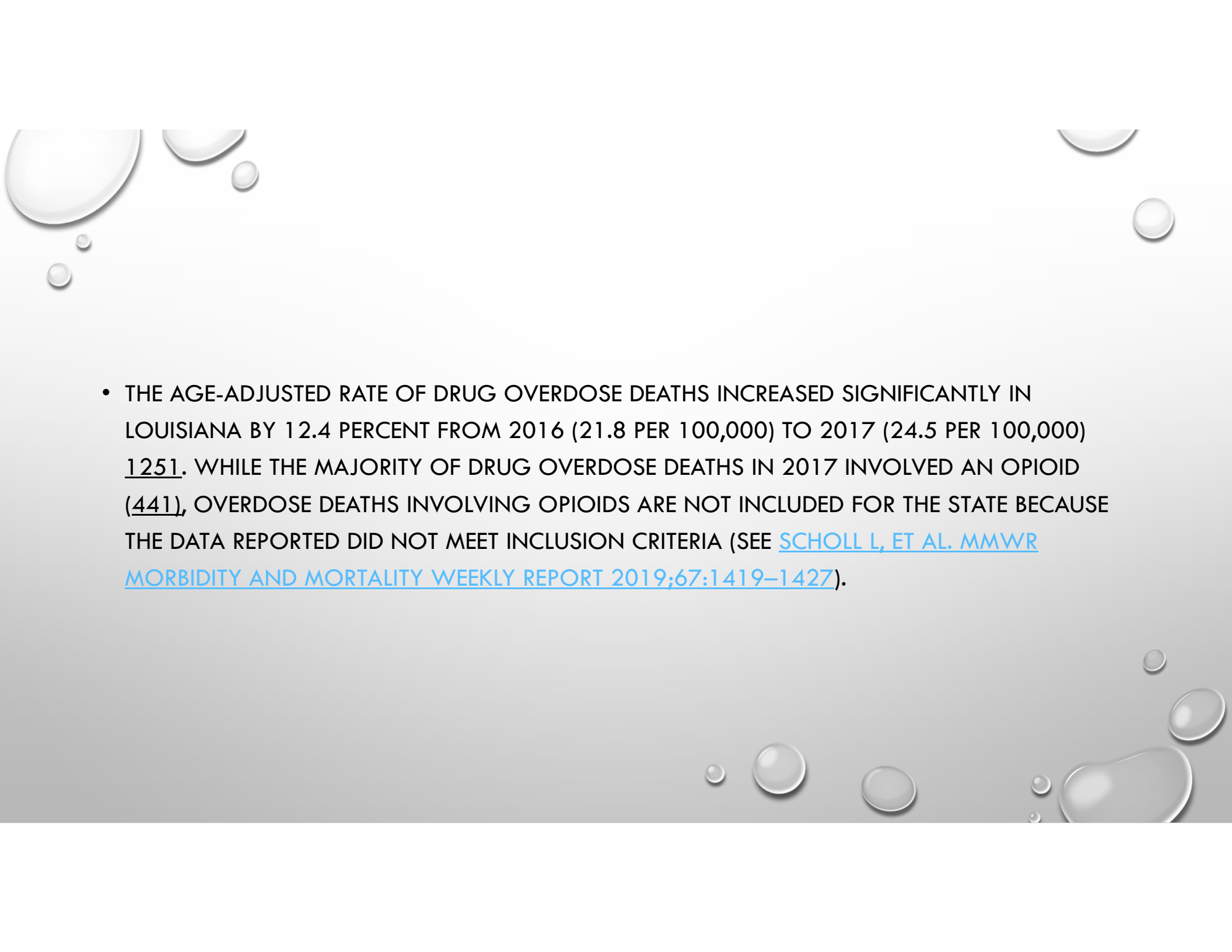
LOUISIANA OPIOID DATA AND SURVEILLANCE SYSTEM

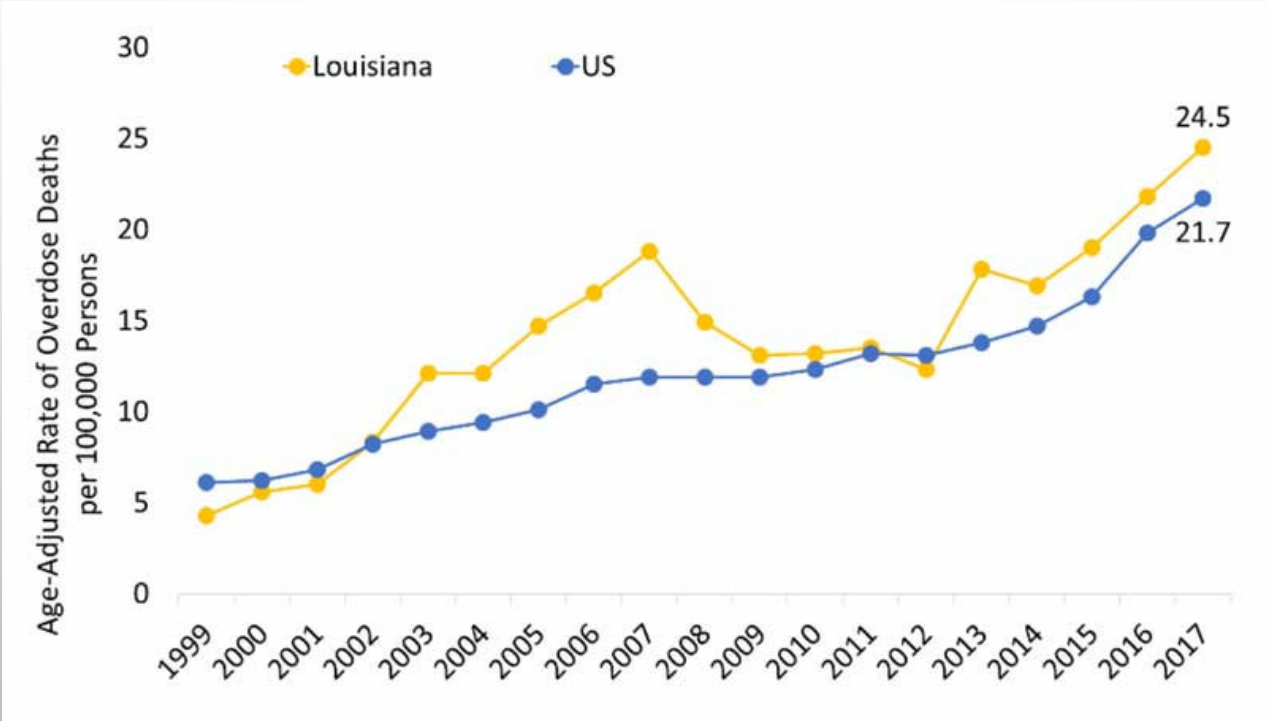
- BOSSIER PARISH 87
- CADDO PARISH 177
- RAPIDES PARISH 213

U.S. AND LOUISIANA COMPARISON SINCE 2006



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- IN 2017, THERE WERE MORE THAN **70,200** DRUG OVERDOSE DEATHS IN THE U.S.—AN AGE-ADJUSTED RATE OF 21.7 PER 100,000 PERSONS. AMONG THESE, 47,600 INVOLVED OPIOIDS. THE SHARPEST INCREASE OCCURRED AMONG DEATHS INVOLVING FENTANYL AND FENTANYL ANALOGS (OTHER SYNTHETIC NARCOTICS) WITH MORE THAN 28,400 OVERDOSE DEATHS IN 2017.
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- THE AGE-ADJUSTED RATE OF DRUG OVERDOSE DEATHS INCREASED SIGNIFICANTLY IN LOUISIANA BY 12.4 PERCENT FROM 2016 (21.8 PER 100,000) TO 2017 (24.5 PER 100,000) 1251. WHILE THE MAJORITY OF DRUG OVERDOSE DEATHS IN 2017 INVOLVED AN OPIOID (441), OVERDOSE DEATHS INVOLVING OPIOIDS ARE NOT INCLUDED FOR THE STATE BECAUSE THE DATA REPORTED DID NOT MEET INCLUSION CRITERIA (SEE [SCHOLL L, ET AL. MMWR MORBIDITY AND MORTALITY WEEKLY REPORT 2019;67:1419–1427](#)).



The background features a light gray gradient with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text 'QUALITATIVE FACTORS' is centered in the upper half of the page.

