

# ADDICTION AND RECOVERY

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## BIAS

### • **What do you think of when you think of a person with an addiction?**

- Bias is a tendency, inclination, or prejudice toward or against something or someone
- Stigma involves negative attitudes or discrimination against someone based on a distinguishing characteristic
- Bias is natural, but we need to be aware of it
- The language we use matters
  - try to avoid terms like clean or dirty, labeling someone as an addict, junkie, alcoholic
  - Is vs. Has- Use terms like "A person in recovery" or "A person struggling with an addiction"

## SUBSTANCE USE DISORDER

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria :

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use

## SUBSTANCE USE DISORDER (CONT.)

6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

## SUBSTANCE USE DISORDER (CONT.)

- In order to be diagnosed with a substance use disorder, you must meet two or more of these criteria within a 12 month period.
- Specifiers:
  - Mild: 2-3 symptoms present
  - Moderate: 4-5 symptoms present
  - Severe: 6+ symptoms present
- In Early Remission (3-12 months)
- In Sustained Remission (1 year or more)
- On Maintenance Therapy

## SUBSTANCE USE DISORDER STATS SAMHSA 2018 NATIONAL SURVEY

- Overdose rates are at an all-time high and 5<sup>th</sup> leading cause of death. Virginia reported 2,186 deaths related to a drug overdose in 2020, a 42.1% increase from the 1,538 reported in 2019.
- Abuse of tobacco, alcohol, and illicit drugs costs the US \$740 billion annually in costs related to crime, lost work productivity and health care.
- 164.8 million people aged 12 or older reported using a substance within the past month, including 139.8 million people who drank alcohol, 58.8 million people who used a tobacco product, and 31.9 million people who used an illicit drug
- Nearly 1 in 5 people (19.4 percent) used an illicit drug in the past year (43.5 million past year used marijuana, 10.3 million misused opioids including 9.9 million prescription pain reliever misusers and 808,000 heroin users)

## SUBSTANCE USE DISORDER STATS

SAMHSA 2018 NATIONAL SURVEY

- 20.3 million people had a substance use disorder (SUD), including 14.8 million people who had an alcohol use disorder and 8.1 million people who had an illicit drug use disorder
- In 2018, an estimated 21.2 million people needed substance use treatment, only 11.1% of them received treatment at a specialty facility in the past year.
  - Largest reported barriers in those who thought they needed treatment were because they weren't ready to stop (2 out of 5) and they couldn't afford it (1 out of 3)

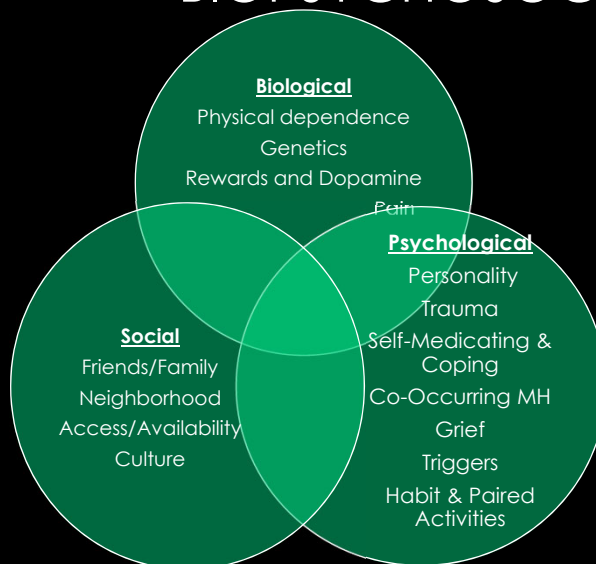
## MYTHS ABOUT ADDICTION

- Myth: Using drugs or alcohol is a choice, so if someone gets addicted, it's their fault.
- Myth: If someone just uses willpower, they should be able to stop.
- Myth: Addiction mostly affects certain types of people.
- Myth: People have to hit "rock bottom" before they can get well.
- Myth: Going to treatment will fix the problem.
- Myth: If someone relapses, they're a lost cause.
- Myth: People with addiction are bad and need to be punished.
- Myth: Being on suboxone is just substituting one drug for another
- Source: <https://www.wefaceittogether.org/learn/common-myths>

## MORAL MODEL OF ADDICTION

- Addicts are seen as morally weak and have a fault in character
- Bad choices, no will power, unwilling to change
- 18<sup>th</sup> and 19<sup>th</sup> centuries- addiction was seen as a sin. Often punished by whippings, fines, ridicule, beatings, humiliation
  - Inebriate Asylums- the idea was to punish people into wanting to change their behavior
- Add Racism
  - War on Drugs and Crack Epidemic
  - Black people are 6x more likely than White people to be incarcerated for drug offenses
- Addiction as a criminal behavior that needs punishment vs. medical issue that needs treatment

