

EVIDENCE BASED PATHWAYS TO RECOVERY

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What figment of the human imagination has the power to:

- isolate individuals and families;
- encourage people to deny a fatal illness and ignore its symptoms;
- keep desperately ill people from seeking help;
- block funding for treatment for all but a small fraction of those who need it; and
- persuade society to choose far more expensive alternatives - alternatives like imprisonment; the human and financial cost of accidents and secondary illnesses; and the wholesale loss of human lives, productivity, and potential?

STIGMA



Public-stigma: Society's rejection of a person due to certain behaviors or physical appearances that are deemed unacceptable, dangerous, or frightening. Perception that they are “other than.”

- Misperceptions, negative language, and negative beliefs about a certain group of the population

Self-stigma: One labels oneself as unacceptable and internalizes the perceptions of society

- Denies involvement in a certain group or affiliation with the “problem.”
- Pushes someone deeper into the addiction process because they cannot confront the problem

Stigma towards addiction is one of the top barriers to accessing treatment



**DO YOU SPEAK
RECOVERY?**

LANGUAGE AS THE PLATFORM |

AVOIDING STIGMATIZING LANGUAGE

“Research shows that the language we use to describe this disease can either perpetuate or overcome the stereotypes, prejudice and lack of empathy that keep people from getting treatment they need. Scientific evidence demonstrates that this disease is caused by a variety of genetic and environmental factors, not moral weakness on the part of the individual.”

-Drug Czar Botticelli (2017)



LANGUAGE GUIDELINES

Specifically, we make an appeal for the use of language that

1. respects the worth and dignity of all persons (“people-first language”)
2. focuses on the medical nature of substance use disorders and treatment
3. promotes the recovery process
4. avoids perpetuating negative stereotypes and biases through the use of slang and idioms.
(Broyles, Binswanger, Gordon, et al., 2014)



Current Language	De-Stigmatizing Language	Reason
Junkie, Addict, Crack-head, User, Abuser, Alcoholic	Individual struggling with the disease of addiction. Individual not yet in recovery. A person with a substance use disorder.	Person-centered language
Drug-addicted baby/ Drug-baby	Infant who was neonatally exposed. Infant with pre-natal exposure. Infant experiencing withdrawals.	Person-centered language
Non-compliant/ Resistant	Struggling with Ambivalence. In the pre-contemplation stage. Choosing not to.	Not-blaming; talking about the stages of change; offers change rather than label
Denial	Ambivalent, Pre-contemplation stage	Not-blaming; talking about the stages of change; offers change rather than label
Substance Abuse	Substance Use Disorder	Medical diagnosis
Drug of Choice	Drug used/ Drug of Use/ Commonly Used Drug	It's not a "choice"
Treatment is the goal	Treatment is an opportunity	Reduces judgement and failure
[AA/Faith-based/MAT/Abstinence] ... is the only way	Each individual takes a different path towards recovery or becoming drug free	Offering opportunities and acknowledging the individual process
Clean/Sober	Drug free/ Free from illicit drugs or medication	Stigma-free language not associating dirtiness with drug use
Relapse	Recurrence/ Return to Use	The word relapse brings a lot of baggage
Replacement drugs	Medication Assisted Treatment	MAT may be part of the process for some
Rock bottom	There is no such thing as rock bottom	Waiting for a "huge" crisis to intervene is dangerous and deadly

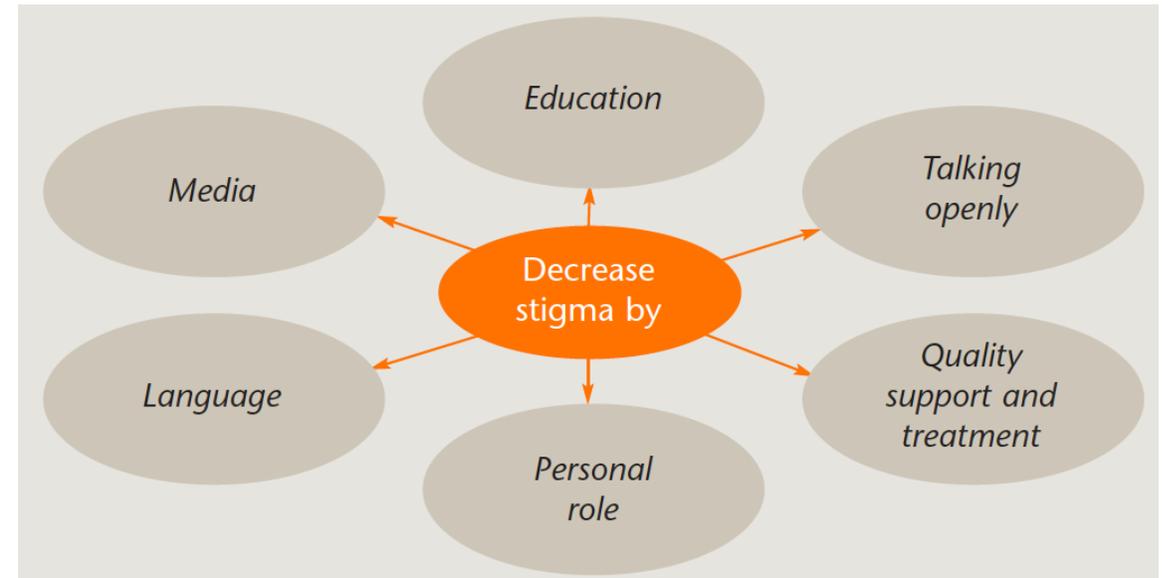
WHAT CAN YOU DO?

Small changes in language can influence how you perceive others and how they perceive themselves.

Use person-centered language

Adjust your everyday usage and it will become more natural

People are always listening especially if they are assessing your ability to be a helper.



A SUBSTANCE USE DISORDER



...is a chronic relapsing brain disease.

- Craving for the object of addiction
- Loss of control over its use
- Continuing involvement with it despite adverse consequences

Substance Use Disorder (SUD): the existence of at least 2 symptoms in the following categories: impaired control, social impairment, risky use, and pharmacological criteria (i.e. tolerance and withdrawal)

- Includes alcohol, prescription drugs, illicit drugs, and tobacco
- Multiple qualifiers

HIJACKING THE BRAIN

Initial use – prescribed or experimenting

Brain is flooded with dopamine

- Dopamine is a neurotransmitter that controls the reward-motivation circuit
- Affects emotions, movements, and sensations of pleasure and pain
- Drugs cause the body to make less natural dopamine and/or reduces ability to respond to dopamine (i.e. tolerance)

