It Takes A Village

A Patient's Journey from Opioid Use Through Recovery

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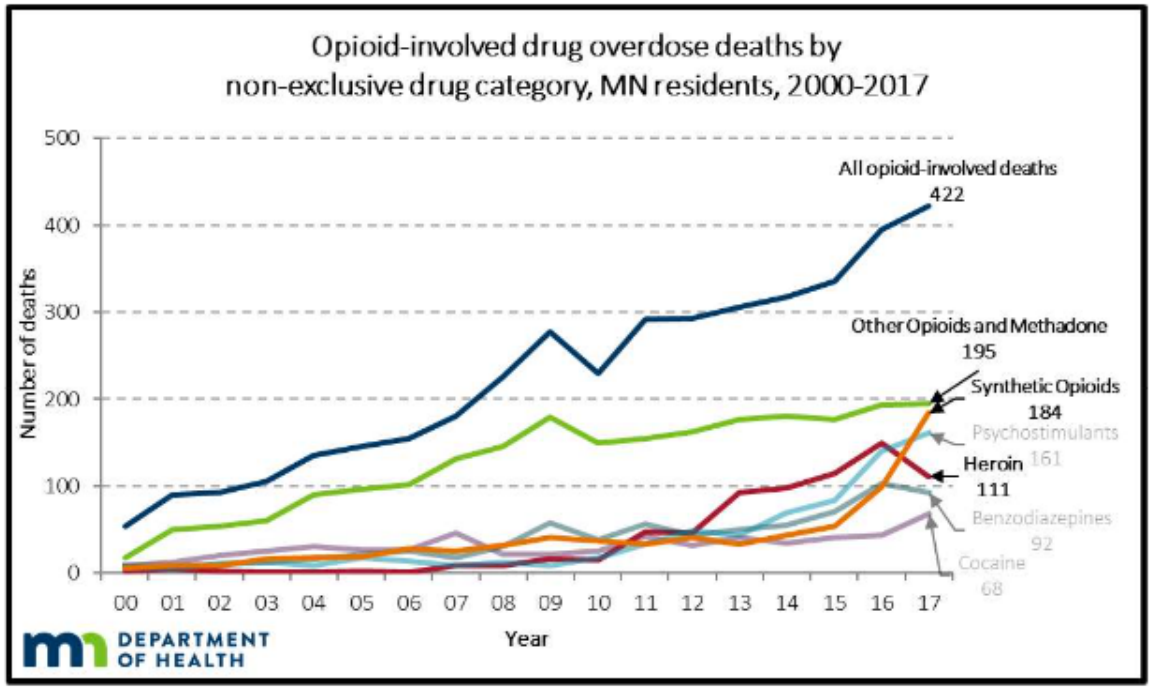
Objectives