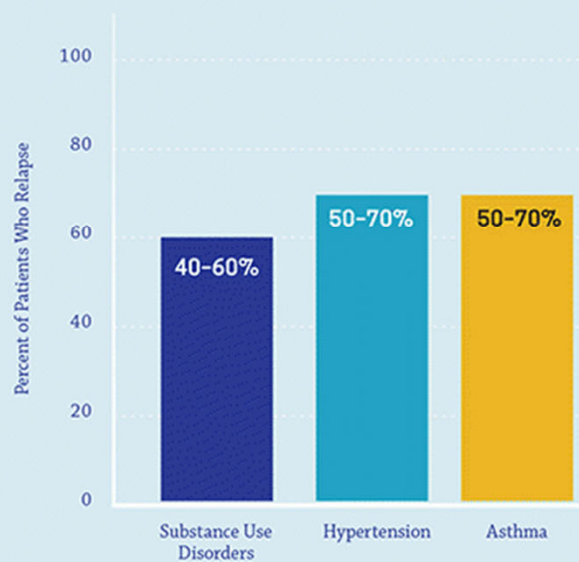
## BIOPSYCHOSOCIAL MODEL OF ADDICTION

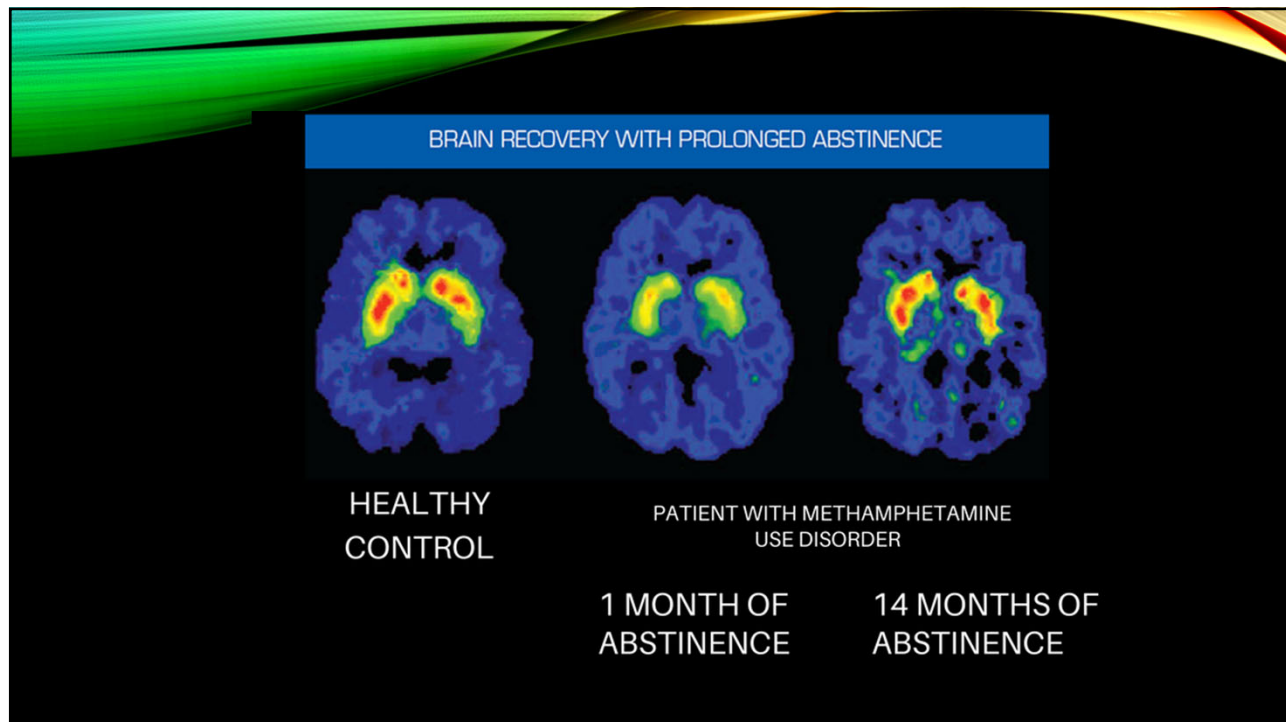


## ADDICTION IS A TREATABLE, CHRONIC CONDITION

- Addiction can be managed like any another chronic medical issue
  - We're not looking for the "Cure", but ways to manage it successfully
- The goal of treatment is to stop using the substance as well as to improve occupational, social, and psychological functioning
- Relapse is (often) a part of recovery and should not be seen as a failure
- Medication + Behavioral Health Treatment has the highest success rates

