

Empower Idaho 2022

Peer Support Conference Series

Mental Health Diagnosis and Treatment

September 21, 2022

Welcome!

For questions and assistance, email one of our team members:

Mary - mwright@jannus.org

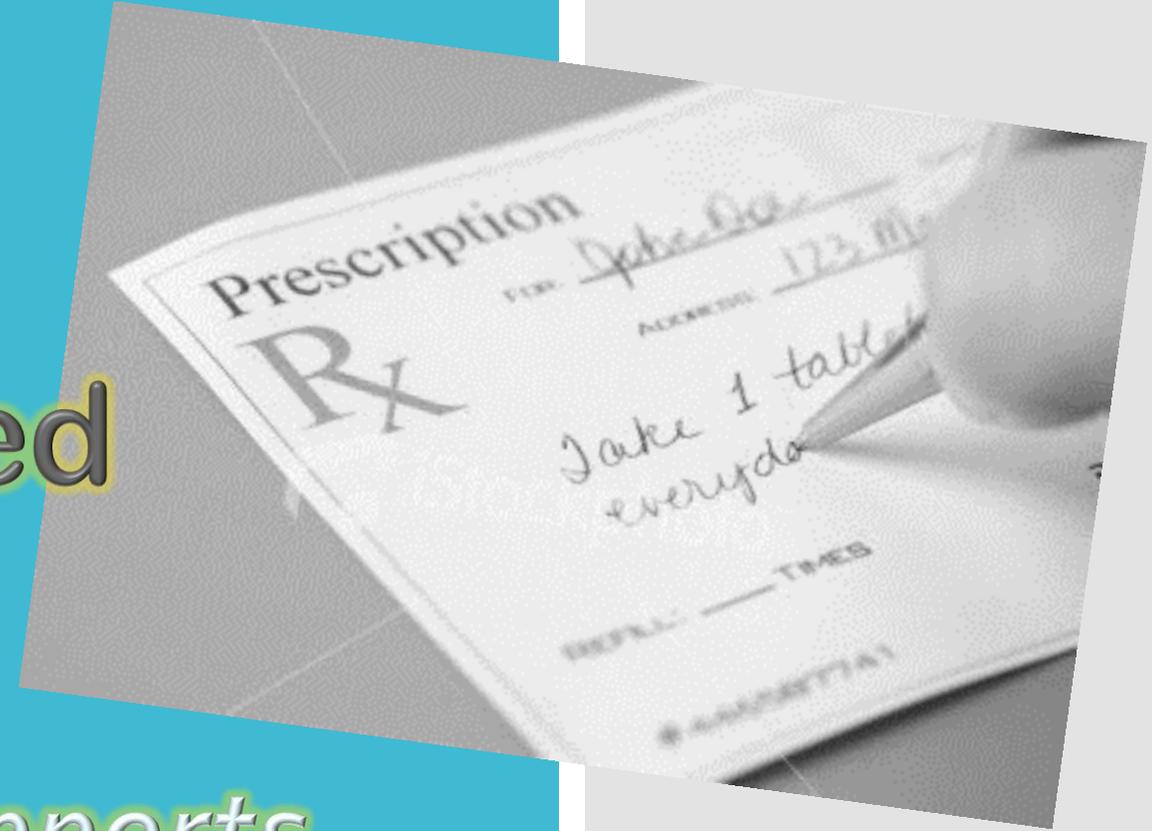
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a program of Jannus, Inc.

Medication Assisted Treatment (MAT)

& The Role of Peer Supports



Presenter:

Monica Forbes,
NCPRSS/CPRC-
Supervisor/PSS/MA

- Certified Peer Recovery Coach - Supervisor
- Nationally Certified Peer Recovery Support Specialist
- Idaho Peer Support Specialist
- Medical Assistant for over 30 years
- Subject Matter Expert on Recovery Support Services – *Opioid Response Network (formerly Center for Social Innovation)*
- NIDA Addiction Policy Forum Trainer
- Certified Community Educator– Addiction Policy Forum
- CEO – Recovery United, Inc. 5 years working in the Recovery Community Center environment
- **Person in long term recovery from OUD/2X AOO Survivor**

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Today's presentation brought to you by:

Empower Idaho

<https://www.empoweridaho.org/>

Referenced material from:



C4 Innovations

www.c4innovates.com



Addiction Policy Forum

<https://www.addictionpolicy.org/>



praxis – Training for Massachusetts Addiction Professionals

<https://center4si.com/praxis/about-praxis/>



Peer Recovery Supports of Idaho

<https://www.peerrecoverysupports.com/>

Learning Goals

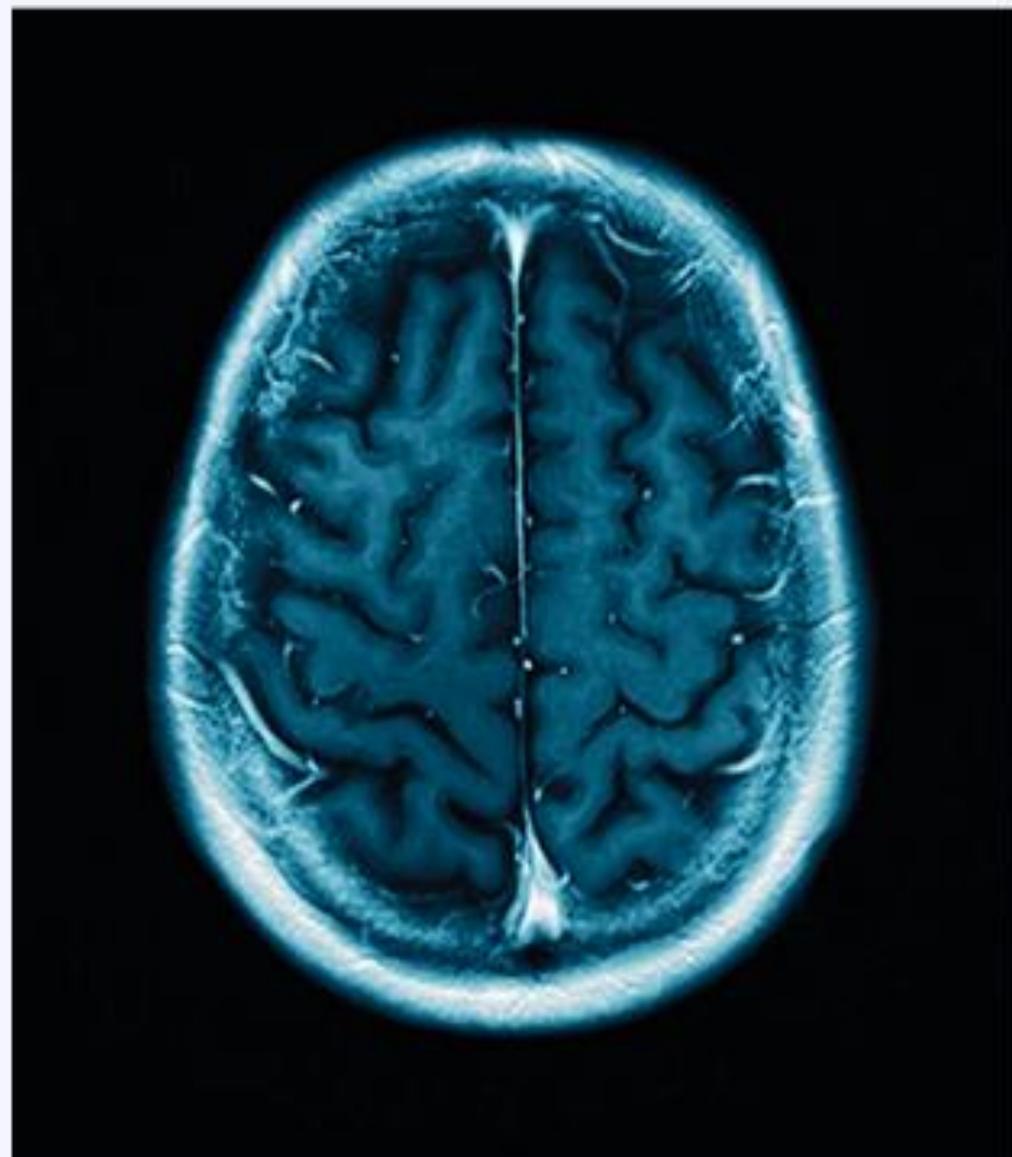
- 1. Understanding Opioid Use Disorder (OUD)**
 - A. How The Brain Gets Hooked on Opioids?
 - B. How is OUD different from other SUDs?
 - C. Opioids vs Opiates
 - D. Stages of OUD
 - E. Risk Factors
- 2. Data & Statistics**
- 3. Understanding Medication Assisted Treatment (MAT)/Medication Assisted Recovery (MAR)**
 - A. Medications used
 - B. Stages of MAT
 - C. Risks and benefits of MAT/MAR
 - D. Outcomes for MAT/MAR
- 4. Exploring prejudice, biases and myths and MAT/MAR**
- 5. The Role of Peer Supports**
- 6. Learning how to access MAT resources**

I. Understanding Opioid Use Disorder



What is Addiction?

