

# DataHaven

## Classroom Materials

**Title of Material:** Opioid Crisis Substance Abuse Disorder (Long Reading)

**Topics Discussed:** Public health crisis, opioid usage and abuse, opioid epidemic, stigma, Substance Abuse Disorder

**Skills Utilized:** Reading skills, data analysis, problem solving, reflective questions

**Format:** Individual or in pairs

**In Person or Online:** Either

**Procedure/Instruction Suggestions:**

Also available as a station activity.

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# Opioids: Reevaluating a Crisis

## Part I: The Background

A wave of drug abuse has gripped the nation for decades, and unfortunately, it is getting worse. Opioids, which include addictive substances like heroin, fentanyl, codeine, hydrocodone, and vicodin, are at the center of this crisis which kills on average 130 Americans daily (CDC). Many of the individuals who are addicted to opioids started with a prescription for pain, like after a surgery. However, there are many factors to consider when we attempt to confront this crisis.

The opioid crisis, as well as addiction, has a social stigma attached to it. A stigma is a disapproval of something or someone that separates them from others. Drug users are often concluded to be at fault and not deserving of services because of their drug use. Factors like childhood upbringing, genetics, medical history, and traumas that can impact drug use are not always considered, and addiction is not always viewed as biological disease. Opioids are highly addictive, as they release “feel good” chemicals in your brain called endorphins. This feeling is temporary though, so users continue to seek out and use the drug. Further, services that help users get better from their addictions, like rehab clinics and methadone clinics, are also stigmatized, making recovery even more difficult.

The opioid crisis has been making headlines for the last few years across the country as abuse of and addiction to opiates and opioids has increased dramatically, with some of the highest overdose death rates occurring in the northeast U.S. In 2018, Connecticut ranked 10th among all states in the country in the rate of overdose deaths.

According to the Centers for Disease Control and Prevention, this epidemic of overdoses has been going on for a long time, but hasn't always looked the same. Prescription opioids were the main drivers of the first wave in the 1990s; heroin was largely responsible for the rise in 2010; and synthetic opioids, such as fentanyl, have driven the current wave, which began in 2013.

Nationwide efforts have been made to confront this ongoing epidemic. Various treatment and advocacy initiatives hope to help individuals heal from their addiction and to educate society on the crisis. Ongoing conversation about prescribing opioids and about how we can reform healthcare in a way to help this crisis are more accepted and commonplace. However, until addiction is understood as a social and healthcare concern rather than purely a personal choice, and the stigma persists, the fight to end the opioid crisis will struggle.

### Thought Questions:

1. What is a stigma? What is another example of stigma other than drug use?
2. Why is it important to know that the causes of overdoses (prescriptions of heroin to fentanyl) is shifting?
3. How can data help inform our efforts to confront this opioid crisis?

## Part II: The Numbers

An important question must be asked: who is getting addicted to opioids and overdosing? Throughout Connecticut, men make up much larger shares of drug overdose deaths than women: since 2012, women have never accounted for more than a third of the state's overdose deaths in a given year. But there are several factors to consider and several interesting trends to analyze to further understand this crisis.

Analyze the following data, paying close attention to the differences between the counties (Hartford, New Haven, and Fairfield). Highlight the data points and take notes in the margins while you read.

One notable difference between Greater Hartford and other parts of the state is in opioid overdose death rates by race: elsewhere, white residents have been dying at higher rates than Black or Latino residents. In Greater Hartford between 2015 and 2018, the age-adjusted overdose death rate for Latinos was slightly higher at 32.2 per 100,000 residents per year than for white residents at 30.6 per year. Black residents' rate is much lower at 17.1 per 100,000 per year. In the New Haven region, rates for white residents were higher: between 2015 and 2018, white residents' age-adjusted overdose death rate was 29.1 per 100,000 residents per year, higher than Black residents' rate of 22.6 and Latinos' 12.9. In Fairfield County, rates for white residents were higher as well: between 2015 and 2018, white residents' age-adjusted overdose death rate was 18.8 per 100,000 residents per year, higher than Black residents' rate of 14.1 or Latinos' 11.5 per year.