Reward Pathway in the Brain

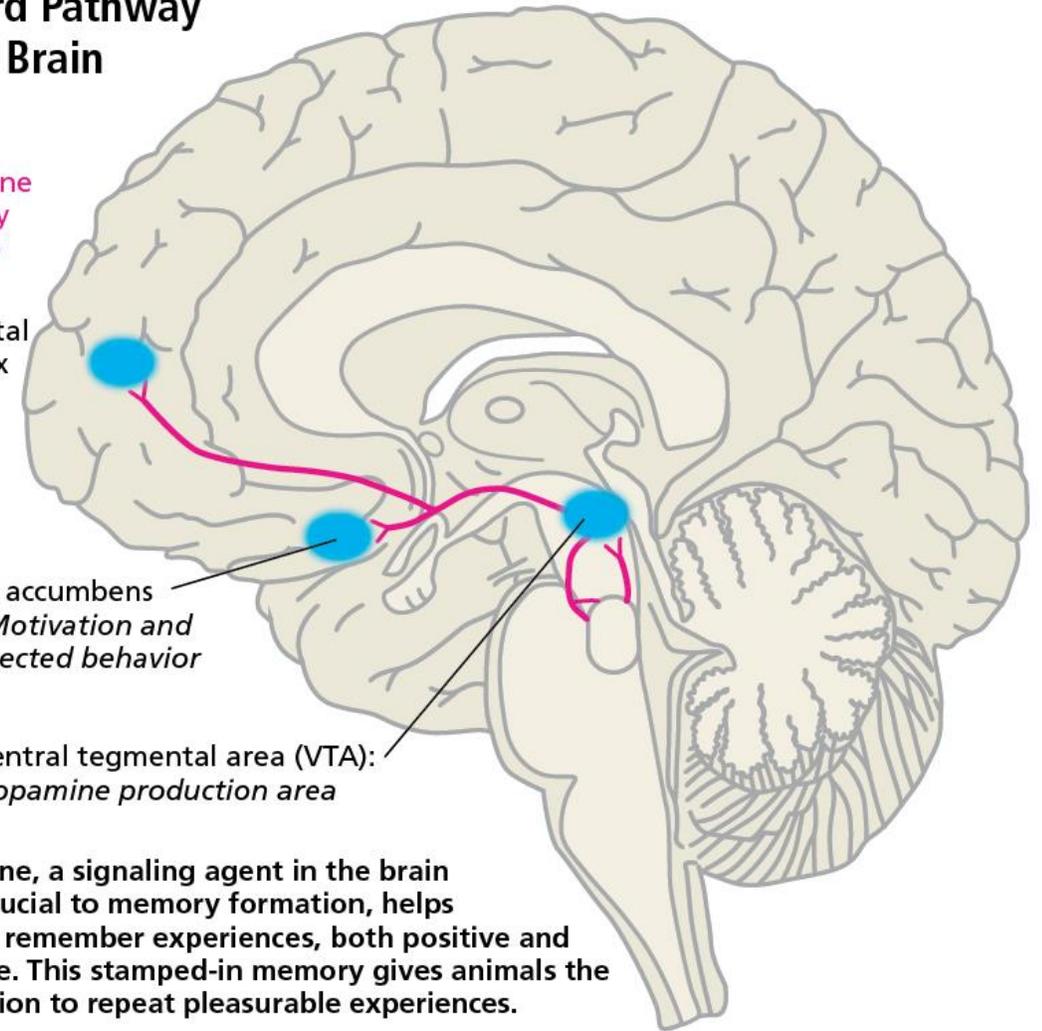
Dopamine pathway

Prefrontal cortex

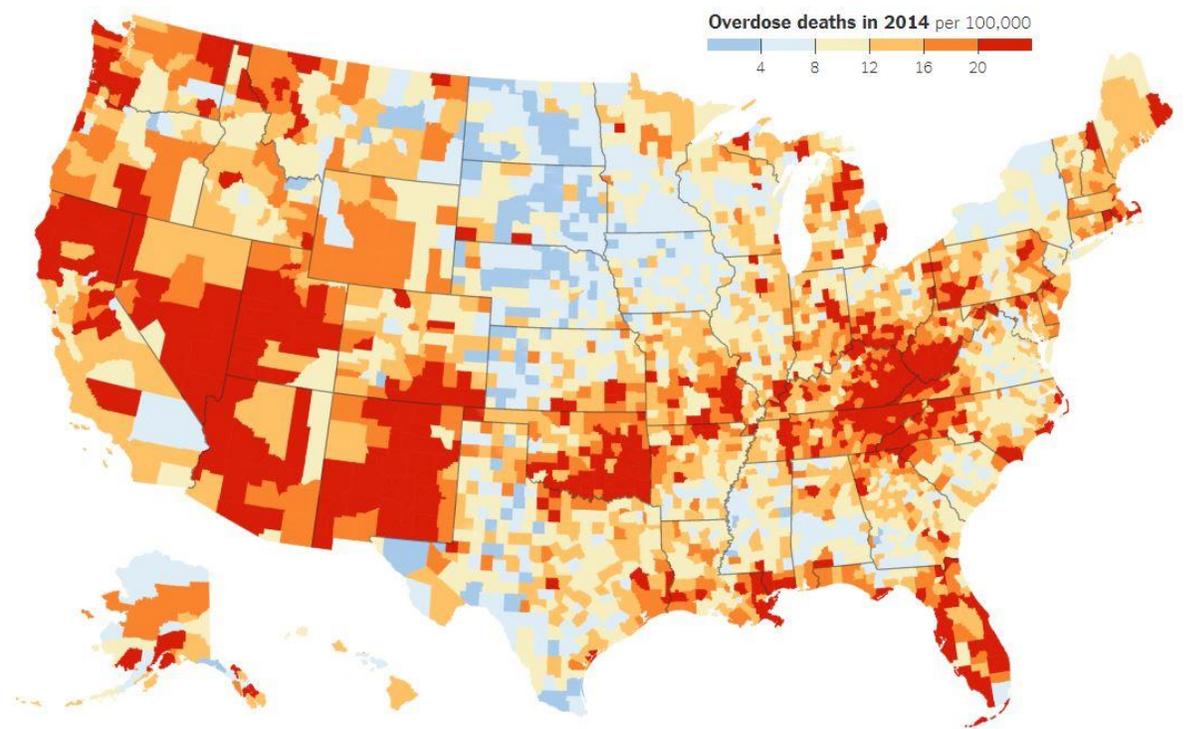
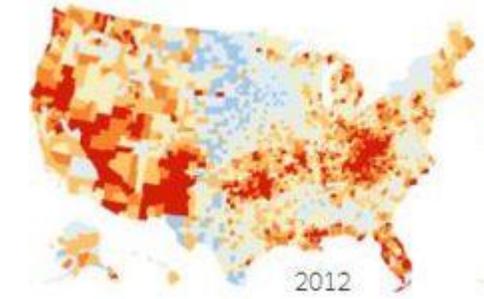
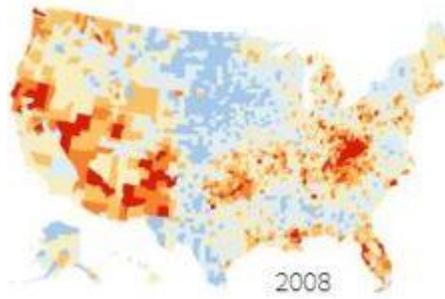
Nucleus accumbens (NAc): Motivation and goal-directed behavior

Ventral tegmental area (VTA): Dopamine production area

Dopamine, a signaling agent in the brain that's crucial to memory formation, helps animals remember experiences, both positive and negative. This stamped-in memory gives animals the motivation to repeat pleasurable experiences.



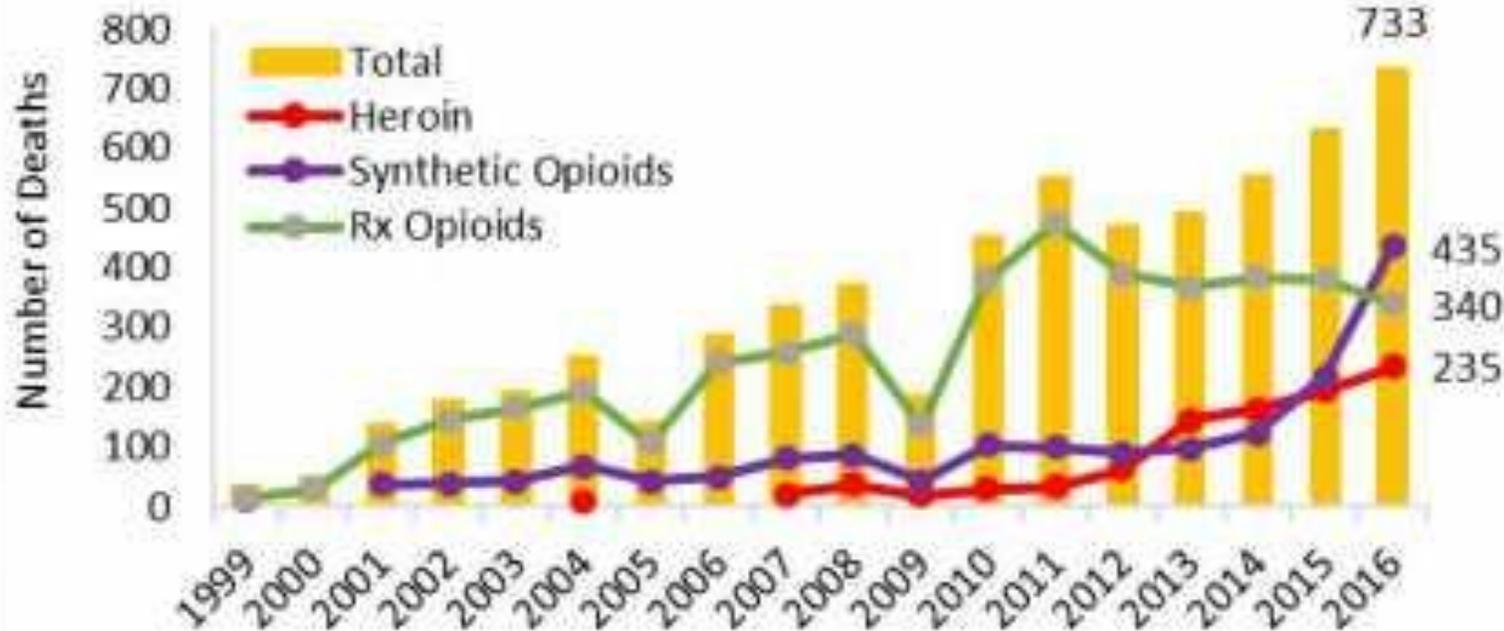
NATIONAL EPIDEMIC



- Substance Use Disorders (includes Drug Use Disorders & Alcohol Use Disorders) are a national problem
 - Appalachia and WV regions have experienced higher negative effects than other communities
- 22.5 Million Americans, 12 and older, are currently using drugs
 - 90,000+ deaths annually are a result of alcohol and drug abuse
 - 480,000 deaths are a result of tobacco use