Addiction is a disease of the brain and the most severe form of a substance use disorder.



Types of Substance Use Disorders

- ✔ Alcohol Use Disorder
- ✔ Tobacco Use Disorder
- ✔ Stimulant Use Disorder
- ✔ Hallucinogen Use Disorder
- ✔ Opioid Use Disorder
- ✔ Sedative Use Disorder
- ✔ Marijuana Use Disorder

Addiction by the Numbers

20 million

Over 20 million Americans suffer from substance use disorders.*

23.5 million

Approximately 23.5 million people in American are in recovery from a substance use disorder.

1 in 7



1 in 7 people will struggle with substance use during their life.**

*Substance Abuse and Mental Health Services Administration. (2018). Key Substance Use and Mental Health Indicators in the US, 2017.

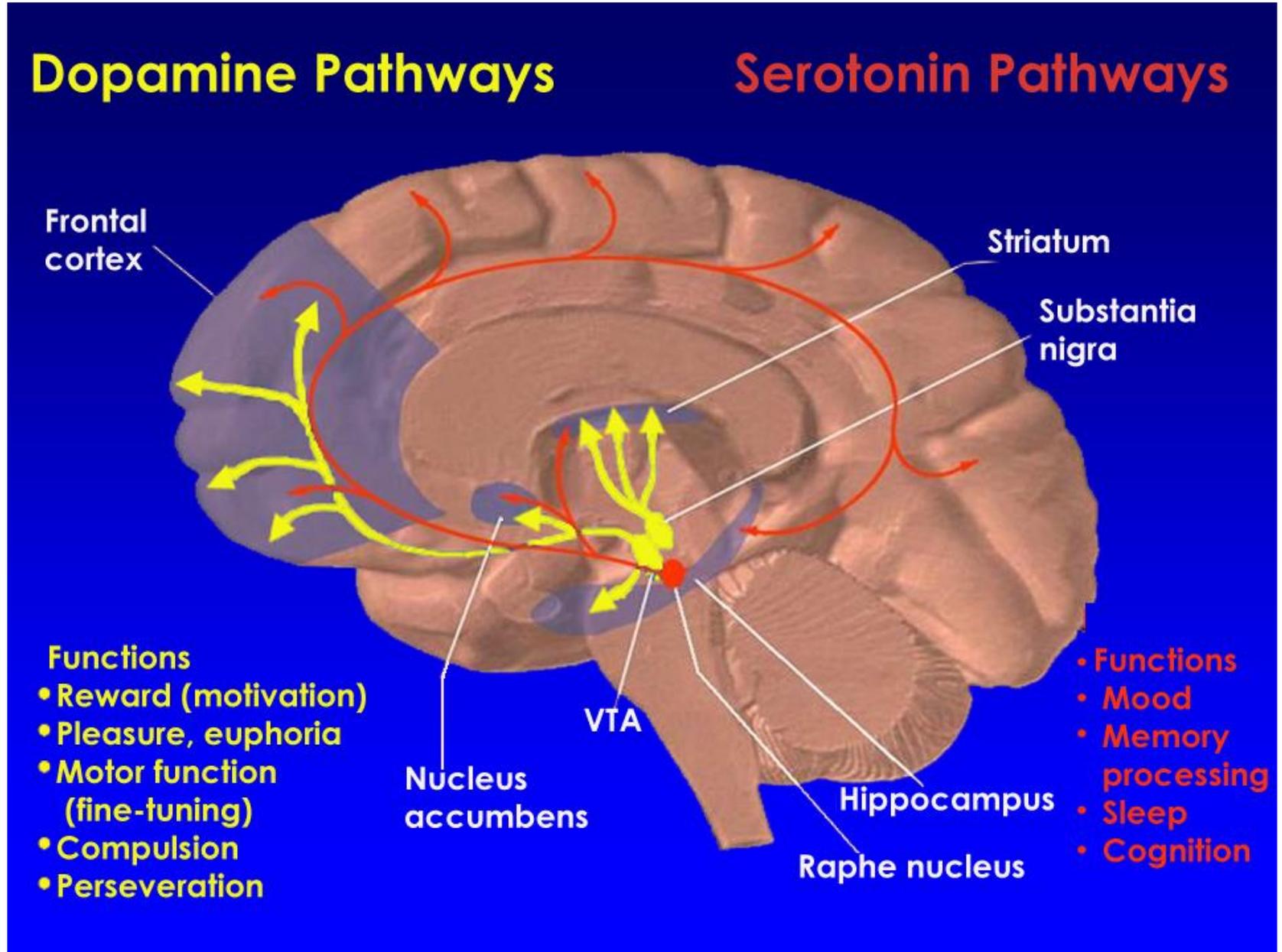
**US Surgeon General's Report on Alcohol, Drugs and Health, 2016.