Notes

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For every person who dies of an opioid overdose, many more seek treatment, often multiple times. Between the 2014 and 2018 fiscal years, Greater Hartford residents were admitted to opioid treatment programs a total of 34,425 times, averaging 6,885 admissions per year, or 706 admissions per 100,000 residents per year. Greater New Haven residents were admitted to opioid treatment programs a total of 20,140 times, averaging 4,028 admissions per year, or 865 admissions per 100,000 residents per year. Fairfield County residents were admitted to opioid treatment programs a total of 24,302 times, averaging 4,860 admissions per year, or 513 admissions per 100,000 residents per year.

The reach of the opioid crisis goes beyond just people who have struggled with addiction themselves. In the 2018, nearly one in every three adults in New Haven County reported knowing someone who has struggled with opioid abuse or addiction in the past three years. Out of that one-third of respondents, 6% said they themselves were struggling with opioids, 40% cited a family member, 38% cited a close friend, and 44% cited an acquaintance. These numbers include adults who knew multiple people dealing with addiction. In Hartford County, 24% reported knowing at least one person who died of an opioid overdose. In Fairfield County, 37% cited a family member struggling with painkillers and opioids, 33% cited a close friend, 54% cited an acquaintance, and 6% said they themselves were dealing with this issue.

Notes

## Thought Questions:

1. Pick one of the data boxes. Record the data below in a table or chart.
2. Looking at all the data boxes, what can you conclude about the opioid crisis in Connecticut?
3. Pick a disparity (a difference in trend) between the counties, like a difference in how many people know someone with an addiction. Why do you think that disparity exists? Why is this important to recognize?
4. How can these data points help us confront the opioid crisis in Connecticut? How can they be used to inspire change?

### Part III: The Treatment

Crucial to ending the opioid crisis is the work of treatment programs and initiatives aimed at helping those who are struggling with opioid addiction and overdoses. Think back to how many people sought treatment in Connecticut between 2014 and 2018: Greater Hartford residents were admitted to opioid treatment programs a total of 34,425 times, New Haven residents 20,140 times, and Fairfield residents 24,302 times. These programs are fundamental in confronting and bringing this crisis to an end.

These treatment options can range from facility care, inpatient care, outpatient support, medication, mentor programs, 12-step programs, counseling and

more. An individual's treatment options are dependent on their ability to afford treatment, ability to get to the treatment (like transportation to a clinic or group), the support they receive from others, and the work they put in to recover. Other supports are becoming widely available, like Narcan. Narcan is an emergency-use drug that can be injected to reverse the effects of a fatal opioid overdose. In recent years, Narcan has become more widely available and saved many lives. Methadone clinics, which can help individuals who are addicted to opioids detox and wean themselves off of opioids, also play a pivotal role in safe treatment for opioid abuse. Methadone is also an opioid, but has weaker addictive effects, and so it allows people to transition away from opioid abuse. However, these are only the first steps towards recovery. Individuals that suffered from OUD may have weaker social networks and a harder time finding an adequate job. The City of New Haven has a program that specifically hires individuals from OUD therapy programs for municipal jobs. Recovery is a lifelong commitment and journey.

Withdrawal from opioids can be very dangerous, so these treatments and breaking an addiction must be well planned, executed, and monitored. There's always a risk for relapse, or someone beginning to abuse opioids again. An individual with an addiction to opioids must keep working to make sure they recover and stay well; if they do relapse, they must continue to work to recover once again.

*“Opioid Use Disorder, or OUD, is the problematic, excessive use of opioid. It is an addiction that can develop after repeated opioid misuse or using opioids for reasons other than medical need, typically in dangerous amounts. OUD can affect people from all walks of life, who may use any of a wide range of drugs from different sources, including street drugs like heroin, illegally purchased opioids, and painkillers which may be used in hospital situations— like codeine or Oxycontin. Anyone can be at risk for developing OUD if they are using an opioid”.*

- Connecticut Department of Mental Health and Addiction Services

#### Thought Questions:

1. What is OUD?
2. What kind of treatment options are there for individuals that are addicted? How is having different treatment options beneficial?
3. What are some roadblocks to recovery?
4. How can this information and data help inform our efforts to confront this opioid crisis?

#### **Part IV: Reflection**

1. Looking at all the given data, what can we do as a state to help confront the opioid crisis? Cite at least two of the themes (any background information, trends on gender, race, treatment programs, and families) in your response.
  
  
  
  
  
  
  
  
  
  
2. What can you do to help confront this crisis? Think about what power you have, as a young student, to create positive change and confront this crisis.