



Overdose Prevention and Intervention Task Force

October 11, 2017

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Levels of Care Designation Lifespan Level 1 Facilities

The Miriam Hospital
Newport Hospital
Rhode Island Hospital

ERASE THE STIGMA



Director Rebecca Boss - BHDDH
Sharon Morello - Vice President, CODAC
October 11, 2017

stig·ma
'stigmə/

noun

noun: **stigma**; plural noun: **stigmata**; plural noun: **stigmas**

Definition: a mark of disgrace associated with a particular circumstance, quality, or person.

"The stigma of having gone to prison will always be with me."

Synonyms:

shame, disgrace, dishonor, ignominy, opprobrium, humiliation, (bad) reputation

Effects of Stigma on the Person



Effects of Stigma of the Family

SOCIAL ISOLATION

BROKEN

GUILT

FEAR

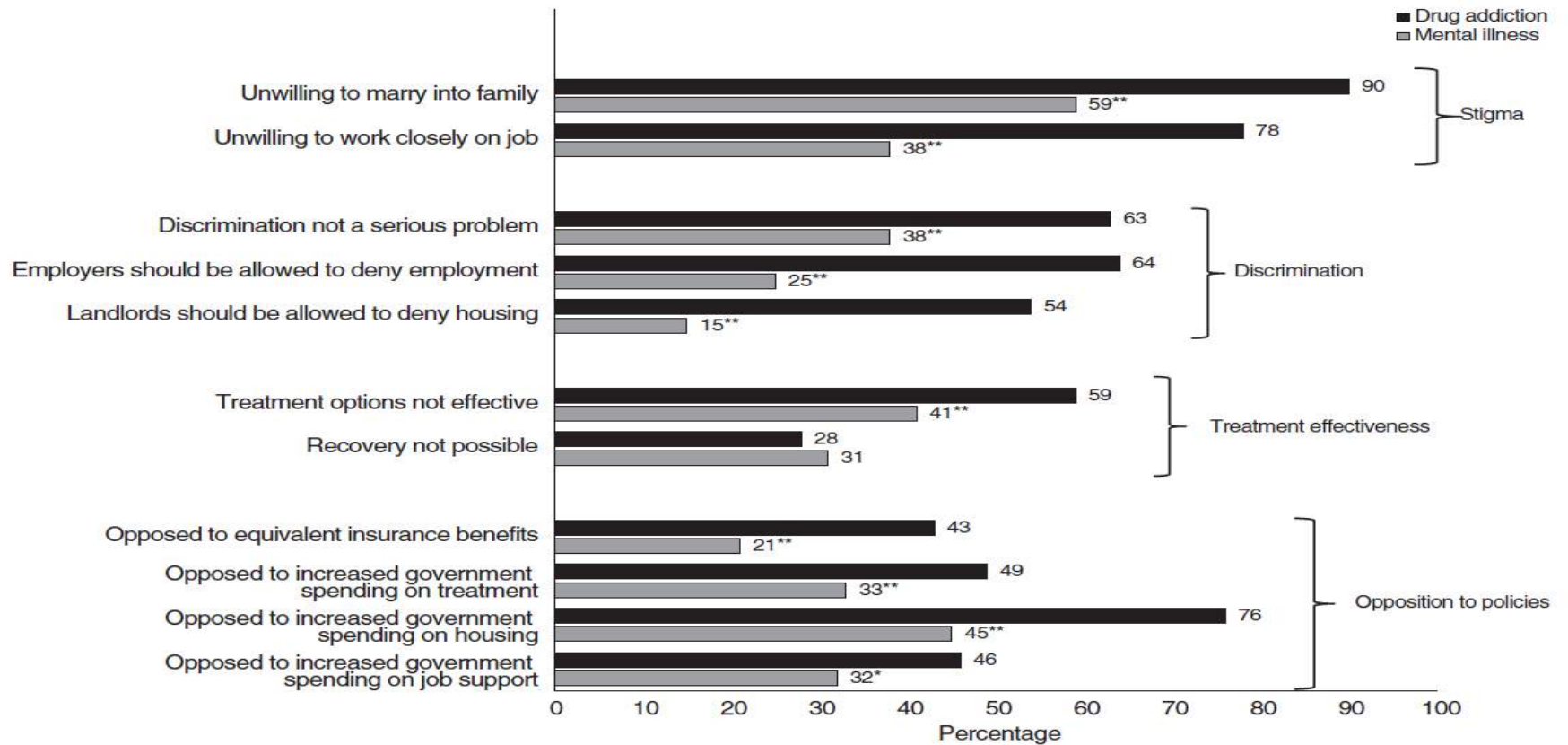
DISHONOR

SCANDAL



Figure 1

Public attitudes about persons with drug addiction (N=347) and mental illness (N=362), 2013^a



^a Responses on 7-point Likert scales were collapsed to dichotomous measures. Pearson chi square tests assessed whether attitudes differed by the drug addiction or mental illness version of each survey item.