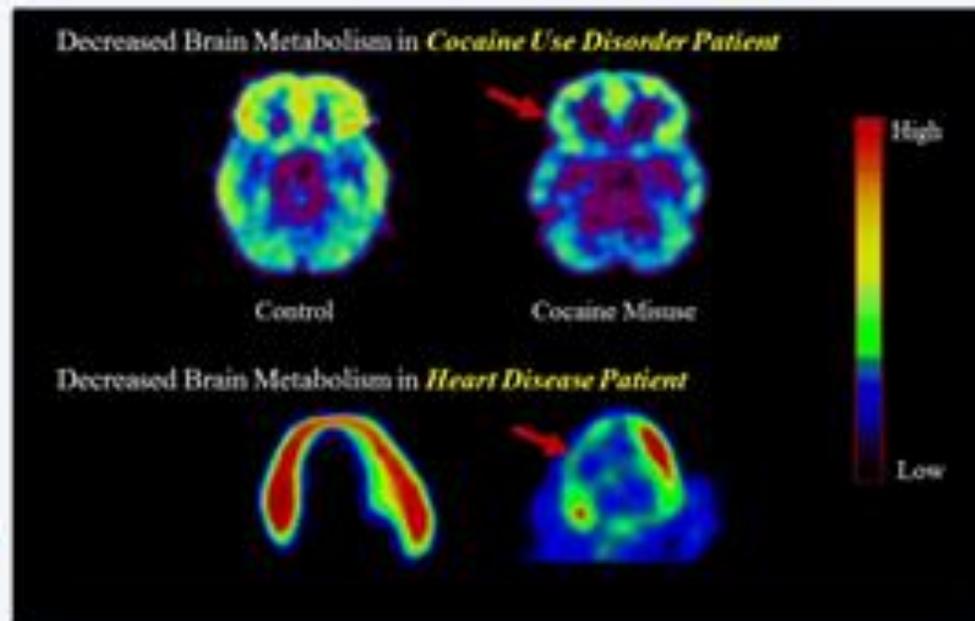
How The Brain Gets Hooked On Opioids

<https://www.pbs.org/newshour/science/brain-gets-hooked-opioids>

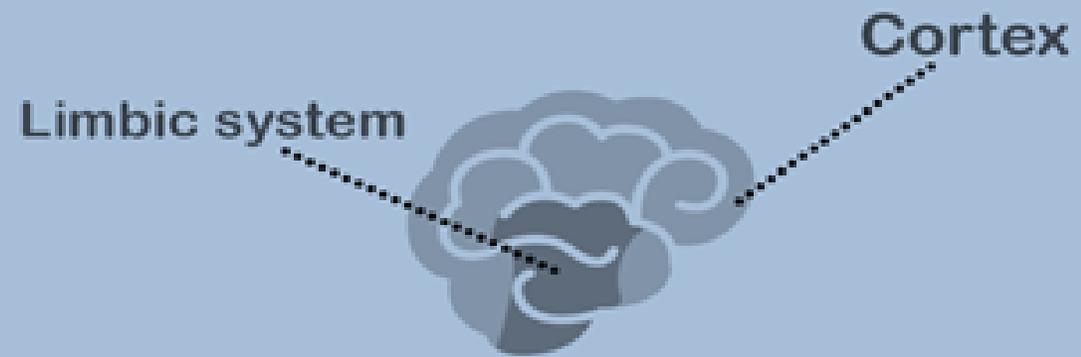
How The Brain Responds to Opioids



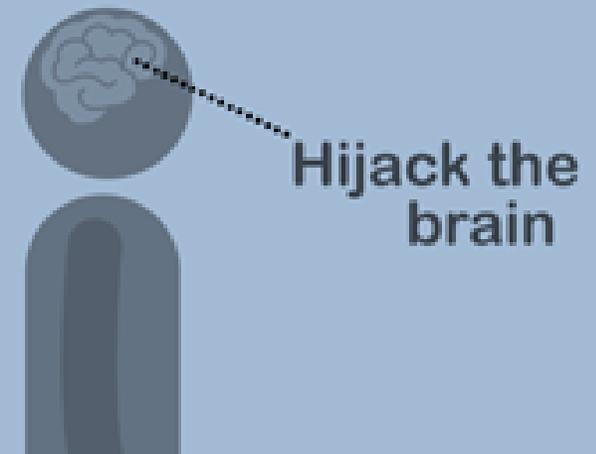
Understanding the Science

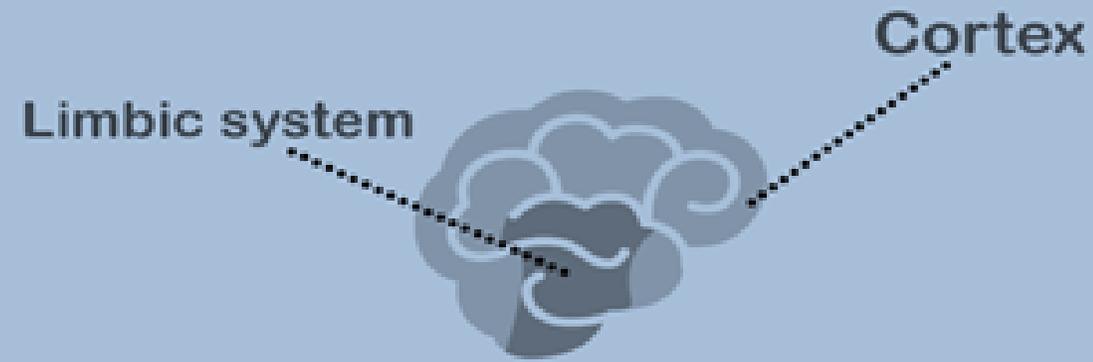


Source: NIDA. (2014). *Drugs, Brains, and Behavior: The Science of Addiction*

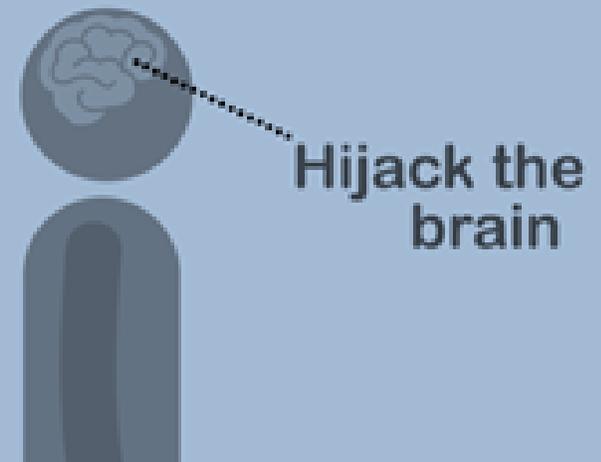
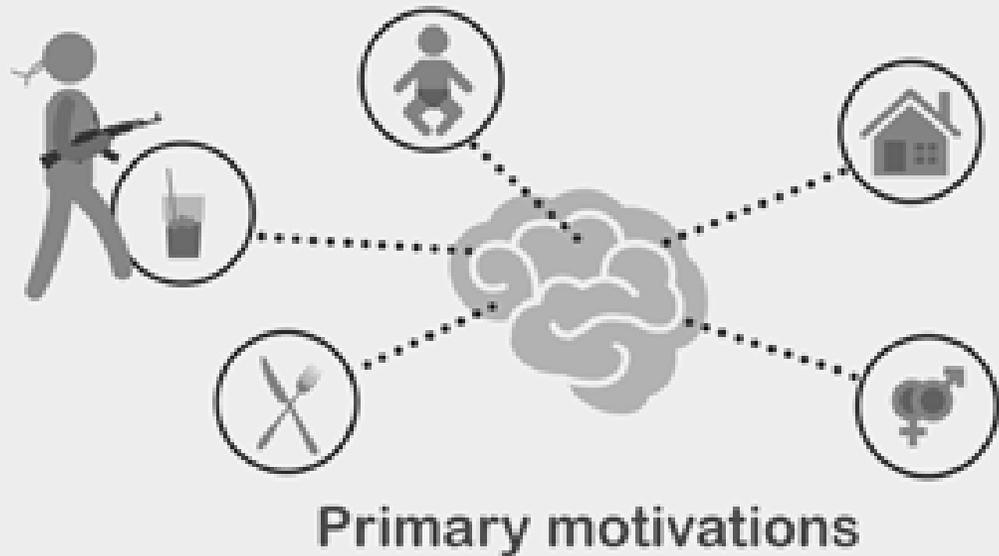


