Engaging Patients With Substance Use Disorders

TAMMERA V NAUTS LCSW, LAC

Welcome to EPSUD – Designed by YOU!

CEUs Will Be E-mailed To You

Be Sure You Sign In/Out Using Chat Box – Name and Agency

Get Comfortable

Be Ready for Fun

Enjoy Yourselves!

MPCA
Montana Primary Care Association

Contact Hours Information
8 Hours

Nurses- Approval

This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation."

Criteria for successful completion of 8contact hours

- Register and attend both days of the training

Presence or absence of conflict of interests

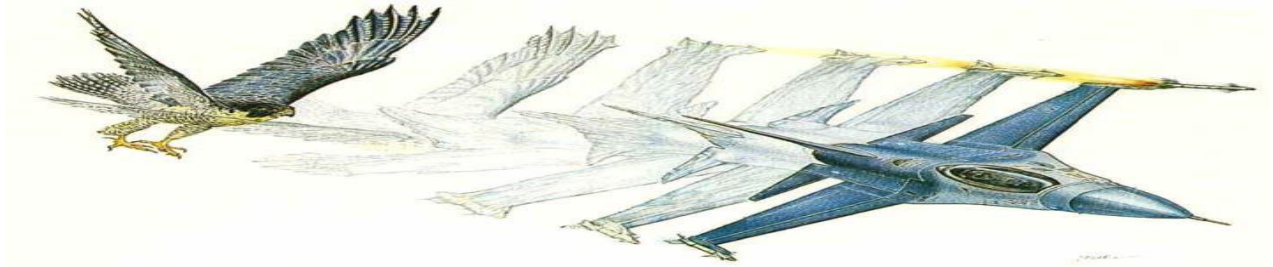
- "There are no relevant financial relationships for anyone with the ability to control the content of the activity."

Behavioral Health Keep:

- *Agenda*
- *Bio*
- *Description*

MPCA
Montana Primary Care Associatio

Agenda Review



Packed Agenda for You!

Evidence Based are shallow dives

Working Practice and Roles into the day

MPCA

Montana Primary Care Association

TOPIC LIST

Current Rule and Competencies

History of SUD and our Culture of Discrimination

What is SUD, and What Does the Patient Experience

Withdrawal and Protracted withdrawal

Addiction, Recovery, Return to Use – Implications for Treatment

SBIRT / Diagnosing

ASAM Updates – 4th Edition. Brief Assessment Writing

Co-Occurring Disorders Overview

Evidenced Based Interventions – Shallow Dives ….

Brain Recovery

Engagement Strategies

Harm Reduction – Partial Abstinence

MPCA

Montana Primary Care Association

Getting Here and Grounding

Untreated Drug and Alcohol Use

Over 107,000 individuals died of drug poisoning in 2021, (CDC)

Only 6.5% of the 41.1 million people with SUD received necessary treatment. (2020 National Survey on Drug Use and Health)

Imagine the outrage if only 10% of people that suffered a heart attack received access to evidence-based care

MPCA
Montana Primary Care Association

Roughly 1 U.S. Drug Poisoning Death Every 5 Minutes

Let’s Get to Know You!

Name

Agency

What Attracted You to This Training?

What Would You Like to Leave With?

MPCA
Montana Primary Care Association

Current Rule

WHAT INSPIRED THIS TRAINING

Administrative and Medicaid Rules

Montana Code Annotated 37-35-201. **License required -- exceptions.**

Does not prohibit an activity or service performed by a qualified member of a profession, such as a physician, lawyer, licensed professional counselor, licensed social worker, licensed psychiatrist, licensed psychologist, nurse, probation officer, court employee, pastoral counselor, or school counselor, consistent with the person's licensure or certification and the code of ethics of the person's profession, as long as the person does not represent by title that the person is a licensed addiction counselor. If a person is a qualified member of a profession that is not licensed or certified or for which there is no applicable code of ethics, this section does not prohibit an activity or service of the profession as long as the person does not represent by title that the person is a licensed addiction counselor.

Provider Requirements – Medicaid Manual – Policy 115:
Must be provided by an appropriately licensed clinical mental health professional or licensed addictions counselor trained in performing biopsychosocial assessments and operating within the scope of practice for their respective license.