*p < .01, **p < .001

Key Findings from Barry et al. 2014.

- ▶ Large proportion of respondents were unwilling to have a person with drug addiction marry into their family (90%), or to work closely with them on a job (78%).
- ▶ 63% thought discrimination was not a serious problem, and 64% of respondents said companies should be able to deny employment to people with a drug addiction.
- ▶ 54% felt landlords should be able to deny housing; 59% felt treatment options were not effective; and 28% felt recovery was not possible.
- ▶ 43% said people with a drug addiction should be denied health insurance benefits; and 49% were opposed to increased government spending on treatment.
- ▶ 76% opposed increased government spending on housing; and 46% opposed increased government spending on job support.

Where Do We Need to Go From Here?

1960's

We Need to...

*Advance the **SCIENCE***

and...

*Erase the **STIGMA***

*Where Do We Need
to Go From Here?
TODAY!*

We have the science

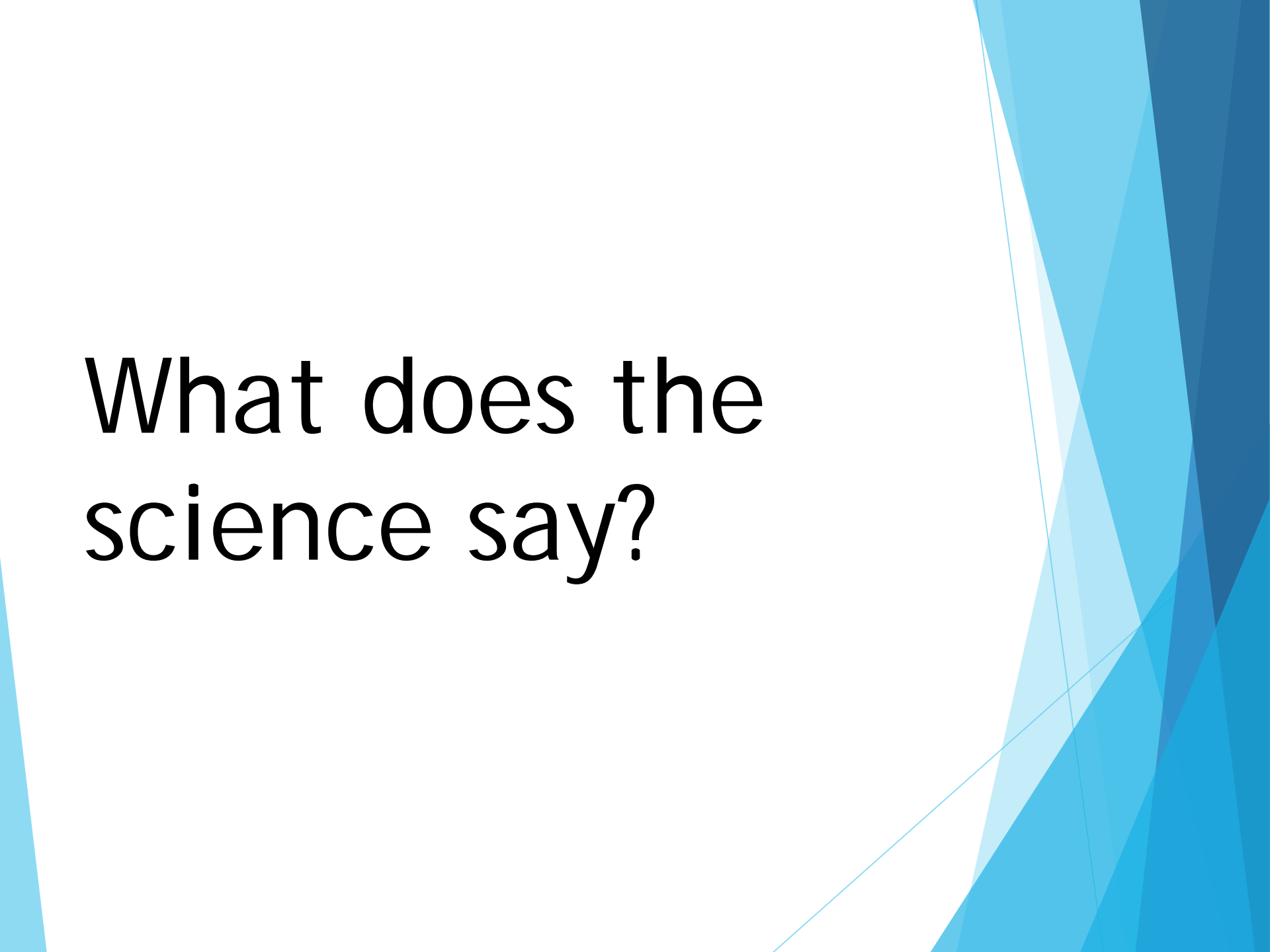
*WE need to Advance the **knowledge**
and...*