Hijacking the Survival Hardwiring

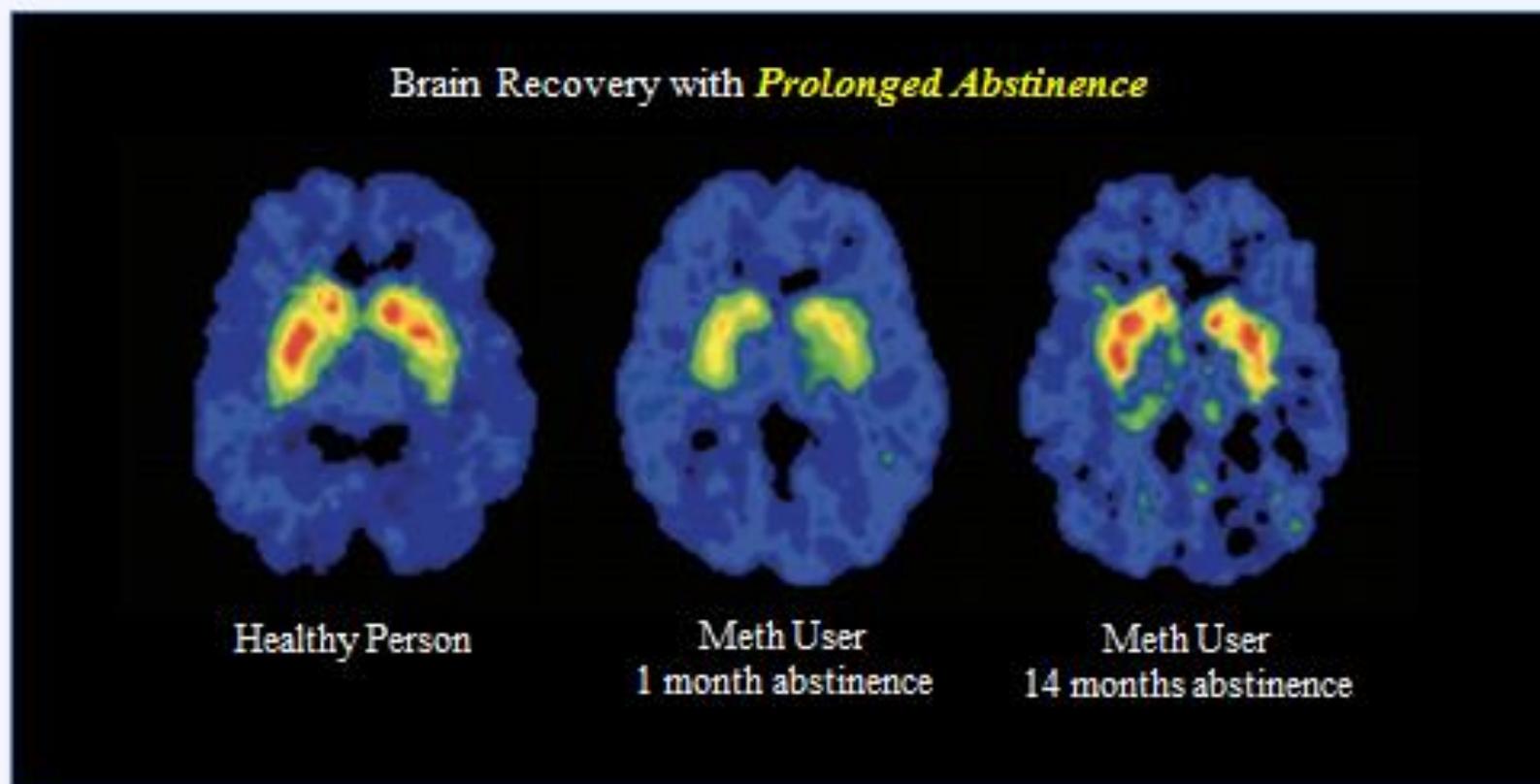




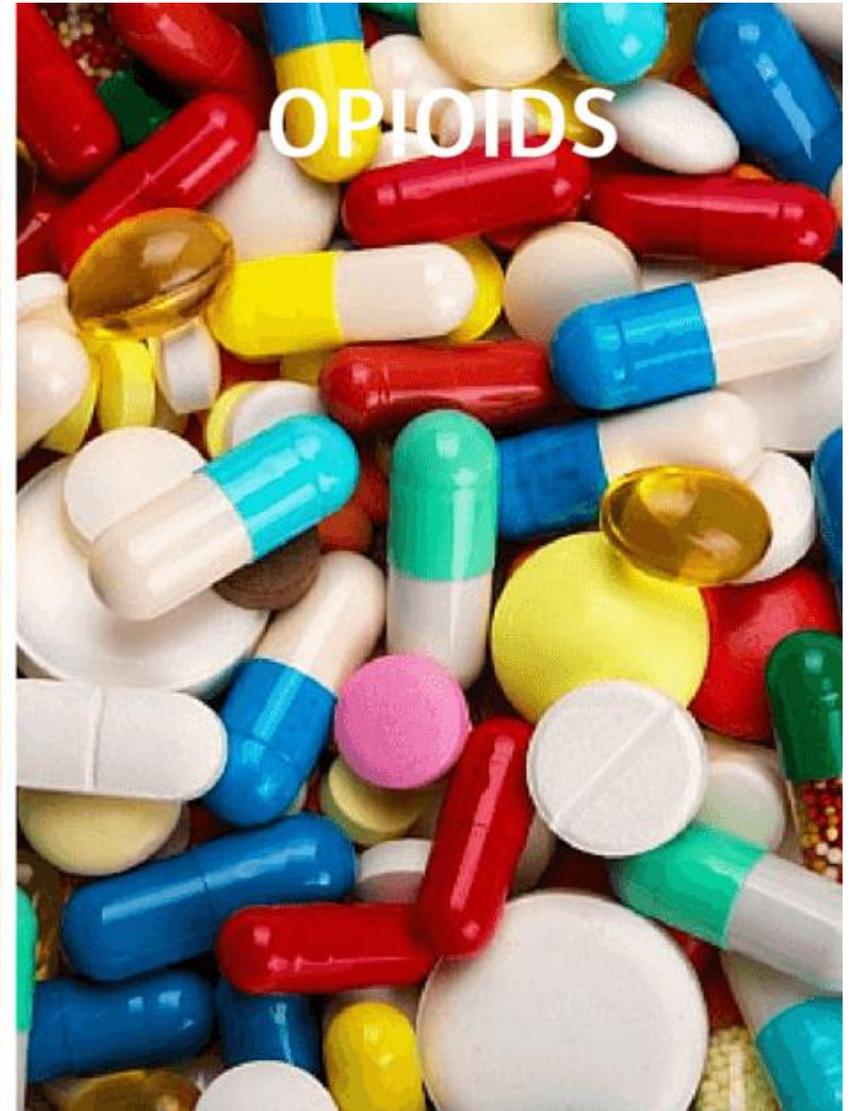
Hijacking the Survival Hardwiring



The Brain Can Recover



Opioids & Opiates



Opioids & Opiates

Opiates

- Opium
- Morphine
- Codeine

Opioids

- Heroin
- Hydrocodone
- Hydromorphone
- Oxycodone
- Oxymorphone
- Buprenorphine

Synthetic

- Fentanyl
- Methadone
- Tramadol

Stages of OUD

Lasting changes in the brain resulting from regular use:

An “*endorphin deficiency*” that persists...

Tolerance

Need for larger and larger amounts to get the desired effect after prolonged use to feel “normal”.

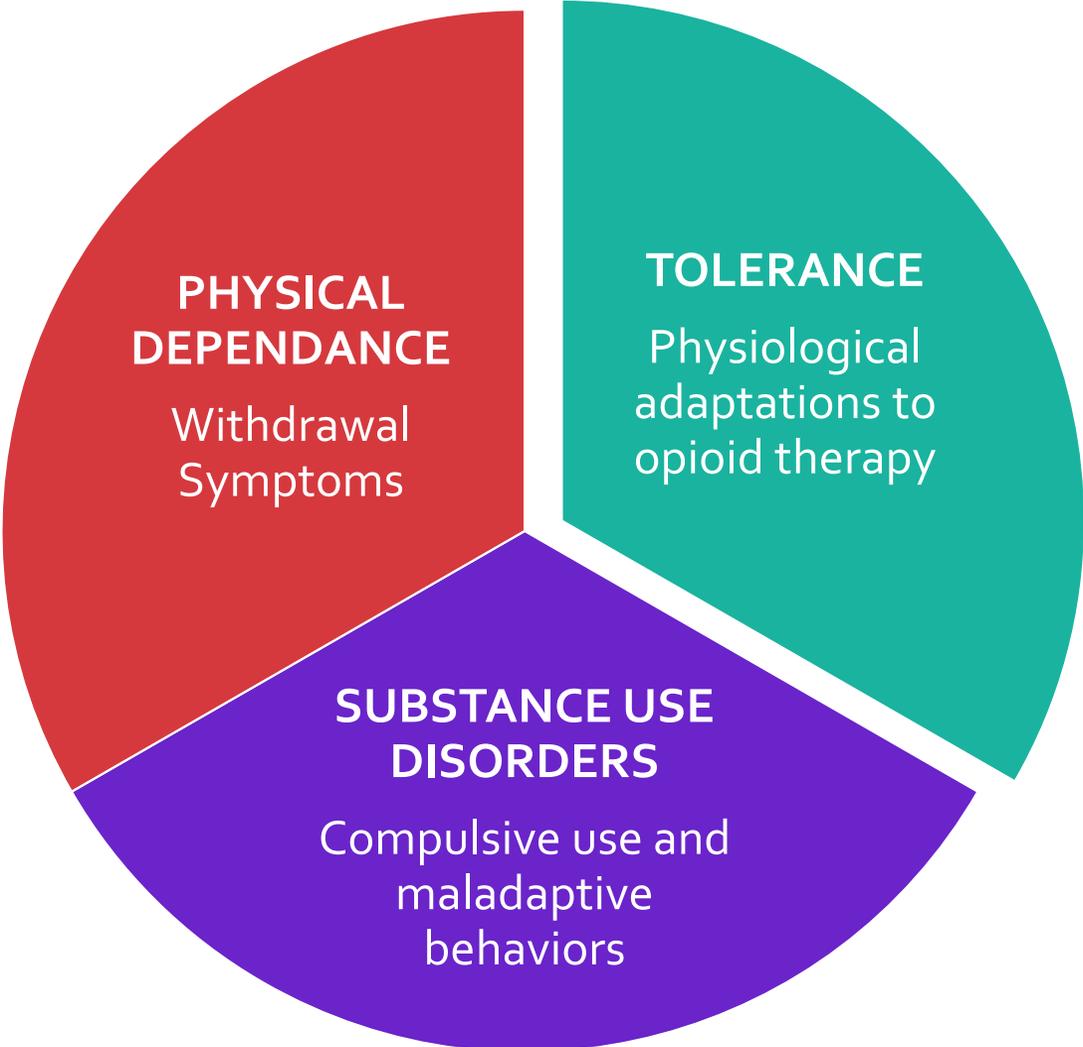
Continued use: the body relies on the drug; its own opioid production shuts down.

