

Reducing the Stigma

Opioid Use Disorder, Treatment Options, and an Individual's Journey Through Recovery

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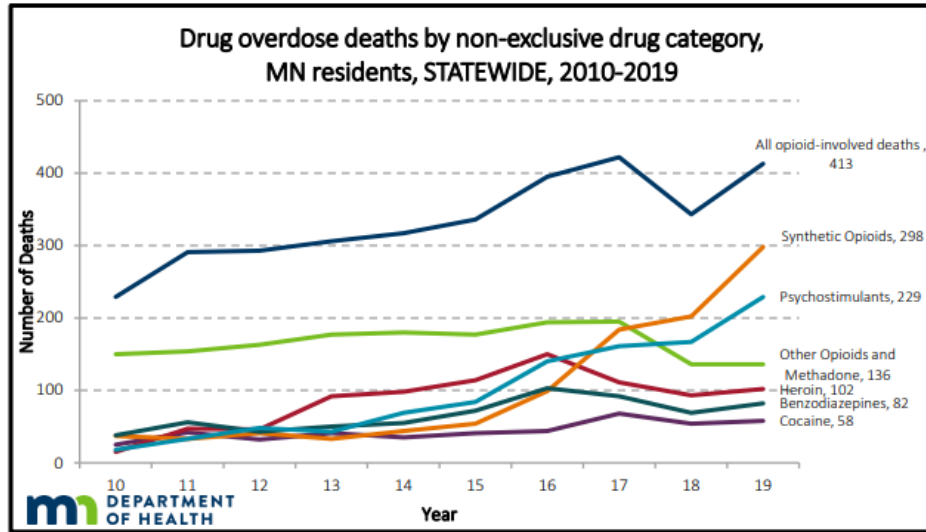
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Objectives

By the end of the lecture, learners will be able to:

- Illustrate the barriers to care that people suffering from opioid use disorder (OUD) experience and how to combat these barriers.
- Reinforce the human side of OUD as demonstrated by an individual's story.

Opioid Overdose Deaths in MN



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Barriers to Care of Opioid Use Disorder

Healthcare Provider/Staff Barriers

"It's so frustrating when they relapse!"

"Aren't we just replacing one addiction with another?"

"I don't want to be the first Suboxone provider in my clinic."

"I don't want my clinic overrun by those types of patients."

Societal Barriers

- Lack of education on opioid use disorder as a chronic disease

- Lack of education on Medication for Opioid Use Disorder (MOUD)

- Lack of staff experienced in delivering MOUD

- Stigma



Four Factors Contribute to Stigma

- **Misconception that OUD is a moral weakness or willful choice**
- Separation of OUD treatment from the rest of health care
- Language mirrors and perpetuates the stigma
- Lack of communication between medical and criminal justice systems



Stigma of Addiction

Why don't we see addiction as a disease?

- Addiction behavior looks and feels otherwise
- “If I can control my use, then you should be able to control yours.”
- “If you can't stop, then you're weaker than I am.”

We believe addiction erodes many highly-valued societal characteristics

- Self-determination
- Self-control
- Personal responsibility

We see addiction as a voluntary activity and weakness that we “choose not to do”.

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Behavior is Complicated

The
behavior
looks and
feels like:

- Sin, crime, weakness
- Lying, cheating, manipulating, stealing, disrespectful, disruptive



Stigma of Addiction

It's natural, normal, socially acceptable to assume that addiction is due to the kind of person they are and the choices they make.

Hence, we:

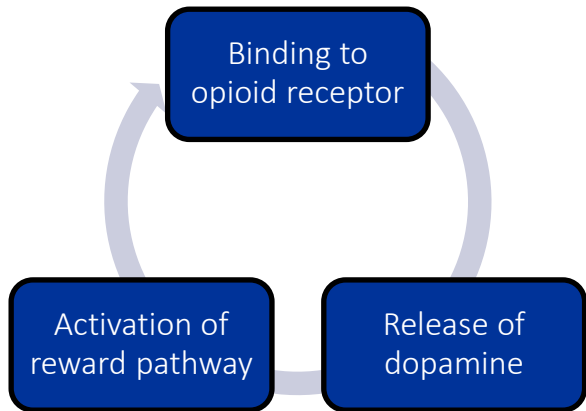
- Devalue
- Discriminate
- Stigmatize
- Punish
- And withhold care



What if we saw addiction for what it is?

