Stigma

Medications for Opioid Use Disorder in Correctional Settings

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Providence, Rhode Island

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Daniel Schatz, MD
Today’s Agenda

- Trauma and Stigma
- Social Determinants of Health
- Perspectives on Addiction
- Stigma and Language
- Attitudes towards Medication Assisted Treatment
- Cases
- Q&A
ACEs = Adverse Childhood Experiences
# Prevalence of ACEs by Category for CDC-Kaiser ACE Study (1998)

<table>
<thead>
<tr>
<th>ACE CATEGORY</th>
<th>Women %</th>
<th>Men %</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABUSE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>13.1%</td>
<td>7.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>27%</td>
<td>29.9%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>24.7%</td>
<td>16%</td>
<td>20.7%</td>
</tr>
<tr>
<td><strong>HOUSEHOLD CHALLENGES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother treated violently</td>
<td>13.7%</td>
<td>11.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>29.5%</td>
<td>23.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>23.3%</td>
<td>14.8%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Parental Separation or Divorce</td>
<td>24.5%</td>
<td>21.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>5.2%</td>
<td>4.1%</td>
<td>4.7%</td>
</tr>
<tr>
<td><strong>NEGLECT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>16.7%</td>
<td>12.4%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>9.2%</td>
<td>10.7%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>
## Effects of Childhood Trauma

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Physical</th>
<th>Psychological</th>
<th>Emotional/Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defiance</td>
<td>Improper brain development</td>
<td>Depression</td>
<td>Hyper arousal</td>
</tr>
<tr>
<td>Need to control</td>
<td>Development</td>
<td>Disrupted Mood</td>
<td>Guilt</td>
</tr>
<tr>
<td>Aggression</td>
<td>Sleep problems</td>
<td>Anxiety</td>
<td>Shame</td>
</tr>
<tr>
<td>Avoidance</td>
<td>Headaches</td>
<td>PTSD</td>
<td>Mistrust</td>
</tr>
<tr>
<td>Smoking</td>
<td>Stomachaches</td>
<td>Dissociation</td>
<td>Anger</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>Sensory sensitivity</td>
<td>Depression</td>
<td>Fear</td>
</tr>
<tr>
<td>Drug use</td>
<td>Heart, lung and liver diseases</td>
<td>Disrupted Mood</td>
<td>Frustration</td>
</tr>
<tr>
<td>Criminal offenses</td>
<td>Obesity</td>
<td>Anxiety</td>
<td>Persistent irritability</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>PTSD</td>
<td>Difficulty forming relationships</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
<td>Dissociation</td>
<td>Low self-esteem</td>
</tr>
<tr>
<td></td>
<td>High cholesterol</td>
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</tbody>
</table>
Trauma: Affects the Whole Person

≥ 4 ACEs associated with approximately:

- 600% increase in odds of problematic drinking
- 550% increase in odds of illicit drug use

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**Behavior**

- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**Physical & Mental Health**

- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STIs

- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation
Trauma: Alters Life Course and Is Cumulative

>5 ACEs associated with death 20 years earlier than those with no ACEs!
Trauma, Toxic Stress, and the Brain

Comparison of the Developing Brain

Healthy Development

Development Affected by Environmental Stress

Trauma and Stigma Resulting in People Being:

- Blamed & Judged
- Criminalized
- Pathologized
- Patronized
- Isolated
ACE → Criminal Justice Initiation