*Erase the **STIGMA***

Dr. Ruth Potee – May 26, 2015



What does the
science say?

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the slide, creating a modern, layered effect.

American Society Of Addiction Medicine

- ▶ 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

American Society Of Addiction Medicine Continued...

- ▶ This is reflected in an individual pursuing reward and/or relief by substance use or behavior
- ▶ Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death

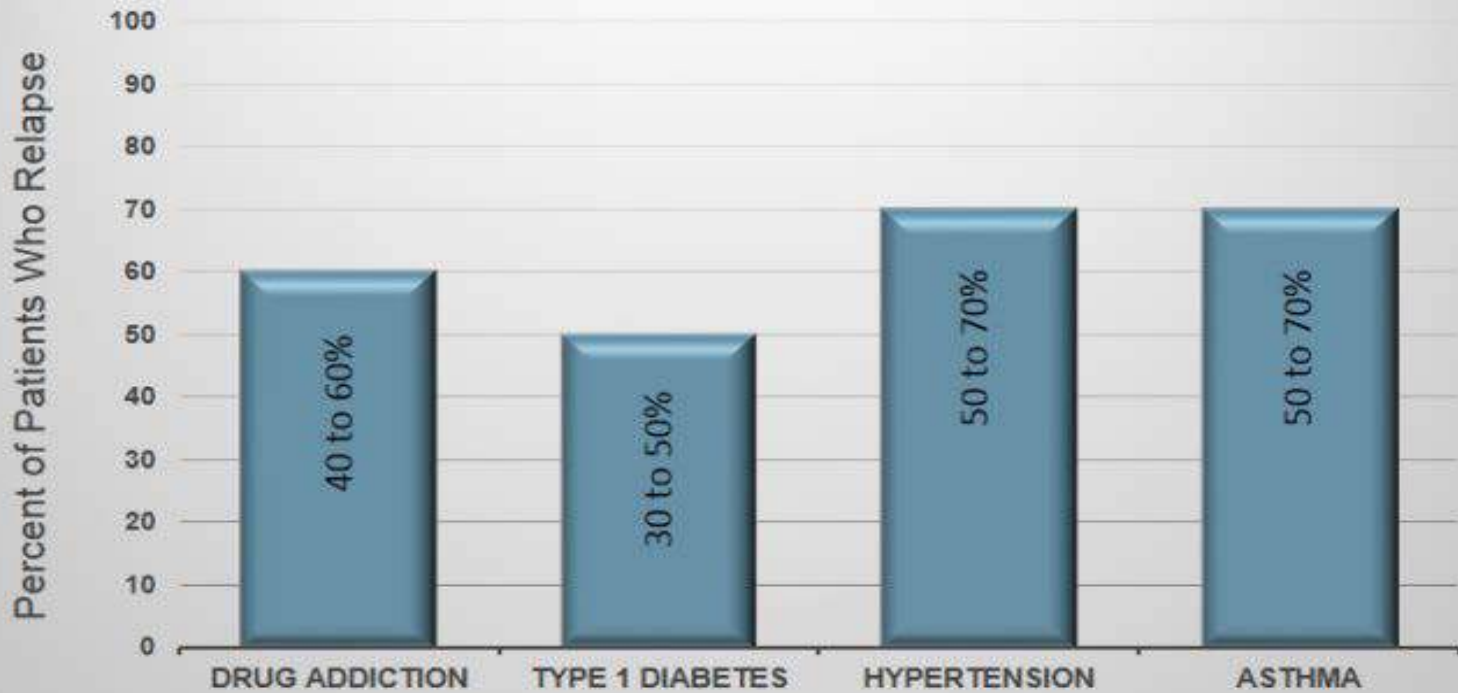
Addiction Requires Long-Term Chronic Disease Management

