New England (HHS Region 1)

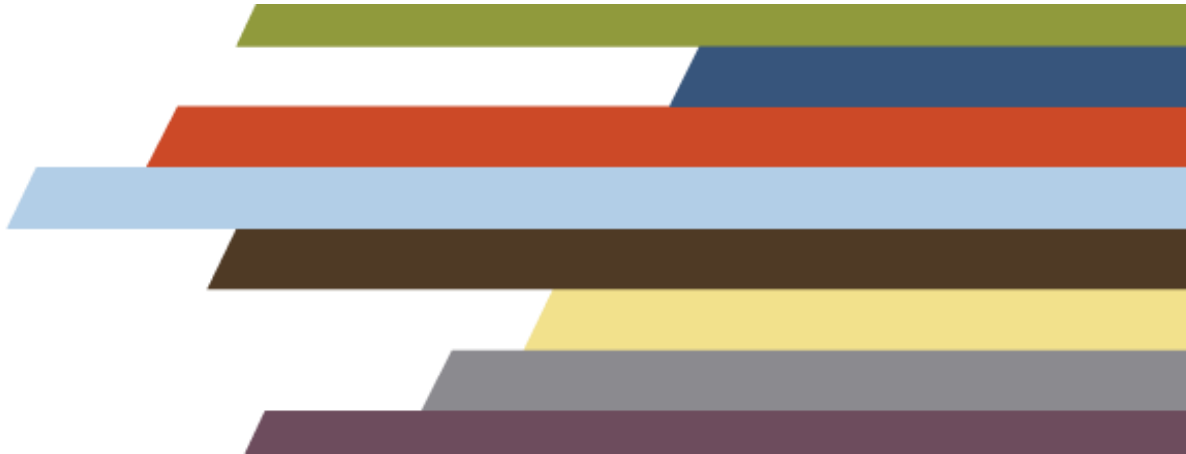
ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Coming Into the Light: Breaking the Stigma of Substance Use Disorders

Taylor D'Addario, BA, LCDP

New England ATTC Consultant



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ATTC

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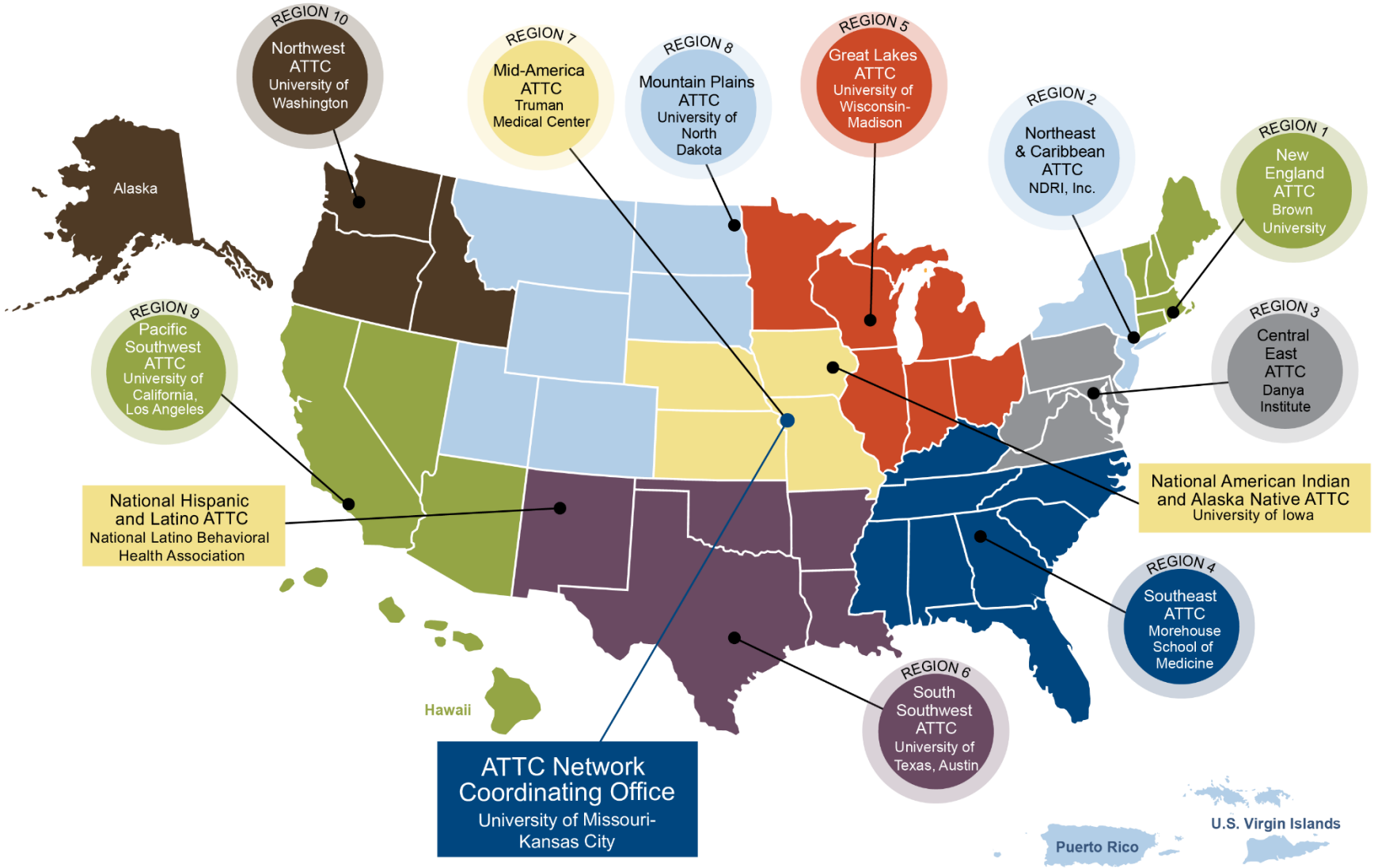
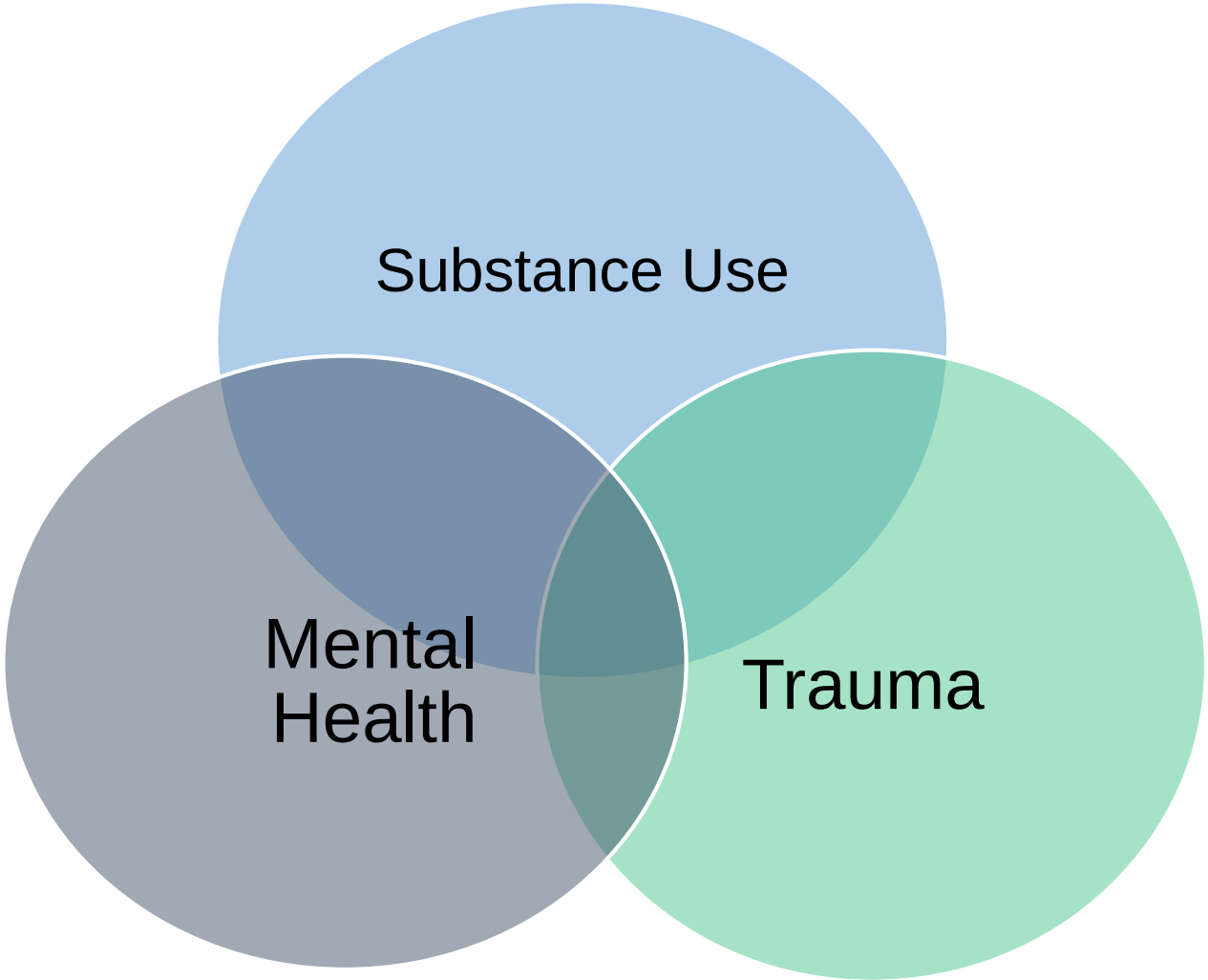
U.S.-based ATTC Network



