

# Understanding Addiction and Addressing Barriers to Recovery-Oriented Care



**Cate Faulkner, MA, LCSW**

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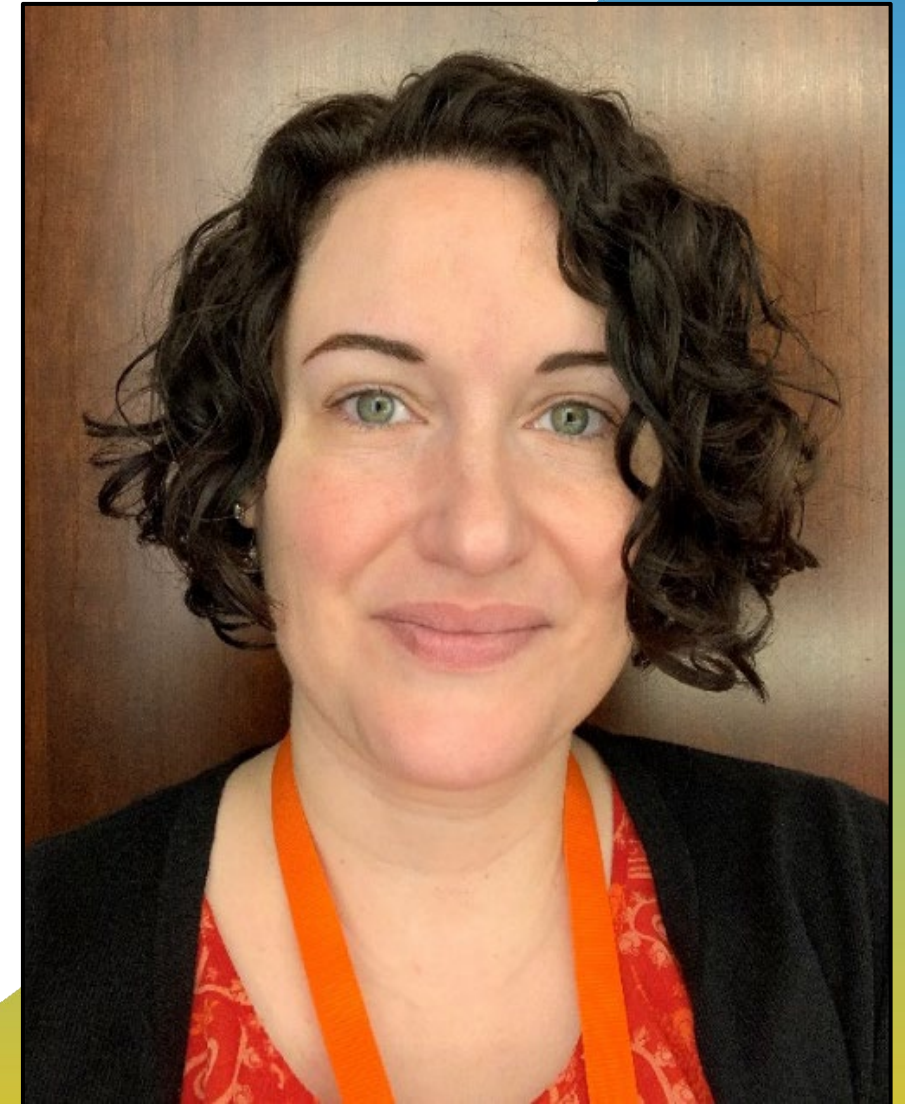


# Tanya Vadala, Pharm.D.X

## MEDICATION SAFETY PHARMACIST

Tanya is an IPRO pharmacist with 20 years of clinical pharmacy, community pharmacy, academia, quality improvement and medication safety experience. Prior to joining IPRO, she worked at various community pharmacies and taught at Albany College of Pharmacy and Health Sciences in Albany, NY. She specializes in Medication Therapy Management (MTM), medication reconciliation, opioids, immunizations, and patient self-care. Her formal teaching experience includes courses in pharmacy practice and clinical experiential teaching.

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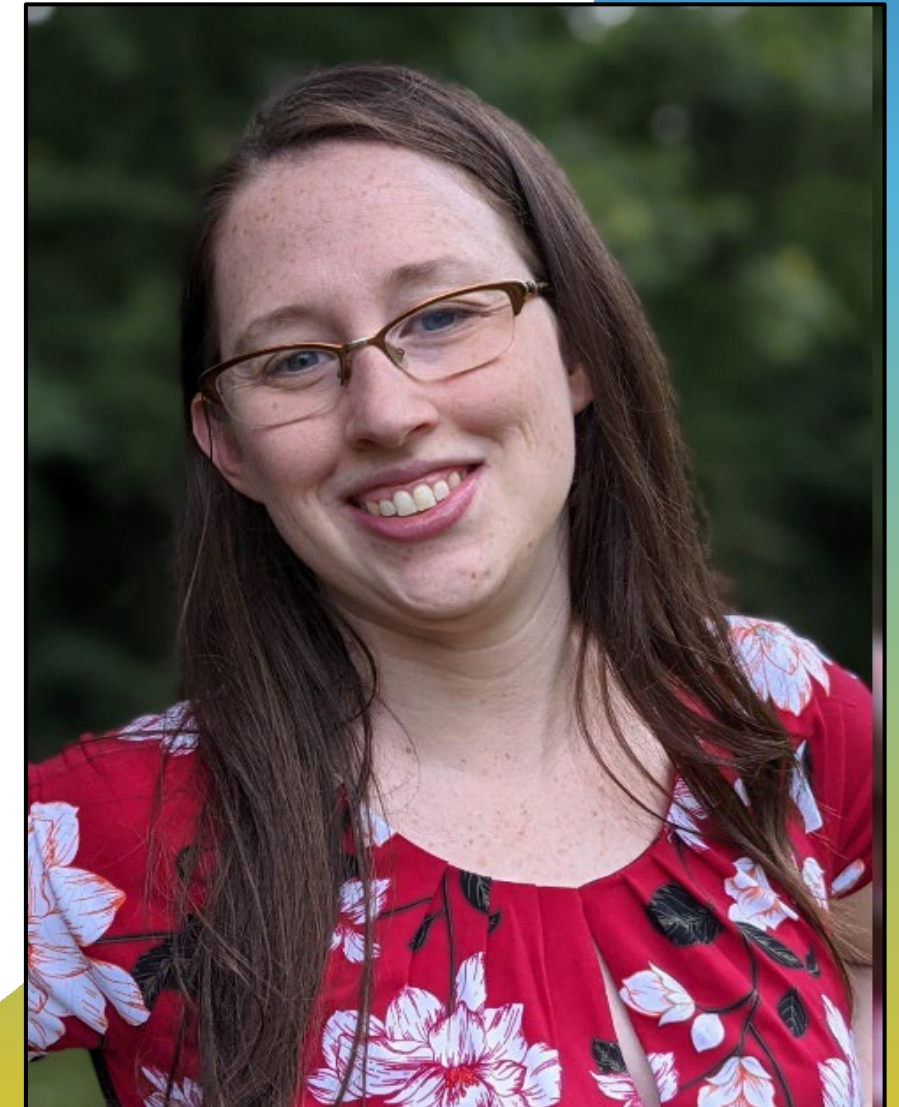


# Cate Faulkner, MA, LCSW

## PROGRAM MANAGER

Cate is a program manager for the Tennessee Department of Mental Health and Substance Abuse Services, overseeing the regional overdose prevention specialists and harm reduction program. Before working for the state of Tennessee, Cate worked in community services in Arkansas, Chicago and Nashville, including youth violence prevention, community health and family support. She has a bachelor of arts degree in International Studies from Georgia Southern University and a master of arts in Social Services Administration from the University of Chicago. She maintains her license as a clinical social worker. She is passionate about supporting and empowering community and agency staff as a critical part of improving community and health services.

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Department of  
**Mental Health &  
Substance Abuse Services**

# Understanding Addiction and Addressing Barriers to Recovery-Oriented Care



# A Moment of Reflection



## **When you are working with a family in which substance use is involved:**

- How do you see that family as the same or different from other situations?
- What assumptions do you make about a parent or family?
- Has your perspective changed over time? If so, what has contributed to that?
- Can you see hope for the individual or family?

The logo consists of a red square with the letters 'TN' in white, serif font. Below the square is a thin blue horizontal bar.