OVERDOSE STATISTICS

Number of Opioid Related Overdose Deaths in West Virginia



Source: CDC WONDER *Data unreliable

Cabell Co.	OD Rates
2015	480
2016	1,217
2017	1,831

Cabell Co.	OD Rates
1 st 6 months of 2017	953
1 st 6 months of 2018	564

	NAS Rates
NAS in WV	50.6 for every 1,000
Cabell Co.	62.3 for every 1,000

DRUG TRENDS

*Methamphetamine use on the rise

Signs of Withdrawal:

- Slowed thought processes
- Agitation
- Increased appetite
- Slowed movement
- Vivid unpleasant dreams
- Fatigue or tiredness
- Oversleeping
- Having trouble sleeping

NS-DUH reported that over a million people in the US have used Meth in the past year.

Carfentanil's relative potency compared

1 unit of carfentanil is...

... 10,000 x as potent as:

1 unit of morphine

... 5,000 x as potent as:

1 unit of heroin

... 100 x as potent as:

1 unit of fentanyl

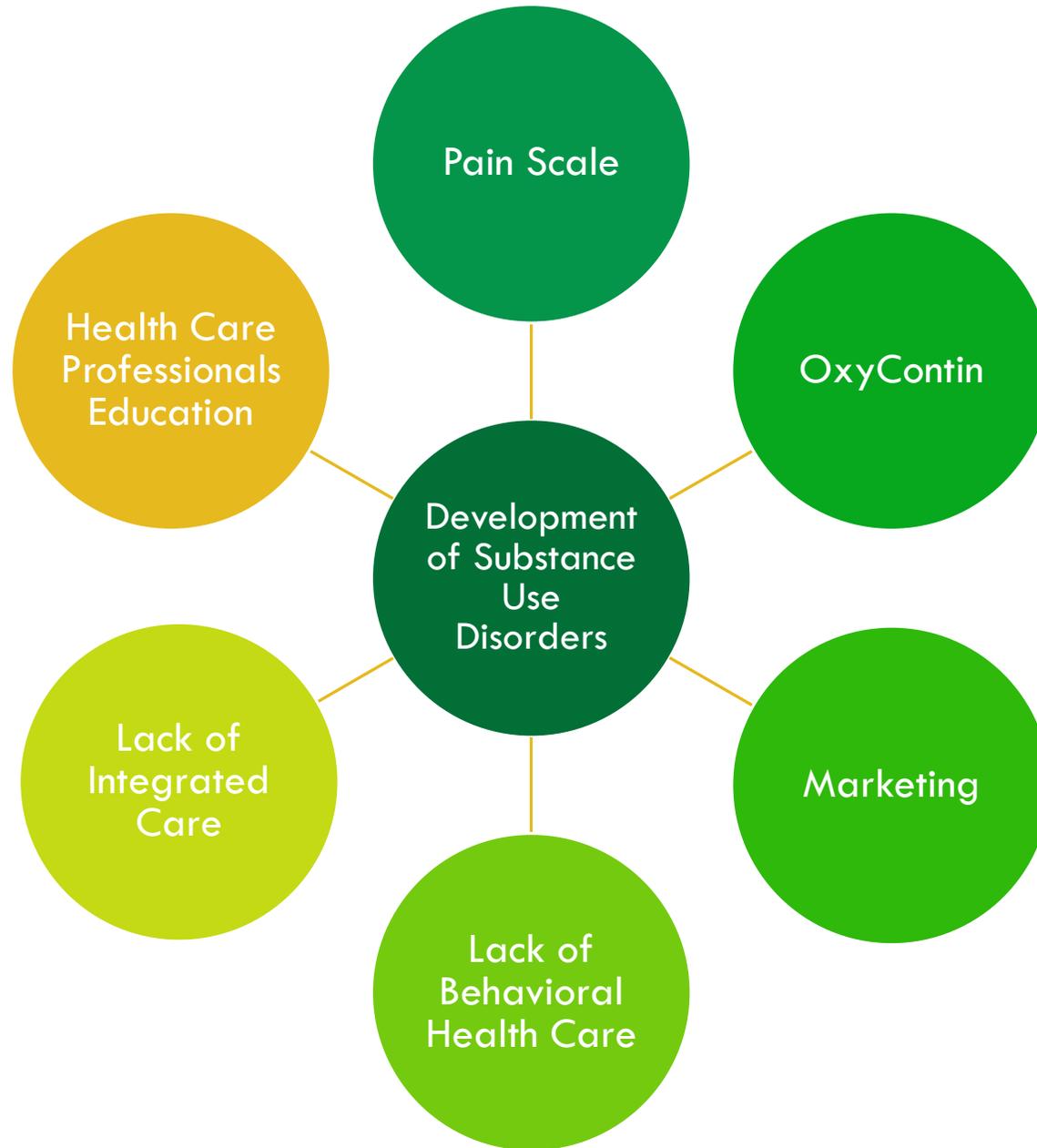
Carfentanil is a synthetic opioid dangerously more potent than heroin, fentanyl and morphine. It's used to tranquilize elephants and other large animals and is not approved for human use. On the street it is sometimes combined with heroin and in powdered form resembles heroin or cocaine.

Carfentanil symptoms occur within minutes of ingestion and include respiratory depression or arrest, drowsiness, disorientation, pinpoint pupils and clammy skin.

Source: Drug Enforcement Agency

Journal Sentinel

Synthetic overdoses are treated the same way as any other opioid overdose. Naloxone/Narcan still works.



Multiple factors have played a role in the development of the substance use epidemic.

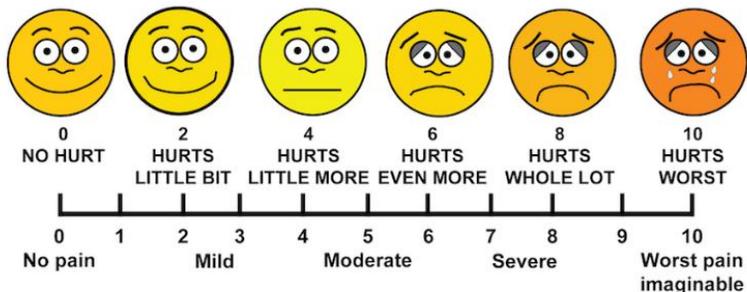
SOCIETAL FACTORS CONTRIBUTING TO USE

1. Pain Scale

In 1999, “Pain as the 5th Vital Sign” initiative

Joint Commission for Accreditation of American Healthcare Organizations made it a physician requirement.

PAIN MEASUREMENT SCALE



2. OxyContin

Purdue Pharma introduced OxyContin in 1996, a controlled-release version (more potent active ingredient) of the pain killer Oxycodone

- Included a \$200 million marketing campaign in 2001

2 unique components of FDA approval of OxyContin:

1. Only drug to have been labeled “abuse resistant”
 - NO rigorous supporting study rather sampled acute short-term hospital setting patient.
 - After alarming rates of abuse were detected a Black Box warning was released : “tablets are to be swallowed whole and are not to be broken, chewed, or crushed. Taking broken, chewed, or crushed tablets leads to rapid release and absorption of potentially fatal dose of oxycodone”
2. Promised a unique 12-hour dosing capability (6-8 on avg.)
 - Again, NO rigorous supporting study – many double-blind assessments disprove this

Paid \$634 million in files following lawsuit, which proved they suppressed findings and created false “scientific charts.”