Biopsychosocial Assessment Definition:

"Biopsychosocial assessment" means a comprehensive multidimensional assessment that includes risk ratings, addresses immediate needs, is organized in accordance with the six dimensions as described in the ASAM Criteria, and includes the following: SEE YOUR HANDOUT 115

Medical Necessity Criteria:

Member must meet the SUD criteria as described in this manual and meet the ASAM criteria for diagnostic and dimensional admission criteria for ASAM XX level of care

How Did We Get Here?

BRIEF HISTORY OF SUBSTANCE USE IN THE US

HOW OUR CULTURE HAS MOLDED CURRENT ATTITUDES TOWARD SUD

MPCA
Montana Primary Care Association

1600s – 1700s

The issue of loss of control of substance use was discussed in some publications (1600s)

Sobriety Circles (1700s)

http://www.williamwhitepapers.com/addiction_history_briefs/

1800 -

- 1844 Invention of Hypodermic syringe allowed for rapid delivery to the brain
- Morphine and Heroin were marketed commercially as medications for pain, anxiety, respiratory problem
- Majority becoming addicted were women, as they were dx with pain at a higher rate than men
- 1890s Sears & Roebuck Catalogue syringe & small amount of cocaine $1.50

1800s

Inebriety Asylums – 1864 New York State

1879 – Dr. Leslie Keeley announces, “Drunkenness is a disease, and I can cure it” (the beginning of franchised, private, for-profit institutes in America)

Freud recommends cocaine and morphine to treat alcoholism

1890s Sears & Roebuck Catalogue syringe & small amount of cocaine $1.50

http://www.williamwhitepapers.com/addiction_history_briefs/

INEBRIATE ASYLUM, BINGHAMPTON.

MPCA

Montana Primary Care Association

1900 - 1959

fray the expense of getting it started and has gone out of his way to get other prominent men interested.

Rockefeller's gift was a small one, in deference to the insistence of the originators that the movement be kept on a voluntary, nonpaid basis. There are no salaried organizers, no dues, no officers and no central control. Locally, the rents of assembly halls are met by passing the hat at meetings. In small communities no collections are taken, as the gatherings are held in private homes. A small office in downtown New York acts merely as a clearinghouse for information. There is no name on the door and mail is received anonymously through Box 658, Church Street Annex post office. The only income, which is money received from the sale of a book describing the work, is handled by The Alcoholic Foundation, a board composed of three alcoholics and four non-alcoholics.

The end—and the beginning. A. A.'s will not help a drunk unless he admits liquor has licked him as thoroughly as the man in this scene.

Deflogging. Called to a hospital bedside, A. A.'s will come any time of the day or night, because they help themselves by helping a dipsomaniac.

In Akron, as in other manufacturing centers, the groups include a heavy element of manual workers. In the Cleveland Athletic Club I had luncheon with five lawyers, an accountant, an engineer, three salesmen, an insurance man, a buyer, a bartender, a chain-store manager, a manager of an independent store and a manufacturer's representative. They were members of a central committee which coordinates the work of nine neighborhood groups. Cleveland, with more than 450 members, is the biggest of the A. A. centers. The next largest are located in Chicago, Akron, Philadelphia, Los Angeles, Washington and New York. All told, there are groups in about fifty cities and towns.

Self-Insurance Against Demon Rum

IN DISCUSSING their work, the A. A.'s spoke of their drunk-rescuing as "insurance" for themselves. Experience within the group has shown, they said, that once a recovered drinker shows up in this work he is likely to go back to drinking, himself. There is, they agreed, no such thing as an ex-alcoholic. If one is an alcoholic—that is, a person who is unable to drink normally—one remains an alcoholic until he dies, just as a diabetic remains a diabetic. The best he can hope for is to become an arrested case, with drunk-saving as his insulin. At least, the A. A.'s say so, and medical opinion tends to support them. All but a few said that they had lost all desire for alcohol. Most serve liquor in their homes when friends drop in and they still go to bars with companions who drink. The A. A.'s tiptoe on

State laws passed (1907-1913) calling for mandatory sterilization of “defectives”: the mentally ill, the developmentally disabled, and “alcoholics and addicts

