

Treatment First, Recovery Forever!

Guida Brown, Guided by Guida

17%

- 48.7 million people aged 12 or older (or 17.3%) had a substance use disorder (SUD) in the past year
 - 29.5 million had an alcohol use disorder (AUD)
 - 27.2 million had a drug use disorder (DUD)
 - 8.0 million people had both an AUD and a DUD

What is a Use Disorder?

- **Mild:** Two or three symptoms indicate a mild substance use disorder.
- **Moderate:** Four or five symptoms indicate a moderate substance use disorder.
- **Severe:** Six or more symptoms indicate a severe substance use disorder, or, what I would call the "disease of addiction"



Our Language

- Substance Abuse
- Substance Use
- Substance Misuse
- Substance Use Disorders
- Addiction
- Disease



Treatment

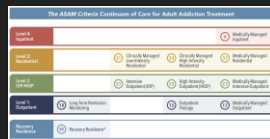
What is it? Who gets it? Does it work?

What Does Treatment Look Like?

What We Think When We Think of Tx

- Inpatient (which is NOT the same as detox)
 - Residential
 - Day Treatment/Intensive Outpatient
 - Outpatient
 - Support Groups / 12-Step Meetings
- AND...MAT: Medication for addiction treatment

What ASAM Says Tx Is



Medication for Addiction Treatment (MAT)

FDA Medications to treat AUD

- Acamprosate (Campral)
- Disulfiram (Antabuse)
- Naltrexone (Revia)

FDA Medications to treat other SUDs

- Methadone
- Buprenorphine (Subutex)
- Suboxone – Buprenorphine AND Naltrexone
- Naltrexone (VIVITROL)

But Who Goes to Tx?

Statistics on Addiction Treatment

- Only 6 – 23% of those who needed tx received it.
- Because:
 - 37.1% said they didn't know where to go or how to get treatment (respondents could cite multiple reasons).
 - 40.1% said they did not seek treatment because they thought it was too expensive;
 - 55.9% said they were not ready to cut back or stop using



But Does It Work?

- The relapse rate for substance use disorders is estimated to be between 40% and 60%, comparable to rates of relapse for other chronic diseases such as hypertension or asthma.
- Three studies (33%) reported no significant impacts of compulsory treatment compared with control interventions.
- Two studies (22%) found equivocal results but did not compare against a control condition.
- Two studies (22%) observed negative impacts of compulsory treatment on criminal recidivism.
- Two studies (22%) observed positive impacts of compulsory inpatient treatment on criminal recidivism and drug use.



How to improve outcomes


Talking about Using Substances		
Use...	Instead of...	Because...
<ul style="list-style-type: none"> Substance use disorder Drug addiction 	<ul style="list-style-type: none"> Habit 	<ul style="list-style-type: none"> "Habit" implies that a person is choosing to use substances or can choose to stop. This implication is inaccurate. Describing SUD as a habit makes the illness seem less serious than it is.
<ul style="list-style-type: none"> Use (for illicit drugs) Misuse (for prescription medications used other than prescribed) 	<ul style="list-style-type: none"> Abuse 	<ul style="list-style-type: none"> The term "abuse" was found to have a high association with negative judgments and punishment. Use outside of the parameters of how medications were prescribed is misuse.

Talking About Yourself or Others with Substance Use Disorder		
Use...	Instead of...	Because...
<ul style="list-style-type: none"> Person with a substance use disorder Person with an opioid use disorder (OUD) or person with opioid addiction 	<ul style="list-style-type: none"> Addict User Substance or drug abuser Junkie 	<ul style="list-style-type: none"> Using person-first language shows that SUD is an illness. Using these words shows that a person with a SUD "has" a problem/illness, rather than "is" the problem.
<ul style="list-style-type: none"> Person with alcohol use disorder Person who misuses alcohol/engages in unhealthy/hazardous alcohol use 	<ul style="list-style-type: none"> Alcoholic Drunk 	<ul style="list-style-type: none"> The terms avoid elicit negative associations, punitive attitudes, and individual blame.
<ul style="list-style-type: none"> Person in recovery or long-term recovery/person who previously used drugs Testing positive (on a drug screen) 	<ul style="list-style-type: none"> Former addict Reformed addict Dirty Failing a drug test 	<ul style="list-style-type: none"> Use medically accurate terminology the same way it would be used for other medical conditions. These terms may decrease a person's sense of hope and self-efficacy for change.

Talking about Recovery and Treatment		
Use...	Instead of...	Because...
<ul style="list-style-type: none"> Medication treatment for OUD Medications for OUD Opioid agonist therapy Pharmacotherapy Medication for a substance use disorder 	<ul style="list-style-type: none"> Opioid substitution Replacement therapy Medication-assisted treatment (MAT) 	<ul style="list-style-type: none"> It is a misconception that medications merely "substitute" one drug or "one addiction" for another. The term MAT implies that medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient's treatment plan.
<ul style="list-style-type: none"> Being in remission or recovery Abstinent from drugs Not drinking or taking drugs Testing negative (on a drug screen) 	<ul style="list-style-type: none"> Clean 	<ul style="list-style-type: none"> Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.

