Substance Use Disorder & Recovery Solutions

Megan C. Fisher, MHS, MA, LCAC, LMHCA, CADAC IV
Regional Manager, Groups: Recover Together
Substance Use Treatment

- **Abstinence Model**
  - No substances or medication whatsoever
  - Heavy emphasis on mutual help groups
  - You can’t get sober until you’re ‘ready’

- **Harm Reduction**
  - Focusing on one or more substances at a time or controlled use is acceptable
  - Heavy emphasis on reduced negative outcomes from behavior
  - People can begin in any stage of change
Meeting in the Middle

- Any goal is supported, whether abstinence or harm reduction
- Both professional counseling and mutual help environments are encouraged
- Treatment can be entered at any stage of change, focus should be on retention
- Change process can be slow or rapid, depending on the person
- Treatment should be individualized for each unique blend of biological, psychological, social, and spiritual needs
- Addiction is a medical disease, so medication is a valid & effective component of recovery
Medication-Assisted Treatment (MAT)

- Combines behavioral therapy and medications to treat substance use disorder
- Medications operate to normalize brain chemistry and body functions, block the euphoric effects of the substance, and relieve physiological cravings
- MAT medications are approved by the food & Drug administration (FDA)
- MAT medications currently only exist for alcohol, opioids, and tobacco
Why MAT?

The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit drug use and other criminal activity among people with substance use disorders
- Increase patients’ ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant
- Lower risk of contracting HIV or hepatitis C by reducing the potential for relapse
Common Barriers

Unfortunately, MAT is greatly underused. For instance, according to SAMHSA’s Treatment Episode Data Set (TEDS) 2002-2010, the proportion of heroin admissions with treatment plans that included receiving medication-assisted opioid therapy fell from 35% in 2002 to 28% in 2010.

- Misconceptions about substituting one drug for another
- Discrimination against MAT patients, despite state and federal laws clearly prohibiting it
- Lack of training for physicians
- Negative opinions toward MAT in communities and among health care professionals.
Opioid Use Disorder Medications

- Methadone
- Buprenorphine
- Naltrexone
Methadone

- Began in the 1960’s
- Dispensed at DEA & DMHA regulated opioid treatment program facilities
- Requires just one daily dose of medication
- Highly effective for severe opioid use
- Eases withdrawal symptoms
- Stops illicit opioid use
- Helps individual stabilize
- Inexpensive
Methadone Criticisms

- “It’s just substituting one drug for another”
  - Methadone is a legal medication, not a “drug”
  - It is taken under medical supervision
  - It reduces multiple negative consequences that illicit drugs cause

- “Patients are getting high”
  - Methadone has a slow onset and is long-acting (24 hours)
  - It matches the patient’s level of addiction
  - It stops the daily cycle of sedation and sickness
  - It allows the patient to function normally
Buprenorphine

- Brand names are Suboxone and Subutex
  - Suboxone contains naloxone
  - Subutex is pure buprenorphine
- Prescribed by physicians, NPs and PAs that hold a special DEA waiver, does not require visits to special clinics
- Partial opioid agonist, taken sublingually or orally daily
- May not be as effective with severely addicted opioid users
- Ceiling effect makes overdose less likely
- Eases withdrawal symptoms
- Stops illicit opioid use
- Helps individual stabilize
Probuphine Implant

- Polymer rod that is infused with buprenorphine, inserted in the arm
- 4 implants are inserted sub-dermally for 6 months
- Each implant contains 74.2mg buprenorphine, which deliver continuous and stable levels throughout the time inserted
- Only clients who are stable on 8mg of oral buprenorphine or less and are engaged in treatment with a support structure are clinically appropriate
Naltrexone

- Brand names are Revia, Depade, and Vivitrol
- Naltrexone is an opioid antagonist, it is non-addictive and cannot be abused
- It completely blocks the effects of opioids
- It prevents relapse
- A person must be opioid free for 7 to 10 days before beginning treatment
Comprehensive Treatment Components