INCREASED RISK FACTORS = INCREASED CHANCE OF MISUSE

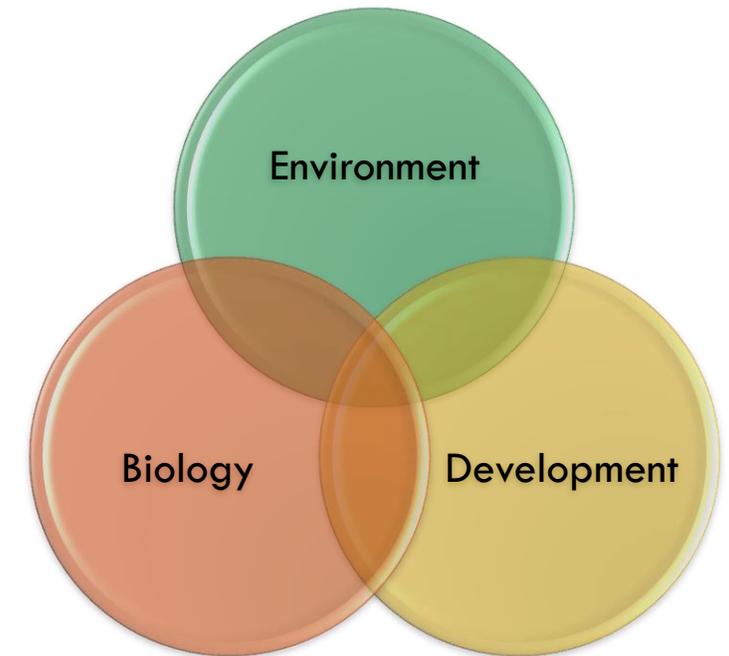
Biology: Genes at birth account for 40-60% of a person's risk

Environment: An individual's quality of life is correlated with increased risk of use/addiction

- Peer pressure, early exposure, stress, SES, positive social support, family use, & physical and sexual abuse
- **70%** of individuals receiving addiction treatment have a history of trauma exposure (Funk, McDermeit, Godley, Adams, 2003)

Developmental: The earlier use occurs, the more likely that person will develop an addiction

- ACEs – Adverse Childhood Experiences
- Teens may be especially prone to risky use



NEONATAL ABSTINENCE SYNDROME (NAS)

- NAS is a withdrawal syndrome that occurs after prenatal exposure to drugs is discontinued suddenly at birth
 - Substance passes through the placenta.
- NAS involves multiple systems in the infant's body
- Infants with NAS often require longer hospital stays to monitor and treat withdrawal symptoms such as tremors, feeding difficulties, excessive crying, and sensitivity to stimuli
- Pharmacological treatment may be needed to manage withdrawal symptoms
- The infant is then slowly weaned off under the supervision of a medical team

EARLY EXPOSURE

NAS/NOWS Symptoms vary greatly

- type of drug used, number of drugs used, genetic factors that affect metabolism, quantity, frequency and duration of use, and prematurity
- Need for greater research

Infants with NAS are often harder to soothe, struggle with feeding and weight gain, over-react to stimulation, and may show long term developmental and educational deficits

- Require low light, gentle rocking, swaddling, and minimal to no noise or stimulation

Specific care suggested

- NTU/Lilly's Place
- RVCARES

ADVERSE CHILDHOOD EXPERIENCES

ACE Definitions, Centers for Disease Control and Prevention

ACE Category	Detail
Abuse	Emotional abuse Physical abuse Sexual abuse
Neglect	Emotional neglect Physical neglect
Household Dysfunction	Mother treated violently Household substance abuse Household mental illness Parental separation or divorce Incarcerated household member

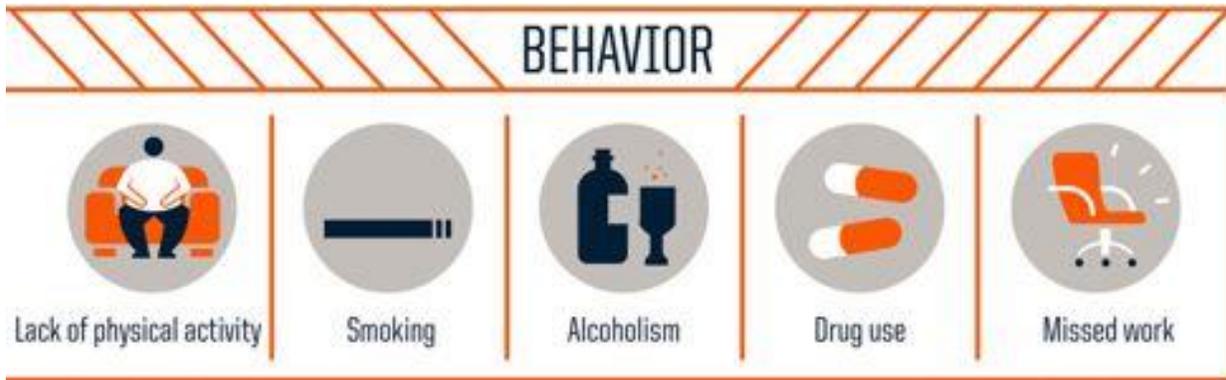
**Table adapted from www.cdc.gov*

Adverse childhood experiences (ACEs) are 10 stressful or traumatic events

ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan

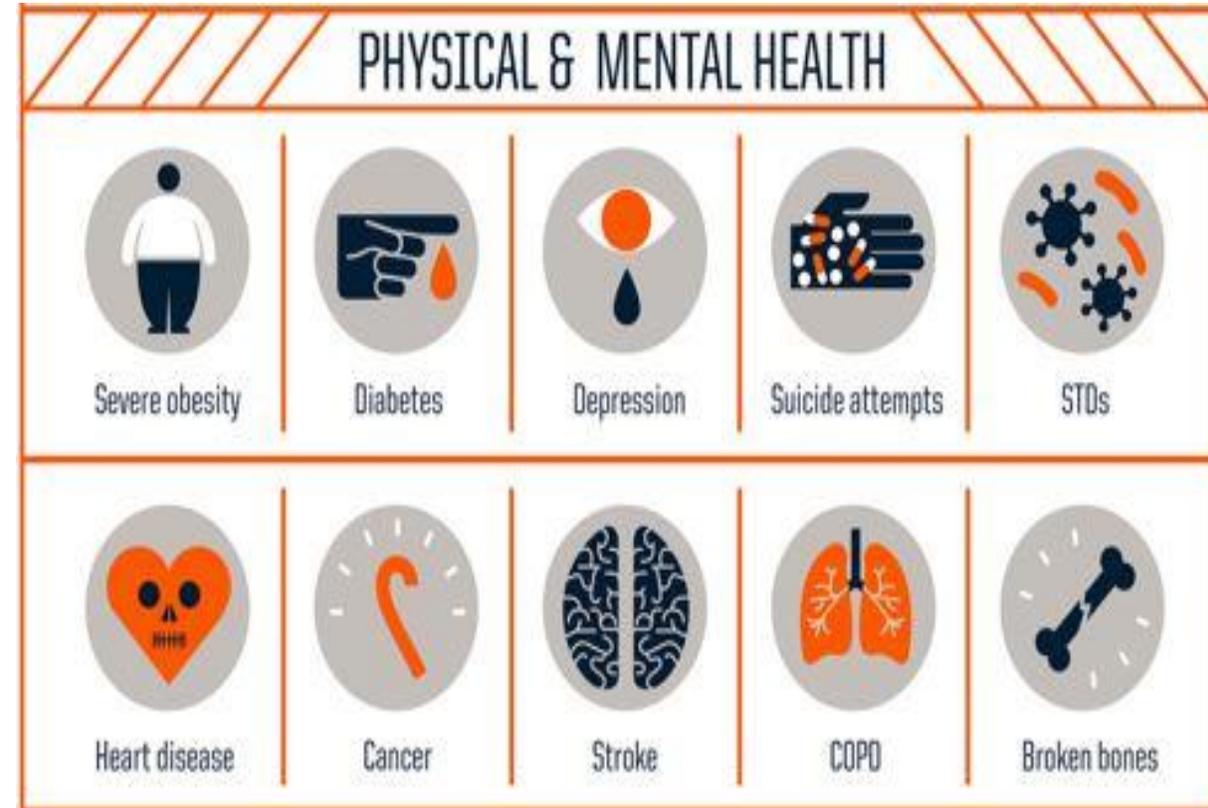
- **Very Common:** 28% of study participants reported physical abuse and 21% reported sexual abuse.
- **Multiple Experienced:** Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more.
- **Dose-response:** A person's cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems

CONSEQUENCES OF ACES

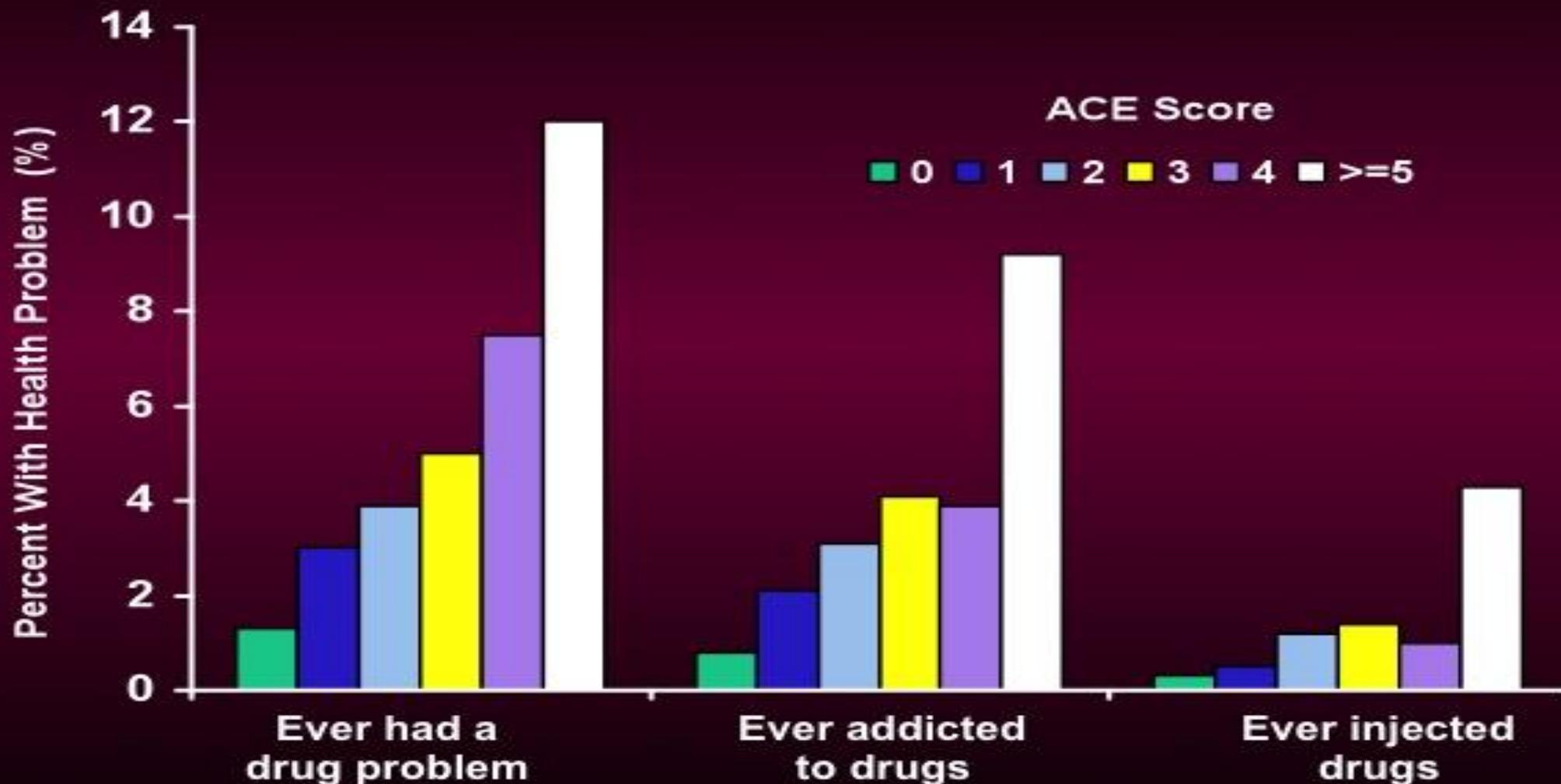


ACE of 4+ = 12x more likely to commit suicide

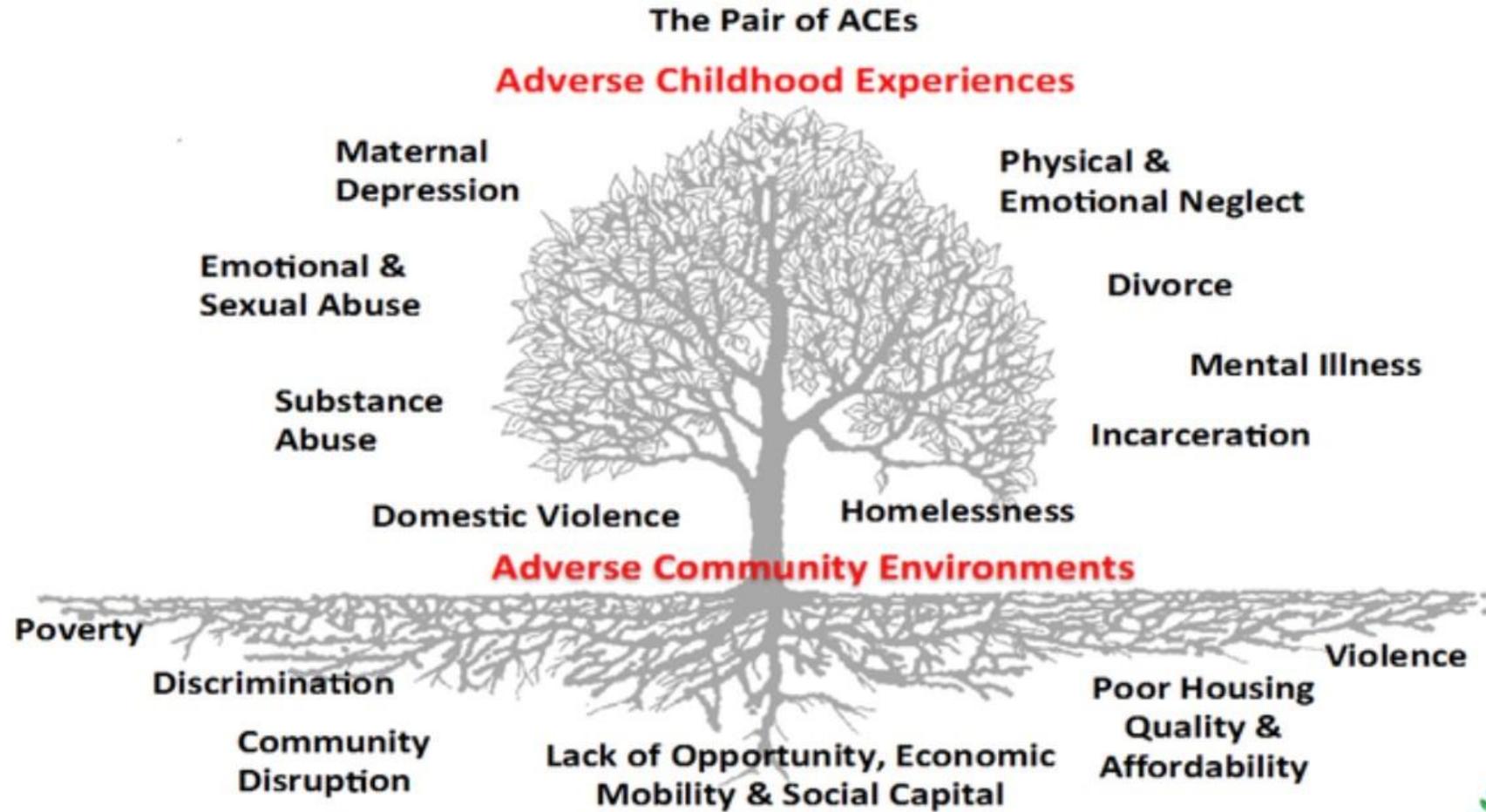
ACE of 6+ = 20 years less of life expectancy



