Working with communities to address the opioid crisis.

✧ SAMHSA’s State Targeted Response Technical Assistance (STR-TA) Consortium assists STR grantees and other organizations, by providing the resources and technical assistance needed to address the opioid crisis.

✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Working with communities to address the opioid crisis.

✧ The STR-TA Consortium provides local expertise to communities and organizations to help address the opioid public health crisis.

✧ The STR-TA Consortium accepts requests for education and training resources.

✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS) who is an expert in implementing evidence-based practices.

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Ed Johnson is currently the Associate Director for Training and Technical Assistance at the Southeast Addiction Technology Transfer Center (Southeast ATTC) which is located at the National Center for Primary Care, Morehouse School of Medicine in Atlanta, Georgia. Southeast ATTC is one of 10 regional centers funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide Addiction Treatment related training and technical assistance to help programs implement evidence based practices. Ed has worked in the field of Addiction Treatment and Recovery for over 30 years and is a person in long term recovery from substance use disorders.
Learning Objectives

- Increase understanding of Substance Use Disorders (SUD) as a chronic medical condition.
- Become familiar with the stigma of SUD and the concurrent discrimination people with Opioid Use Disorder (OUD) experience.
- Correlate behavioral health providers and patients misconceptions with SUD Stigma and patient overdose.
- Discuss how our language reflects our concepts of SUD Treatment and Recovery and either increases or decreases stigma.
Expand
Your Mind
What Does the Opioid Problem Look Like?
The Opioid Crisis: A Changing Epidemic

✧ Roots in the over-prescribing of opioid painkillers.
✧ Since 2011 overdose deaths from Rx opioids have leveled off, deaths from heroin and fentanyl are rising fast.
✧ Present: several states where the drug crisis is particularly severe, including Rhode Island, Pennsylvania and Massachusetts, fentanyl is now involved in over half of all overdose fatalities.
✧ 2011-forward: Increased regulation in prescribing practices, introduction of misuse deterrent opioid analgesics, heroin use doubled.
✧ Recent studies: 80% of heroin users started misusing Rx opioids and transitioned to heroin because prescription painkillers were more difficult to obtain and more expensive than heroin.
Impact of Opioid Use In US is Well Known

From the latest Surgeon General’s Report, “…stigma has prevented many individuals and families from speaking out about their struggles and from seeking help. The way we as a society view and address opioid use disorder must change – individual lives and the health of our nation depend on it.”
What is Stigma?
That Pernicious Mark

“Stigma is a degrading and debasing attitude of the society that discredits a person or a group because of an attribute... Stigma destroys a person’s dignity; marginalizes affected individuals; violates basic human rights; markedly diminishes the chances of a stigmatized person of achieving full potential; and seriously hampers pursuit of happiness and contentment.”

2015 International Conference on Stigma
Howard University, Washington, DC
What is Stigma?

- It is a characteristic or condition that is socially discrediting and is mainly influenced by whether you think someone is to blame and whether they have control over the behavior.

- Two main factors influence stigma:
  - Cause
  - Controllability

- Stigma decreases when
  - “It’s not his fault”
  - “She can’t help it”
Impact of Stigma

- Erodes Confidence that substance use disorder is a valid and treatable health condition
- Creates barriers to jobs, housing, relationships
- Deters public from wanting to pay for treatment
- Allows insurers to restrict coverage
- Stops people from seeking help
- Impacts clinical care and treatment decisions
Levels of Stigma

✧ Legal vs. Illicit
✧ Type of illicit substance used
✧ Method of Use
✧ Medications to treat Opioid Use Disorder
"Internalized Stigma... occurs when a person cognitively or emotionally absorbs stigmatizing assumptions and stereotypes... and comes to believe and apply them to him- or herself."

What is Addiction?
Is it willful misconduct
or
Is it a Medical Condition?
The Debate is Over

- 1939 *The Doctor's Opinion* Alcohol craving seems to be the manifestation of an allergy in some people. "They are often able, intelligent, friendly people."
- 1956 The American Medical Association declares, "Alcoholism is an Illness."
- 1967 – 2008 *Ten Studies that Shook the Addiction World*
- 2011 ASAM’s definition: “Addiction is a brain disease…” (four years comprehensive literature study and consultation with 80 international experts.)
- 2016 *The Surgeon General’s Report on Alcohol, Drugs, and Health* “Addiction to alcohol or drugs is a chronic but treatable brain disease that requires medical intervention, not moral judgment.”
“We know from the research that has been conducted by some of the world’s leading neuroscientists that drug addiction is not a moral failing on the part of the individual, it’s a chronic disease of the brain and it can be treated. This isn’t my opinion and is not a political statement and it really isn’t open for debate because the evidence is clear and it’s unequivocal. It’s a fact born out by decades of study and research and it’s a fact that neither the government nor the public can ignore.”