Adolescence: By Trauma

Adolescence: Cumulative

Adulthood: By Trauma

Adulthood: Cumulative
ACE → Criminal Justice Initiation

Adolescence:
By Trauma

Adulthood:
By Trauma

Adolescence:
Cumulative

Adulthood:
Cumulative
ACE → Criminal Justice Initiation

Adolescence: By Trauma

Adolescence: Cumulative

Adulthood: By Trauma

Adulthood: Cumulative
### Be a Champion with **YOUR** Actions

<table>
<thead>
<tr>
<th>Category</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language</td>
<td>Spoken or written</td>
</tr>
<tr>
<td>Honesty</td>
<td>Relationship + trust, not punitive</td>
</tr>
<tr>
<td>Authentic Relationships</td>
<td>Be yourself, ask questions</td>
</tr>
<tr>
<td>Disclosure / Dialogue</td>
<td>Boundaries vs. removing barriers</td>
</tr>
<tr>
<td>Education/Personal Development</td>
<td>Be thoughtful. Visiting professor</td>
</tr>
</tbody>
</table>
Becoming Trauma Aware

- Be aware of associations and potential activations
- Realize the realities of everyday unconscious:
  - Acting out
  - Difficulty with trust
  - Fighting for survival
  - Hypervigilance
- Understand isolation and the need to “do it alone”
- Be patient with trust-building
Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging – something we’ve experienced, done, or failed to do makes us unworthy of connection. – Brene Brown
Social Determinants of Health

- Conditions of birth (prenatal care/resources/healthcare education & support/positive parenting)
- Nutrition (access to healthy food, costs)
- Safe and habitable housing
- Environmental exposures
- Biological/genetic influences

- Psychosocial behaviors (tobacco, alcohol, illicit drugs)
- Stress/hopelessness/deprivation
- Education (duration & quality)
- Financial security
- Occupational opportunities & conditions
- Politics (influence, voice, advocacy)

Brunner, Marmot, 2008
Equality vs. Equity

The unjust distribution of health conditions.

(Whitehead and Dahlgren, 2007)
Addiction: Science-Based Definition

“"Well-supported scientific evidence shows that addiction to alcohol or drugs is a chronic brain disease that has potential for recurrence and recovery."
Changing the Addiction Paradigm

- Moving from addiction as a moral failing to a brain disorder
- Fully establishing addiction as a *chronic* – rather than *acute* – condition
- Moving to public health strategies
- Dropping old, stigmatizing language and developing new terminology
- Developing science that informs policy and practice
Another Point of View

... people discover that opioids are an excellent short-term balm for existential maladies like self-loathing, emptiness, erosion of purpose, and isolation. Years of heavy use condition people to desire drugs at the first stab of distress. After so much time spent damaging themselves, their families, and their futures, a new layer of anguish has formed over the original bedrock of misery, urging onward the cycle of misery-and-relief. Surely, people don’t chose to be addicts, but that is not what they are choosing: what they want is relief.

Sally Satel 2017
Addiction and the Brain

Any behavior that is associated with 1) craving and temporary relief and 2) long-term negative consequences…

…and that a person is not able to give up.

People use substances to “self-medicate to soothe their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences.”

Mate, Gabor, MD. (2010). In the Realm of the Hungry Ghosts.
The current concept of addiction is ill founded. Our study of the relationship of adverse childhood experiences to adult health status in over 17,000 persons shows addiction to be a readily understandable although largely unconscious attempt to gain relief from well-concealed prior life traumas by using psychoactive materials. — Felitti 2003
For more than two centuries, addicted and recovering people in America have been the object of language created by others.

William White

Words are important.
If you want to care for something, you call it a flower.
If you want to kill something, you call it a weed.

