

**PROJECT ECHO:  
RECOVERY & STIGMA**

**SPENCER MEDCALF,  
CAPRC2, MATS, TTS**

# SUBSTANCE USE PREVALENCE

- According to CDC, 191 people died daily in 2019, from opioid overdoses
  - Initial estimates from 2020 indicating increase, ~200+ daily
- It is estimated that misuse of opiates cost an astounding \$78.5 billion a year in the United States in lost productivity, addiction treatment, costs of healthcare, and criminal cases (NIH, 2018).
- In 2013, an estimated 24.6 million Americans aged 12 or older—9.4 percent of the population—had used an illicit drug in the past month.
- Nearly 21 million Americans ages 12 and older had a substance use problem.
- In 2014, more than 16 million adults, or nearly 7% of the American adult population, had an alcohol use disorder.<sup>2</sup>

# SUBSTANCE USE PREVALENCE (CONT.)

- More than 5 million more partake in risky alcohol consumption, such as binge drinking, that could potentially lead to abuse.
- 21-29% of those prescribed opioids for chronic pain misuse them.
- 8-12% of those prescribed opioids for chronic pain develop an opioid use disorder.
- 4-6% of those who misuse prescribed opioids move on to heroin.
- 80% of those who use heroin had previously misused prescribed opioids.

# SUBSTANCE USE DISORDERS – A DISEASE

- Substance use disorders are complex diseases that change the brain.
  - common substance use disorders includes: alcohol, tobacco, marijuana, stimulants, hallucinogens, and opioids.
- The initial decision to use drugs is voluntary for most people; however, repeated drug use can lead to brain changes that challenge self-control and interfere with the ability to resist urges to use drugs.
- With continued drug use, the brain adapts by reducing the ability of cells in the reward circuit to respond. The high a person feels compared to the high they felt when first taking the drug is reduced, known as tolerance. More of the drug is taken to try and achieve the same high.
- Long-term use also causes changes in other brain chemical systems, circuits, and affecting functions including judgment, decision-making, stress, memory, and behavior

<https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction>

<https://www.pbs.org/wgbh/nova/video/addiction>

# SUBSTANCE USE DISORDERS – A DISEASE (CONT.)

- According to the National Institute on Drug Abuse family studies that include identical twins, fraternal twins, adoptees, and siblings suggest that as much as half of a person's risk of becoming addicted to nicotine, alcohol, or other drugs depends on his or her genetic makeup.
- Disease Model
  - ASAM Definition
    - Addiction is a primary, **chronic disease of brain** reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
    - Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

# TREATMENT VS. RECOVERY

NIDA defines **treatment** as “Drug addiction treatment can include medications, behavioral therapies, or their combination.”\*


Various Levels of care based on ASAM criteria

Inpatient  
(Detox) –  
Typically brief,  
~1week

Residential - 28-  
30 days

PHP – Daily,  
*typically* 9a-3p  
5x weekly

IOP – 3x weekly  
OP –1x weekly



# TREATMENT VS. RECOVERY (CONT.)

**Recovery** is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery:

**Health**—  
overcoming or  
managing one’s  
disease(s) or  
symptoms and  
making informed,  
healthy choices  
that support  
physical and  
emotional well-  
being.

**Home**—having a  
stable and safe  
place to live.

**Purpose**—  
conducting  
meaningful daily  
activities and  
having the  
independence,  
income, and  
resources to  
participate in  
society.

**Community**—  
having  
relationships and  
social networks  
that provide  
support,  
friendship, love,  
and hope.

# RECOVERY SUPPORT PATHWAYS



12 Step (AA, NA, CA, HA, CMA, etc)



Brianna's hope



Celebrate Recovery



SMART Recovery



Recovery Cafe



Recover Out Loud



Etc.






# WHAT IS AN ADDICTION PEER RECOVERY COACH?

Trained, certified, non-clinical persons, with lived experience in recovery from substance use.

Desires to promote recovery by assisting patients to identify and overcome barriers to recovery, develop recovery capital and serve as a recovery guide and companion

Connect patients with recovery support services

Encourages hope, optimism and healthy living



# THE IMPORTANCE OF PEER RECOVERY COACHING

PRC's are able to connect to patients struggling with substance use where traditional providers may not, reducing isolation

Connects patients with community support

Normalize the experiences of substance use and mental health treatment and recovery

Reduce stigma

Provide hope

# STIGMA

A set of negative and often unfair beliefs that a society or group of people have about something

How can it manifest itself:

Seeking/receiving  
healthcare

Picking up  
RXs/MOUD

Family/friends

Criminal justice  
system

Recovery  
communities  
AA/NA

# REDUCING STIGMA AND LABELS

- <https://www.in.gov/recovery/know-the-facts/>
- Use person-first language
  - A person with a problem suggests the problem can be addressed (a person with substance use); calling the person an addict, drug abuser, alcoholic, etc., implies the person IS the problem.
    - Instead of:
      - (drug) Abuse
      - Addiction
      - Relapse
      - Suicidal
    - Try:
      - Use OR misuse
      - Substance use/misuse
      - Re-occurrence
      - Having thoughts of self-harm/suicide

# HARM REDUCTION

- Very common in our world – sunscreen, seatbelts, condoms, etc.
- Recognizes that patients are the experts in their own lives
- Collaborative and empowers the patient
- Any positive change is celebrated
- Within substance use:
  - Naloxone
  - Fentanyl testing strips
  - “use less, more often”
  - SSP – Syringe Service Program

MOUD –  
MEDICATION  
FOR OPIOID  
USE DISORDER  
(FORMERLY  
MAT)

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Buprenorphine (Suboxone)

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Naltrexone

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Methadone

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Disulfiram (Antabuse)

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Etc.



# WAYS TO REDUCE STIGMA

Normalize conversations and honesty regarding substance use

See the individual as more than their chronic disease

Person first centered language

Embracing all pathways and forms of recovery

Seek to understand

QUESTIONS?





THANK YOU!