Gil Kerlikowske, Director of National Drug Control Policy Betty Ford Center June 12, 2012
**Effects of Drugs on Dopamine Release**

**AMPHETAMINE**

- Graph showing the release of DA, DOPAC, and HVA in the Accumbens after an injection of amphetamine.

**COCAINE**

- Graph showing the release of DA, DOPAC, and HVA in the Accumbens after an injection of cocaine.

**NICOTINE**

- Graph showing the release of DA in the Accumbens and Caudate after an injection of nicotine.

**MORPHINE**

- Graph showing the release of DA in the Accumbens after injections of morphine with different doses (0.5, 1.0, 2.5, 10 mg/kg).

*Source: Di Chiara and Imperato (as adapted for National Institute on Drug Abuse Presentation)*
Natural Rewards Elevate Dopamine Levels

**FOOD**

- Graph showing dopamine concentration in NAc shell over time (min).
- Empty Box and Feeding times indicated.

Source: Di Chiara et al.

**SEX**

- Graph showing copulation frequency and dopamine concentration (% baseline).
- Sample numbers and conditions noted for copulation frequency and dopamine levels.

Source: Fiorino and Phillips
Types of Chronic Diseases

- Hypertension
- Asthma
- Diabetes
- Addiction
# SUD as a Chronic Illness

<table>
<thead>
<tr>
<th>Causes</th>
<th>Alcohol Related Problems</th>
<th>Asthma</th>
<th>Diabetes</th>
<th>High Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controllable Risk Factors</td>
<td>Yes Limit drinking</td>
<td>Yes Limit exposure to allergens</td>
<td>Yes Limit food intake Exercise regularly</td>
<td>Yes Limit fat &amp; salt Intake/Diet Exercise regularly</td>
</tr>
<tr>
<td>Uncontrollable Risk Factors</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Estimated Genetic Influence</td>
<td>50% – 60%</td>
<td>36% - 70%</td>
<td>30% – 55% Type I</td>
<td>25% - 50%</td>
</tr>
</tbody>
</table>
## SUD as a Chronic Illness

<table>
<thead>
<tr>
<th></th>
<th>Alcohol Related Problems</th>
<th>Asthma</th>
<th>Diabetes</th>
<th>High Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cure</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Clear Diagnostic Criteria</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Research Based Treatment Guidelines and Protocols</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Effective Patient and Family Education</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>% Who Follow Treatment Regimens Faithfully</td>
<td>40% - 60%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>% Who Relapse Within a Year</td>
<td>40% - 60%</td>
<td>50% - 70%</td>
<td>30% - 50%</td>
<td>50% - 70%</td>
</tr>
</tbody>
</table>
“Heroin Addiction: A Metabolic Disease” (1967)

- This study led to the recognition of addiction as a treatable disease, not a result of character flaws or bad morals.
- 304 patients admitted, more than 90% completed the program—an exceptionally high rate—and almost 75% were “socially productive and living as normal citizens in the community after only six months of treatment.”


- MAT Decreases opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission. After buprenorphine became available in Baltimore, heroin overdose deaths decreased by 37 percent during the study period, which ended in 2009.
- MAT Increases social functioning and retention in treatment. Patients treated with medication were more likely to remain in therapy compared to patients receiving treatment that did not include medication.
- Treatment of opioid-dependent pregnant women with methadone or buprenorphine Improves Outcomes for their babies; MAT reduces symptoms of neonatal abstinence syndrome and length of hospital stay.
Addiction Is........

A dysregulation of the midbrain dopamine (salience/ reward) system due to unmanaged stress resulting in symptoms of decreased functioning.

Specifically:

1. Loss of control
2. Craving
3. Persistent drug use despite negative consequences
Some clinicians have acted as though patients taking methadone or buprenorphine are still using illicit drugs missing the critical distinction between addiction and the treatment of addiction.

– The understanding of opioid use disorder as a medical illness is still overshadowed by it’s misperception as a moral weakness or a willful choice.

Drs. Olson & Sharfstein, JAMA 2014
“We Can’t Fight This Epidemic Without Removing Stigma”

President Barack Obama
Charleston, West Virginia
October 21, 2015
When the actor Phillip Seymour Hoffman died the description was “found half naked on the bathroom floor with a needle hanging out of his arm.”