**TN**

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# Brain Science of Addiction

# Key Terms

- **Substance use**-refers to the spectrum of using substances
- **Substance misuse:** using a medication not as prescribed (such as more or more frequently than prescribed)
- **Dependency:** body's adaptation to having a substance or medication preset
- **Addiction:** psychological need for a medication or substance
- **Substance Use Disorder:** clinical/medical diagnosis

# Some notes about language

- The language that service providers use has profound implications for the health, safety and outcomes of the people we serve
- A couple guiding principles
  - Person first language
    - Person who uses drugs (NOT addict)
  - Describe the symptoms/behavior/results using plain language
    - Substance detected/present (not dirty screen)
  - Avoid terms that come with judgement
    - Sterile/used (NOT clean/dirty), adherent/non adherent (NOT compliant/noncompliant)



# Chemicals in the Body

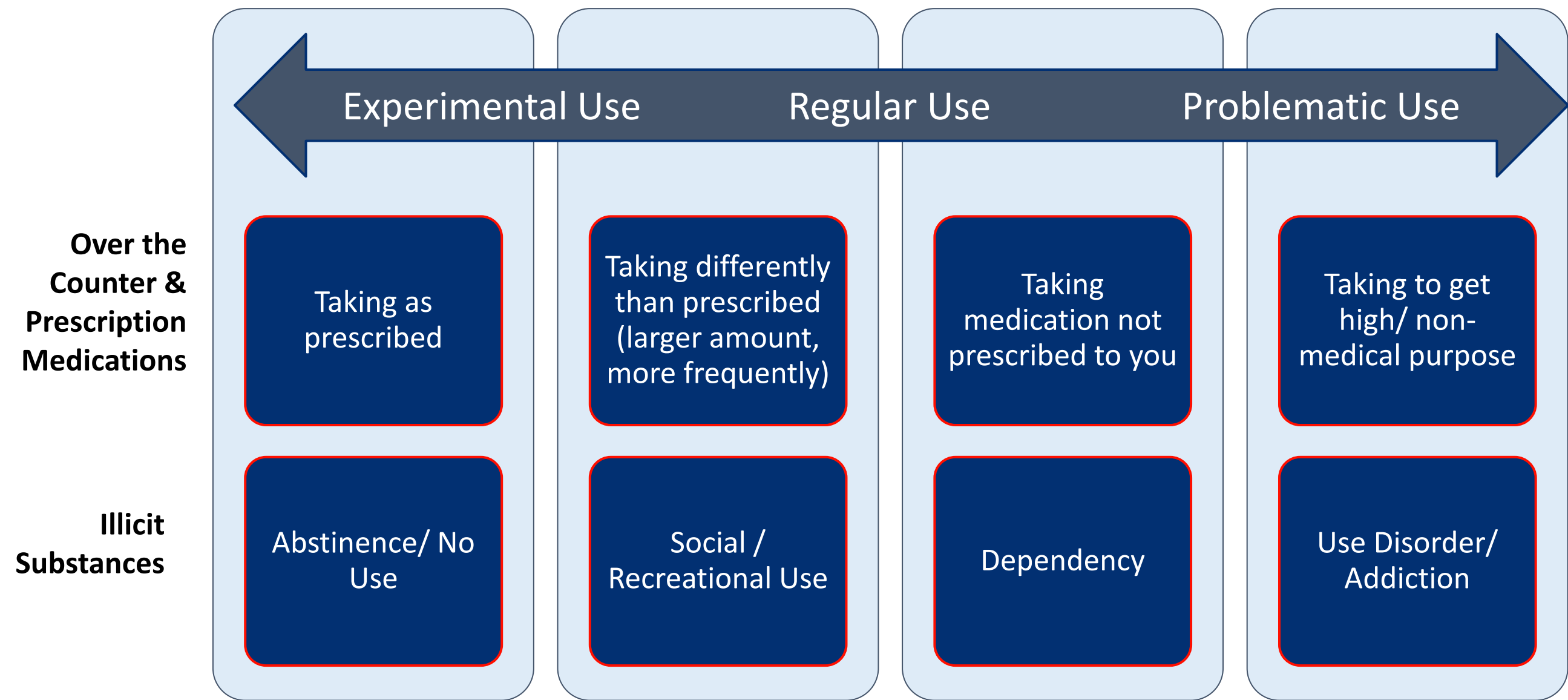
Regular use of any chemical in our bodies changes the way our body functions, even nonmedical substances



*Coffee is a common example of how the body adjusts the way it works because it comes to expect that the coffee will be there every day.*

*This is an example of dependency.*

# Continuum of Substance Use



# What is Addiction?

**Addiction** is a *treatable, chronic medical disease* involving complex interactions among brain circuits, genetics, and the environment, and an individual's life experiences.

-American Society of Addiction Medicine

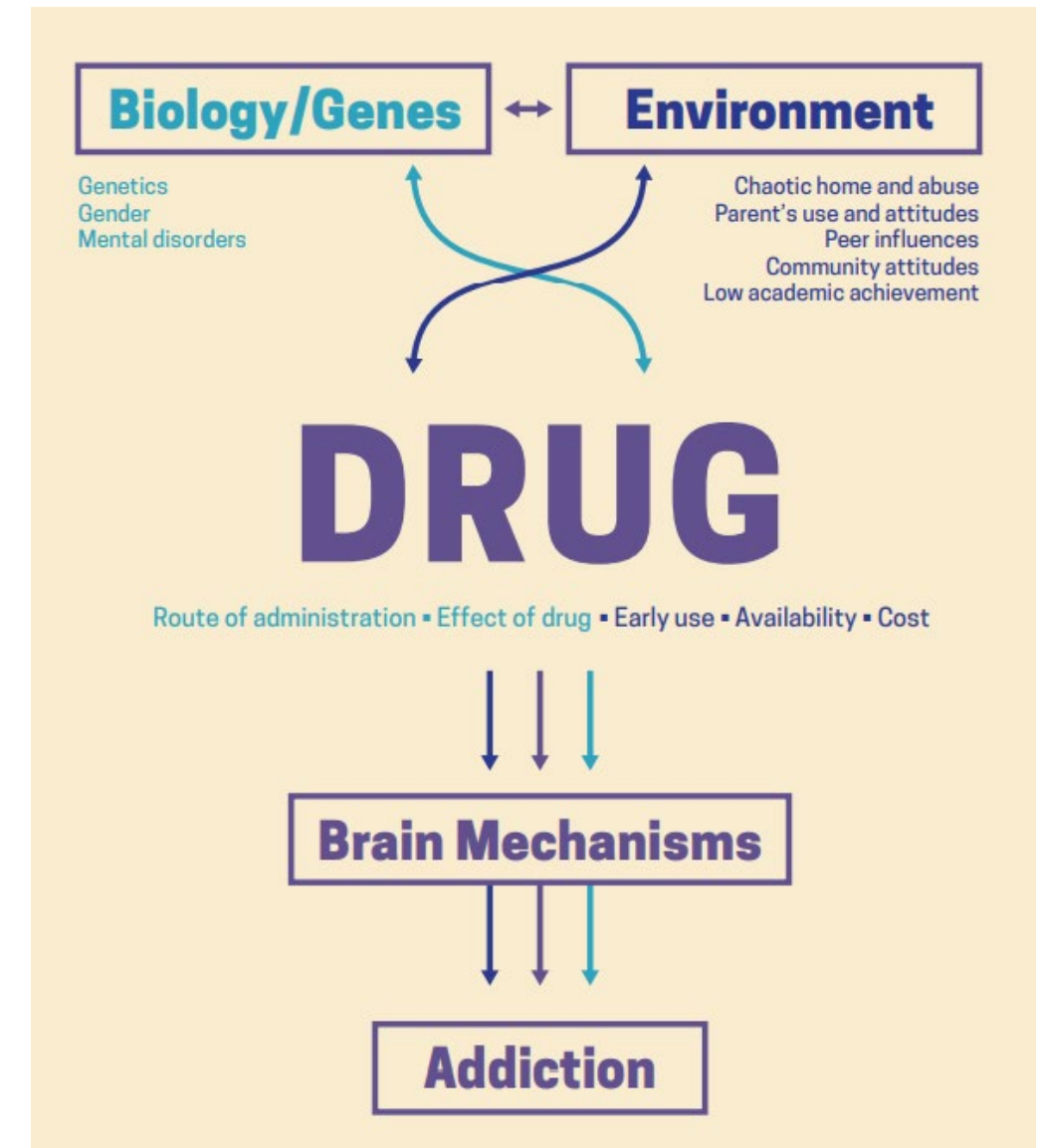
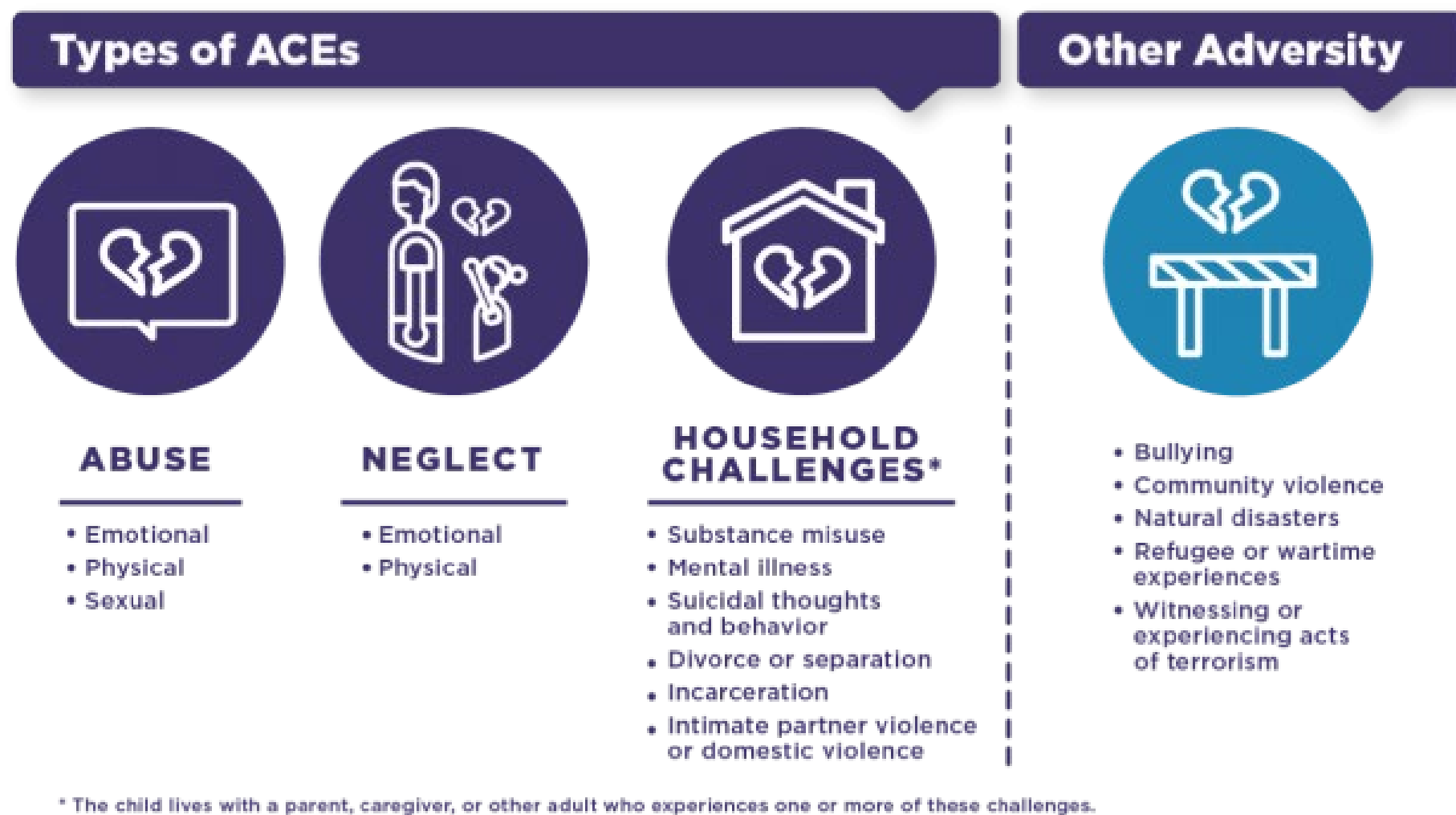