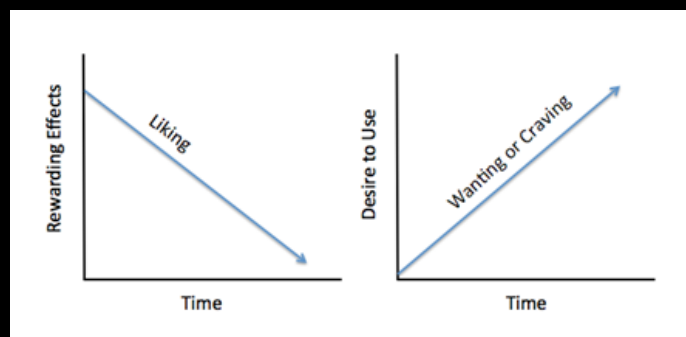
**Comparison of Relapse Rates Between Substance Use Disorders and Other Chronic Illnesses**





### 3 STAGE MODEL OF ADDICTION

- 1) **binge and intoxication**- use because it feels good ("I want more")
- 2) **withdrawal and negative affect**- use to feel "normal" and avoid feeling bad
- 3) **preoccupation and anticipation (or craving)**-changes in impulsivity, decision making, judgement

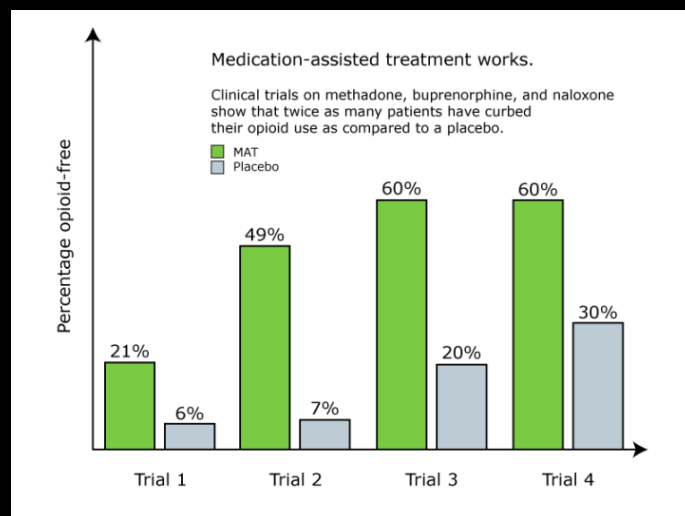


## MEDICATION ASSISTED TREATMENT (MAT)

- Nicotine replacement therapies (available as a patch, inhaler, or gum), Bupropion (Wellbutrin), Varenicline (Chantix)
- Buprenorphine- Suboxone (film), Subutex (tablet), Sublocade (injection) (Op)
- Naloxone (Narcan)- nasal spray or injection, helps reverse overdose (Op)
- Methadone -liquid and tablet (Op)
- Naltrexone (Vivitrol)-tablet and injectable (Alc or Op)
- Topiramate- tablet (Alcohol, off label cocaine)
- Acamprosate (Campral)- tablet (Alc)
- Disulfiram (Antabuse)- tablet (Alc)

### MAT WORKS!

When using medication assisted treatment, patients have higher success rates and stay in treatment longer





## POSITIVE OUTCOMES USING MAT

- Decreasing mortality;
- Increasing retention in treatment;
- Reducing medical and SUD treatment costs;
- Reducing opioid overdose among patients in treatment;
- Increasing abstinence from opioids; and
- Lowering a person's risk of contracting HIV or hepatitis C.

\* There is no specific time limit for taking MAT. The longer someone is on it, the better outcomes they will have.