- Grounding Exercise

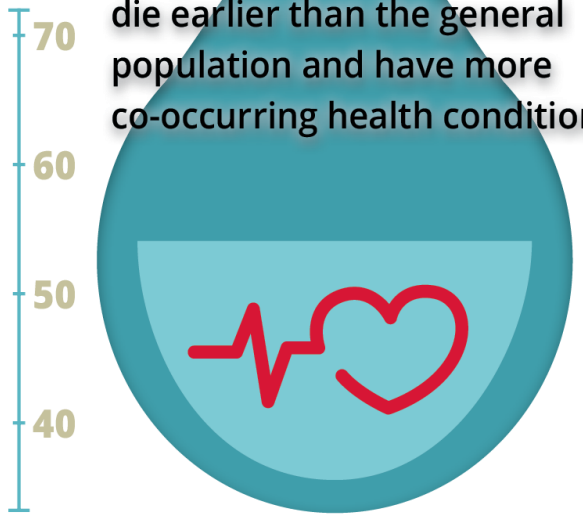
- Name
- Place of Work
- What You Hope To Learn Today

Integrated Behavioral Health Treatment



The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.



68%

of adults with a mental illness have one or more chronic physical conditions

more than **1 in 5**

adults with mental illness have a co-occurring substance use disorder

What is Stigma

- **Stigma-** the complex of attitudes, beliefs, behaviors, and structures that interact at different levels of society (i.e., individuals, groups, organizations, systems) and manifest in prejudicial attitudes about and discriminatory practices against people

What is Recovery?

- **Recovery from Mental Disorders and/or Substance Use Disorders:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
- (SAMHSA, 2011)

SAMHSA has delineated four major dimensions that support a life in recovery:

1. Health

2. Home

3. Purpose

4. Community

Evolution of Recovery Movement

- The recovery movement evolved from the work of disability rights advocates
- Argued for inclusion of individuals and their families in the planning and service delivery process
- Argued that people with disabilities should be considered full members of their community and the larger society.

Four Major Dimensions of Life in Recovery

- **Health**: Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home**: A stable and safe place to live;
- **Purpose**: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society;
- **Community**: Relationships and social networks that provide support, friendship, love, and hope.

10 Major Components to Recovery

- **Self-Direction:** Clients lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self- determined life.
- **Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations.**Empowerment:** Clients have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources— that will affect their lives, and are educated and supported in so doing.
- **Holistic**: Recovery encompasses an individual's whole life, including mind, body, spirit, and community.
- **Non-Linear:** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.