ACE Score and Drug Abuse



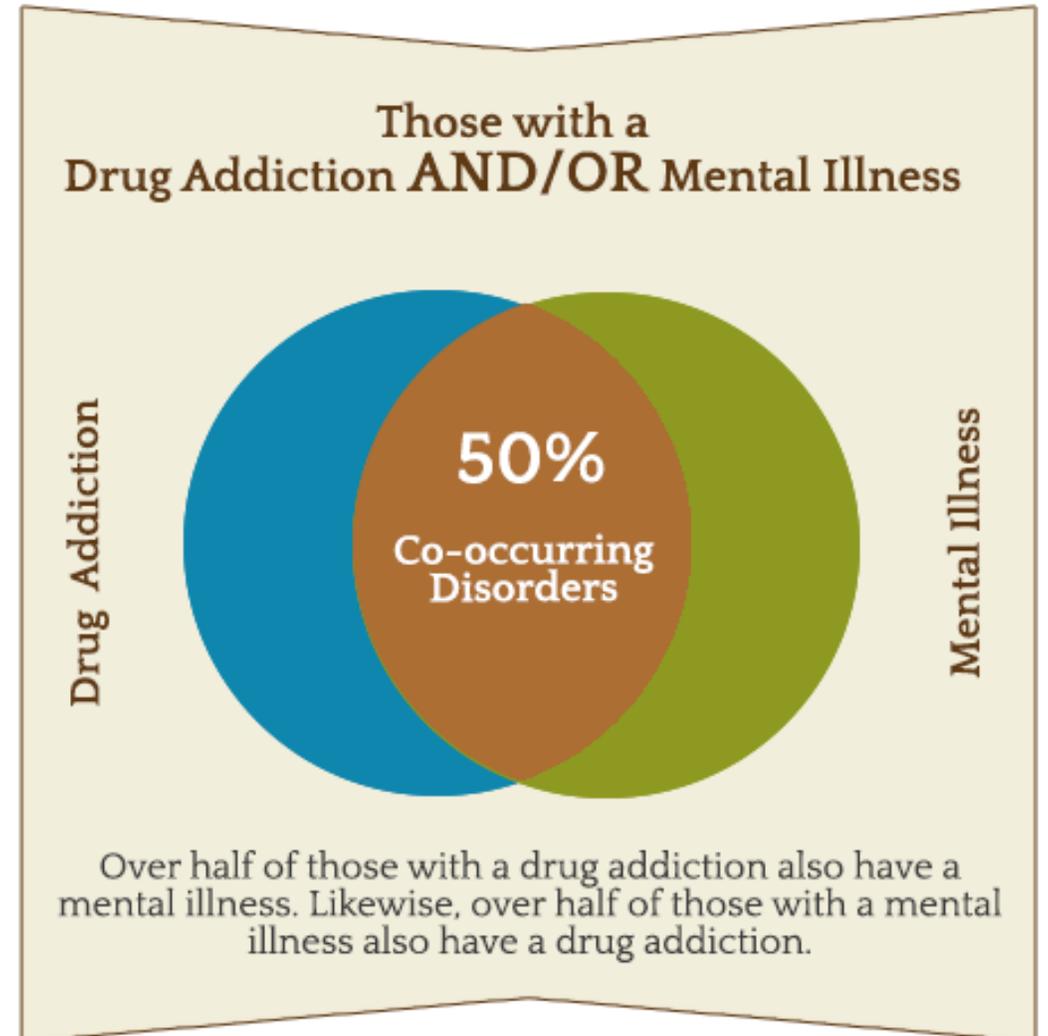
ADVERSE CHILDHOOD & COMMUNITY EXPERIENCES



CO-OCCURRING DISORDERS

Co-Occurring disorders are the combination of 2 more disorders (substance use disorder and any mental health disorder).

- Most commonly includes depression and/or anxiety with SUD.
- Both must be treated to be successful.

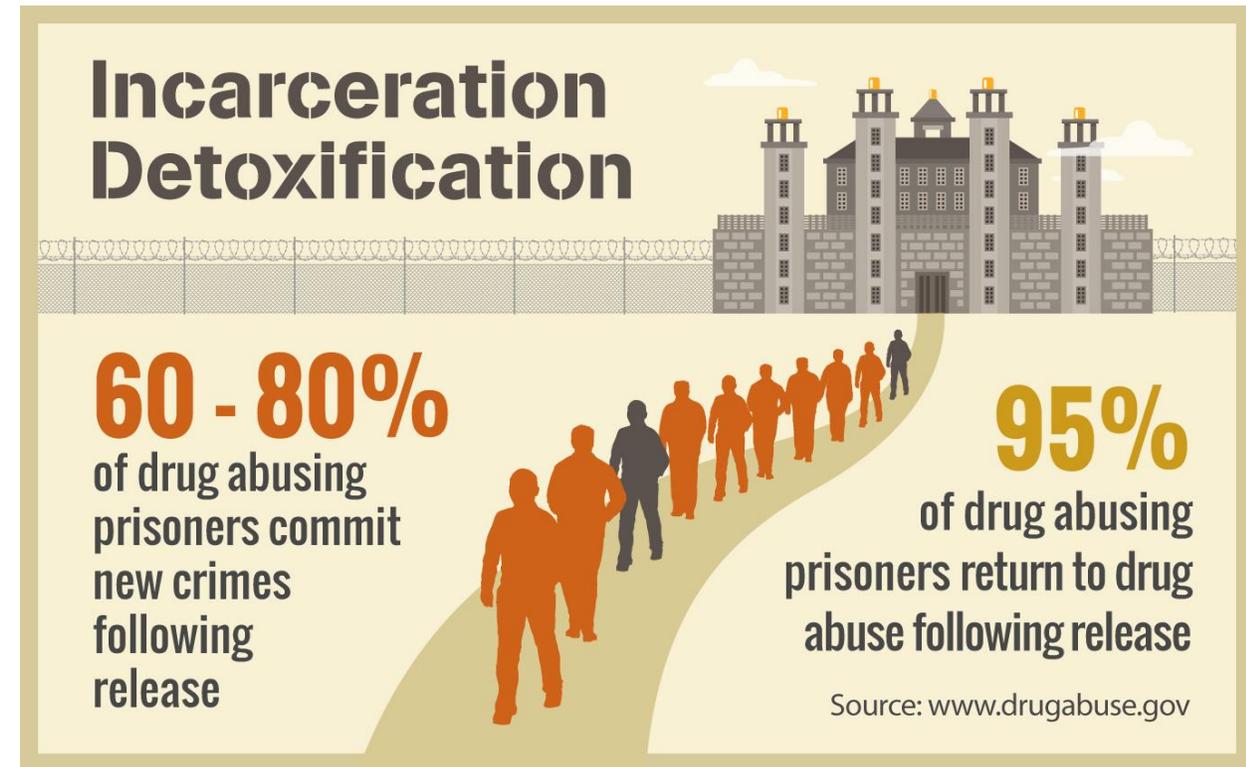


AWARENESS OF THE PROBLEM

- Everyone assumes that someone else will ask, intervene, or treat and often assume a medical profession is addressing use or risk factors.
 - Unfortunately, 94% of physicians fails to diagnose early substance use disorder in adults
 - A small percentage of physicians consider themselves “very prepared” to diagnosis alcoholism (19.9%); illegal drug use (16.9%); prescription drug abuse (30.2%).

INCARCERATION DETOXIFICATION

- Typically, treatment isn't offered until a crisis point or legal involvement.
- Early (and ongoing points of) intervention are key to addressing the addiction epidemic and reducing stigma.



WHAT CAN WE DO?

Evidence-Based Practices

TREATMENT

No single treatment is appropriate for all individuals however if someone is asking or willing – time is of the essence!

You have a brief window to engage them in services so move quickly to increase chances of success.

Successful treatment must address individual's drug use, medical, psychological, vocational, and legal problems.