Image Source: NIDA

# Adverse Childhood Experiences

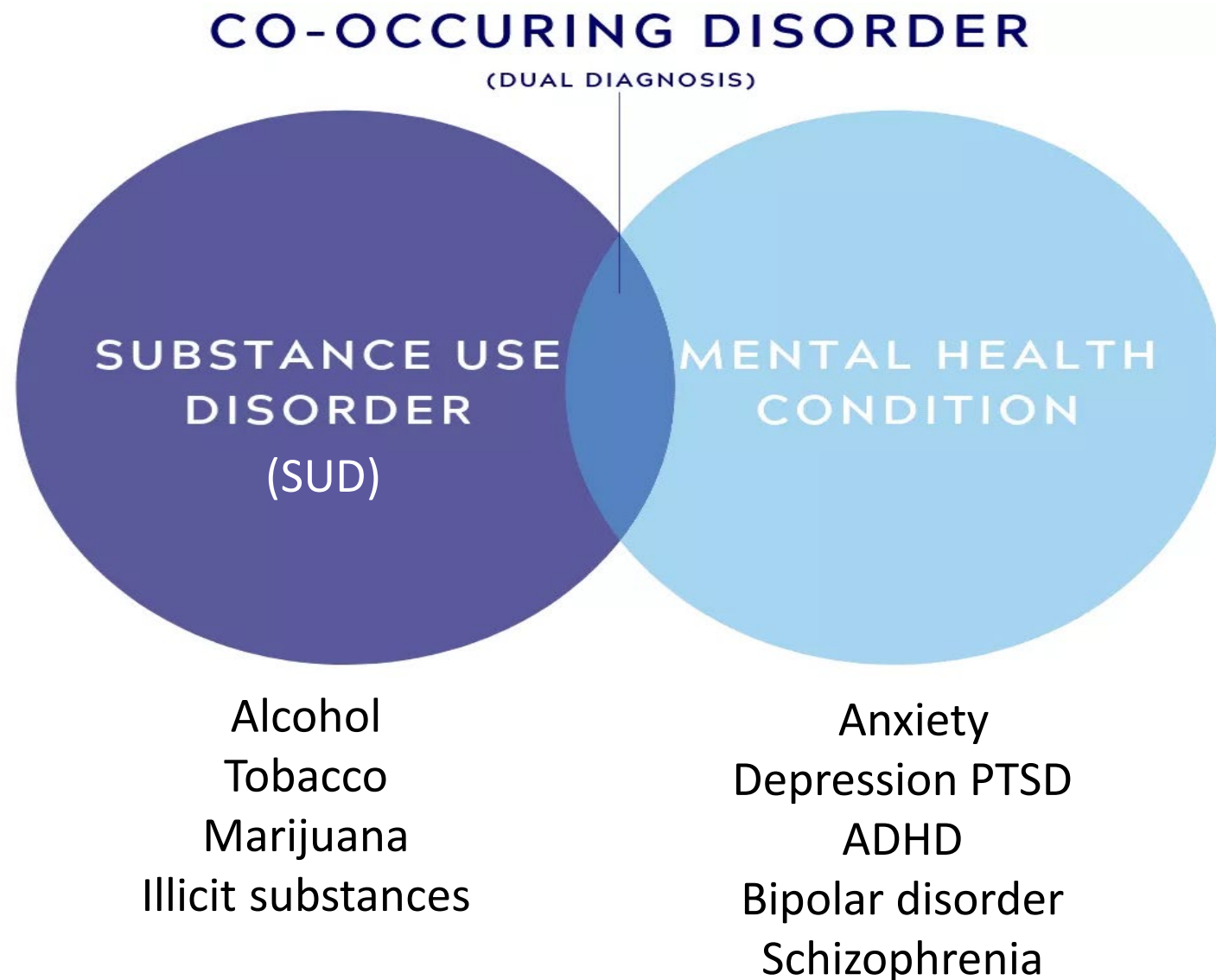
- Affect brain development
- ACEs are common
  - 6 out of 10 US adults have 1 ACE
  - 1 out of 8 have four or more ACEs
- Increase vulnerability to lifetime health outcomes
  - 5+ ACEs: **7-10x more likely** to use illicit substances
  - 6+ ACEs: **46x more likely** to inject substances



Source: National Conference of State Legislatures



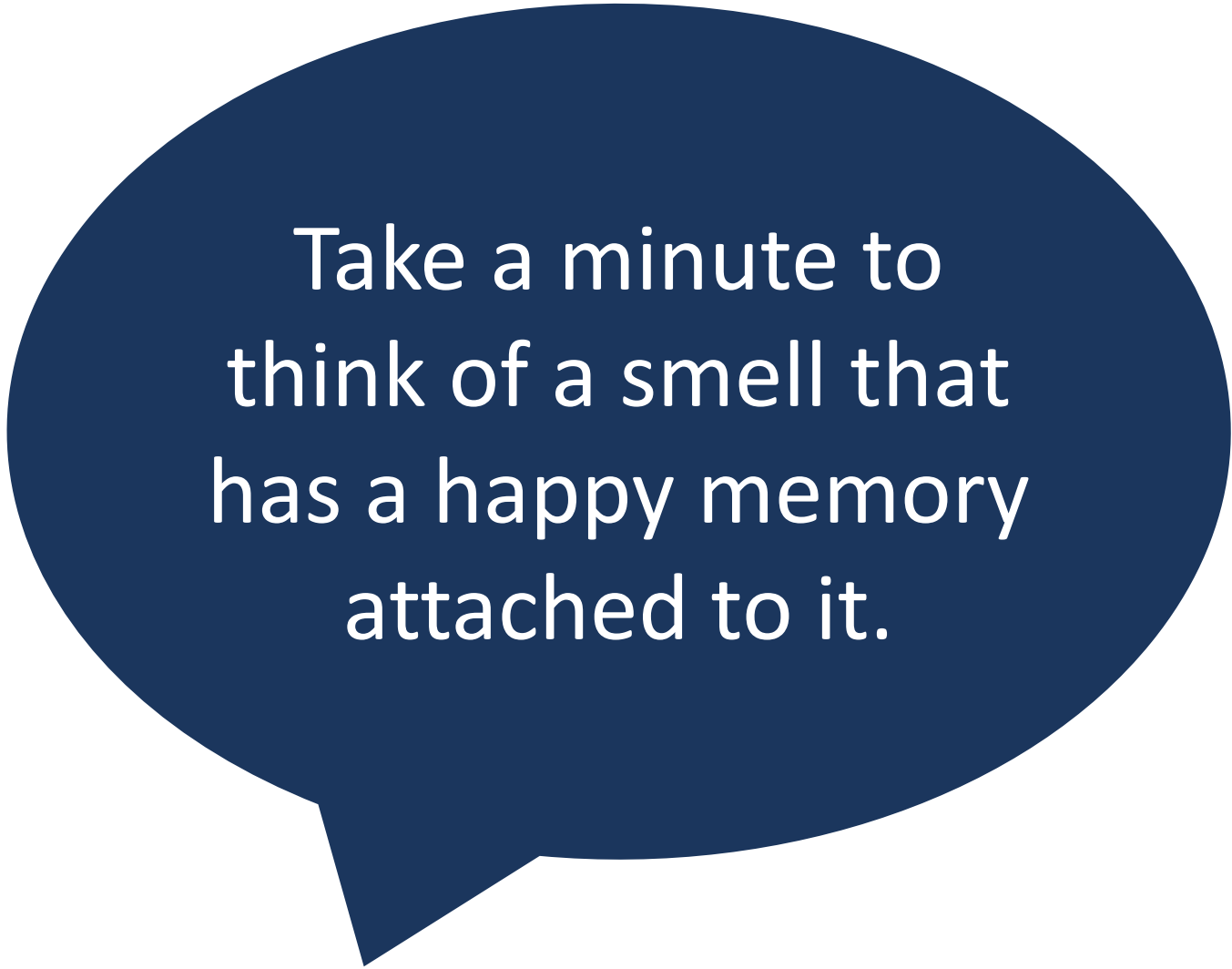
# Co Occurring Conditions



- 39% of people with SUD also have a mental health condition
- Share common vulnerabilities
- Self medicating a mental health condition can lead to or contribute to a SUD