QUALITATIVE FACTORS




BIAS

- PERSONAL
 - PROFESSIONAL
 - PATIENTS/CLIENTS
 - COMMUNITY
- 



RECOGNIZING BIAS

- A SAYING I OFTEN REPEAT AND LIVE BY CLINICALLY: "NOT EVERY THERAPIST IS FOR EVERY CLIENT AND NOT EVERY CLIENT IS FOR EVERY THERAPIST"
 - BY DEFINITION A COUNSELOR IS SUPPOSED TO BE NEUTRAL IN MOST SITUATIONS AND AS A ASPIRATIONAL/BEST PRACTICES EXHIBIT UNCONDITIONAL POSITIVE REGARD
 - BIAS IS A PART OF EVERYDAY LIFE
 - RECOGNIZING BIAS AND LIMITATIONS PROVIDE AN OPPORTUNITY FOR GROWTH
- 



BIAS EXERCISE

WHAT ARE YOUR BIASES ON:


- CLIENTS
- RACE
- TREATMENT APPROACHES
- GENDER/SEXUALITY
- MENTAL HEALTH ISSUES
- ADDICTION
- SOCIAL ECONOMIC
- CULTURAL
- MAT

WHAT DO YOU WANT TO DO ABOUT IT?:

- COMPENSATE
 - EDUCATE
 - IGNORE
 - CONFRONT
 - OTHER
- 




BIAS

- A COUNSELOR WHO DENIES ANY BIASES MAY UNKNOWINGLY CARRY BIASES INTO THE SESSION. HENCE IT IS IMPORTANT TO RECOGNIZE YOUR OWN BIASES AND DECIDE ON A PLAN OF ACTION
 - EVALUATE WHAT BIASES YOU HAVE
 - EXAMINE BIASES THAT THE PARTIES PERCEIVE YOU HAVE, EVEN IF YOU MAY NOT HAVE THEM
 - EXAMINE THE BIASES THAT THE PARTIES BRING TO THE TABLE
 - EXAMINE BIASES YOU PERCEIVE THE PARTIES MAY BRING TO THE TABLE
- 




CONTEXT

- **OUR SETTING/ROLE**
 - **PATENTS PRESENTING SITUATIONS**
 - **IMPACT OF CURRENT EVENTS/REALITY**
 - **DYNAMIC IN NATURE**
- 




PERCEPTION

- **OUR VIEW OF REALITY**
 - **PATIENTS VIEW OF REALITY**
 - **PERCEPTUAL DIFFERENCES**
 - **WHAT IS CONSIDERED HELP?**
- 