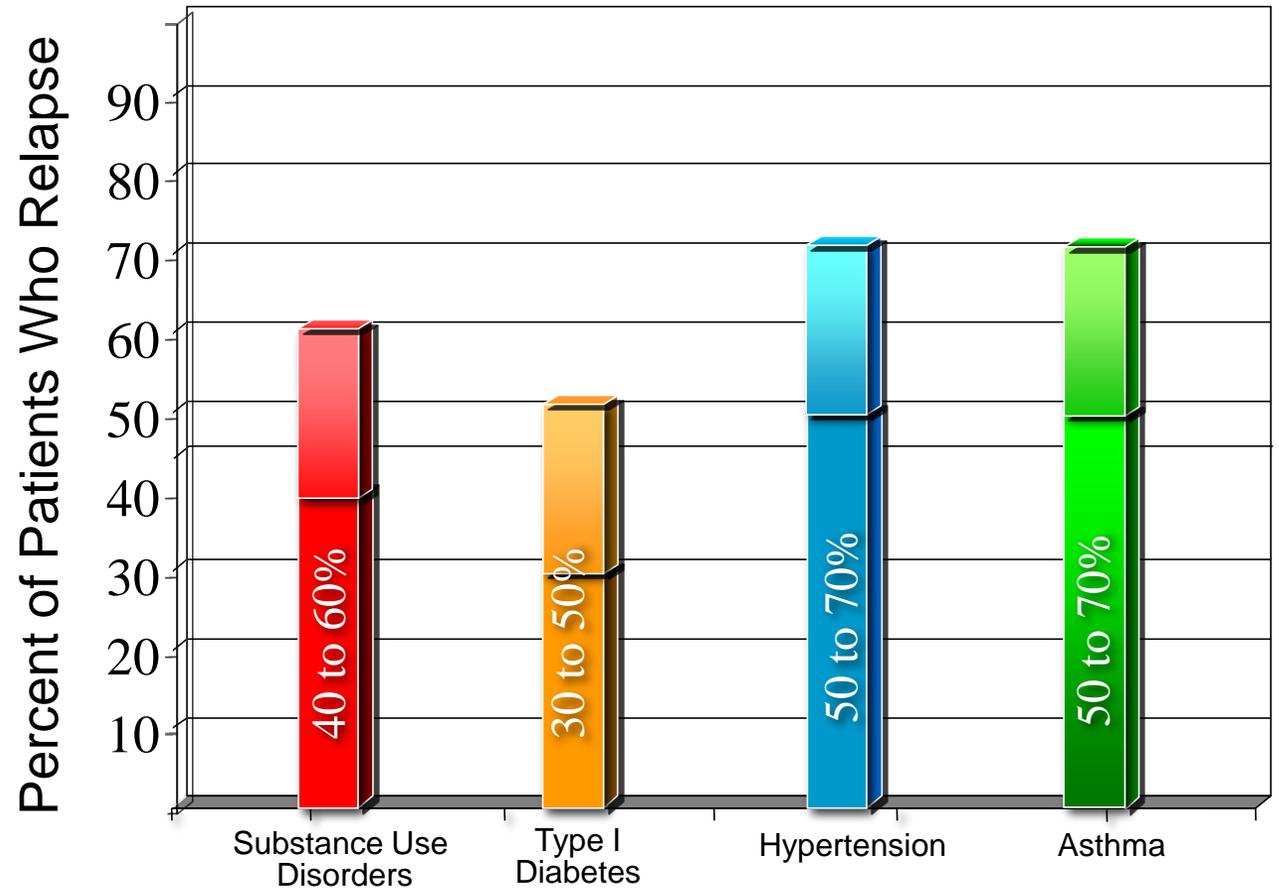
Need Systemic Prevention & Treatment Options

CONTINUUM OF CARE: INTENSITY SPECTRUM OF SERVICES



TREATMENT OF CHRONIC DISEASES

- Substance Use Disorders are a chronic disease and should be treated as such.
- Relapse is not a sign of failure. It is simply a sign that additional treatment is necessary.



TREATMENT DURATION

Individuals and families often want to know, how long will/should treatment last?

- Depends on many individual factors: drug of use, potency, length and type of use, co-occurring disorders, support network, and availability.
- Research indicates the following:
 - **Outpatient or Residential treatment:** less than 90 days of treatment is associated with limited or no effectiveness
 - **Medication Assisted Treatment:** at least 12 months of treatment are associated with effectiveness but may be required long-term
- SUD and mental health treatment is often consider a life-long endeavor.

REALISTIC EXPECTATIONS

What does success look like for people in recovery from substance use conditions? What about for the providers who serve them?

- Recovery is personal for each individual
- Often considered a life-long pursuit “take it one day at a time”
- Each individual defines what they mean by “living in long-term recovery”

- **Success may mean:**
 - increasing the time between reoccurrences of substance use
 - decreasing the amount use or the way it’s used
 - increasing harm reduction measures
 - integrating recovery into your every day life

EARLY INTERVENTION/RISK REDUCTION



SBIRT – Screening, Brief Intervention, and Referral to Treatment

SAMHSA gold-standard – promotes universal screening and referral



Public Health Approaches

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Health Departments – Harm Reduction/Needle Exchange, Naloxone/Narcan Training, Infectious Disease Testing, Contraceptives



VLARC – Voluntary Long-Acting Reversible Contraception

Implant or IUD that can prevent pregnancy for up to 3-years and is reversible at any time.

- Marshall Pharmacy has an education program on VLARC.

MEDICATION ASSISTED TREATMENT (MAT)

Combination of behavior therapy and medication to treat SUD.

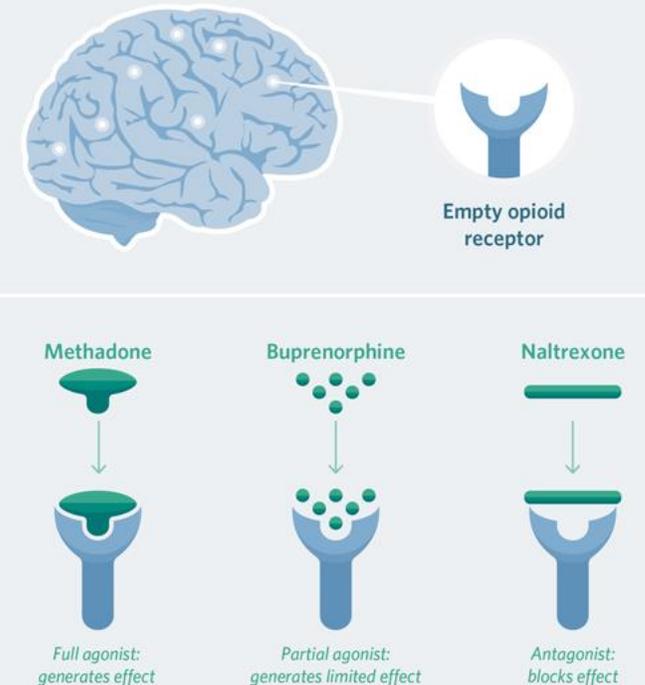
Medication Assisted Treatment can include different types of treatment:

- Agonist: drug activates certain opioid receptors in the brain
- Antagonist: blocks opioid by attaching to opioid receptor without activating them

Buprenorphine and Methadone trick the brain into thinking it's still getting the opioid (prevent withdrawal and reduces cravings).

Naltrexone: Full opioid *antagonist*, which blocks the effect of opioid drugs and takes away the ability to get “high” if the drug is used.

Figure 1
How OUD Medications Work in the Brain



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MEDICATION ASSISTED TREATMENT EVIDENCE

MEDICATION ASSISTED TREATMENT for Opioid Use Disorders



The United States has seen an alarming increase in recent years of Opioid Use Disorders. Whether we are talking about heroin or prescription drug abuse, hardly a week goes by when the media, politicians or our friends and family hear about or talk about this issue.