Reacts if external supply is cut off:

Withdrawal

Opioids: Dependence, Tolerance, and Substance Use Disorders

Stages of OUD



Risk Factors

Some people become physically dependent on opioid analgesics while taking them for pain but stop with minor difficulties while others experience intense cravings and compulsive use.

- **Heredity / Genetics**
- **Willpower**
- **Access**
- **Education level**
- **Mental health disorders**
- **Strength of character**
- **Intelligence**
- **Environment**
- **Modeling**
- **Age of first use**
- **Chronic pain**
- **Illegal vs. legal substance**
- **Childhood trauma**
- **Early cigarette smoking**

What goes up
must come
down...



Prolonged use =
deficiencies in the
brain's capacity to
regulate mood



Dysphoria

Pre-existing
depression =
stronger reinforcing
effects = increase risk
of a substance use
disorder



OUD & Chronic Pain

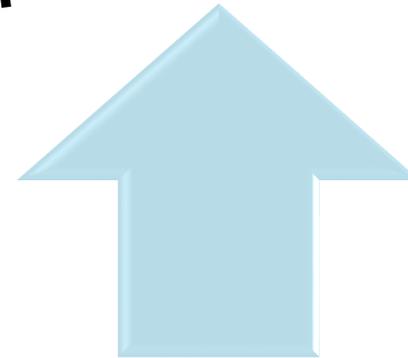
About 29%-60% of people with opioid use disorders deal with chronic pain



Prolonged use =
deficiencies in the
body's capacity to
neutralize pain

HYPER-SENSITIVITY TO PAIN
(Opioid induced hyper-analgesia)

Opioid use for
chronic pain can
lead to misuse and a
substance use
disorder



Opioids & Motivation

Most people can't just walk away even when they want to...

- *Manage short periods, despite severe withdrawal*
- *Long-term recovery = dealing with continuous craving*
- *Altered brain chemistry = Long-term distress*
- *The brain's motivation mechanisms are affected*

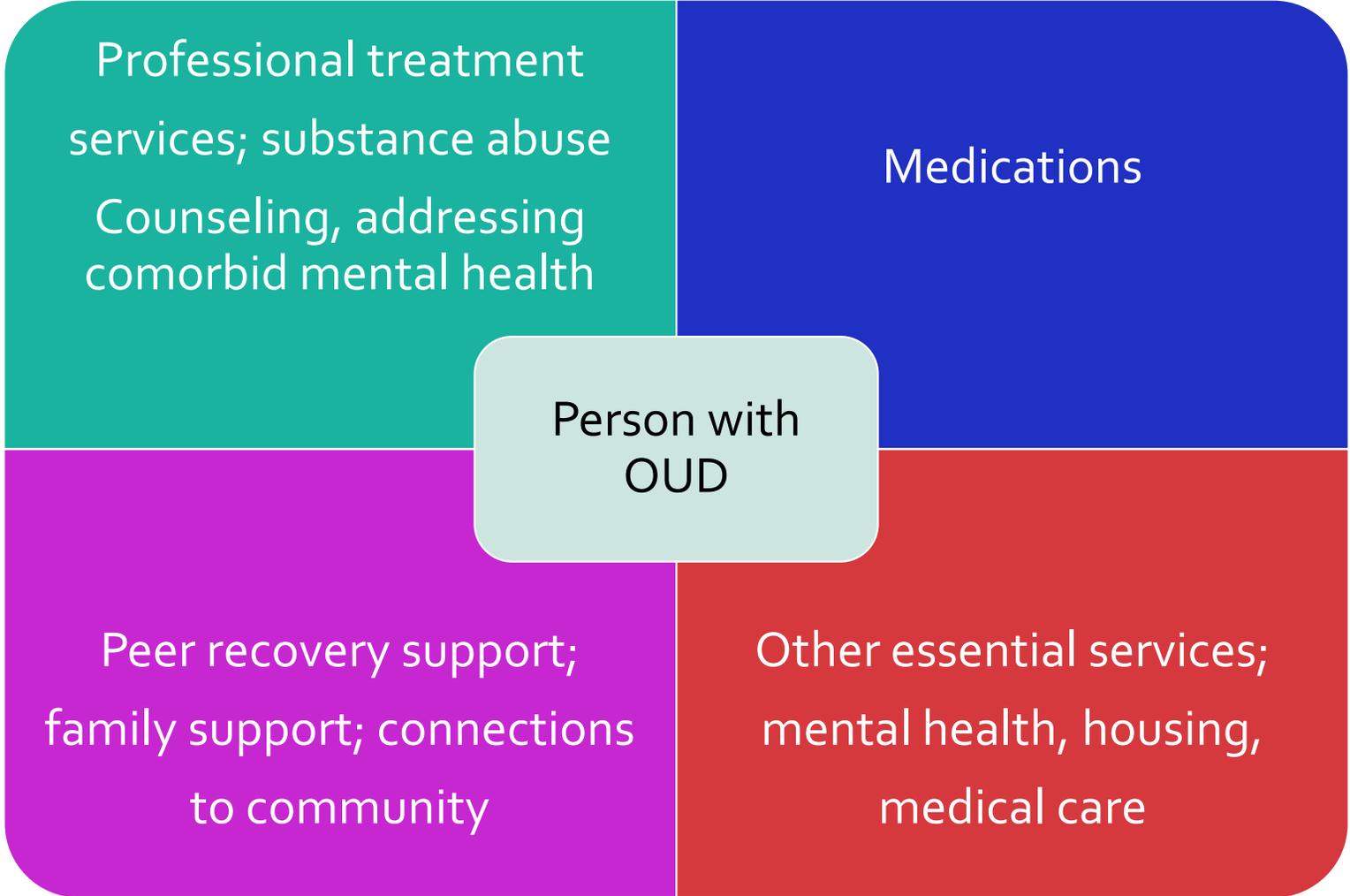
Research shows better outcomes require counseling, recovery support and at least 12 months on medication.

There is NO
“cookie cutter
approach” to
addressing an
individual’s
SUD/ODU



All Available Resources

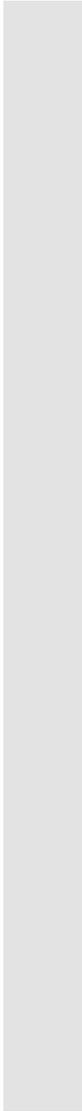
Chances of success improve we help people use all recovery supports





II. Data & Statistics of Opioid Use Disorder

(O U D)



II. Data & Statistics

THE OPIOID EPIDEMIC BY THE NUMBERS



70,630

people died from drug overdose in 2019²



10.1 million

people misused prescription opioids in the past year¹



1.6 million

people had an opioid use disorder in the past year¹



2 million

people used methamphetamine in the past year¹



745,000

people used heroin in the past year¹



50,000

people used heroin for the first time¹



1.6 million

people misused prescription pain relievers for the first time¹



14,480

deaths attributed to overdosing on heroin (in 12-month period ending June 2020)³



48,006

deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)³

SOURCES

1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.