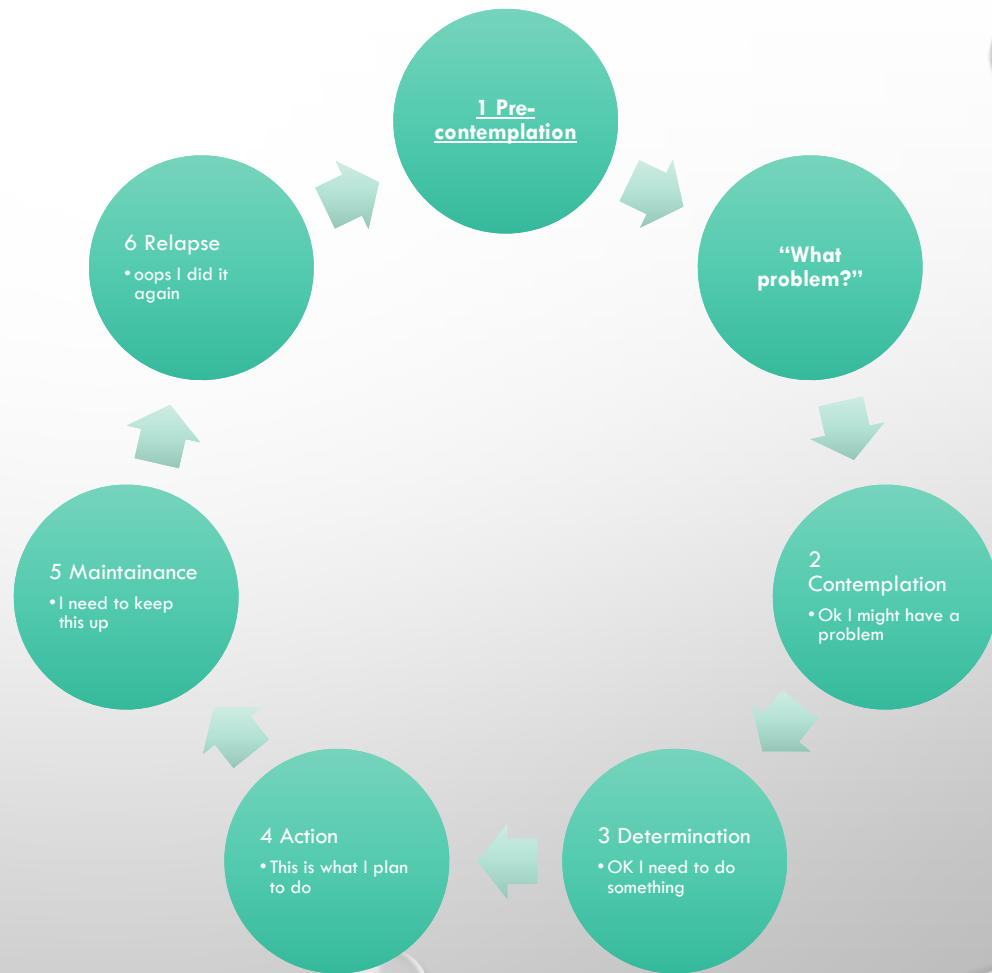
CULTURE

- **WHAT IS THE IMPACT?**
 - **HOW DOES ONE IDENTIFY AND FIT IN?**
 - **WHAT ARE THE ACCEPTABLE NORMS?**
 - **WHAT IF ANY PROFESSIONAL IMPLICATIONS?**
 - **DOES THIS FIT THE CULTURE OF OUR AGENCY?**
 - **IS EVOLUTION/CHANGE POSSIBLE?**
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ATTITUDES IN DEALING WITH CULTURAL ISSUES

- **AUTOMATIC ETHNOCENTRICITY:** THE WAY WE SEE THINGS IS THE NATURAL "RIGHT" AND NORMAL WAY
- **TAXONOMY TRAP:** EVERY KIND OF CULTURAL INFORMATION CAN BE CATEGORIZED AND ORGANIZED AUTOMATICALLY. GENERALIZATIONS BECOME STEREOTYPES
- **COMPLEXITY TRAP:** UNDERSTANDING CULTURE IS JUST TOO COMPLEX AND OVERWHELMING, SO WHY TRY. PERCEIVED PARALYSIS PREVENTS NEW AWARENESS
- **UNIVERSALITY:** AT OUR CORE "WE ARE ALL THE SAME", THEREFORE CULTURAL DIFFERENCES ARE MINIMIZED/IGNORED
- **SEPARATION:** EACH CULTURE IS SO DIFFERENT THAT WE MISS WHAT WE SHARE, NO CONNECTIVE LINKS AND NO COMMON GROUND

STAGES OF CHANGE FOR CLIENTS AND ORGANIZATIONS



SETTLEMENT CLARIFIES DISCRIMINATION FOR BUPRENORPHINE USE:

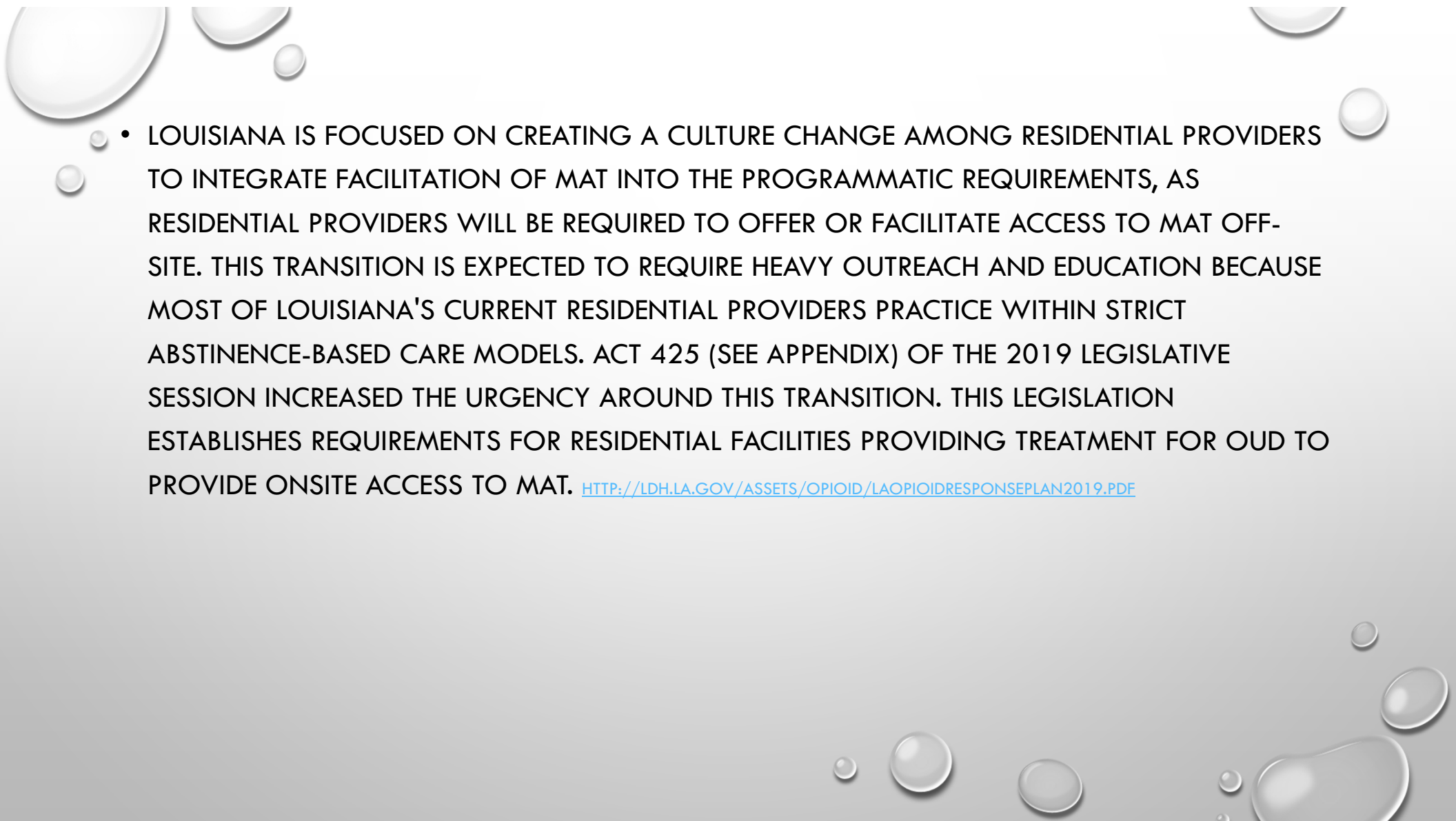
- A MASSACHUSETTS SKILLED NURSING FACILITY REACHED A [SETTLEMENT RECENTLY](#) WITH A U.S. ATTORNEY'S OFFICE IN A PIVOTAL DISCRIMINATION CASE. IT'S THE FIRST KNOWN CASE INVOLVING A PATIENT BEING REFUSED ADMISSION BASED ON THE PATIENT'S USE OF BUPRENORPHINE FOR OPIOID USE DISORDER.
- PERHAPS MORE SIGNIFICANT IS THE PREVAILING POSITION OF SKILLED NURSING FACILITIES NATIONWIDE REFUSING BUPRENORPHINE PATIENTS. UNDER THE AMERICANS WITH DISABILITIES ACT (ADA), SUCH A PATIENT IS CONSIDERED DISABLED

- [HTTPS://WWW.ADA.GOV/CHARLWELL_SA.HTML](https://www.ada.gov/charlwell_sa.html)