Source: SAMHSA

# Pleasure Principle

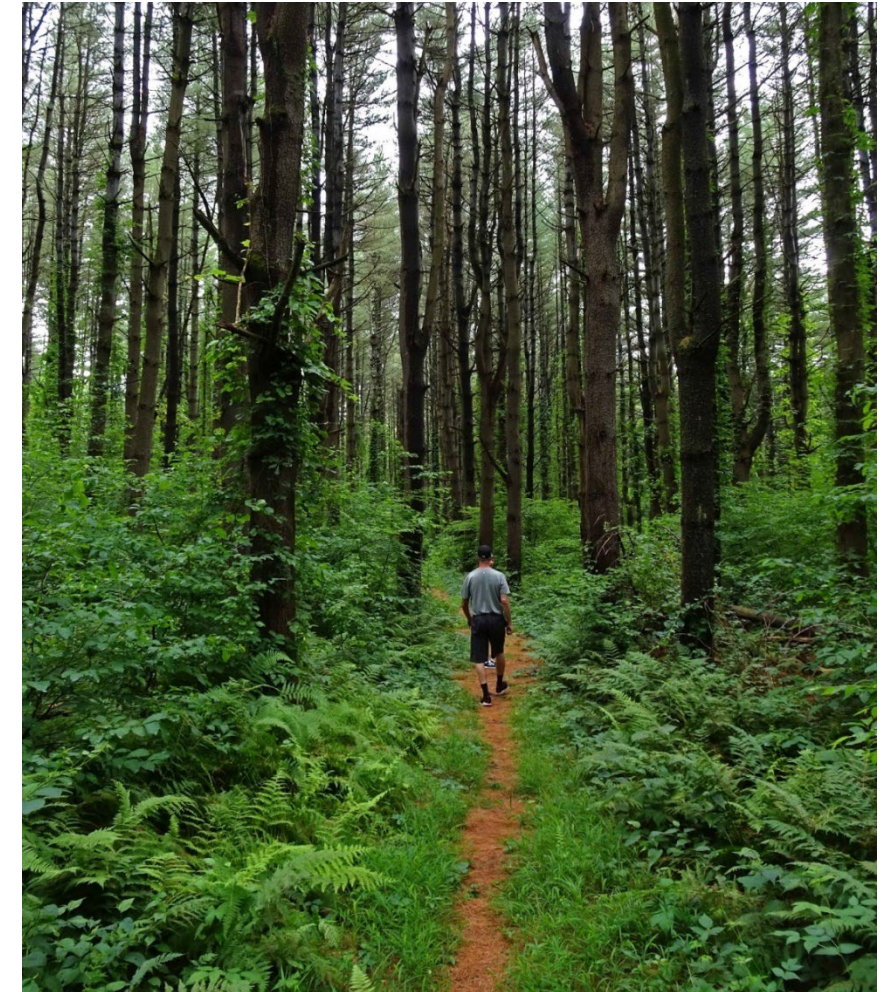


Take a minute to think of a smell that has a happy memory attached to it.

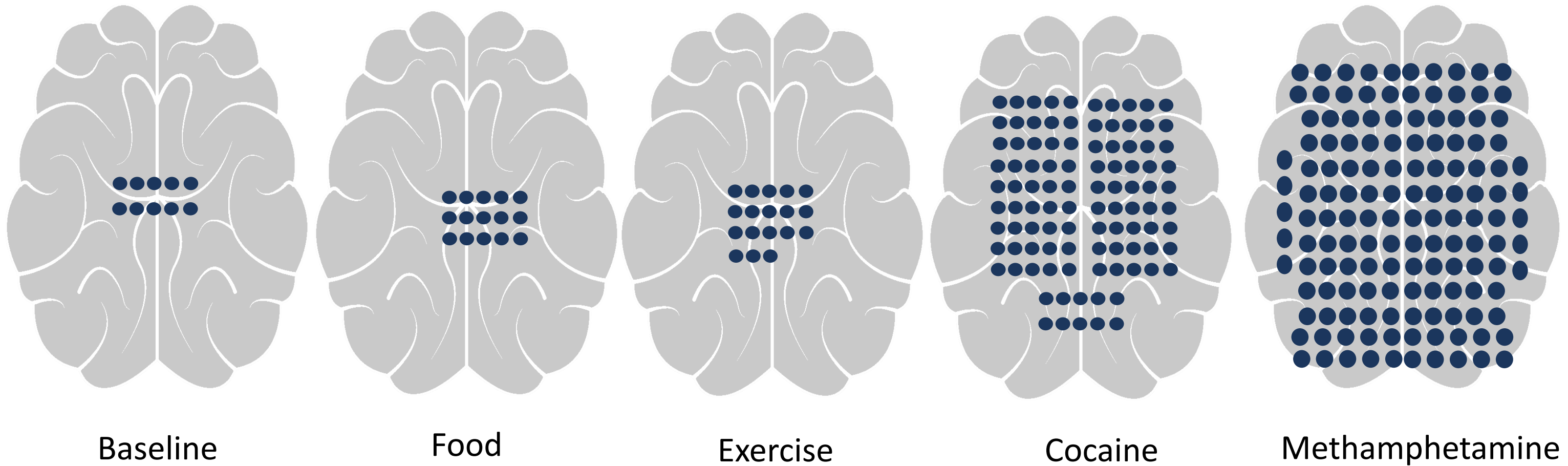
- What do you see?
- Who is there with you?
- What emotions do you feel?
- Can you taste something specific?
- What other parts of the memory are strong?

# The Pleasure Principle and Dopamine

- When you feel good, your brain releases a chemical called dopamine
- When your brain releases dopamine, your brain starts to take note of what's going on so you can repeat it (creating a neuropathway)
  - “Chaser hormone”
- When you encounter those cues again, then your brain tries to recreate the pleasurable experience
  - These cues can be internal (ex. shame, sadness, loss, etc) or external/environmental (places, smells, taste etc)



# Dopamine in the Brain

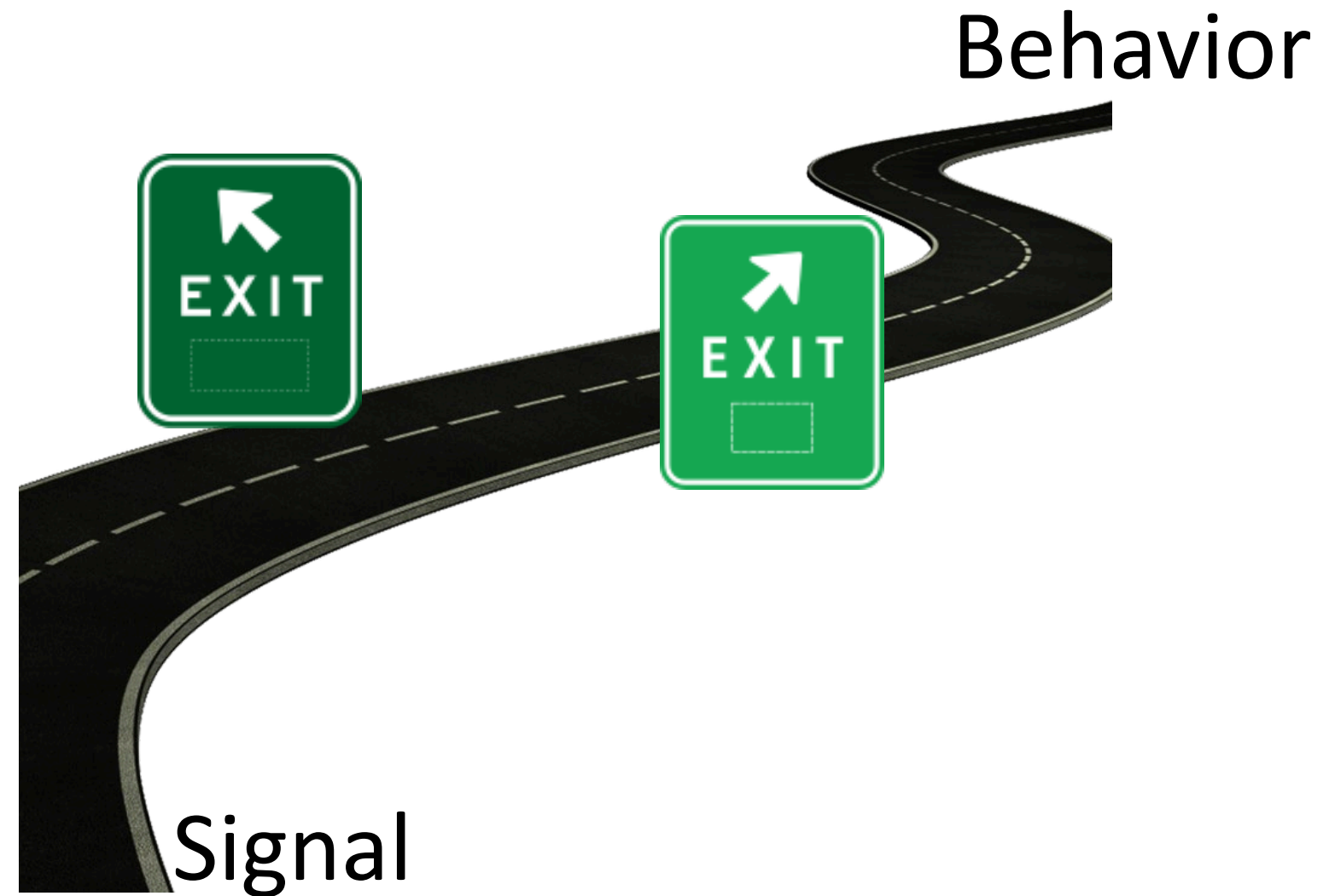


Source: NIDA



# How your brain is like a highway system

- Your brain builds "road" between the signal and behavior
- With lower levels of dopamine, it's easier to exit the road
- The more dopamine, the harder it is to change routes