Components of Recovery (cont'd)

- **Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.
- **Peer Support:** Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery.
- **Respect:** Community, systems, and societal acceptance and appreciation of consumers —including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery.
- **Responsibility:** Clients have a personal responsibility for their own self-care and journeys of recovery.
- **Hope:** Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them.

Comparison of Attitudes (Pescosolido, 2013; Pescosolido et al., 2010).

1950's

- Low Knowledge
- High Stigma

1996

- Increased Knowledge
- Decreased Stigma
  - Still relatively high ☹

The “Backbone of Stigma”

1. Issues of trust in intimate settings such as the family
2. Potential contact with a vulnerable group such as children
3. Potential for self-harm
4. Mental illness being antithetical to power or authority
5. Uneasiness about how to interact with people with mental illness (Pescosolido et al., 2013).

Factors that Influence Stigma and Consequences

- Blame
  - People with substance use disorders are generally considered to be more responsible for their conditions than people with depression, schizophrenia, or other psychiatric disorders (Crisp et al., 2000, 2005; Lloyd, 2013; Schomerus et al., 2011).
  - Belief that a substance misuser's illness is a result of the person's own behavior can also influence attitudes about the value and appropriateness of publicly funded alcohol and drug treatment and services (Olsen et al., 2003).


SHAME. SHAME. SHAME.

Stereotypes of Dangerousness

- People with substance use disorders are considered even more dangerous and unpredictable than those with schizophrenia or depression (Schomerus et al., 2011).
- In a survey conducted in the United States (Link et al., 1997), a vast majority of respondents considered it likely for a cocaine- or alcohol-dependent person to hurt others

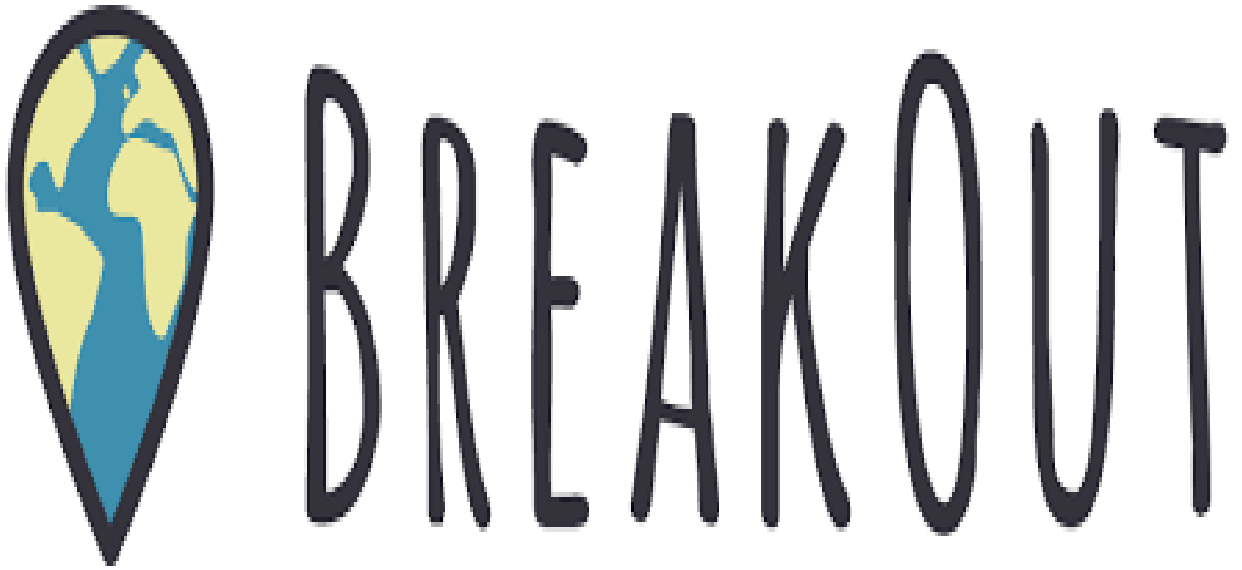
Language of Stigma

Stigma

- Clean
- Addict/Alcoholic
- Relapse Prevention
- Substance Abuse/Dependence
- Dirty/Clean Screen/Urine

Recovery Oriented

- In recovery
- Person in recovery
- Recovery Maintenance
- Substance Use
- Positive/Negative Screen



- Have a conversation about the impact of stigmatizing language and think about ways to address the use of it in you're agency…

Lack of Knowledge

What is addiction anyway?