1914 The Harrison Narcotics Tax Act

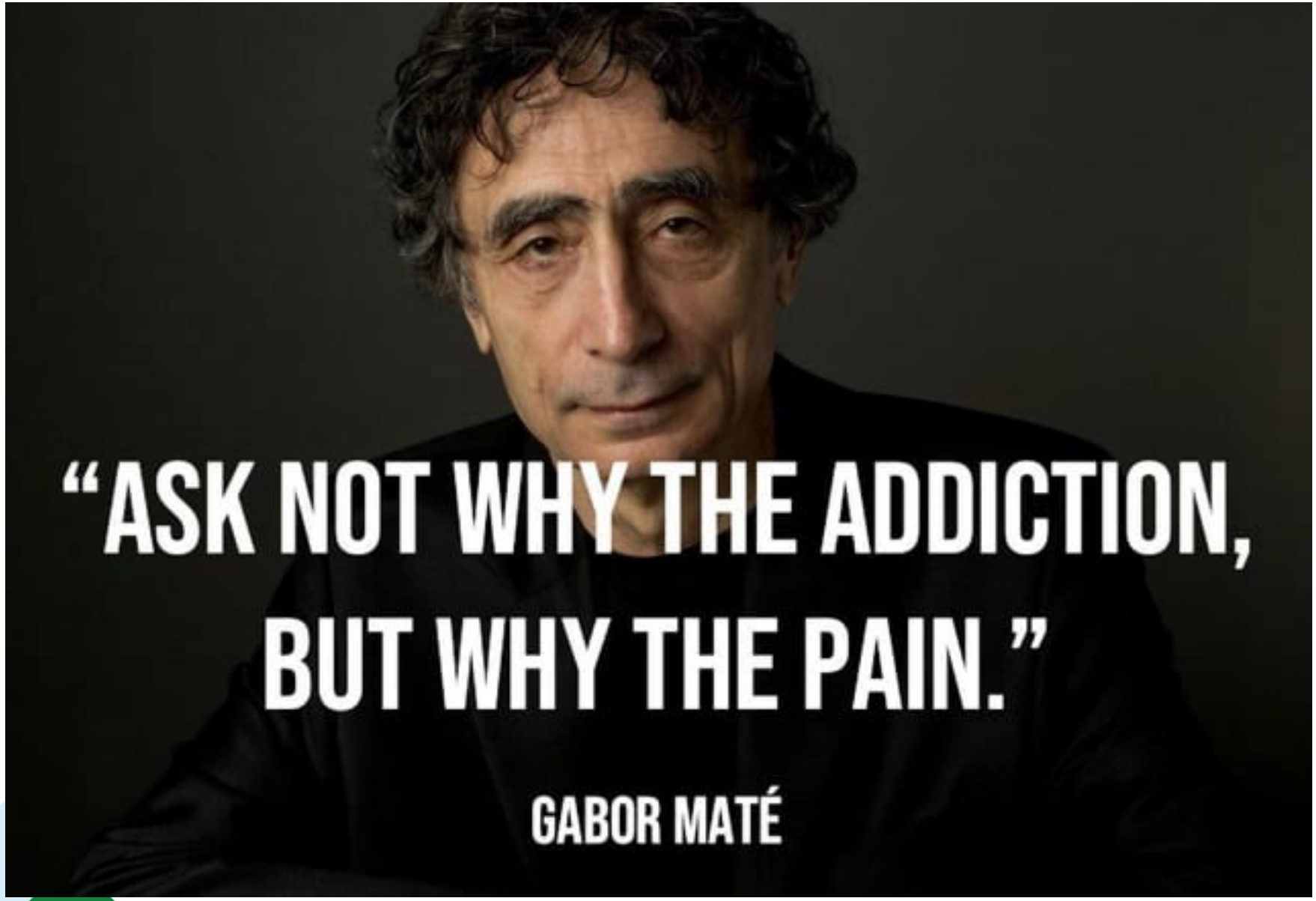
The first federal “narcotics farm” (U.S. Public Health Prison Hospital) [1935]

The book, Alcoholics Anonymous, is published [1939]

AMA first defines alcoholism as an illness. Recognizes “alcoholics” as legitimate patients. Hospitals urged to consider admissions [1956]

American Hospital Association passes resolution to prevent discrimination [1957]

MPCA
Montana Primary Care Association



MPCA
Montana Primary Care Association

1960s

Two federal Appeals Court decision support the disease concept [1966]

The American Medical Association passes resolution identifying alcoholism as a “complex disease that merits the serious concern of all members of the health professions” [1967]

President Johnson address’ nation…“The alcoholic suffers from a disease which will yield eventually to scientific research and adequate treatment.” [1968]

Insurance industry begins to reimburse treatment, which lead to expansion in private and hospital-based inpatient programs [1964-1975]

Silos were the byproduct !!