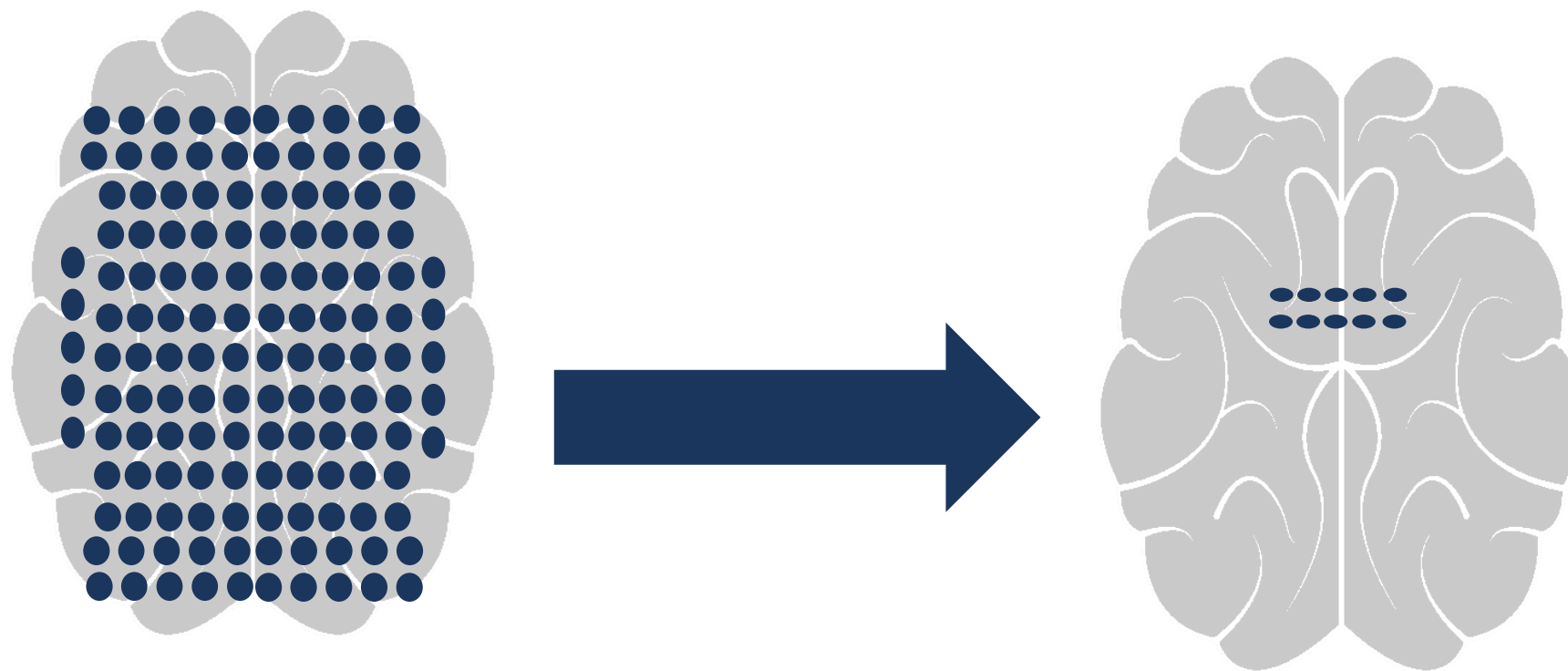
This process can take place in just seconds!

# Dependency and Tolerance

- With frequent, large amounts of dopamine, the brain starts to rewire itself to adjust for the amounts of dopamine that are in the brain. *This is called **physical dependence**.*
  - Length of time is different depending on the person and substance
- Over time, the body gets used to the substance as part of regular functioning and more of the substance is needed to feel normal or to feel high/euphoric. *This is called **tolerance**.*

# Dependency and Withdrawals

- Withdrawals are the body's response to trying to function without those chemicals it has gotten used to having.
  - The brain is telling the body that the only thing that will fix that feeling is the substance because that is how the body feels “normal”.



Source: NIDA

# Dependency and Withdrawals

- Withdrawal symptoms are often referred to as “dope sick”
- Often, people with a substance use disorder are avoiding the “dope sick” feeling, not necessarily trying to get high
- Medical support can help relieve the symptoms of withdrawals

## Common Symptoms of Withdrawal

Fatigue, low energy

Irritability, anxiety, agitation

Nausea, body aches

Sleeping issues



# MAT/MOUD

- Medication-Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD) is a medically proven tool to support and sustain recovery.
  - MOUD is the preferred/less stigmatizing term. We don't label medications that assist with treating/managing other medical conditions as "assistance". We accept those as a "normal" medical intervention.
- It is endorsed by the American Society for Addiction Medicine, American Medical Association, and the Substance Abuse and Mental Health Services Administration.

# Medication for Opioid Use Disorder (MOUD/MAT)

- Works to normalize brain chemistry by binding to some of the opioid receptors in the brain
  - Reduces cravings
  - Reduces withdrawals
  - Allows focus to shift to other activities that support recovery



Source: SAMHSA

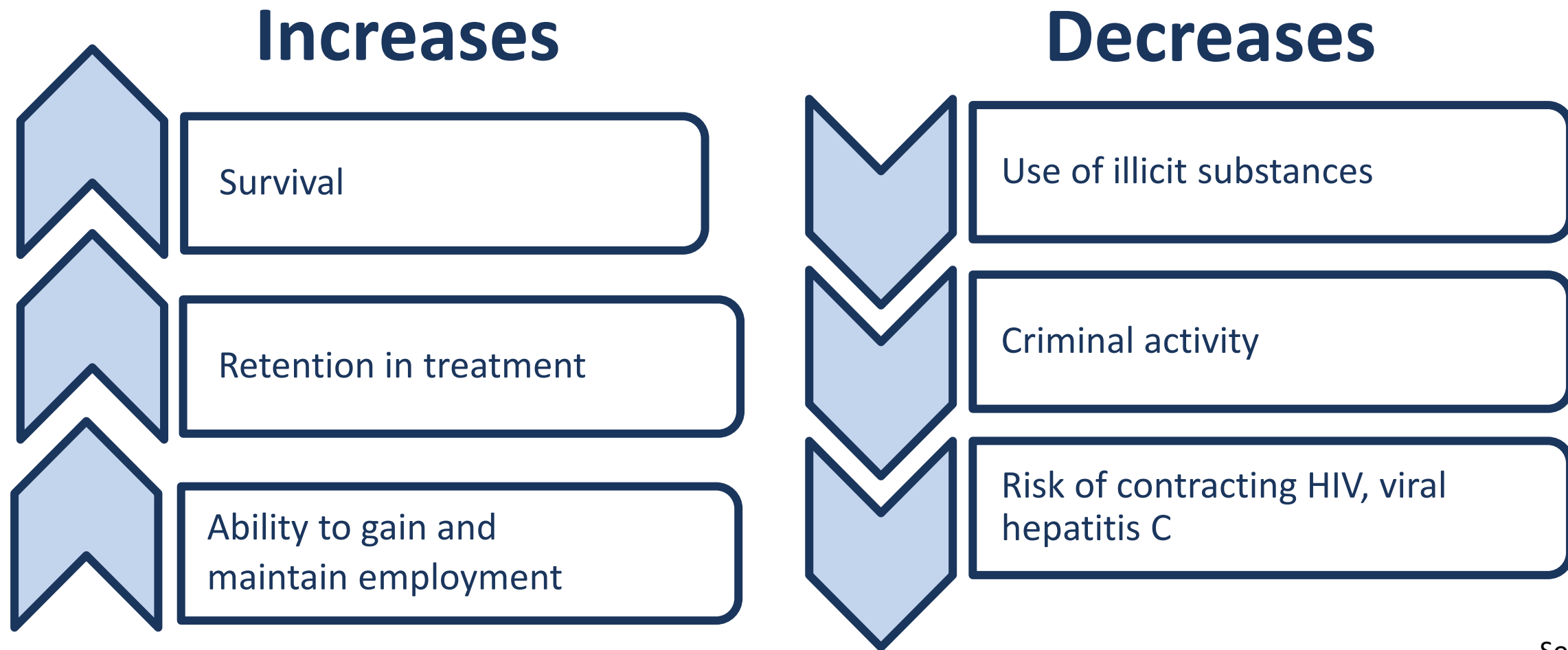
# MOUD

- Three main types of MOUD
  - Methadone
  - Buprenorphine
    - Brand names: Subutex, Suboxone, Zubsolv, Bunavil, Probuphine, Sublocade
  - Naltrexone
    - Brand name: Vivtrol
- The type of medication and the length of use depends on each person and their treatment journey
- There is no “rule” for how long people /can should use MOUD products. Patients should work with their treatment team to determine what is right for them.