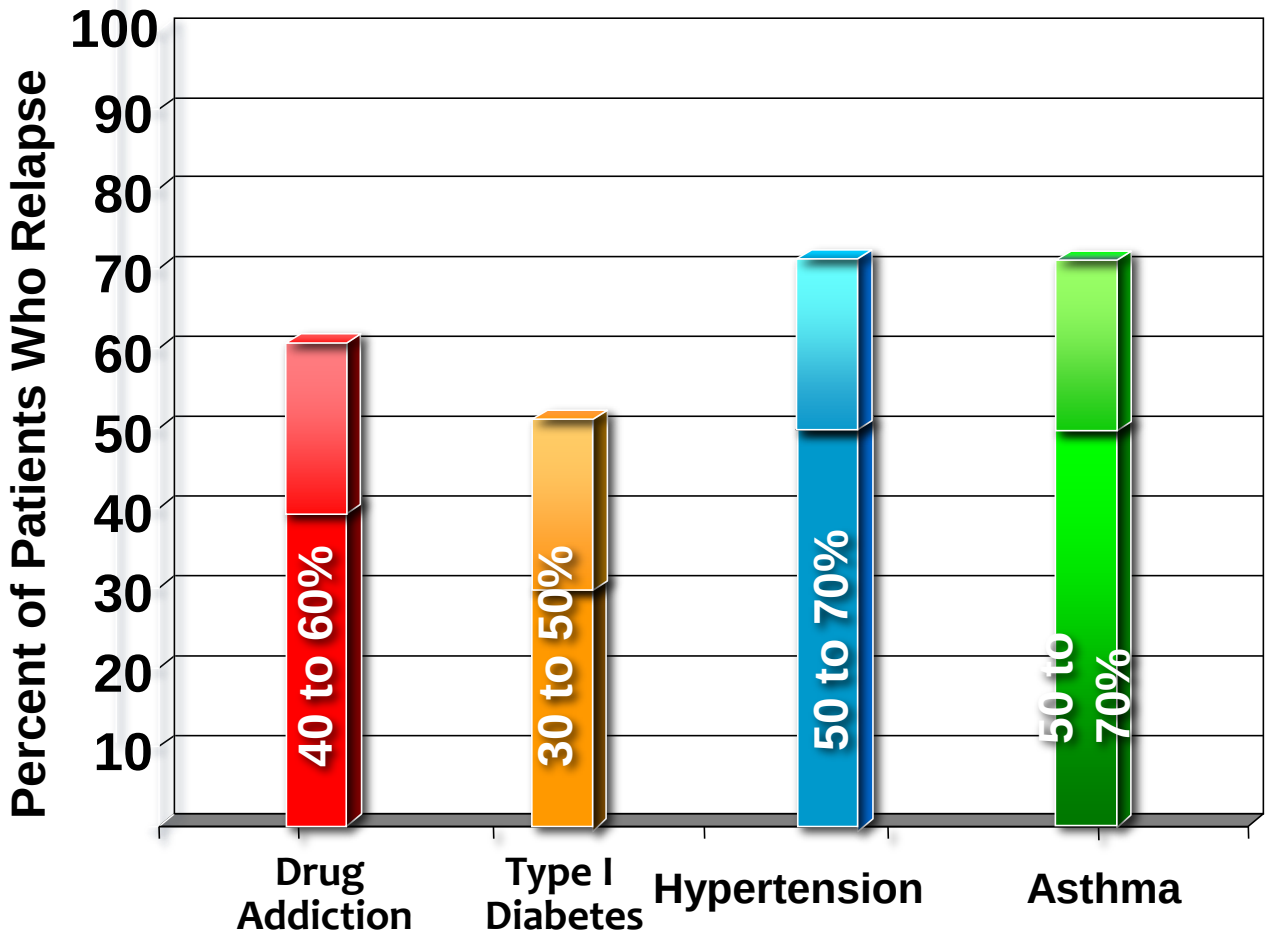
- **Short Definition of Addiction:** (American Society of Addiction Medicine, 2011)

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.

Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses



McLellan et al., JAMA, 2000.

Trauma and Substance Use

ACE Study

- ACE Study – Kaiser Permanente from 1995 to 1997 → 17,000 participants
- Each participant completed a confidential survey containing questions about:
  - childhood maltreatment and family dysfunction
  - items detailing their current health status and behaviors.
- This information was combined with the results of their physical examination to form the baseline data for the study.

ACE Study

(Adverse Childhood Experiences)

Growing up in a household with:

- An alcoholic or drug-user
- A member being imprisoned
- A mentally ill, chronically depressed, or institutionalized member
- The mother being treated violently
- Both biological parents *not* being present

(N=17,000)

ACE Study

(Adverse Childhood Experiences)

Before age 18:

- Recurrent and severe emotional abuse
- Recurrent and severe physical abuse
- Contact sexual abuse
- Physical neglect
- Emotional neglect

Adverse Childhood Events - ACE

Overall findings indicate that there is a linear relationship between number of adverse childhood experiences (ACE) and increased risk of:

- heart disease
- cancer
- obesity
- chronic lung disease
- skeletal fractures
- liver disease

Felitti, et al. (1998) reported that individuals with 4 or more ACE's were found to have:

- 250% greater chance of smoking over children with no aces.
- **500% increase in self-acknowledged alcoholism**

What the study found..

- When the data began to unfold they calculated that child abuse:
  - Overall cost ***exceeded*** cancer or heart disease
  - Eliminating child abuse in America would reduce the overall rate of
    - Depression by 2/3
    - Suicide, IV drug use, and domestic violence by ¾

    (van der Kolk, 2014)

Food for thought….

- If a child has six or more “yes” answers, their risk of becoming an IV drug user increases by 4,600% compared to a child with a score of zero. (Felitti & Anda 2010)

Media Portrayals

- Much of the evidence on the media's influence on stigma change is negative in direction (Pugh et al., 2015).
- The media play a crucial role in stoking fear and intensifying the perceived dangers of persons with substance use disorders (Lloyd, 2013).
- Similarly, media portrayals of people with mental illness are often violent, which promotes associations of mental illness with dangerousness and crime (Diefenbach and West, 2007; Klin and Lemish, 2008; Wahl et al., 2002).
- Furthermore, the media often depict treatment as unhelpful (Sartorius et al., 2010; Schulze, 2007) and portray pessimistic views of illness management and the possibility of recovery (Schulze, 2007).

Public Attitude Towards Treatment

- Substance Abuse and Mental Health Services Administration (2014)
- Inability to afford the cost of care (48%),
- Believing that the problems could be handled without treatment (26.5%),
- Not knowing where to go for services (25%),
- Inadequate or no coverage of mental health treatment (6% to 9%),
- Thinking that treatment would not help (9%)
- Concerns about confidentiality (10%),
- Fear that it might cause neighbors or the community to have a negative opinion (10%),
- Fear that it might cause a negative effect on a person's job (8%),
- Fear of being committed (10%),

Race Ethnicity and Culture

- Sociodemographic characteristics have been found to affect a large number of social beliefs, but when applied to stigma, the research findings are unclear (Pescosolido, 2013).
- Also important, the effect of sociodemographic characteristics differs depending on whether one is looking at the stigmatizer or the stigmatized person (Manago, 2015).
- Research is clearer on the relationship between culture, race, and ethnicity, and the quality of care that people receive (Bink, 2015).
- Ethnic and racial minorities access mental health care at a lower rate than whites, and when they do, the care they receive is often suboptimal (Schraufnagel et al., 2006; Substance Abuse and Mental Health Services Administration, 1999).