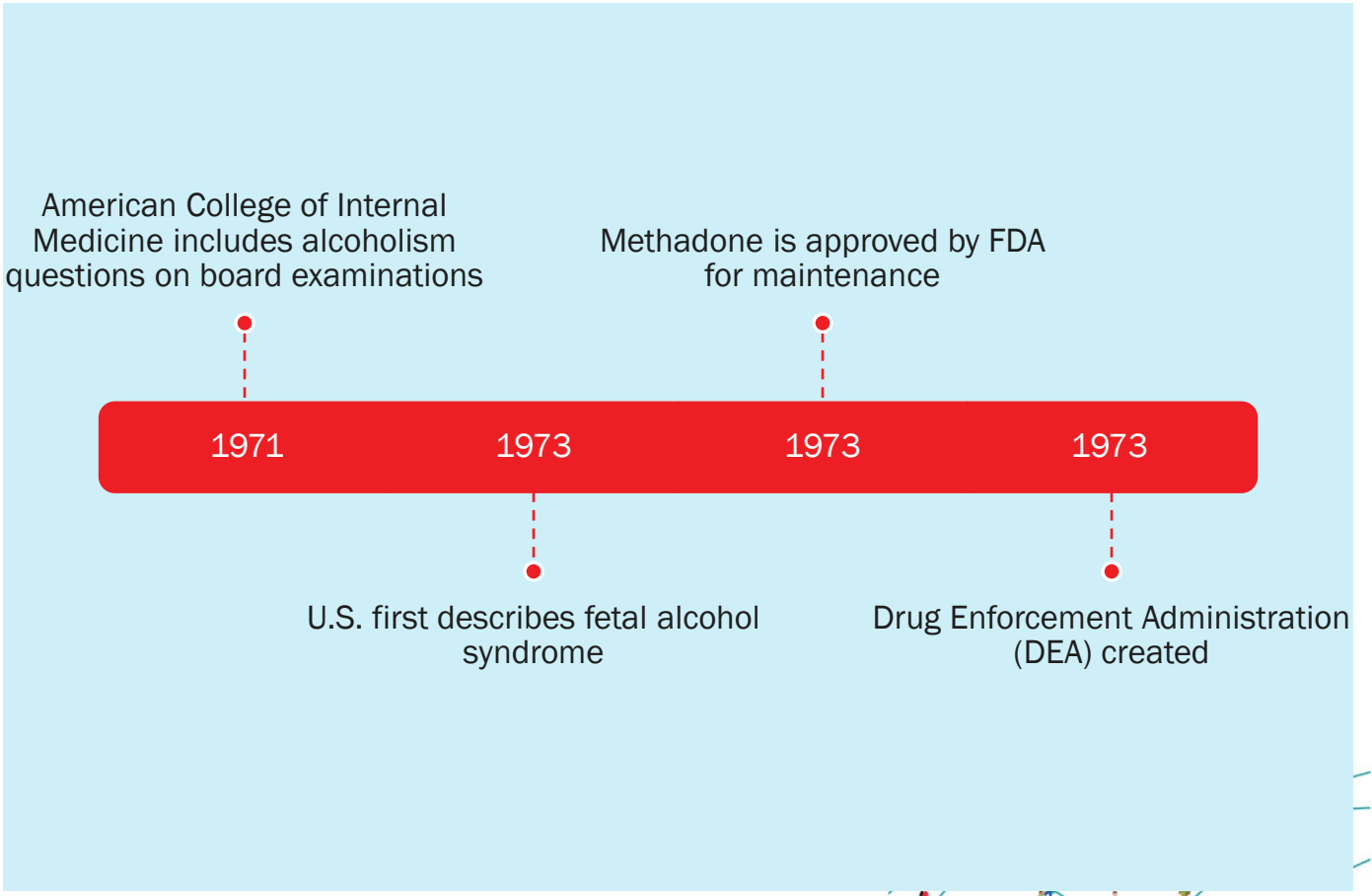
1970s

Congress passes the “Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act [1970]