When addiction is viewed as a chronic disease, the goal of treatment moves from “quick cure” to “long-term management” and ultimately strives to produce a system in which the patient is able to manage his or her disease and reduce or eliminate symptoms

Chronic Disease Model of Care

- ▶ Treated by phase or by specific stages of intervention such as identification, screening, stabilization and patient self-management
- ▶ Similar to individual with Type 2 diabetes, individuals living with opioid use disorders can utilize a wide range of treatments (including medication)

Relapse Rates Are Similar for Drug Addiction and Other Chronic Illnesses

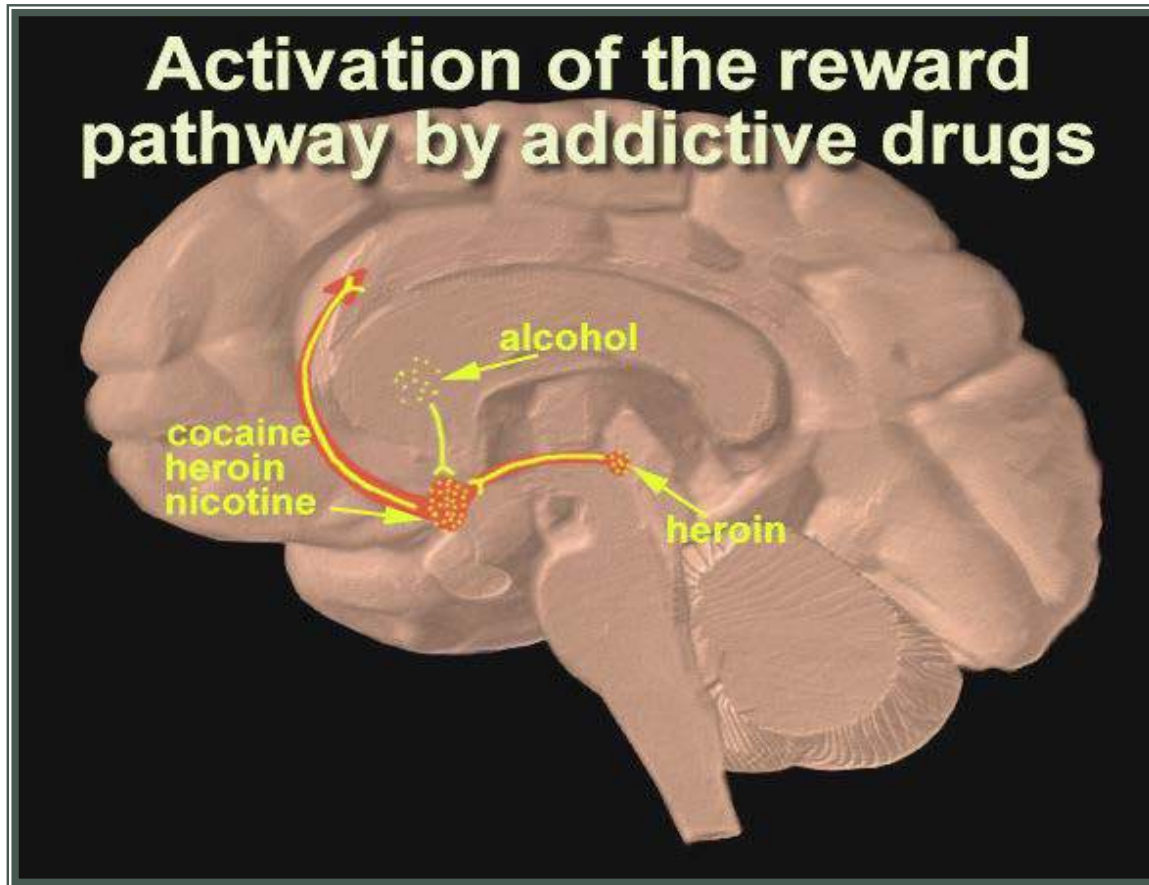


Science of Addiction: Who Is Vulnerable?