Contact and Experience

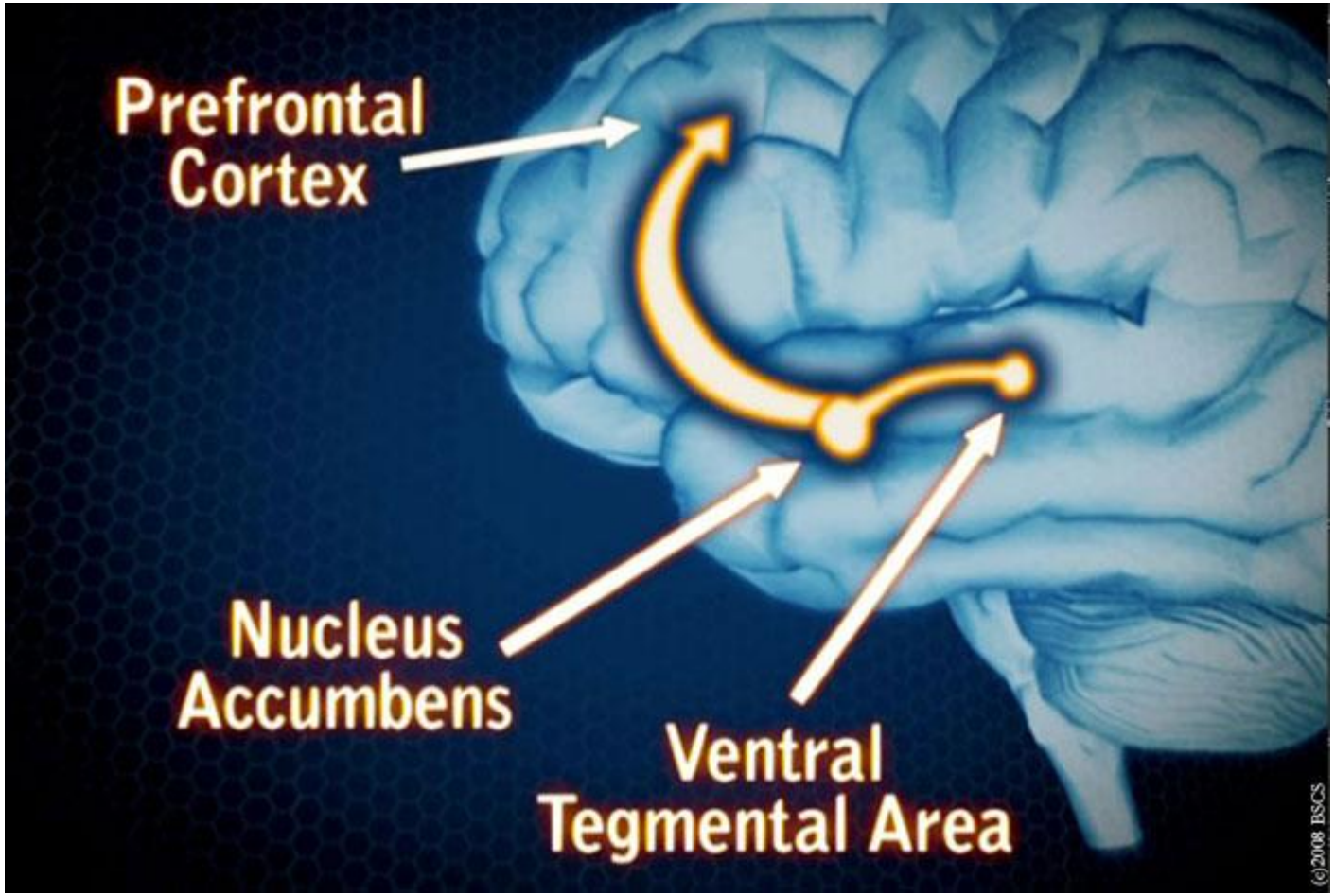
- Medical students in Australia reported more positive attitudes about illicit drug users after they experienced contact with them in small-group settings (Silins et al., 2007).
- In a qualitative study of pharmacists and drug users in a needle exchange program in the United Kingdom, both groups reported a decreased sense of stigma with increasing contact and familiarity (Lloyd, 2013).
- A review of two similar studies found that college students for whom at least 50 percent of their friends used drugs scored lower on a measure of public stigma (Adlaf et al., 2009).

Breakout

- How do we increase exposure in our community?