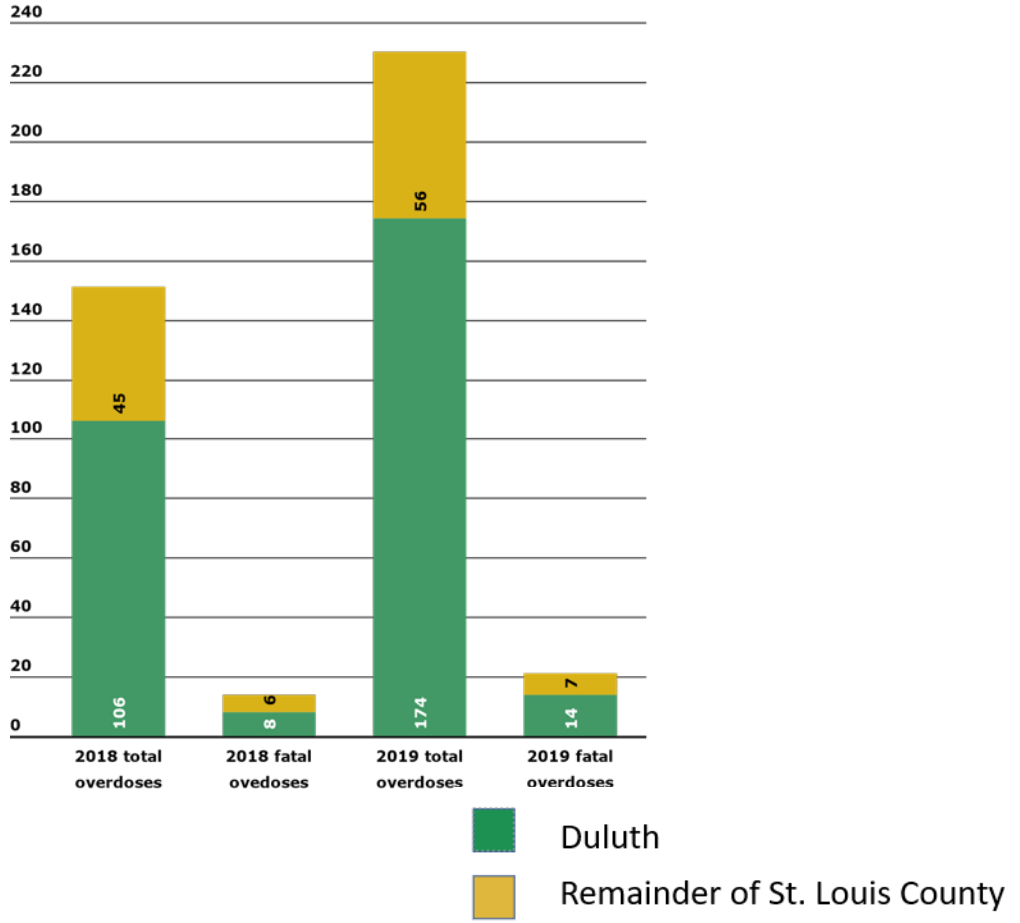
By the end of the lecture, learners will be able to:

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

Opioid Overdose Deaths



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2000-2017
NOTE: Drug categories are non-exclusive
NOTE: Synthetic opioids include fentanyl



Drug Overdose Deaths among Minnesota Resident 2000-2017s, MN DHS

https://www.duluthnewstribune.com/news/government-and-politics/4857049-Overdoses-deaths-jump-in-Duluth-St.-Louis-County

Barriers to Care of Opioid Use Disorder

Individual Provider Barriers	• Societal Barriers
"It's so frustrating when they relapse!"	• Lack of education on opioid use disorder as a chronic disease
"Aren't we just replacing one addiction with another?"	• Lack of education on Medication for Opioid Use Disorder (MOUD)
"I don't want to be the first Suboxone provider in my clinic."	• Lack of staff experienced in delivering MOUD
"I don't want my clinic overrun by those types of patients."	• Stigma

Four Factors Contribute to the Stigma

- **Misconception that opioid use disorder is a moral weakness or willful choice**
- Separation of opioid use disorder treatment from the rest of health care
- Language mirrors and perpetuates the stigma
- Lack of communication between the 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 are weaker than me."

We believe addiction erodes are highly-valued societal characteristics

- Self-control
- Self-determination
- Personal responsibility

We need to see addiction as a voluntary, seeking activity and a weakness that we "choose not to do".

The 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.

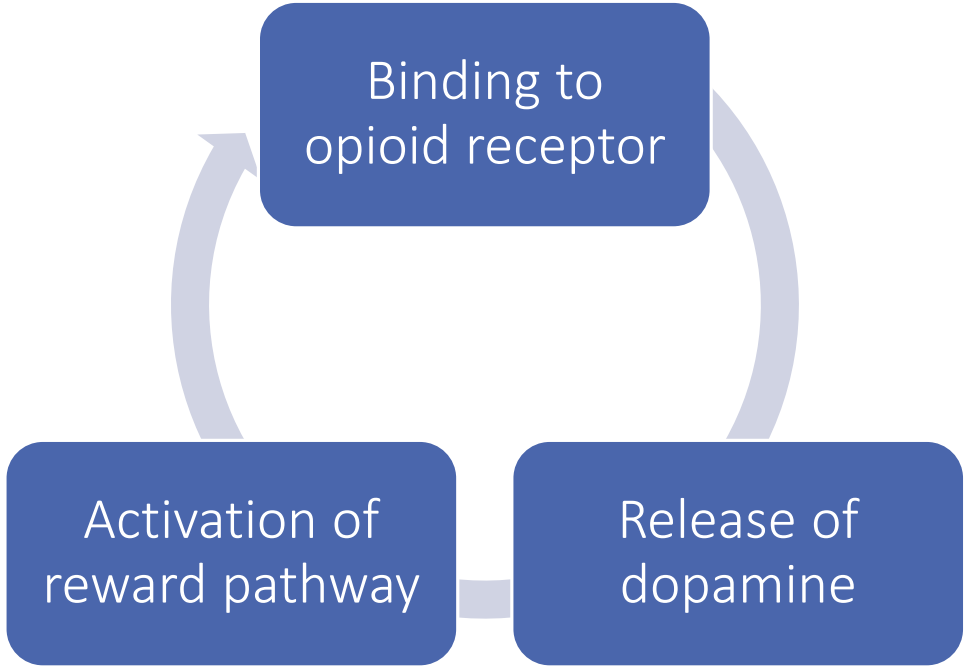
Hence, we:

- 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 Opioid Use Disorder

PHYSICAL DEPENDENCE

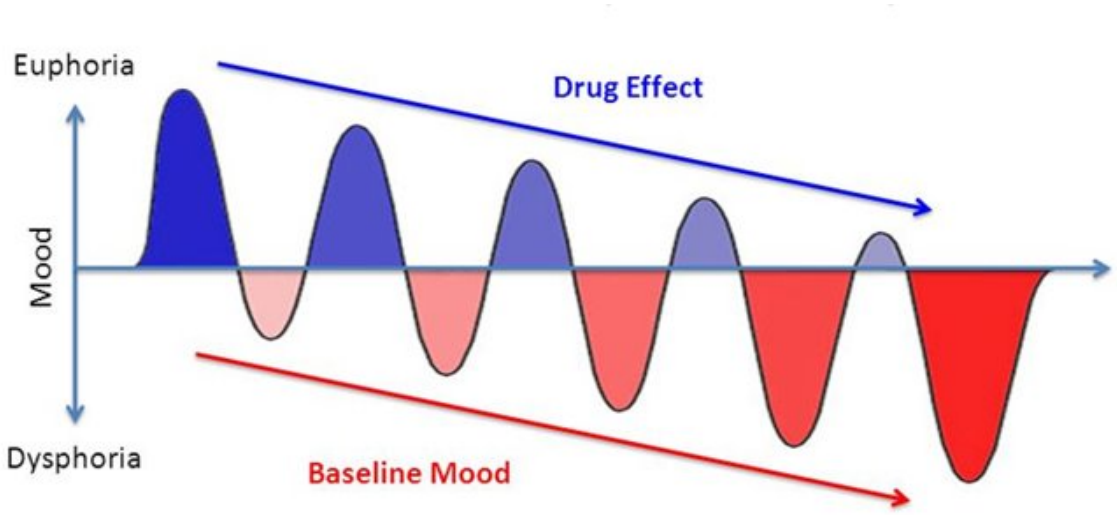
- Body becomes tolerant
- Withdrawal with discontinuation
- Anyone can and will become physically dependent, but not everyone becomes addicted

ADDICTION

- Dysfunction in the brain circuits
- Changes in dopamine
- Counterproductive behaviors

Three Stages of Addiction

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



The 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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Opioid Use Disorder as a Chronic Disease

- Managed mainly with primary care and specialist help as needed
- Shared decision making and motivational interviewing
- Evidence-based – Medication for Opioid Use Disorder (MOUD)
- FDA-approved medications to treat opioid use disorder
  - Buprenorphine (Suboxone®, Subutex®)
  - Naltrexone (IM Vivitrol®, PO ReVia®)
  - Methadone