RehabCenter.net

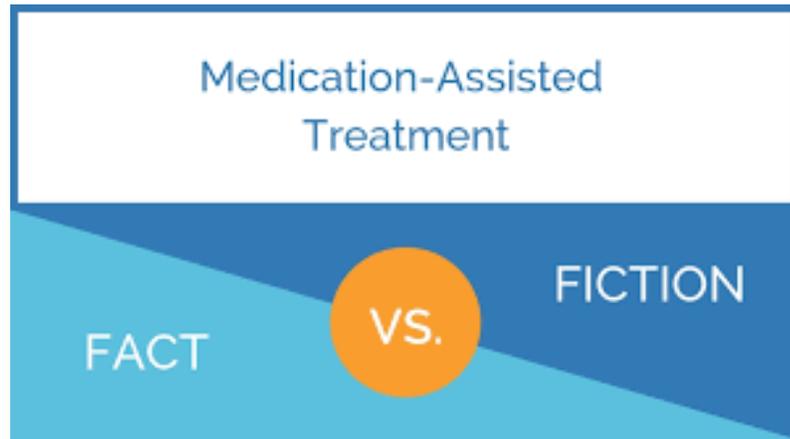
1. Improve patient survival
2. Increase retention in treatment
3. Decrease illicit opiate use and other criminal activity among people with substance use disorders
4. Increase patients' ability to gain and maintain employment
5. Improve birth outcomes among women who have substance use disorders and are pregnant

MAT RESEARCH

1. Decreases risk of relapse
2. Effective in preventing infectious diseases like HIV.
3. Effective in preventing overdoses



<https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>



ACCORDING TO NIDA

Methadone and buprenorphine DO NOT substitute one addiction for another. When someone is treated for an opioid addiction, the dosage of medication used does not get them high—it helps reduce opioid cravings and withdrawal. These medications restore balance to the brain circuits affected by addiction, allowing the patient’s brain to heal while working toward recovery.

Diversion of buprenorphine is uncommon; when it does occur it is primarily used for managing withdrawal.^{11,12} Diversion of prescription pain relievers, including oxycodone and hydrocodone, is far more common; in 2014, buprenorphine made up less than 1 percent of all reported drugs diverted in the U.S.¹³

1. [AR Bazazi, et al. J Addict Med. \(2011\)](#)

2. [Schuman-Olivier, Z. et al. . J. Subst. Abuse Treat. \(2010\)](#)

3. [Drug Enforcement Agency Office of Diversion Control. National Forensic Laboratory Information System \(NFLIS\) 2014 Annual Report](#)

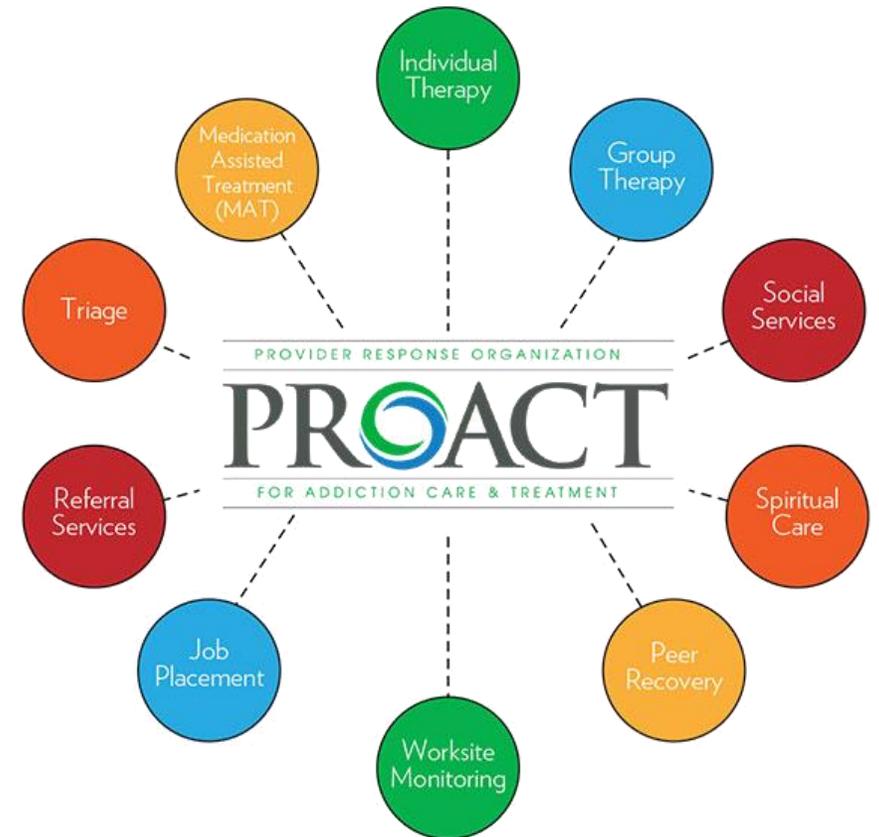
OUTPATIENT TREATMENT

Various levels of outpatient treatment:

- Intensive outpatient (all day, 5 days a week but you don't stay there) – individual therapy and groups
- MAT (4-5 hours) – weekly group, AA/NA meetings required, and monthly individual therapy
- Weekly or Monthly outpatient therapy (1-2 hours) – individual therapy



- A “one stop shop” for the treatment and coordination of services for individuals with substance use disorders.
- Collaborative partnership with Cabell Huntington Hospital, St. Mary’s Medical Center, Marshall Health, Valley Health, and Thomas Health
- Immediate access to all pathways to recovery, spiritual care, employment, & social services



MARC PROGRAM

- The Maternal Addiction Recovery Center supports women throughout pregnancy to 6 weeks post-partum with MAT services including prenatal care, Subutex, individual and group therapy, psychiatric services, and community connections to resources
- Collaborates with peer recovery support services and family navigators from Healthy Connections



MATERNAL OPIOID MEDICATION SUPPORT (MOMS) PROGRAM

- An office-based program serving women within six months postpartum
- Provides counseling services, medical services, and Medication Assisted Treatment (MAT)
- Works to transition moms to a more long-term treatment program
- Offer weekly yoga and peer recovery groups
- Works closely Cabell Huntington Hospital's Neonatal Therapeutic Unit (NTU) and Lily's Place



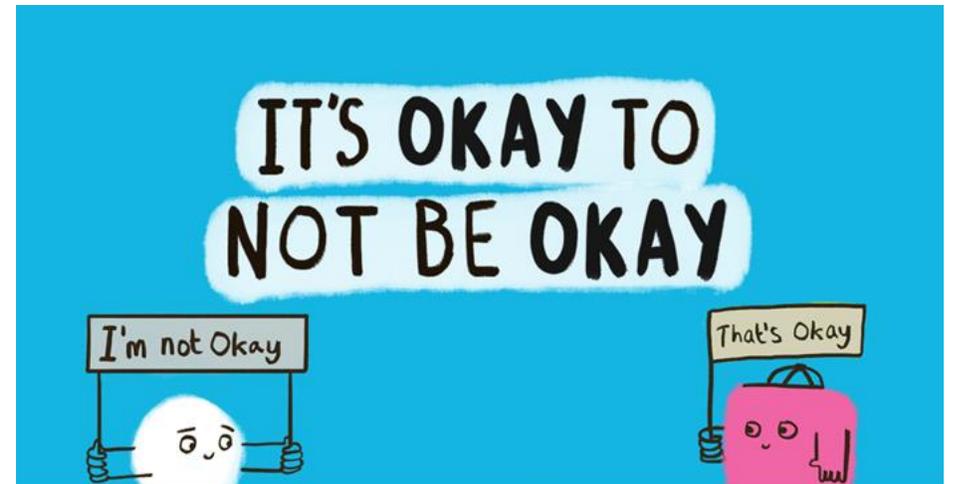
RESIDENTIAL TREATMENT

Highest level of care: Residential treatment requires the individual to live at the treatment location

Often includes intensive therapy often for a minimum of 4 hours a day

Barriers:

- cost
- obligation to commit to the entire program
- level of intensiveness
- rarely allow children and never partners
- lack of family therapists in WV



SOBER LIVING

Peer-based recovery services including residential housing, day programs, and peer-recovery coaching.

- SLH's are alcohol and drug free living environments for individuals attempting to maintain abstinence from alcohol and drugs (Wittman, 1993). They offer no formal treatment but either mandate or strongly encourage attendance at 12-step groups

Do not provide (or often allow) Medication Assisted Treatment or psychiatric medications.

Not mental health treatment.

Also known as Sober Home, Sober House, Recovery House, Half-Way House



PROJECT HOPE

for Women & Children

- Residential center that opened in December 2018 to provide a stable and supportive environment for women in recovery along with their children up to age 12
- 18 - 2 and 3 bedroom apartments
- 24/7 services at an ASAM 3.5 level of care for 4-6 months
- Referrals from Marshall Health, Valley Health, Child Protective Services, the Healthy Connections Coalition, the Huntington City Mission and others



It's up to all of us!

ANYONE AT ANYTIME CAN CALL HELP4WV

Call or Text 24/7/265

1-844-HELP4WV (1-844-435-7498)

Or visit: www.help4wv.com