Chronic, relapsing,
brain disease
characterized by the 3
C's

- Cravings
- Compulsive use
- Continued use despite harmful consequences



Two Components of OUD

Physical Dependence

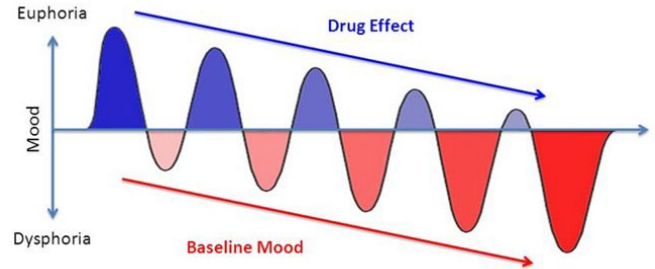
- Body becomes tolerant
- Withdrawal with discontinuation
- Anyone can and will become physically dependent over time
- Not everyone becomes addicted

Addiction

- Dysfunctions in the brain circuits
- Changes in dopamine release
- Counterproductive behaviors

Three Stages of Addiction

1. Binge and intoxication (euphoria)
2. Withdrawal and negative emotions (dysphoria)
3. Preoccupation and anticipation (craving)



Behavior Simplified

Their behavior looks
and feels like:

- Sin, crime, weakness
- Lying, cheating, manipulating, stealing, disrespect, disruptive

Their behavior is really
a symptom of their
chronic brain disease

- Chemical imbalance
- Suffering, agony, pain, desperate for help



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OUD as a Chronic Disease

- Managed mainly with primary care and specialist help as needed
- Shared decision making and motivational interviewing
- Evidence-based treatments – Medication for Opioid Use Disorder (MOUD)
- FDA-approved medications used to treat OUD
 - Buprenorphine (Suboxone[®], Subutex[®], Sublocade[®])
 - Naltrexone (Vivitrol[®], Revia[®])
 - Methadone

Medications for OUD

- Improved clinical outcomes when combining MOUD with psychosocial therapeutic interventions
- Reduce the negative impact of substance use on individuals, families, and the community
 - Lower all-cause mortality
 - Fewer overdoses and deaths
 - Fewer infectious diseases
 - Less criminal activity
 - Better birth outcomes

Harm Reduction

Attempts to reduce the negative consequences associated with substance use

- Naloxone (Narcan)
- Fentanyl test strips
- Needle exchange
- Safer smoking kits
- Access to HIV, Hepatitis C testing