Source: SAMHSA

# Benefits of MOUD

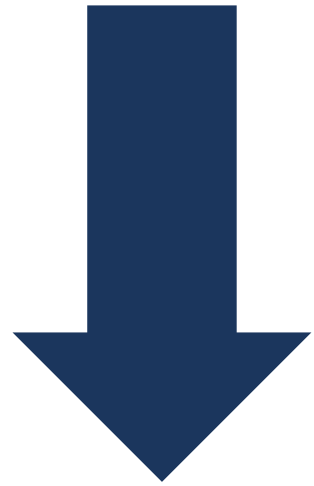
Using Medication for Opioid Use Disorder (MOUD) is a medically proven tool to **support and sustain recovery**.



Source: SAMHSA



# MOUD and Healing



Decrease cravings  
and withdrawals



Increase capacity  
to focus on  
healthy behaviors

By minimizing cravings and withdrawals, people can work on **developing the skills**, employing **new routines/habits**, and **strengthening healthy coping skills** including

- Managing stress
- Focusing on health and wellbeing
- Healing from trauma

# Abstinence and Tolerance

- During periods of **abstinence**, **reduced use** and/or **recovery**, the brain starts to rewire to adjust to functioning without the substance/with lower amounts of the substance.
  - The body develops a **lower tolerance**.
  - A lower tolerance also **increases the risk of an overdose** without other support systems in place.

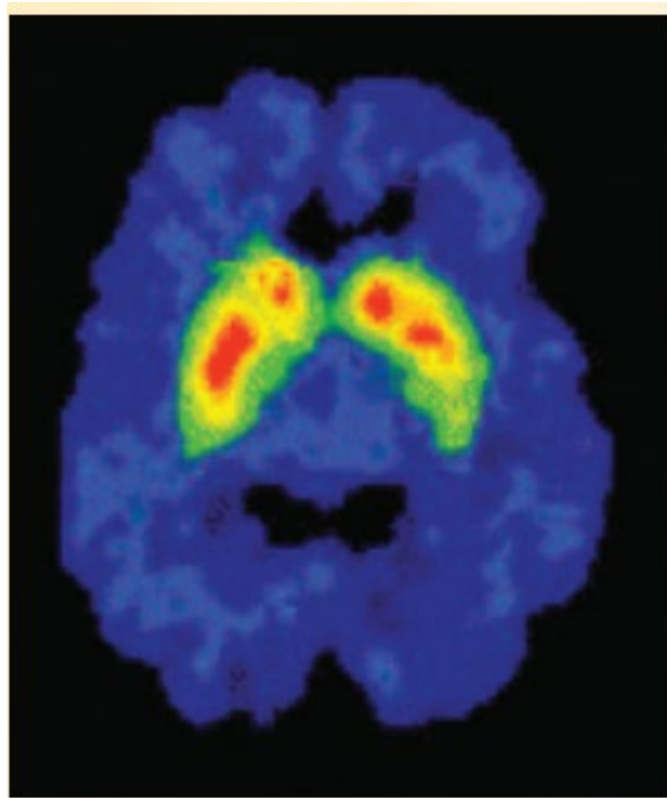
## Examples of periods of abstinence/reduced use

- Prison
- Jail
- Probation/parole
- Treatment program
- Recovery Court participation

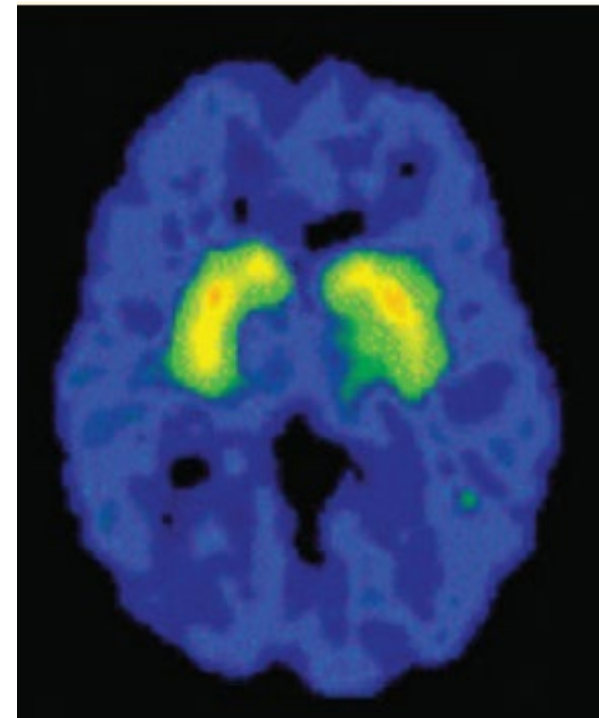
# Changes in the Brain

## The brain does heal but it takes a long time

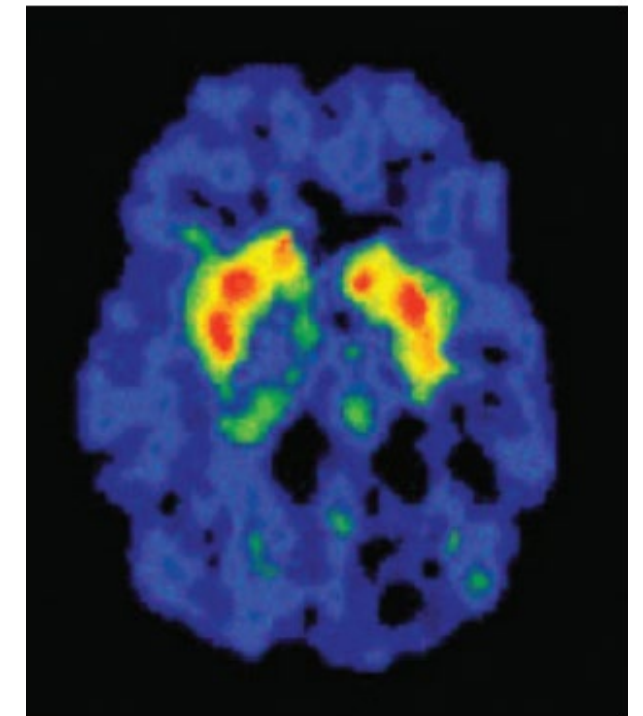
A person without a history of substance use



A person who used methamphetamine



1 month of abstinence

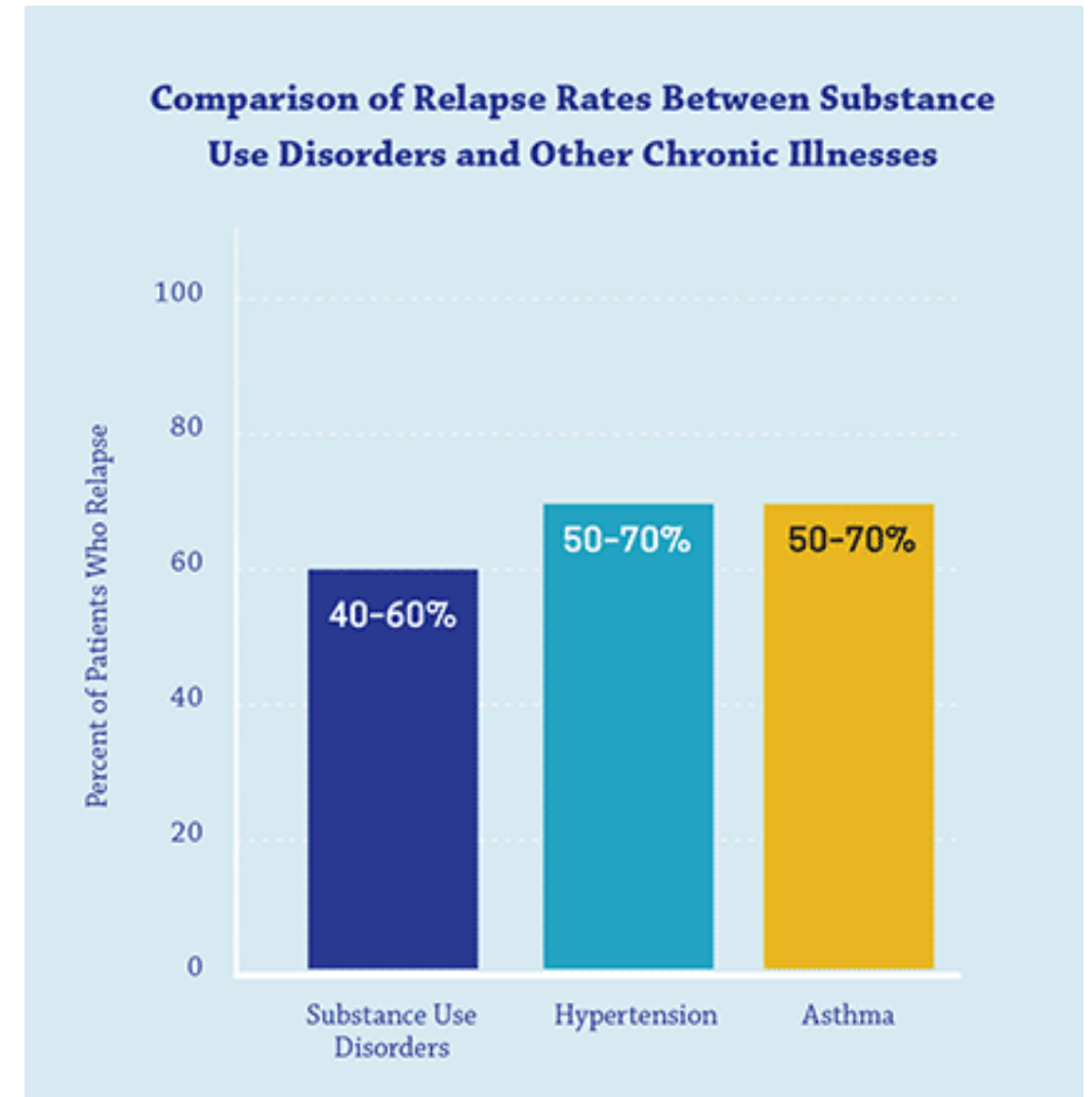


14 months of abstinence

Source: NIDA

# Return to Use

- A return to use is a part of many people's recovery journey
- It is a series of chemical responses in the brain
- Recognizing SUD as treatable is critical to providing quality services and/or supporting people in their recovery