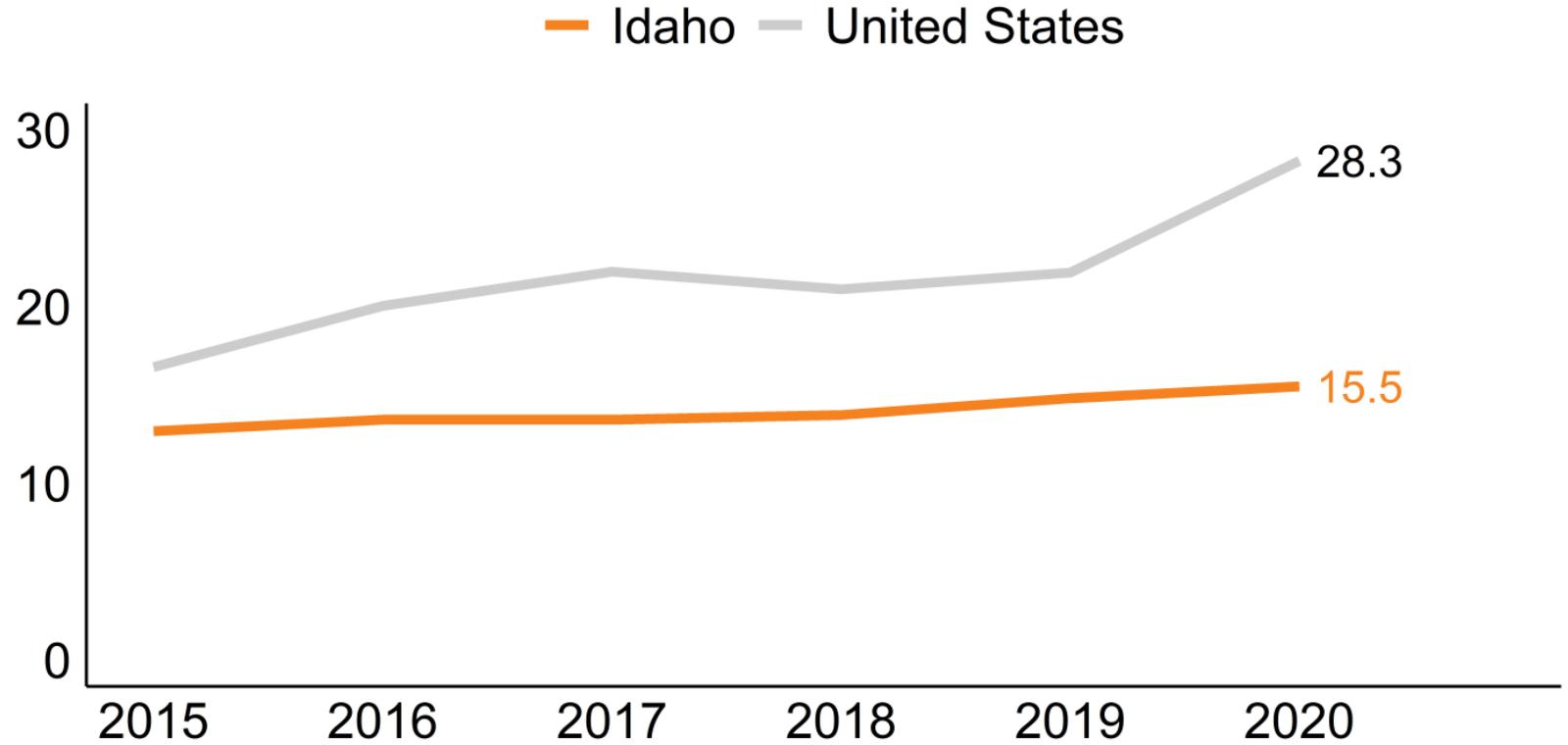
II. Data & Statistics



Learn more at:
<https://www.cdc.gov/drugoverdose/deaths/index.html>

II. Data & Statistics

Drug Overdose Deaths Per 100,000 Population, 2015-2020

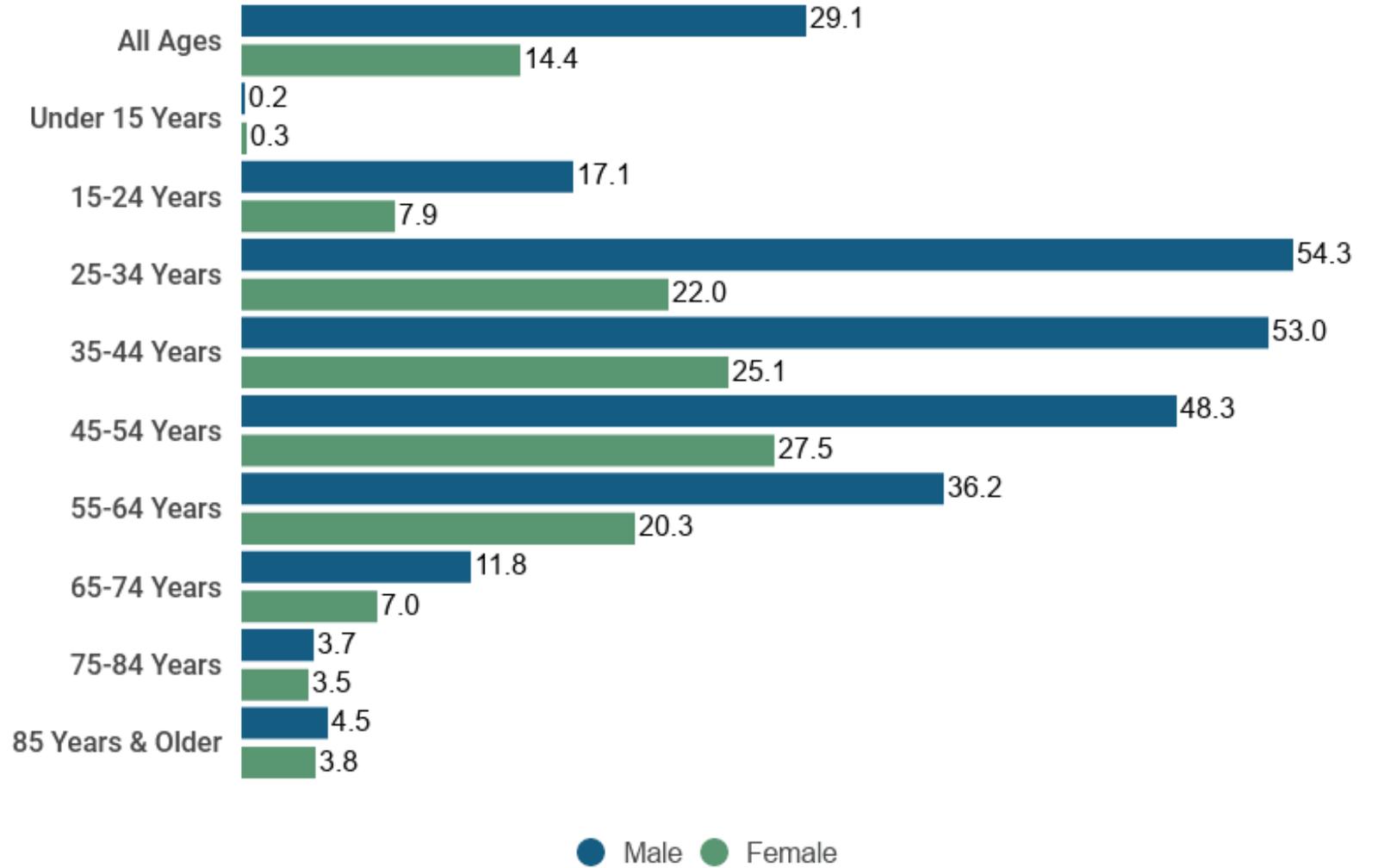


NOTE: Estimates are based on provisional data.