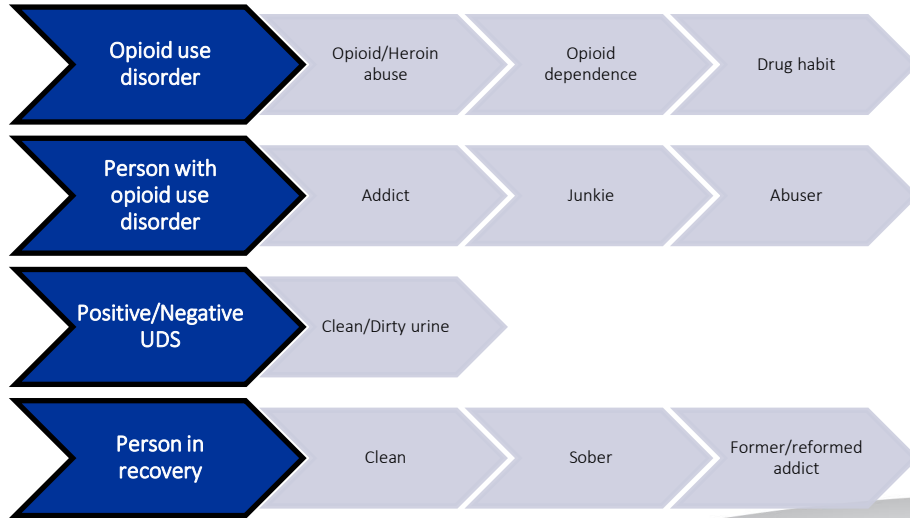




Four Factors Contribute to Stigma

- Misconception that OUD is a moral weakness or willful choice
 - Recognize that it is a chronic disease
- Separation of OUD treatment from the rest of health care
 - Treat it like any other chronic disease with evidence-based care
- **Language mirrors and perpetuates the stigma**
- Lack of communication between medical and criminal justice systems

Change the Language





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- Language mirrors and perpetuates the stigma
 - Choose appropriate language when addressing people
- **Lack of communication between medical and criminal justice systems**

Portugal is Winning the War on Drugs

1990s

- 1% of the population used heroin
- Highest rates of HIV infection in the entire European Union
- Harsh policies lead by criminal justice system
 - Few people sought treatment because of fear of punishment

1998 – government-appointment committee of specialists analyze the drug issue and formulate recommendations

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Portugal is Winning the War on Drugs

2001

- Decriminalization of all drug
- Funds focused on prevention, education, harm reduction, improving treatment programs
- Activities that helped at-risk groups and current users maintain or restore connections to family, work, society

2011

- Drug-induced death rate decreased to 5x lower than the European Union
- New HIV infections decreased from 104.2 cases per million to 4.2 cases per million
- Per capita cost of drug use decreased 18%

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Four Factors Contribute to Stigma

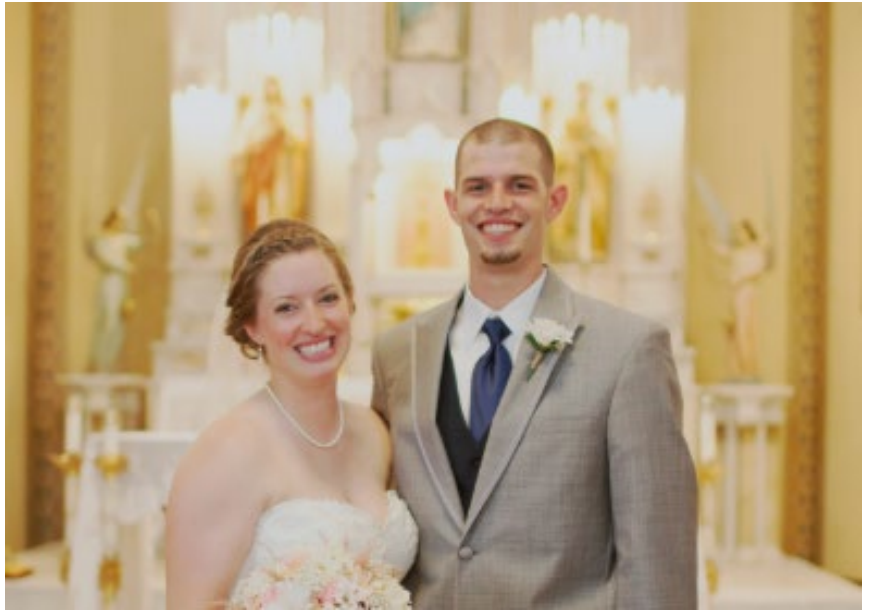
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- Language mirrors and perpetuates the stigma
 - Choose appropriate language when addressing people
- Lack of communication between medical and criminal justice systems
 - Support them when they struggle

We don't treat
ideas, numbers,
or even diseases.
We treat people.

Pat Homstad

15 years of opioid use

3 years in recovery





Summary



Ted Talk: “Everything You Know About Addiction is Wrong” (speaker Johann Hari) via YouTube.com

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Thank you!



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