- Counseling (group, individual, family)
  - Counseling helps:
    - Improve problem-solving and interpersonal skills
    - Find incentives for reduced use and abstinence
    - Build a set of techniques to resist drug use
    - Replace drug use with constructive, rewarding activities
  - Evidence-based practices:
    - Motivational Interviewing / Enhancement
    - Cognitive Behavioral Therapy
    - Moral Reconciliation Therapy
    - Dialectical Behavioral Therapy
Comprehensive Treatment Components

- Skills development
- Case management
- Drug Screening
- Insurance navigation
- Housing / Food assistance services
- Employment / Legal services
- Medical / Dental Services
- Pain Management
- Mutual help group engagement
- Spiritual engagement
Comprehensive Treatment Components

- Drug Poisoning Prevention Education
  - Educate on naloxone administration
  - Help clients get naloxone for home
  - Inform clients and family members of any Good Samaritan laws which protect against drug offenses for people who call for medical help while experiencing or observing drug poisoning
  - Emphasize that a person given naloxone for overdose must be taken to the emergency department, as naloxone can wear off
  - All organizations should have a naloxone kit available for emergency use
Role of Mutual Help Groups in Recovery

- What are Mutual Help (Self-Help) groups?
  - Nonprofessional groups with members who share the same problem and voluntarily support one another in recovery from that problem
  - Part of a recovery-oriented system-of-care approach
  - Provide social, emotional, informational support for members throughout recovery process - help members take responsibility for sustained health, wellness, and recovery

- Popular groups
  - 12-step groups (AA, NA, CA, Al-Anon, Alateen, Nar-Anon)
  - SMART Recovery
  - Celebrate Recovery
  - Women for Sobriety
Addiction is a Family Disease

- **Family Feelings**
  - Guilt
  - Grief
  - Anger
  - Shame and loneliness
  - Fear and hopelessness
  - Hurt

- **Family Reactions**
  - Denial
  - Preoccupation
  - Making changes in oneself
  - Bargaining
  - Blaming
  - Controlling
  - Disorganization of the family
Role of Family in Recovery

- Strategies to help clients develop and support positive relations with their families:
  - Suggest clients invite family and friends to aid in the recovery planning process
  - Emphasize the importance of relationships with family and friends who actively support recovery
  - Support clients in mending broken relationships with loved ones
  - Help clients cut ties with individuals who still use drugs or enable clients’ drug use
  - Encourage clients to build new relationships that support recovery

- Strategies to help family members engage in treatment to offer support:
  - Recognize that the family has been harmed and participation can help them heal too
  - Ask family to recall some positive experiences they have had with the client
  - Introduce family to mutual help groups and other supports
  - Help the family understand OUD, the treatment process, and medication’s role in recovery
  - Hold multifamily therapy groups or informal discussion sessions for families
  - Offer family or couples therapy
Recovery Resources

- **LookUp Indiana**
  - [https://lookupindiana.org/](https://lookupindiana.org/)
- Faces & Voices of Recovery Guide to Mutual Aid Resources
  - [https://facesandvoicesofrecovery.org/resources/mutual-aid-resources/](https://facesandvoicesofrecovery.org/resources/mutual-aid-resources/)
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline
  - [https://www.samhsa.gov/find-help/national-helpline](https://www.samhsa.gov/find-help/national-helpline)
- National Institute on Drug Abuse (NIDA)
  - [https://www.drugabuse.gov/](https://www.drugabuse.gov/)
- American Society of Addiction Medicine (ASAM)
  - [https://www.asam.org/](https://www.asam.org/)
- Indiana Next Level Recovery
  - [www.knowtheofacts.org](http://www.knowtheofacts.org)

Megan C. Fisher, LCAC, LMHCA, CADAC IV
Regional Manager, Groups: Recover Together
megan.fisher@joingroups.com
260-234-2184