- ▶ Contributing factors
 - ▶ Genetics
 - ▶ Early developmental influences and environmental factors
 - ▶ Effects of stressful life events across the life cycle
 - ▶ Mental disorders- principally depression and anxiety and learning disorders (ADD/ADHD)

For Example: The experience of severe trauma, severe chronic depression, or long term abuse of substances have all been shown to result in loss of brain cells in the brain's memory-forming and retrieving center, the hippocampus

Activation of Reward



Natural Rewards

- ▶ **Food**
- ▶ **Sex**
- ▶ **Excitement**
- ▶ **Comfort**

Brain functioning under other insults- Similar to addiction

- ▶ The long term effects of substance use and even long term untreated depression can reduce frontal lobe functioning in the human brain
- ▶ The frontal lobes are where planning, executive functions, emotional management, and reasoning occurs- AND this is the area of the brain that is most needed for recovery activities
- ▶ In addition, head injuries can produce similar effects on the frontal lobe

Neuroscience Research and Medications Development

- ▶ Clinical research indicates that the best treatment results are achieved with a combination of pharmacotherapy and skilled counseling.
- ▶ Research continues for all drugs of abuse to find out how alcohol and other drug treatments work (the mechanism of action) and the potential therapeutic value of using pharmacotherapy over longer periods of time.
- ▶ The prospect of improved addiction treatment has never been better.

Stigma Around Medication Assisted Treatment (MAT)



Real World Conversation about

MAT

Not bad but why the push for more big pharma in prisons and federally qualified health centers ..Requiring physicians to prescribe is a bit scary in my opinion look at the mess we are in already!

[Trump drug commission calls for emergency declaration](#)

But the mess that we're in hasn't been created by doctors prescribing to treat OUD. People are not dying as a result of buprenorphine, methadone or vivitrol use , quite conversely, lives have been saved. There are many paths to recovery.

... and although I'm not against all pathways I'm not all warm and fuzzy to trust a big push for big pharma solution either is all...

Are MAT and abstinence recovery not the same? I realize this is a loaded question, but I've known many people receiving medication as part of their recovery who I consider to be abstinent.

Nice loaded question lol I believe your in recovery when you say you are and that means different things for different people.

I am a person who is in long term sustained recovery from substances...I also carry a dual diagnosis...huge one being severe PTSD....My psychiatrist of 20 years is my medical signatory for my medical marijuana card....many tell me I cannot possibly be in recovery...Recovery comes in as many forms as there are individuals.. an addicted person needs to know what ALL the options are....not just biased ones..

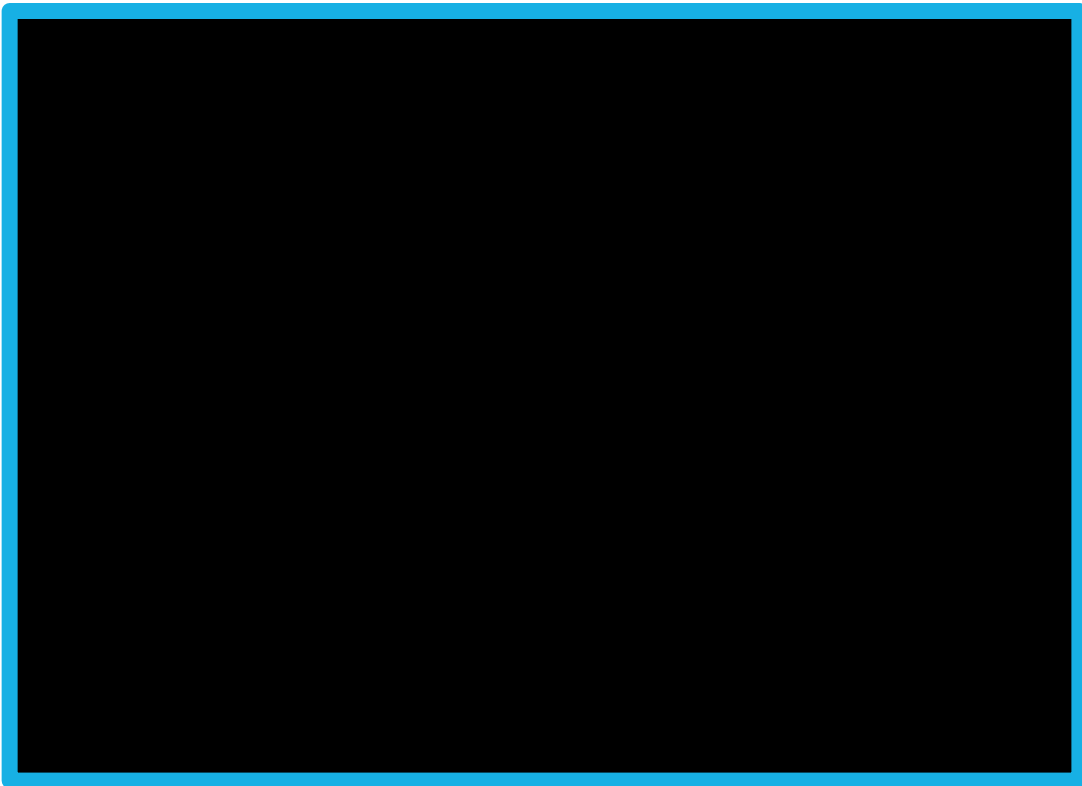
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Barriers to Medication Assisted Treatment of Opiate Addiction