Medication- Assisted-Treatment

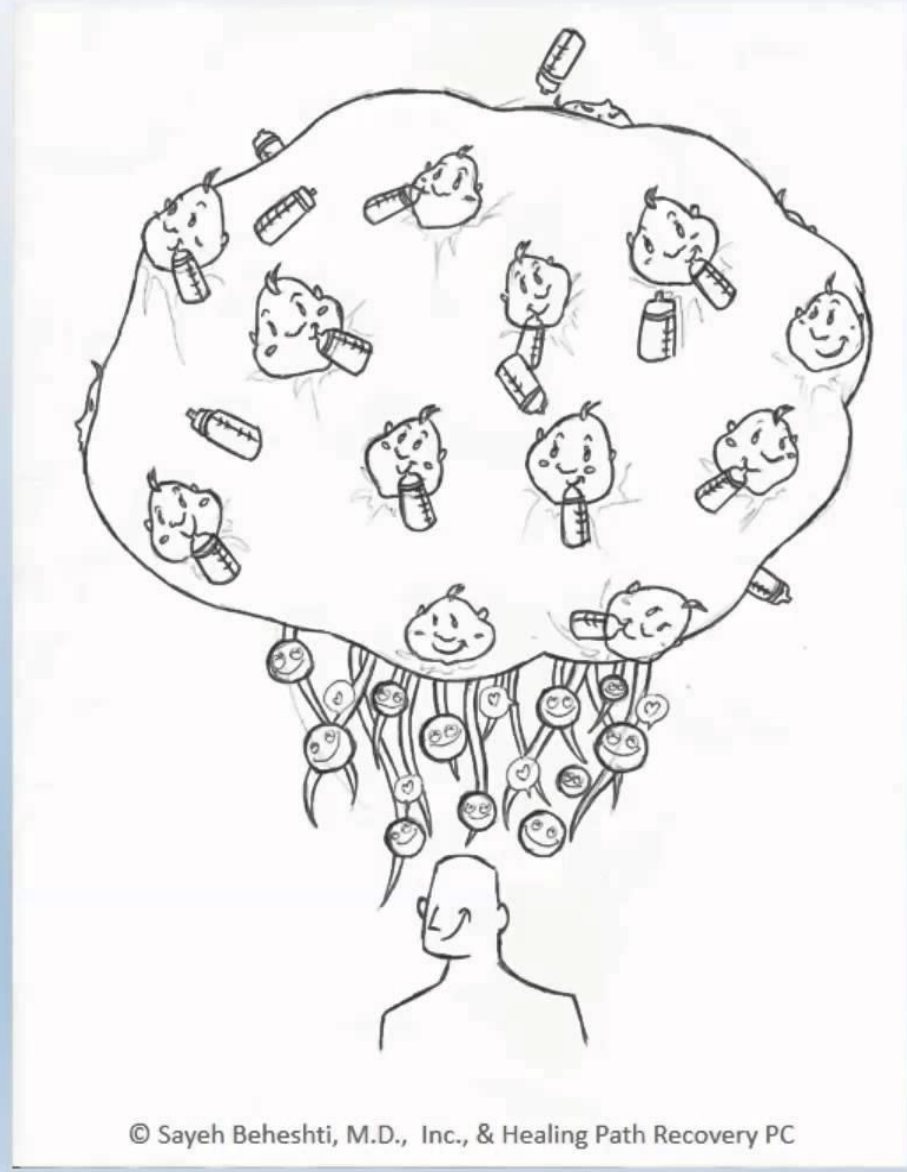
Understanding the Brain



Mechanism of forming Opioid Dependence – Receptor <u>Up-Regulation</u>:

Repeated exposure to Opioids:

- Brain cells make more Opioid receptors to adapt to the presence of Opioids
- Vicious cycle of receptor Up-Regulation
  - The more receptors there are, the more Opioids are needed to obtain the same effect
  - The more Opioids there are, the more receptors are made
- Receptors remain constantly in the "active" state



Neurobiology of Addiction and Reward

- https://www.youtube.com/watch?v=7VUlKP4LDyQ

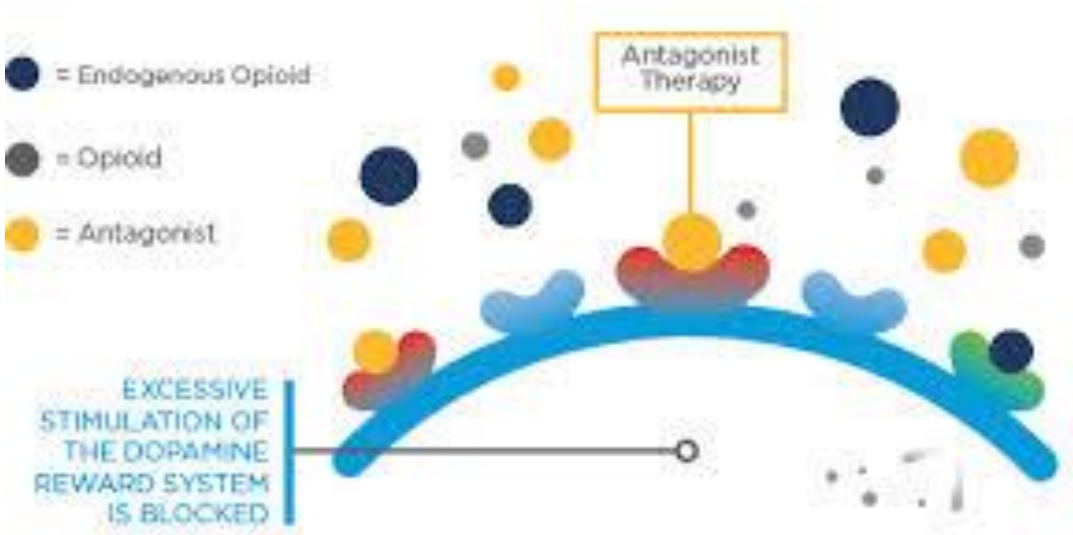
Types Of Medication Assisted Therapies

Medication Assisted Treatment for Opioid Use

- Naloxone-Antagonist
  - Naltrexone
  - Vivitrol
  - Naltrexone implant
  - Narcan
- Methadone- full-agonist
- Buprenorphine- partial-agonist
  - Suboxone
  - Subutex