Legislation establishes the National Institute on Alcohol Abuse and Alcoholism (NIAAA) [1970]

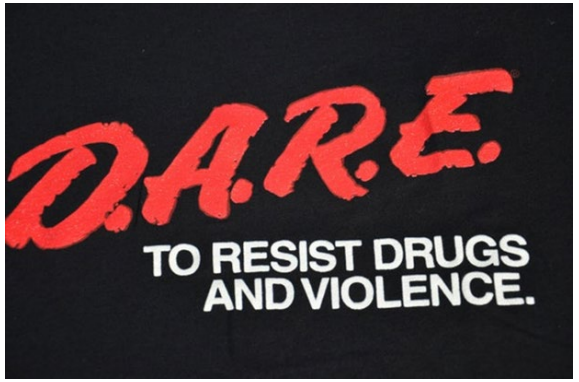
Methadone is approved by FDA for detoxification [1970]

FDA approves Narcan (1971).



Stigma designated the person as being of less value than you, even perhaps, an “enemy” (Nixon declares war on drugs 1971).

1980s



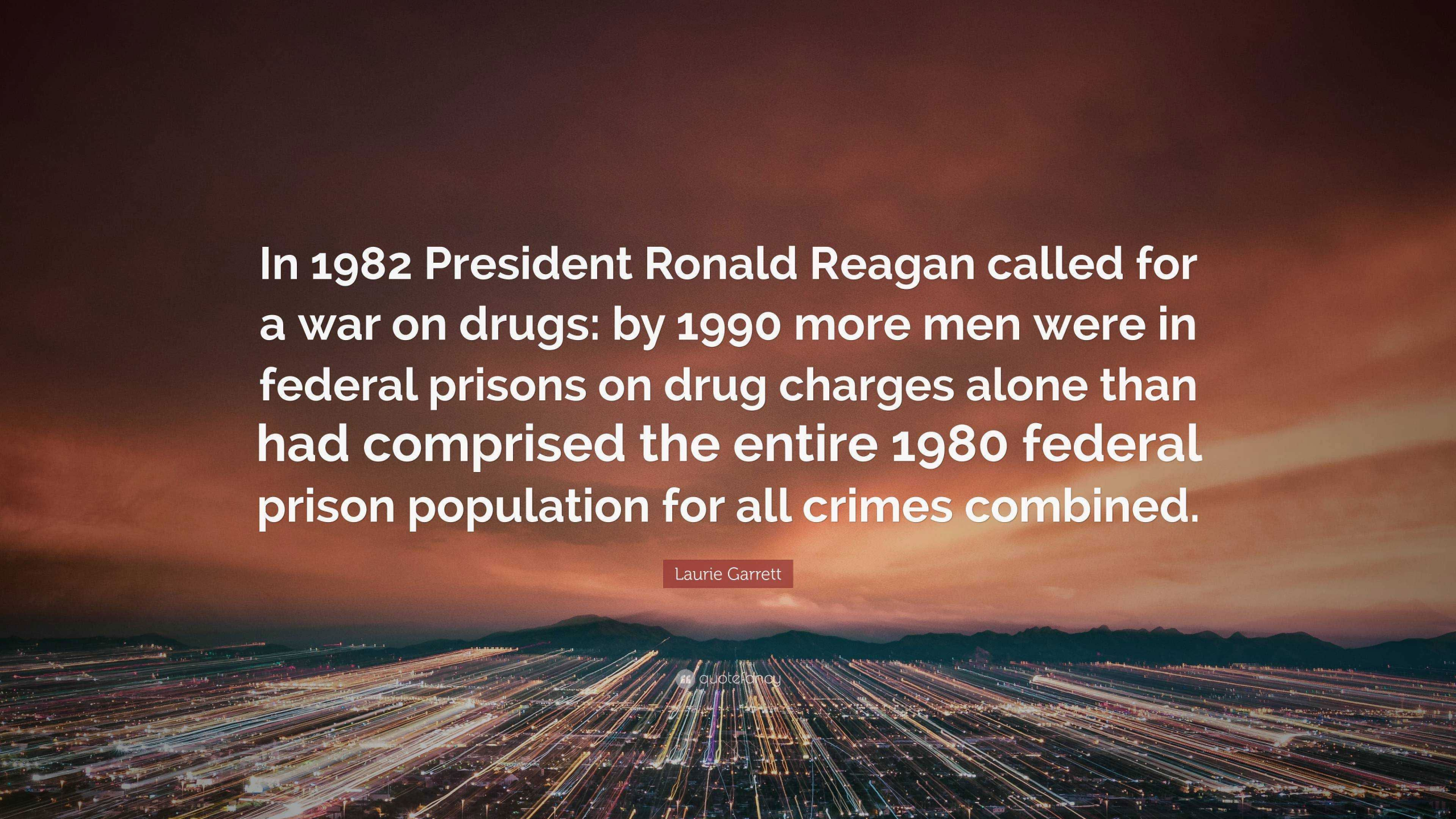
Federal Block Grant Program transfers responsibility for the delivery of treatment and prevention services to the states. [1981]