STEPS TAKEN FORWARD

- THE LOUISIANA LEGISLATURE ADOPTED A NUMBER OF VITAL PIECES OF LEGISLATION OVER THE LAST SEVERAL YEARS DIRECTED AT ADDRESSING THE OPIOID PROBLEMS IN OUR STATE. IN 2016, THE LEGISLATURE CREATED THE LOUISIANA COMMISSION ON PREVENTING OPIOID ABUSE TO STUDY AND MAKE RECOMMENDATIONS REGARDING BOTH SHORT- AND LONG-TERM MEASURES TO TACKLE PRESCRIPTION OPIOID AND HEROIN ABUSE, AS WELL AS ADDICTION IN LOUISIANA USING THE BEST PRACTICES AND EVIDENCE-BASED STRATEGIES FOR PREVENTION, TREATMENT AND ENFORCEMENT.
- IN 2018, LOUISIANA RECEIVED APPROVAL OF ITS MEDICAID 1115 DEMONSTRATION WAIVER FOR SLID RESIDENTIAL FACILITIES, EFFECTIVE FEBRUARY 1, 2018 THROUGH DECEMBER 31, 2022 TO MAINTAIN ACCESS TO CARE FOR BENEFICIARIES IN NEED OF OPIOID USE DISORDER AND SUBSTANCE USE DISORDER (OUD/SUD) SERVICE

[HTTP://LDH.LA.GOV/ASSETS/OPIOID/LAPIOIDRESPONSEPLAN2019.PDF](http://LDH.LA.GOV/ASSETS/OPIOID/LAPIOIDRESPONSEPLAN2019.PDF)

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- LOUISIANA IS FOCUSED ON CREATING A CULTURE CHANGE AMONG RESIDENTIAL PROVIDERS TO INTEGRATE FACILITATION OF MAT INTO THE PROGRAMMATIC REQUIREMENTS, AS RESIDENTIAL PROVIDERS WILL BE REQUIRED TO OFFER OR FACILITATE ACCESS TO MAT OFF-SITE. THIS TRANSITION IS EXPECTED TO REQUIRE HEAVY OUTREACH AND EDUCATION BECAUSE MOST OF LOUISIANA'S CURRENT RESIDENTIAL PROVIDERS PRACTICE WITHIN STRICT ABSTINENCE-BASED CARE MODELS. ACT 425 (SEE APPENDIX) OF THE 2019 LEGISLATIVE SESSION INCREASED THE URGENCY AROUND THIS TRANSITION. THIS LEGISLATION ESTABLISHES REQUIREMENTS FOR RESIDENTIAL FACILITIES PROVIDING TREATMENT FOR OUD TO PROVIDE ONSITE ACCESS TO MAT. [HTTP://LDH.LA.GOV/ASSETS/OPIOID/LAPIOIDRESPONSEPLAN2019.PDF](http://ldh.la.gov/assets/opioid/laopioidresponseplan2019.pdf)

REFERENCES

- **CBP ENFORCEMENT STATISTICS FY 2019**, [HTTPS://WWW.CBP.GOV/NEWSROOM/STATS/CBP-ENFORCEMENT-STATISTICS-FY2019](https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics-fy2019)
- LOUISIANA OPIOID SURVEILLANCE INITIATIVE BUREAU OF HEALTH INFORMATICS, OPIOID-INVOLVED DEATHS IN LOUISIANA UPDATED JUNE, 2019, [HTTP://LDH.LA.GOV/ASSETS/OPIOID/OPIOID_DEATH_FACT_SHEET_2019.PDF](http://ldh.la.gov/assets/opioid/opioid_death_fact_sheet_2019.pdf)
- LOUISIANA DEPARTMENT OF HEALTH OPIOID STEERING COMMITTEE: LOUISIANA'S OPIOID RESPONSE PLAN A ROADMAP TO DECREASING THE EFFECTS OF THE OPIOID EPIDEMIC
[HTTP://LDH.LA.GOV/ASSETS/OPIOID/LAPIOIDRESPONSEPLAN2019.PDF](http://ldh.la.gov/assets/opioid/laopioidresponseplan2019.pdf)
- LOUISIANA OPIOID DATA AND SURVEILLANCE SYSTEM, [HTTPS://LODSS.LDH.LA.GOV/](https://lodss.ldh.la.gov/)
- SETTLEMENT CLARIFIES DISCRIMINATION FOR BUPRENORPHINE USE: [HTTPS://WWW.ADA.GOV/CHARLWELL_SA.HTML](https://www.ada.gov/charlwell_sa.html)



THANK YOU FOR ATTENDING

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