Antagonist Therapy

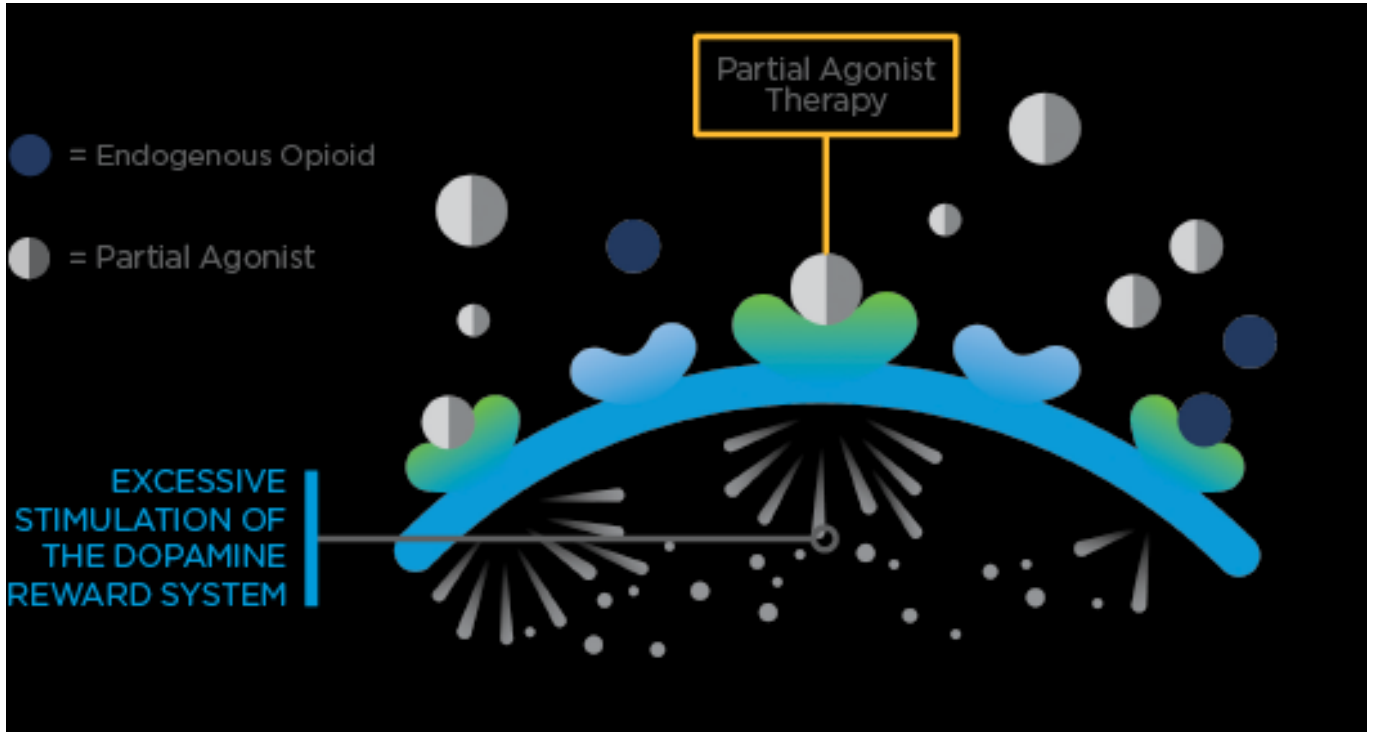
Naloxone/Naltrexone/Vivitrol



Dorval, 2017

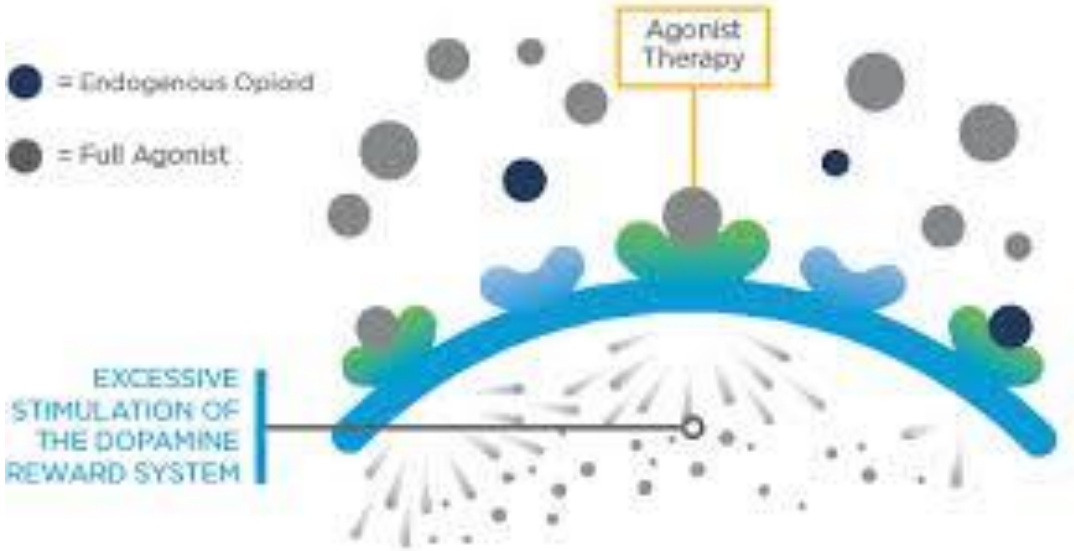
Partial Agonist Therapy

Suboxone/Subutex/
Subsolve/Sublocade

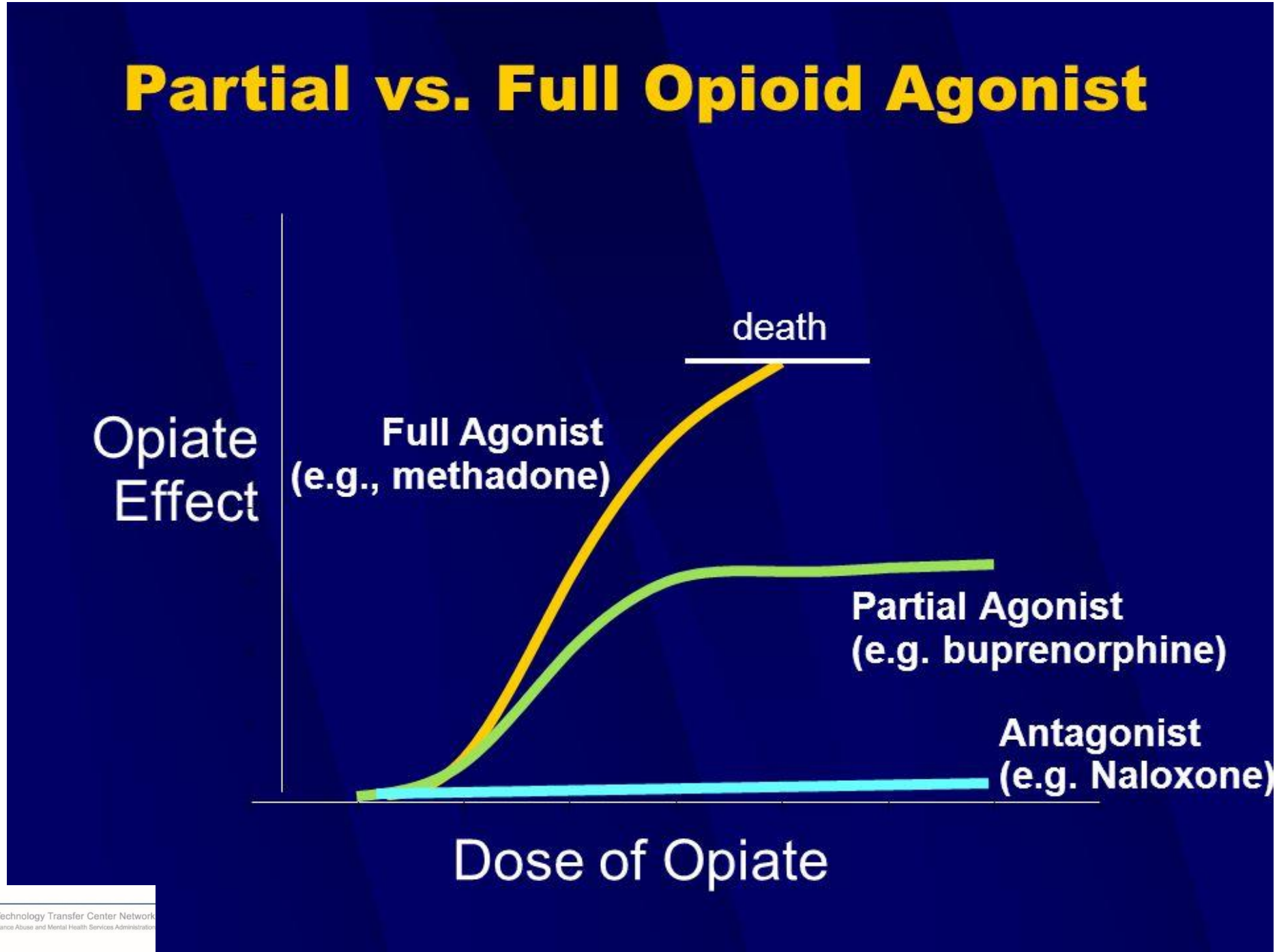


Full Agonist Therapy

Methadone



Partial vs. Full Opioid Agonist



Medication Types for Treating Opioid Use Disorders

	AGONIST THERAPY	PARTIAL AGONIST THERAPY	ANTAGONIST THERAPY
Binds to μ Opioid Receptor	YES	YES	YES
Activates μ Opioid Receptor to Release Dopamine	YES	YES but not to the extent of a full agonist	NO
Administration	Daily oral concentration	Daily sublingual film, sublingual tablet, buccal film, or six-month subdermal implant	Daily oral medication or monthly intramuscular injection
Setting	Provided at certified opioid treatment program settings	Sublingual film, sublingual tablet, or buccal film can be initially provided in a physician's office then as a take-home medication. The six-month subdermal implant requires HCP administration.	Daily oral can be provided as take-home medication. Monthly injection requires HCP administration.
DEA Schedule	Schedule II controlled substance	Schedule III controlled substance	Not scheduled
Requires Detox	NO	NO	YES
Requires Counseling	YES	YES	YES

Strength and Limitation Considerations

- Agonist and partial-agonist Rx
  - Long half life = difficult to get off
    - Heroin- 30 mins
    - Buprenorphine – 24-48 hrs
    - Methadone -10 40 hrs.

  - Anhedonia
  - Hormone interactions
  - Chronic pain benefits
  - Retention

Strength and Limitations Continued

- Antagonist
  - Dysthimia
  - Chronic pain/injury
  - Prescription Adherence
  - Bloodwork
  - Hepatic contraindications
  - No withdrawal
  - Abstinence commitment
  - No psychological impairment

Strength and Limitations Continued

- Antagonist
  - Dysthimia
  - Chronic pain/injury
  - Prescription Adherence
  - Bloodwork
  - Hepatic contraindications
  - No withdrawal
  - Abstinence commitment
  - No psychological impairment

Other Medication Assisted Treatment Options for Substance Use Disorders

- Naltrexone/Vivitrol- Alcohol
- Acamprosate/Campral-Alcohol
- Disulfram/Antabuse-Alcohol
- Bupropion/Wellbutirn- Cocaine/Nicotine

Additional Medications (Comfort Meds)

- Gabapentin
- Clonidine
- Hydroxizine
- Bentyl
- SSRI’s
- Bupropion
  - NDRI

Anonymity in Recovery

- Anonymity is the spiritual foundation of all our traditions ever reminding us to place PRINCIPLES BEFORE PERSONALITIES. (Twelve Steps Twelve Traditions, 1981 pp. 184)

Spiritual Foundation of Anonymity

- Level the playing field

Internalized Stigma in the Recovery Community

AA's View Medication in Recovery