Don Coyhis
### Stigmatizing Language

<table>
<thead>
<tr>
<th>Positive, Person-First Language</th>
<th>Stigmatizing Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with a substance use disorder (SUD)</td>
<td>Substance Abuse / Substance Abuser</td>
</tr>
<tr>
<td>Person who uses drugs (PWUD)</td>
<td>Addict, Alcoholic, Junkie</td>
</tr>
<tr>
<td>Substance use / substance misuse</td>
<td>Recovering “addict, alcoholic, substance abuser, junkie, etc.”</td>
</tr>
<tr>
<td>Person in recovery</td>
<td></td>
</tr>
<tr>
<td>Person with justice-involvement; person that is justice-involved</td>
<td>Criminal, Felon, Convict</td>
</tr>
<tr>
<td>Person experiencing homelessness</td>
<td>Homeless</td>
</tr>
<tr>
<td>Positive / Negative</td>
<td>Clean / Dirty</td>
</tr>
<tr>
<td>SUD / OUD pharmacotherapy</td>
<td>Medication Assisted Treatment</td>
</tr>
<tr>
<td>Medications for addiction treatment</td>
<td></td>
</tr>
<tr>
<td>Neonatal abstinence syndrome / Neonatal opioid withdrawal syndrome</td>
<td>Addicted baby</td>
</tr>
<tr>
<td>Recurrence of use / recurrence of symptoms</td>
<td>Relapse</td>
</tr>
</tbody>
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Substance Use Disorders Institute “Words Matter Pledge”
MAT/MAR: The Controversy Continues

- Methadone (agonist) and buprenorphine (partial agonist) are regulated as controlled substances
- Methadone and buprenorphine: fear of diversion
- Beliefs widely-held by practitioners, recovery community members, and general public that MAT is:
  - Drug replacement therapy
  - Substitution therapy
  - Use of a crutch
  - “Getting high”
  - Pseudo-recovery
  - Not abstinence-based
Acceptance of MAT/MAR: It’s *slowly* getting better!

Changing attitudes and policies in:
- Primary care
- Specialized treatment
- Criminal justice: jails, prisons, probation
- Drug courts
- Child welfare agencies
- Recovery community organizations
- Recovery residences, including Oxford House
- Some 12-step communities
MAR = Medication-assisted Recovery

- Medication assisted treatment (MAT) refers to using a one of three FDA-approved medications to assist a person in addressing an opioid use disorder.

- Medication assisted recovery (MAR) emphasizes a commitment to engaging in recovery supports to achieve long-term abstinence-based recovery while using medication.

Language Alert: Medication for Opioid Use Disorder (MOUD)
Really: Trading One Drug for Another?

- NOPE! It’s not, period.
  - Normalcy, employment, relationships, incarceration…
  - Treatment vs. all encompassing addiction

- OUD in sustained remission who stop buprenorphine → 90% relapse at 1 year

- Not a moral failure! Always a combination of Rx and behavioral changes
  - ~ Diabetes: insulin PLUS diet/exercise
Transitions Are High-Risk Times

STRONG case for Opioid Agonist Therapy (OAT) during incarceration

Opioid Agonist Therapy Saves Lives

- Reduced mortality ~75%
  - During incarceration
  - After incarceration
- Reduced recidivism
- Risky behavior reduction

Larney et al. 2014, Springer et al. 2007
Stigma and Discrimination: Not Theoretical but Actual Harm

Causing people to:

- Not seek care
- Not follow up with care
- Stop treatment early
- Isolate and use alone
- Lose support networks
- Be denied housing, employment, and education
- Develop legal issues
- Lose self-efficacy
- Delay care
Case 1

- 40 year old man with history of abusive parents, parental separation, parental substance use, financial insecurity, and witnessed violence has history of PTSD and IV heroin use, arrested for shoplifting

- Started on suboxone in prison with direct handoff to primary care to continue MAT

- Does well without serious issue for >1 year

- A friend tells him he is never truly clean unless he stops all substance use (including suboxone)

- Patient stops and relapses within a few months with loss of care

- A year passes and patient represents to primary care to be re-induced onto suboxone

- However, has worsening of family strains, loss of housing, loss of employment
Case 2

- 20 year old man presents to the emergency department for opioid withdrawal (oxycodone)
- Seen in ED by peers and social workers who introduce the idea of MAT
- Patient accepts, and suboxone administer with positive experience with follow up to primary care
- Patient continued to use oxycodone in addition to suboxone at follow up
- Suboxone dose increased at first visit
- At second visit patient reports feeling tremendously better, and appears much better
- At third visit patient has a new job and informs me of his mothers alcohol use and his younger brother serving as motivation
- He is now telling his friends about suboxone who have now sought care as well
Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.