Talking about Babies Born to Parents Who Used Drugs		
Use...	Instead of...	Because...
<ul style="list-style-type: none"> *Baby born to a parent who used drugs while pregnant *Baby with signs of withdrawal from prenatal drug exposure *Newborn exposed to substances *Baby with neonatal abstinence syndrome 	<ul style="list-style-type: none"> *Addicted baby 	<ul style="list-style-type: none"> *Babies cannot be born with addiction because addiction is a behavioral disorder / disease. *Using person-first language can reduce stigma. *Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.

But is it the ONLY goal?



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Harm Reduction...still includes "harm"

- Is led by people who use drugs (PWUD) and with lived experience of drug use
- Embraces the inherent value of people
- Commits to deep community engagement and community building
- Promotes equity, rights, and reparative social justice
- Offers most accessible and noncoercive support
- Focuses on any positive change, as defined by the person

Harm Reduction at SAMHSA

Specifically, harm reduction services can:

- Connect individuals to overdose education, counseling, and referral to tx for infectious diseases and SUDs.
- Distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk of overdose or to those who are likely to respond to an overdose.
- Lessen harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections.
- Reduce infectious disease transmission among people who use drugs (including those who inject drugs) by equipping them with sterile supplies, accurate information and facilitating referrals to resources.

Harm Reduction, cont.

- Reduce overdose deaths, promote linkages to care, facilitate co-location of services as part of a comprehensive, integrated approach.
- Reduce stigma associated with substance use and co-occurring disorders.
- Promote a philosophy of hope and healing—by employing people with living and lived experience in leadership and in the planning, implementation, and evaluation of services. People with lived experience can also model for their peers what meaningful change can look like in their lives.
- Build community and increase protective factors—for people who use drugs and their families.

Then What is “Recovery”?

SAMHSA has ten guiding principles of recovery:

- Hope
- Person-Driven
- Many Pathways
- Holistic
- Peer Support
- Relational
- Culture
- Addresses Trauma
- Strengths/Responsibility
- Respect



Other recovery concepts

CooperRiis says recovery has seven domains:

- Social / Community / Connectedness
- Spirituality
- Purpose / Productivity / Fulfillment
- Empowerment / Independence
- Emotional & Psychological Health
- Physical Wellness
- Intellectual / Learning / Creativity

And, an article entitled "Addiction Recovery: A Systemized Review" from NIH, indicates that recovery leads to:

- Sustained Abstinence
- Improved Physical and Psychological Health
- Improved Quality of Life and Satisfaction
- Meaningful Living
- Citizenship

Recovery as defined by Hazelden Betty Ford Foundation

○ "Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship."

Let's consider the overlapping domains:

- Physical Wellness / Sustained Abstinence / Sobriety
- Improved Physical, Psychological, and Emotional Health
- Citizenship / Relational / Social / Community / Connectedness
- Improved Quality of Life and Satisfaction / Respect / Empowerment / Independence
- Meaningful Living / Strengths / Responsibility / Purpose / Productivity / Fulfillment

How to obtain long-term recovery

Mutual Support Groups

THE TWELVE STEPS
ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over our addiction - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Accepted without reservation or delay that God had the same picture of our character that we had of ourselves.
6. Were ready to have God remove all our defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them in a practical way.
9. Made amends to those we had harmed, wherever possible.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will in each moment of our daily life.
12. Having had a spiritual awakening as a result of these steps, we tried to carry their message to other alcoholics.

Traditional Talk Therapy



Other Support

Community



Self-Care



Testing for Truth


When choosing a test, consider:

- Range of testing (drug panel)
- Desired window of detection
- Specimen type
- Level of adulteration potential
- Ease of collection
- Notice required before collection

	Bloodspot	Blood Draw	Urine	Oral Swab	Sweat Patch	Hair	Nail
Drug panel	Alcohol only	Full panel	Full panel	Full panel	Full panel	Alcohol or Full panel	Alcohol or Full panel
Window of detection	~3 weeks	~1-2 days	~2-3 days	~1-2 days	~7-10 days	~3 months	~3/~6 months
Adulteration potential	Difficult	Difficult	Easy	Difficult	Difficult	Moderate	Difficult
Ease of collection	Easy	Difficult	Difficult	Easy	Moderate	Easy	Easy
Notice for collection	None	None	Required	None	None	Required	Required

	Bloodspot	Blood Draw	Urine	Oral Swab	Sweat Patch	Hair	Nail
Drug panel	Alcohol only	Full panel	Full panel	Full panel	Full panel	Alcohol or Full panel	Alcohol or Full panel
Window of detection	~3 weeks	~1-2 days	~2-3 days	~1-2 days	~7-10 days	~3 months	~3/~6 months
Cost of one test	~\$150	~\$150	~\$35	~\$150	~\$150	~\$250	~\$250
Cost over a year	~\$2,600	~\$27,375	~\$4,258	~\$27,375	~\$5,475	~\$1,000	~\$1,000/~\$500

Some final words of wisdom



Because true belonging only happens when we present our authentic, imperfect selves to the world, our sense of belonging can never be greater than our level of self-acceptance.

- Brené Brown

WWW.BRENEBROWN.COM

References

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Questions?



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