SOURCE: Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021. Population Estimates from 2015 to 2020 Census Bureau Population Estimates.

II. Data & Statistics

Drug Overdose Deaths Among Age Groups per 100,000 Residents



Evidence Based Approaches to Treating Addiction

Treatment

Evidence-Based Approaches to Treating Addiction.

There are a wide variety of evidence-based approaches for treating a substance use disorder (SUD), including behavioral therapies and medications.

- ✓ Hospital/Residential Programs
- ✓ Partial Hospitalization Programs (PHP)
- ✓ Intensive Outpatient Programs (IOP)
- ✓ Outpatient Programs
- ✓ Detox
- ✓ Opioid Treatment Programs
- ✓ Office-Based Opioid Treatment

EBP for Treating Opioid Use Disorder



Addiction Policy Forum

Treatment

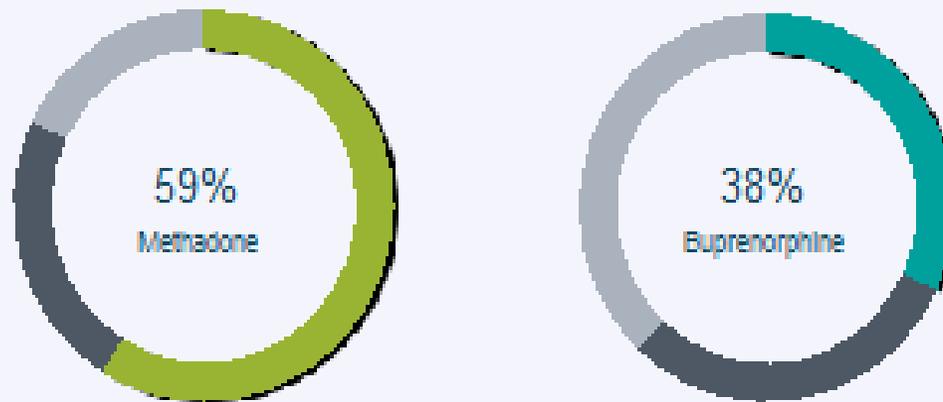
Evidence-Based Approaches to Treating Addiction.

Medication-assisted treatment (MAT) is the use of medications in combination with behavioral counseling to treat substance use disorders.

There are FDA-approved medications for the treatment of opioid use disorder, alcohol use disorder, and tobacco use disorder.

MAT Reduces Loss of Life

Decrease in rates of death for those patients prescribed MAT after a non-fatal opioid overdose.*



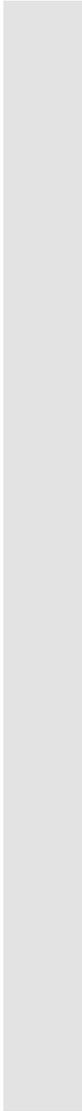
*Effects of medication-assisted treatment on mortality among opioids users: a systematic review and meta-analysis. *Annals of Internal Medicine*, June 2018.



III. Understanding Medication Assisted Treatment

(MAT)

AKA MAR, MRT, OST, ORT, OAT & Pharmacotherapy



Compelling Reasons to Consider MAT/MAR

- Most people who have overdosed on opioids have had treatment experiences that were not effective in bringing them relief from craving, relapse, and compulsive use
- Opioid overdoses are the leading cause of accidental death in the U.S.
- Research shows that MAT is effective in reducing relapse when used in combination with other psychosocial treatment and support strategies
- Between 1995-2009, fatal overdoses in Baltimore decreased by 50% as the availability of MAT increased

(Schwartz et al, 2013)

General Principles of Pharmacotherapies

Pharmacodynamics

Agonists

- Directly activate opioid receptors (ie morphine, methadone)

Partial Agonists

- Unable to fully activate opioid receptors even with very large doses (ie buprenorphine)

Antagonists

- Occupy but do not activate receptors, hence blocking agonist effects (ie naloxone)

The Medications & Ideal Candidates For Each

Methadone



Methadone is a long-acting opioid medication that reduces cravings and withdrawal symptoms

Ideal candidates for Methadone:

- Have been objectively diagnosed with an opioid dependency.
- Recommended for people with higher levels of opioid dependency, intense cravings and withdrawals.
- A person who is pregnant.
- Not have a significant heart problem.
- Is willing to use this medication as part of a comprehensive treatment plan and understands that this medication does not take the place of therapy or counseling.

The Medications & Ideal Candidates For Each

Buprenorphine



Buprenorphine is a long-acting opioid medication that reduces cravings and withdrawal symptoms

Ideal candidates for Buprenorphine:

- Have been objectively diagnosed with an opioid dependency
- Are willing to follow safety precautions for the treatment
- Have been cleared of any health conflicts with using buprenorphine
- Have reviewed other treatment options before agreeing to buprenorphine treatment
- Is willing to use this medication as part of a comprehensive treatment plan and understands that this medication does not take the place of therapy or counseling.

The Medications & Ideal Candidates For Each



Naltrexone

Naltrexone is an opioid blocker and antagonist – it blocks euphoric and pain relieving effects of opioids; has a similar effect with alcohol



Ideal candidates for Naltrexone:

- Have been objectively diagnosed with an opioid dependency
- Recommended for people with lower levels of opioid dependency.
- Must be opioid-free for 5-7 days
- Not have a diagnosis of significant liver or kidney disease.
- Is willing to use this medication as part of a comprehensive treatment plan and understands that this medication does not take the place of therapy or counseling.

Stages of MAT/MAR

Stages of MAT/MAR

1

Induction: assessment, individualized starting dosages;
HIGH RISK for overdose during this stage

2

Stabilization: adjustment to medication, withdrawal
and cravings begin to be under control

3

Maintenance: long-term phase of treatment lasting
for months / years; periodic reassessment

4

Tapering: medically managed withdrawal through
gradually reduced doses over a period of months

Regulatory & Legal Issues

MAT for opioid use disorders is carefully regulated by federal agencies

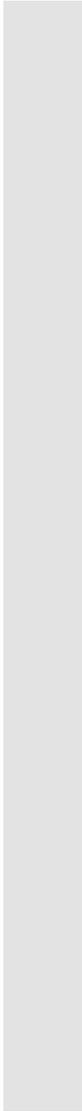
- **Research consistently shows treatments less than 90 days are not sufficient for long-term behavioral change**
- **Research outcomes for MAT for opioid use disorders are better when treatment continues for 12-24 months**

Decision
Making:
Weighing the
Facts/Pros &
Cons

Medication-Assisted Treatment: Outcomes

When medications are part of a comprehensive treatment program:

- Decreases illicit opiate use
- Decreases injection drug use
- Decreases hepatitis and HIV infections
- Decreases sexually transmitted infections
- Decreases in overdose fatality rates
- Decreases criminal activity



IV. Exploring Biases, Prejudices and Myths



What stigma does:

Awareness

Stigma can...

- Prevent people from seeking help due to fear of rejection, discrimination and ridicule.
- Cause harassment
- Families are also affected by stigma, leading to lack of support from friends, neighbors and the community.

Types of Stigma

- Social Stigma
- Self Stigma or Perceived Stigma



The Power of Language

Language and Stigma

Language can bind us together OR tear us apart.

Words we **choose**

in personal and professional settings

powerfully and indefinitely impact impressions

The language we use can play a significant role in stigma reduction

Too often, language unintentionally strengthens the harmful effects

How we talk about addiction matters

Best to unify a common language, appropriate terminology, and precise definitions

Slide Credit: UCLA Integrate Substance Abuse Programs



UC San Diego Health

Myths,
Prejudice and
Biases

Implicit Bias

Unconscious attitudes or stereotypes

Affect our understanding, actions, and decisions

Avoiding Bias

Recommendations

Avoid labeling your client

Receive training

- To become aware of unconscious biases

- Increase your knowledge and understanding

Use person first language (avoid stigmatizing language)

Create an atmosphere that is supportive

- Zero tolerance for discrimination

Acknowledge clients' significant others

- Encourage their support and participation

Slide Credit: UCLA Integrate Substance Abuse Programs

The Power of Language

Findings

Negative

Substance Abuser →

Relapse →

Medication-Assisted Treatment →

Overdose →

Addict →

Alcoholic →

Opioid Addict →

Positive

Person who uses substances

Recurrence of use

Pharmacotherapy

Accidental drug poisoning

Person with a
substance use
disorder

Slide Credit: UCLA Integrate Substance Abuse Programs

The Power of Language

Stigmatizing Language

You may use stigmatizing terms every day

Most may not realize the extent of their negative impact

Think about the negative sentiment attached to each of the following:

"My friend is a *drug addict*"

"She can't seem to get *clean*"

"Our community has a serious *drug abuse* problem"

"He can't seem to avoid *relapse*"

"The client had a *dirty* urine."