## COMMON EXPERIENCES

- At least 38% have Co-occurring Mental Health Conditions
- Poverty
- Unstable Housing/Homelessness
- Medical Problems and Chronic Pain
- Complicated Family Dynamics or family members with an addiction
- Involvement in the legal system
- Involvement with CPS, including mothers who are on Suboxone
- Domestic Violence and other traumas

## TRAUMA, TRAUMA, TRAUMA

- One study found that 97.4% of individuals with a SUD had experienced a traumatic event
- 12-34% of patients in SUD treatment met criteria for PTSD
- Complex relationship between trauma and addiction
- Common experiences include:
  - Childhood Abuse
  - Neighborhood violence
  - Experiencing or witnessing an overdose
  - Involvement in criminal activity to support addiction: sex work, selling drugs
  - Domestic violence
  - Incarceration

## THERAPY GOALS

- Learn to recognize and avoid triggers
- Increase motivation for recovery
- Relapse Prevention
- Build coping skills
- Improve self esteem and self worth
- Learn to problem solve
- Stress Management
- Anger Management
- Education about Addiction

## THERAPY GOALS

- Build social support
- Understand impact of trauma and learn to cope (deep trauma work comes later)
- Process grief and loss
- Reduce and cope with shame
- Safety
- Understand and manage co-occurring disorders
- Learn to tolerate and express emotions
- Avoidance vs. Acceptance

## THERAPY GOALS

- Accept responsibility for one's recovery
- Build trust
- Learn to ask for help
- Setting boundaries
- Honesty
- Improve Self Care
- Learn how to have fun
- Know "I'm not alone in this"

## SUPPORT GROUPS

- 12 Step Meetings
  - Alcoholics Anonymous(AA)
  - Narcotics Anonymous (NA)
  - Recovery Dharma
  - Yoga of 12 Step Recovery
- Smart Recovery
- Family Support: Al-Anon, Nar-Anon, VCU COBE Family Support Meetings

## CONSIDERATIONS WITH YOUR FAMILIES

- Buprenorphine is the treatment of choice for opioid-dependent women in pregnancy and is safer than methadone or medical withdrawal
- Recovery looks different for different people
- Relapse is a part of recovery
- Recovery is a full-time job and support is crucial
- Addiction is a family disease
- Parents were often raised in families with addiction, trauma, questionable parenting skills, and/or poor boundaries
- These parents will have trouble trusting you and they have been hurt before
- Notice the strengths
- A person must want to change. You can't "fix" anyone. **Self Care!**

## ADDITIONAL SUPPORT

- **SAMHSA's National Helpline – [1-800-662-HELP \(4357\)](tel:1-800-662-HELP)**

SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

- **VCU Family Education Program**

Contact Tom Bannard at (804) 366-8027, [recovery@vcu.edu](mailto:recovery@vcu.edu) and here at [cobe.vcu.edu/families](http://cobe.vcu.edu/families)

- **Narcan Training**

Contact your local health department and ask about REVIVE Online Trainings: <http://www.dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive>

## WANT TO LEARN MORE?

- Opioids: Last Week Tonight with John Oliver  
<https://www.youtube.com/watch?v=5pdPrQFjo2o> (See also parts 2 and 3)
- Neuroscience - Addiction and the Brain  
<https://www.youtube.com/watch?v=3ndOL0G-YRg>
- Nuggets (short cartoon): <https://www.youtube.com/watch?v=HUngLgGRJpo>
- TED Talks: Everything you think you know about addiction is wrong  
<https://www.youtube.com/watch?v=PY9DcIMGxMs>
- Books:
- *Dopesick: Dealers, Doctors, and the Drug Company that Addicted America* by Beth Macy
- *Quit Like a Woman: The Radical Choice to Not Drink in a Culture Obsessed with Alcohol* by Holly Whitaker

## RESOURCES

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- Face It Together: <https://www.wefaceittogether.org/learn/common-myths>
- Filter: <https://filtermag.org/to-address-addiction-confront-racism-in-our-health-and-justice-systems/>
- Gielen, N., Havermans, R. C., Tekelenburg, M., & Jansen, A. (2012). Prevalence of post-traumatic stress disorder among patients with substance use disorder: it is higher than clinicians think it is. *European journal of psychotraumatology*, 3, 10.3402/ejpt.v3i0.17734. doi:10.3402/ejpt.v3i0.17734
- Harm Reduction Coalition: <https://harmreduction.org/>
- Harm Reduction International: <https://www.hri.global/>
- History Channel: <https://www.history.com/topics/crime/the-war-on-drugs#:~:text=The%20War%20on%20Drugs%20is,and%20is%20still%20evolving%20today.>
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- Psychology Today: <https://www.psychologytoday.com/us/blog/demystifying-psychiatry/201605/three-phases-addiction>
- US News: <https://www.usnews.com/news/healthiest-communities/articles/2019-02-11/racism-helped-shape-the-opioid-epidemic-study-suggests>
- Virginia Department of Health: <https://www.vdh.virginia.gov/content/uploads/sites/18/2020/10/Quarterly-Drug-Death-Report-FINAL-Q2-2020.pdf>
- Wenzel, A. (2012). *Group cognitive therapy for addictions*. New York: Guilford Press.