- ▶ Misperceptions and stigmas
- ▶ Unavailability of effective services
- ▶ Lack of trained physicians and other health care professionals
- ▶ Unnecessary Regulation
- ▶ Distrust of Evidence

Live PD: Curb Crash | A&E



Health Care Providers: Myths & Misperceptions

- ▶ 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 its misconception as a moral weakness or a willful choice.

Medication Assisted Treatment

MAT *is not* a stand-alone treatment option:

- ▶ Part of a comprehensive, multiplex EB treatment plan that can include behavioral, cognitive, & other recovery-oriented interventions
- ▶ MAT becomes part of the comprehensive Tx plan *when it is determined to be medically necessary and appropriate*
- ▶ Medication *assisted* treatment is used to control the symptoms of a number of chronic diseases (e.g., cardiovascular diseases and diabetes)

The background features a white space on the left and a complex, abstract geometric pattern on the right. This pattern is composed of various shades of blue, ranging from light sky blue to deep navy blue, forming overlapping triangles and polygons that create a sense of depth and movement.

What can we do?

Reducing Stigma in the Community

Know the facts

- ▶ Beware of your own attitudes and behaviors
- ▶ Choose words carefully
- ▶ Educate others
- ▶ Focus on the positive

Words Have Power



William White
Author

“Words have immense power to wound or heal...The right words catalyze personal transformation and offer invitations to citizenship and community service. The wrong words stigmatize and disempower.”

Words to avoid	Words to use
Addict	Person with substance use disorder
Alcoholic	Person with alcohol use disorder
Drug problem, drug habit	Substance use disorder
Drug abuse	Drug misuse, harmful use
Drug abuser	Person with substance use disorder
Clean	Abstinent, not actively using
Dirty	Actively using
A clean drug screen	Testing negative for substance use
A dirty drug screen	Testing positive for substance use
Former/reformed addict/alcoholic	Person in recovery, person in long-term recovery
Opioid replacement, methadone maintenance	Medication assisted treatment

Language and the Media

- ▶ Persistent use of negative language
- ▶ Perpetuation of negative stereotypes
- ▶ Misinformation & factual inaccuracies
- ▶ Oversimplification
- ▶ Overgeneralization
- ▶ Censorship

Media Repeatedly Stigmatizing Language



Los Angeles Times

April 16, 2015

Why cocaine addicts keep making bad decisions

Email Facebook 2K Twitter 333 g+ 52

BY GEOFFREY MOHAN

February 4, 2015, 7:25 p.m.

Chronic cocaine use alters brain circuits that help us learn from mistakes, a new study suggests.

The study, published online Tuesday in the *Journal of Neuroscience*, could offer a biological marker for the cycle of destructive decisions that many addicts exhibit.

Researchers measured EEG signals from a region of the midbrain that has been associated with how the brain manages



ARNULFO FRANCO / ASSOCIATED PRESS

Chronic cocaine use skews the brain's reward-related error management, according to a new study. Here, an anti-narcotics agent in Panama hacks open a package of confiscated cocaine.

What words/
messages do you
think will stay
with the reader?

Process Improvements and Take-Aways

- ▶ Research reveals addiction/substance-related conditions highly stigmatized
- ▶ Negative public attitudes and discrimination are major barriers to acknowledging the presence of a problem, in accessing help, and maintaining recovery
- ▶ Language/terminology of addiction influence these perceptions and affect policy and clinical care
- ▶ What to do about stigma: education, using story, speaking out to change language/terminology

Questions?

Thank you!!!



PUBLIC COMMENT