- Some A.A. members must take prescribed medication for serious medical problems. However, it is generally accepted that the misuse of prescription medication and other drugs can threaten the achievement and maintenance of sobriety. It may be possible to minimize the threat of relapse if the following suggestions are heeded:
- • No A.A. member should "play doctor"; all medical advice and treatment should come from a qualified physician.

Truth about 12 Step Literature

What they say

- **They say**, “Treatment centers are a rip-off – you don’t need to go to one cause all they do is give you a $30,000 (or $60,000) Big Book.”

What the Book Says

- **Big Book says**, “… we favor hospitalization for the alcoholic who is very jittery or befogged. More often than not, it is imperative that a man’s brain be cleared before he is approached, as he has then a better chance of understanding and accepting what we have to offer.” [*Alcoholics Anonymous*, 4th Edition, pp. xxvi-xxvii] And, “Of course an alcoholic ought to be freed from his physical craving for liquor, and this often requires a definite hospital procedure …” [*Alcoholics Anonymous*, 4th Edition, pp. xxvii-xxviii]

What they say

- **They say**, “This is a selfish program.”

What the Book Says

- **Big Book says**, “Selfishness-self-centeredness! That, we think, is the root of our troubles.” [Alcoholics Anonymous, 4th Edition, p. 62]

What they say…

- **They say**, “You can’t date in your first year.”

What the Book Says…

- **Big Book says**, “We do not want to be the arbiter of anyone’s sex conduct … we tried to shape a sane and sound ideal for our future sex life. We subjected each relation to this test – was it selfish or not?” [Alcoholics Anonymous, 4th Edition, p. 69]

What they say…

- **They say**, “You’re not sober if you’re taking pain meds or psych meds.

What the Book says…

- **Big Book says**, “We are convinced that a spiritual mode of living is a most powerful health restorative. … But this does not mean that we disregard human health measures. … though God has wrought miracles among us, we should never belittle a good doctor or psychiatrist. Their services are indispensable in treating a newcomer and in following his case afterward.” [Alcoholics Anonymous, 4th Edition, p. 133]

Organizational Stigma

Organizational Interventions to Address Stigma

- Improving engagement strategies (families, employers, HCP's)
- Integrated care increases participation
- Increased contact between HCP and patients with SUD.
- Peer support services
- Recovery Oriented Language
- Patient's as decision makers in agency/organizational decisions
- Use of media for mass messaging to dispel myths regarding behavioral health disorders and treatment,
- Education to counter the lack of knowledge about disorders and treatment

References

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