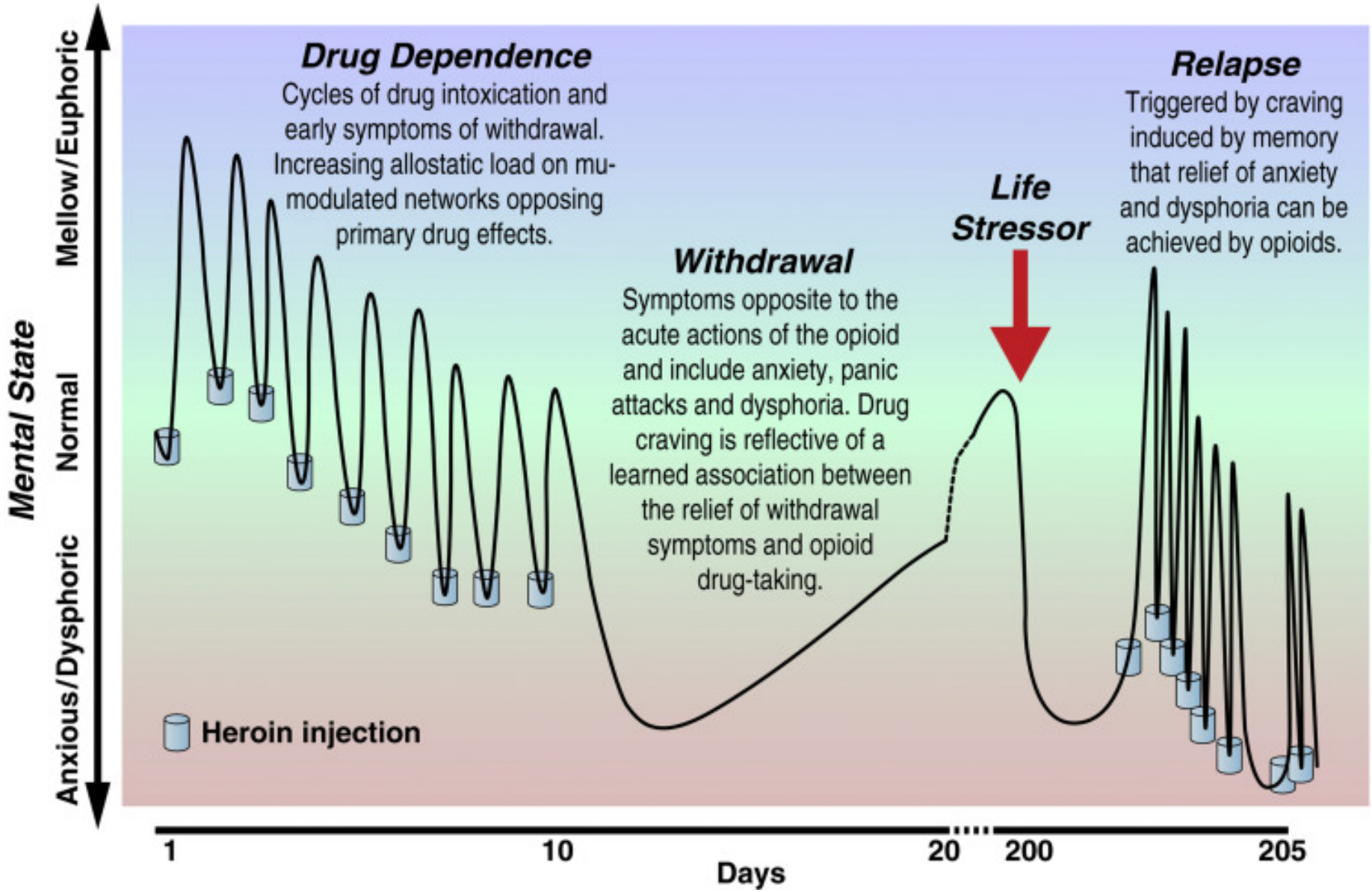
Medication for Opioid Use Disorder (MOUD)

- Improved clinical outcomes when combining MOUD with psychosocial therapeutic interventions

- Reduce the negative impact of substance abuse on families and the community
  - Lower all-cause mortality
  - Fewer overdoses and deaths
  - Fewer infectious diseases
  - Less criminal activity
  - Better birth outcomes

Hyperkatifeia

- Increased intensity of negative emotional state of withdrawal
- Malaise, irritability, lack of emotional awareness, anxiety, dysphoria, subjective feeling of unease
- Negative reinforcement between opioids and relief of this dysphoric state