Content and Image Source: NIDA

# Return to Use

- A **return to use** after a period of abstinence can be especially dangerous due to
  - The body's lower tolerance
  - Changes in the drug supply
- Within **2 weeks of release** from prison, the risk of death due to drug overdose is more than **12 times higher** than the general population



Source: Waddell et al



# What is an overdose?

- An **overdose** happens when a toxic amount of a substance or a combination of substances **overwhelms the body**
- Being prepared with the right tools and information can prevent overdose death

## Tools For Preventing Fatal Overdoses

Learning the signs and symptoms of overdoses

Knowing how to use naloxone

Family/friends having naloxone

Using fentanyl test strips

Calling 911

# Responding to an Overdose

- Most fatal overdoses in Tennessee involve an opioid
- Opioid-involved overdoses occur when the body slows down so much that it stops breathing
- Naloxone is a reversal medication that removes the opioid from the receptor in the brain and allows breathing to begin again



If you are concerned about a participant who uses illicit substances, refer them to a ROPS to learn to recognize and respond to an overdose and keep naloxone on hand.


Source: TN Dept of Health

# Recovery

*A **process of change** through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*

Source: SAMHSA

# Behavior Change

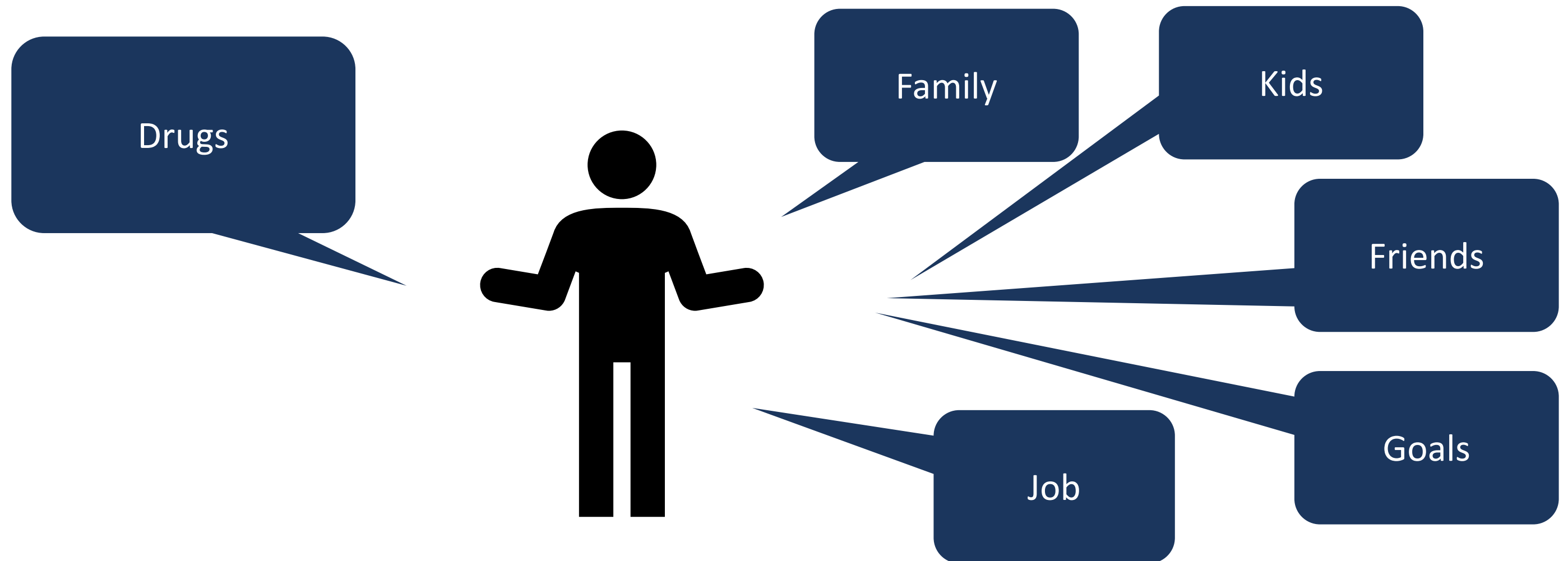


Think about a behavior that you have tried to change.

- Were you able to change it all at once? Or do you take it in steps?
- Did the big change require you to make other changes to be successful?
- Were you successful the first time you tried?

# Change Processes

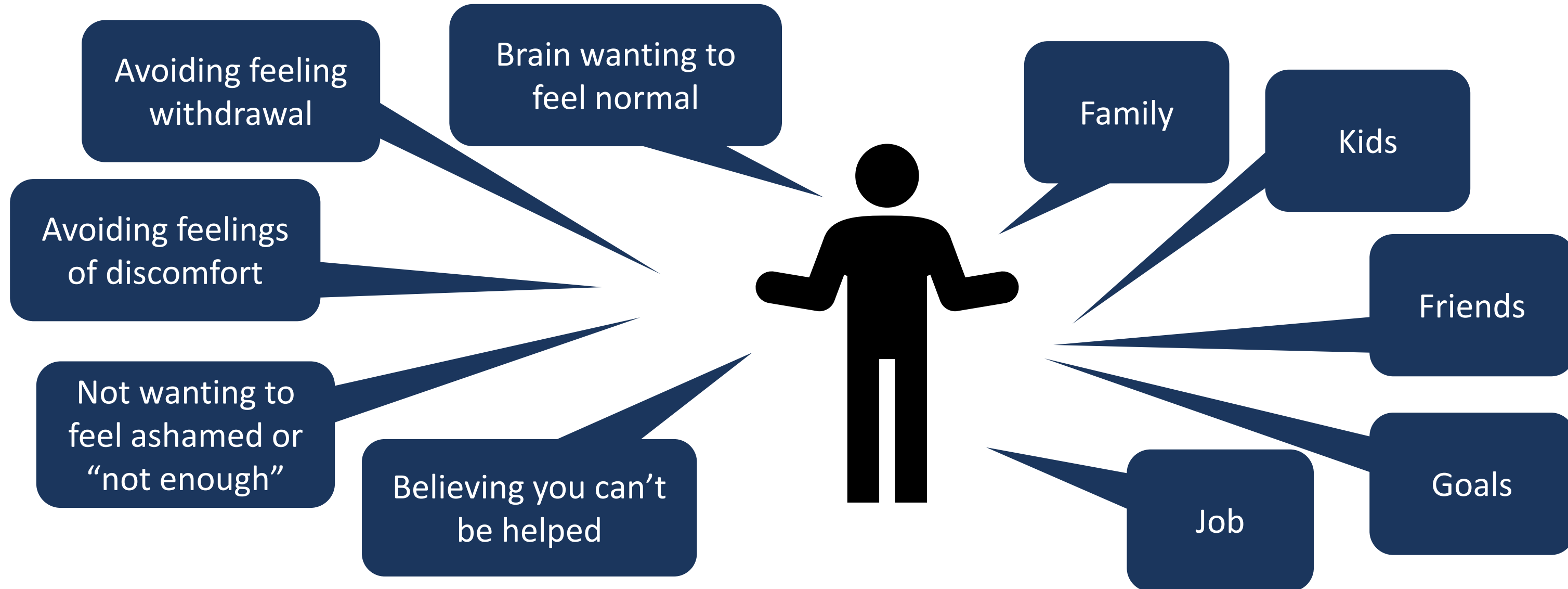
- From the outside, it can be hard to understand why a person would “choose a drug over everything else in life”





# Change Processes

- In reality, it may look more like this



# Substance Use and Recovery

- Substance use often affects many aspects of a person's life. Often these reinforce ongoing substance use, including relationships, activities, locations, and routines.
- Recovery may involves making changes in multiple parts of life to be to build and sustain recovery.





# Recovery

- **Starting the process of change** often occurs when a person is motivated to change because of the consequences of substance use outweigh its benefits.
  - That shift may not be permanent
  - Many people talk about this as a “moment of clarity”
- For most people, that motivation alone is often not enough to sustain recovery.
  - Other skills, supports, and tools are needed



# Understanding the Change Process

- Research shows that most people who are work through any behavior change go through 5 stages. Understanding these stages can help a person understand what is happening and how to support a loved one.
- When you care about someone, it can be tempting to push them towards recovery.
- Research shows that the most effective way to guide someone towards recovery is to understand their willingness to change and match your encouragement, empathy, and support to the change they are in.