If that had been a heart attack would they have said half naked on the bathroom floor with a BigMac in his hand and French fries scattered across the floor?
# Our Language Perpetuates Stigma

<table>
<thead>
<tr>
<th>Current Terms</th>
<th>Alternative Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict, Abuser, Junkie, Alcoholic, User</td>
<td>Person with a substance use disorder</td>
</tr>
<tr>
<td>Substance Abuse, Drug Abuse, Prescription Drug Abuse</td>
<td>Substance Use Disorder, Substance Misuse, Addiction</td>
</tr>
<tr>
<td>Drug of Choice / Drug Habit / Habit</td>
<td>Drug of Use / Substance Use Disorder</td>
</tr>
<tr>
<td>Clean or Dirty</td>
<td>Positive / Negative</td>
</tr>
<tr>
<td>Clean and Sober, Recovering Addict / Alcoholic</td>
<td>Drug free, free from Illicit substances, person in recovery</td>
</tr>
<tr>
<td>Lapse or Relapse</td>
<td>Return to use, recurrence</td>
</tr>
<tr>
<td>Denial</td>
<td>Ambivalence</td>
</tr>
<tr>
<td>Opioid Replacement or Methadone Maintenance</td>
<td>Medication Assisted Treatment, Medication Assisted Recovery</td>
</tr>
</tbody>
</table>
Addict, Alcoholic, Junkie, User, Abuser

✧ Person First Language
✧ Individual is a person with a medical condition
✧ Don’t define someone by their diagnosis
The Language That We Use

- They’re not ready
- They don’t want it bad enough
- They haven’t hurt/lost enough
- They’re too resistant
- They are in denial
“Those people”

- Alcoholic
- Addict
- Drunk
- Old Wino
- Crack Head
- Junkie
- Needle Freak
- Benzo Queen
- Garbage Head
- Burn Out
- Pot Head
- Borderline
- Nut Job
- Crazy
- And then there is “Chronic Relapser”
Substance / Drug Abuse

- The concept of “abuse”
- Behavioral / Judgmental / Stigmatizing term (as in “Domestic or Child Abuse”)
Substance / Drug Abuse

- DSM V
  - Substance Use Disorder
- Misuse
- Addiction vs. Dependence
Drug of Choice / Drug Habit

- “Choice” or “habit are behavioral not a medical term

- Drug of Use

- Substance Use Disorder, Addiction
Clean and Dirty

- Urine Drug Screens are medical tests, medical tests are not “clean” or “dirty”
- Alternative – Positive or negative
Clean and Sober

[*] Have you heard these terms used with someone who is diagnosed with cancer, diabetes, hypertension?

[*] Laden with moral implications

[*] Stigma – dirty is usually followed by an epithet that is racial, sexist, or religious in nature

[*] Alternative – Drug Free or Free from illicit or non-prescribed medications

[*] Mutual Aid Group usage
In no other chronic medical condition is a return to being symptomatic described as “relapsing”.

Stigmatizing term

Carries much emotional baggage

A more medically accurate term would be “a recurrence” or “a return to use”. A less stigmatizing term would be a “setback”.

Relapse
Intrinsic motivation for change arises in an accepting, empowering atmosphere that make it safe for the person to explore the possibly painful present in relation to what is wanted and valued. People often get stuck, not because they fail to appreciate the downside of their situation, but because they feel at least two ways about it.” (Miller and Rollnick, 2002)
Opioid Replacement Therapy vs. Medication Assisted Treatment

✧ “Opioid Replacement Therapy” implies that treatment medications are equal to street drugs and suggests a lateral move from illegal addiction to legal addiction.

✧ “Medication Assisted Treatment” implies that medication prescribed by and monitored by a physician is part of an overall treatment modality.

✧ “Medication Assisted Recovery” affirms the fact that a person taking medication as prescribed for a substance use or mental health disorder, is indeed in recovery.
What is Recovery?
“Recovery from Mental and Substance Use Disorders is a process of change whereby individuals improve their health and wellness, to live a self-directed life, and strive to reach their full potential.”

*SAMHSA/CSAT 2011*
Guiding Principles of Recovery

- Recovery is person-driven
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationships and social networks
- Recovery is culturally based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family and community strengths and responsibilities
- Recovery is based on respect
- Recovery emerges from hope
My clients don’t hit bottom; they live on the bottom. If we wait for them to hit bottom, they will die. The obstacle to their engagement in treatment is not an absence of pain; it is an absence of hope. — Outreach Worker (Quoted in White, Woll, and Webber 2003)
Final Message

"By using accurate, non-stigmatizing language, we can help break the stigma surrounding this disease so people can more easily access treatment, reach recovery, and live healthier lives."

Michael Botticelli, Former Director
White House ONDCP
I’ve learned that people will forget what you said, people will forget what you did but people will never forget how you made them feel.

Maya Angelou
Contact the STR-TA Consortium

✧ To ask questions or submit a technical assistance request:

• Visit www.getSTR-TA.org
• Email str-ta@aaap.org
• Call 401-270-5900

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TIME FOR QUESTIONS