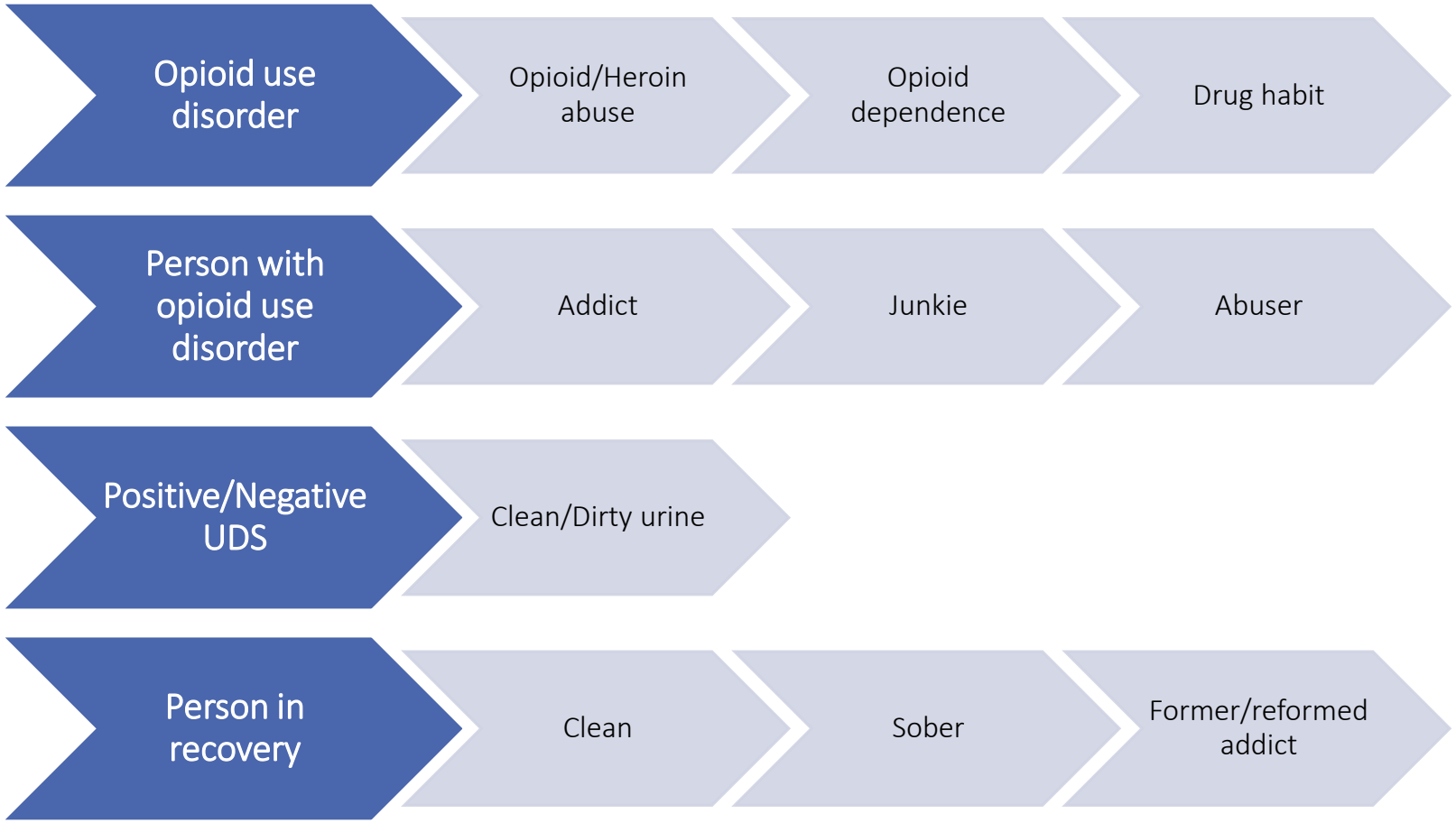


https://www.sciencedirect.com/science/article/pii/S0006322319314350

Four Factors Contribute to the Stigma

- Misconception that opioid use disorder is a moral weakness or willful choice
  - Recognize that it is a chronic disease
- Separation of opioid use disorder 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

Changing the Language



Olsen, Sharfstein. The Opioid Epidemic. 2019

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  - Choose appropriate language when addressing patients
- **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
  - Fewer people sought treatment because of fear of punishment

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

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 was down 18%

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- 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

12 years of opioid use

16 months in recovery

Summary

- Opioid Use Disorder is a chronic disease like any other, driven by a chemical imbalance in the brain that changes behavior.
- Like any other disease, it should be treated as such, with evidence-based medical treatment and shared decision making.
- Recognizing and improving our own stigma can help us provide better care for patients who struggle with OUD.

"The opposite of addiction is not sobriety. The opposite of addiction is connection."

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

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