What are the alternatives you can think of?

Slide Credit: UCLA Integrate Substance Abuse Programs



Facing Addiction
with NCADD

UC San Diego Health

Language Matters

Say This	Not That
Substance Use Disorder	Substance Abuse
Individual with a Substance Use Disorder	Addict, Junkie, Drug abuser, Druggie
In recovery	Clean; Staying clean
Has a Substance Use Disorder	Drug Habit
Positive drug test; Currently using substances	Dirty drug test

Cultural Humility

"Lifelong process of learning, self-examination and refinement of one's own awareness, knowledge, behavior and attitudes on the interplay of power, privilege and social contexts."

Tervalon, M. & Murray-Garcia, J. (1998, Journal of Health Care for the Poor and Underserved, 9(2), 117

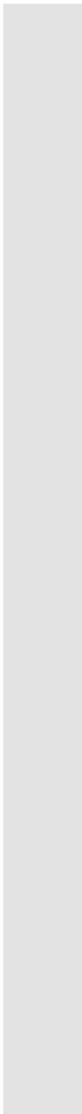


Slide Credit: UCLA Integrate Substance Abuse Programs



V. The Role of Peer Supports

Helping individuals make informed decisions regarding their treatment options



The role of a Peer Support Services Worker

Source:

<https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf>



National Peer Support Guidelines

- Peer Supports is voluntary
- Peer Supporters are hopeful
- Peer Supporters are open minded
- Peer Supporters are empathetic
- Peer Supporters facilitate change
- Peer Supporters are honest and direct
- Peer support is mutual and reciprocal
- Peer support is equally shared power
- Peer support is strengths-focused
- Peer support is transparent
- Peer support is person-driven

Source: National Practice Guidelines for Peer Supporters

<https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf>



The Scope and Limits of Your Recovery Coach

- Recovery Coaches do just what other professional coaches do, but we serve those who are either in recovery or who are seeking recovery from addiction.
- We cannot diagnose any addiction.
- We don't treat addiction *per se*.
- We can help someone become ready and willing to seek treatment.
- We can help someone explore their options for recovery or treatment.
- We know we aren't chemical dependency counselors. We know we aren't nurses, doctors, counselors, therapists, or psychiatrists. We are coaches and what we do is coach. We help people explore their wants, needs, and choices. We help them get clarity and move into action.
- We don't dictate what recovery will look like for our clients.
- We don't tell them what to do or how to do it.
- We are coaches—that means we ask questions, we offer reflections, and we hold our clients whole, resourceful, and capable of choosing what is best for them at this time.

**This material is courtesy of one of RCI's early presidents, Melissa Killeen, who was instrumental in creating the field of recovery coaching. It is presented, along with a lot of other great material, in her ground-breaking book, "Recovery Coaching: A Guide to Coaching People in Recovery from Addictions,"*

The Scope and Limits of Your Recovery Coach

Decision Making: Weighing the Facts/Pros & Cons

What do people need to know to inform choices and make decisions about medication-assisted treatment?

- Outcome research on effectiveness of MAT
- Risks vs. benefits of medication and treatment options
- What to expect from MAT
- Providers that offer MAT
- How to talk to others about their decisions
- Sources of peer/community recovery support

Together, We Can Solve This!

Research

Research and new scientific advancements to improve how we prevent and treat substance use disorders.

Prevention

Expand prevention and education efforts aimed at teens, parents, other caretakers.

Treatment

Expand evidence-based treatment nationwide including medication-assisted treatment (MAT).

Public Health

Making naloxone available to save lives from overdose, providing access to clean syringes and services, and offering connections to treatment in community settings.

Child Welfare

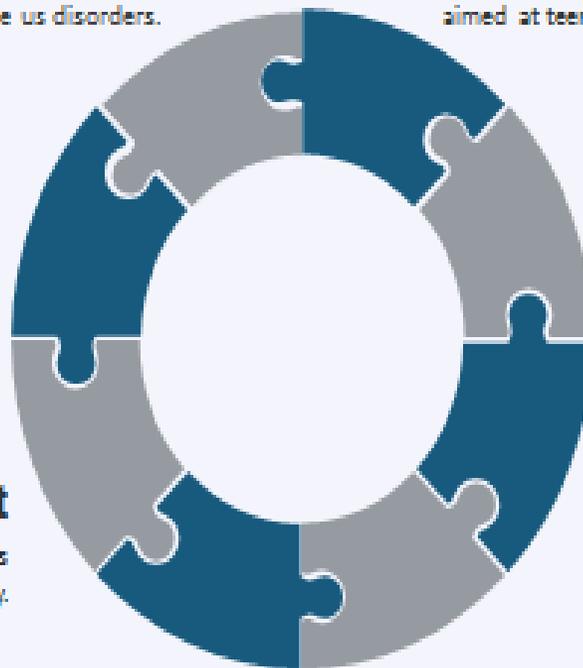
Protect children and support parents and caregivers.

Criminal Justice

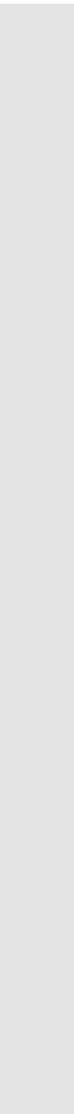
Provide evidence-based treatment in the jails and prisons and expand alternatives to incarceration to treat individuals in communities.

Recovery Support

Expand recovery services to support individuals in recovery.



What
Can
We
Do?



Accidental
Opiate
Overdose
Prevention &
Reversal



YOU CAN
SAVE a LIFE
WITH a SPRAY

**DON'T RUN
CALL 911**



**P.E.E.R.**
wellness center
A COMMUNITY OF RECOVERY

PEER
RECOVERY
SUPPORTS
OF IDAHO

The advertisement features a black background with white and red text. A hand is shown holding a white spray bottle, with a fine mist of spray emanating from the nozzle. The text is arranged in a clear, bold hierarchy, emphasizing the life-saving potential of the spray. Logos for P.E.E.R. wellness center and PEER RECOVERY SUPPORTS OF IDAHO are positioned at the bottom corners.

1 Identify Opioid Overdose and Check for Response



ASK person if he or she is okay and shout name.

Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN® Nasal Spray.

2 Give NARCAN® Nasal Spray

Remove NARCAN® Nasal Spray from the box.



Peel back the tab with the circle to open the NARCAN® Nasal Spray

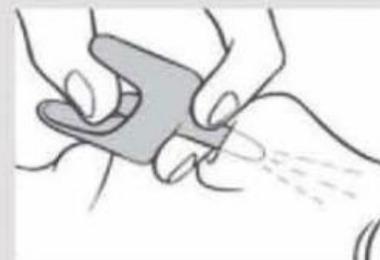


Hold the NARCAN® Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the plunger firmly to give the dose of NARCAN® Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.

3 Call for emergency medical help, Evaluate, and Support



Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN® Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

Additional Resources/ Information

- <https://www.addictionresourcecenter.org/>
- <https://www.samhsa.gov/medication-assisted-treatment>
- <https://www.naadac.org/evidence-based-MAT-practices-webinar>
- https://mat-decisions-in-recovery.samhsa.gov/section/footer/decision_aid.aspx
- <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>
- <https://www.addictionpolicy.org/blog/treatment-works>
- <https://www.pbs.org/newshour/science/brain-gets-hooked-opioids>

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www.peerrecoverysupports.com

Your Life. Your Recovery. Your Way.