Source: Shatterproof

# Stages of Change

Stage of change	Description of Stage	How You Can Help
<b>Precontemplation</b> Not ready to change	Don't see a need to change or think they can handle it on their own.	Don't push to treatment. Discuss benefits of stopping use. Ask which are important to them.
<b>Contemplation</b> Getting ready to change	Becoming aware that they have a problem. Starts thinking about making a change	Help them to envision how life would be better without the constant worry of substances. Talk to them about how their pros outweigh their cons.
<b>Preparation</b> Ready to change	Advantages of change begin to outweigh positives of substance use. May attempt to stop/reduce on their own.	Be supportive and encouraging. Help create a plan and follow through. Work together to find resources Let them know you will be there as they go through the process.

Source: Shatterproof



# Stages of Change

Stage of change	Description of Stage	How You Can Help
<b>Action</b> Taking action	Begins modifying habits and environment. Commits to doing things they need for the changes they want to see.	Be patient and understanding. Encourage new positive behaviors. Support positive changes by driving them to meetings, appointments or treatment.
<b>Maintenance</b> Maintaining changes	Fully engaged and committed to new behaviors and preventing a return to use.	Continue your support.
<b>Return to Use and Trying Again</b> (commonly called a “relapse”)	Will go through stages of change again but with greater understanding of themselves and more skills to use	Reassure them that you’ll support them, encourage them to learn from what’s happened, and let them know you won’t give up.

Source: Shatterproof

# Recovery

- Stopping or reducing use is only one part of a complex process of recovery.
  - For some people, recovery does not mean completely stopping all substance use.
  - For some people, recovery means using less or not using particular substances.
- Recovery is often most successful when it addresses the needs of the whole person, not just focusing on the use/non-use of a substance.

# Four Dimensions of Recovery



## Health

Making informed, healthy choices that support physical and emotional wellbeing.



## Home

A stable and safe place to live



## Purpose

Meaningful daily activities and the independence, income and resources to participate in society



## Community

Relationships and social networks that provide support, friendship, love and hope

Source: SAMHSA

# People do recover!



Many ROPS are in long term recovery and are giving back to their community. Pictured here is 150+ year of recovery!

## 7 in 10

Adults who have ever had a substance use problem considered themselves to be recovering or in recovery.

Source: SAMHSA



# Barriers to Recovery-Oriented Care



# Common Assumptions about People Who Use Substances

## Noncompliance

Of course, they didn't follow the treatment regiment. They never do...

## Drug seeking

They aren't actually here to get help. The only thing they ever think about is drugs.

## Less worthy/unworthy

They are just wasting my time. There are other people more deserving of services/my time/my effort.

## Lack of trustworthiness

You can't trust what they tell you. They always lie.

## Hopeless/irrecoverable

They will always be this way. "Once an addict...."

## Lack of willpower

If they would just try harder, we wouldn't be here.

# Let's Look at an Example

## Substance Use

Patient failed drug test for third time. Patient is non-compliant with treatment regiment to quit using drugs. Patient refuses to stay clean. Patient was told that if they had another dirty drug screen they would be dismissed from the program.

## Diabetes

Patient failed A1C test for third time. Patient is non-compliant with treatment regiment to only eat healthy foods and exercise every day. Patient refuses manage their diabetes. Patient was told that if they had another high A1C they would be dismissed from this doctor's care.

# Role of Stigma as a Barrier to Quality Care

- According to research, stigma among medical and service providers has profound effects on service outcomes.
- Stigma in service providers can lead to
  - Disempowered clients/participants
  - Decreased provider-patient collaboration
  - Shorter interactions
  - Adoption of task-oriented approach (instead of holistic care)

Source: Bielenbery et al

# Role of Stigma as a Barrier to Quality Care

- Experiences of stigma can lead to further shame and internalized/self stigma which can lead to
  - Not seeking help/delaying seeking help
  - Staying in treatment
  - Engaging in harm reduction practices
- Recognizing and addressing provider stigma can
  - Create more effective service relationships
  - Improve long term outcomes
  - Save lives

Source: Bielenbery et al



# Additional Resources



# Community Resources: Treatment and Recovery Services



The **TN REDLINE** is a 24/7/365 resource for substance abuse treatment referrals. Anyone can call or text for confidential referrals.



**Online. In Real-Time. Find Help Now.**

Find substance misuse treatment providers available in near real-time based on the type of treatment you need, the type of payment and insurance options you require, and your current location at FindHelpNowTN.org



Text **SAVE** to **30678**

The **TN Recover App** is available for people in recovery from substance use disorder or for people looking for more information on substance misuse prevention. The free app is available for Apple and Android.

The **Crisis Line** is a 24/7/365 resource for mental health crisis. You will be connected to a trained crisis counselor. Available by phone or text.





**What keeps you from a  
recovery-oriented  
mindset?**

# Next Step

**Just like participants are on a journey, so are each one of us.**

**What is one step that you will commit to after this training?**



# Thank you for coming!

NAME, ROPS Region XXX  
Phone Number and Email Address  
Counties you serve

To find the ROPS for your area, contact me or visit [www.tn.gov/behavioral-health/ROPS](http://www.tn.gov/behavioral-health/ROPS)



Text **SAVE** to  
**30678**

Call or text for  
mental health, crisis  
and suicide  
prevention

Please complete a quick  
evaluation survey here.





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# Questions?





# Nursing Home and Partnership for Community Health:

## CMS 12th SOW GOALS



### OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- 
- Reduce opioid adverse drug events in all settings



### PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- 
- Reduce adverse drug events
- 
- Reduce facility acquired infections



### CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- 
- Increase use of cardiac rehabilitation programs
- 
- Reduce instances of uncontrolled diabetes
- 
- Identify patients at high-risk for kidney disease and improve outcomes



### CARE COORDINATION

- Convene community coalitions
- 
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- 
- Identify and promote optimal care for super utilizers



### COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
- 
- Provide virtual events to support infection control and prevention
- 
- Support nursing homes and community coalitions with emergency preparedness plans



### IMMUNIZATION

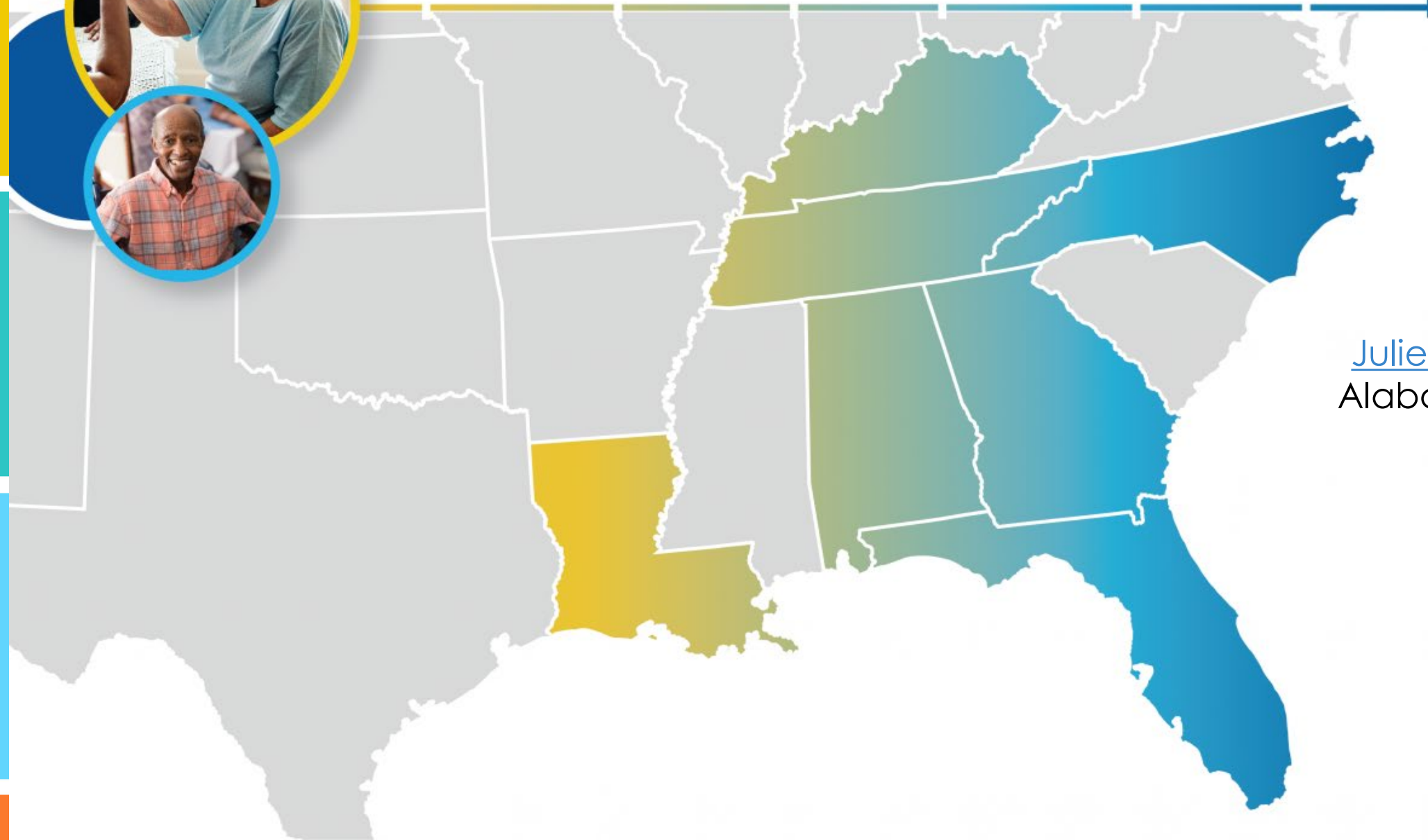
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



### TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

# Making Health Care Better *Together*



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