Anti-Drug Abuse Act authorizes $4 billion to fight drugs, primarily through law enforcement (1986)

President Reagan formally announces a renewed “War on Drugs”; the shift away from treatment toward punishment and incarceration intensifies [1987]

- Erosion of treatment reimbursement benefits by insurance
- All but eliminates the 28-day inpatient treatment programs

MPCA
Montana Primary Care Association


In 1982 President Ronald Reagan called for a war on drugs: by 1990 more men were in federal prisons on drug charges alone than had comprised the entire 1980 federal prison population for all crimes combined.
Laurie Garrett
quotefancy

Pain as 5th Vital Sign (1999)

Pain recognized as the fifth vital sign, giving pain equal status with blood pressure, heart rate, respiratory rate and temperature as vital signs.

1990s

President Clinton includes a treatment benefit for “alcoholism” and other addictions in his national health care reform proposal [1993]

Naltrexone approved for alcoholism (1994)

Oxy Launched 1996

History of Opioids

1995: American Pain Society urged more aggressive and long term use of opioids for chronic, non-cancer pain. Simultaneously, Purdue Pharma released ER oxycodone (OxyContin)

1997 – 2002: OxyContin Rx increased from 670,000 to 6.2 million doses. 1999: VA began efforts in making pain the 5th vital sign. Success.

MPCA
Montana Primary Care Association

2000-2009

Drug Addiction Treatment Act of 2000 (DATA 2000)

- Signed by President Clinton October 2000
- Allows prescription of a narcotic to an addicted person for addiction,

with certain restrictions:

Drug Addiction Treatment Act of 2000 (DATA 2000) allows qualified physicians to offer Office Based Opioid Treatment (OBOT)

FDA approves buprenorphine for clinical use. (2002)

The Mental Health Parity and Addiction Equity Act (MHPAEA) passed. This act required insurance companies and group health plans to provide similar benefits for mental health and/or substance use treatment and services as other types of medical care. [2008]

AMA recommends that pain be removed as a “fifth vital sign” [2009]

The Affordable Care Act (ACA) expanded coverage for addiction treatment (2010).

MPCA
Montana Primary Care Association

2010 - Present

Comprehensive Addiction and Recovery Act (CARA) Allows Nurse Practitioners and Physicians Assistants to become eligible to prescribe Buprenorphine for treatment of Opioid Use Disorders (2016)

Opioid epidemic declared a national public health emergency [2017]

Support for Patients and Communities Act signed– directs funding to make access to addiction treatment a priority [2018]

U.S. Opioid Poisoning Deaths Top 107,000 a Year as Opioid Crisis Worsens (2021)

Still…EVERY FIVE MINUTES SOMEONE IS DYING FROM AN OPIOID POISONING

MPCA
Montana Primary Care Association

How Our Culture has Engaged Discrimination

THE HEART OF THE MATTER – WHY THIS IS IN A BEST PRACTICE CONFERENCE!

MPCA
Montana Primary Care Association

Widely held, but fixed and oversimplified image or idea that leads to **bias**

Stereotypes

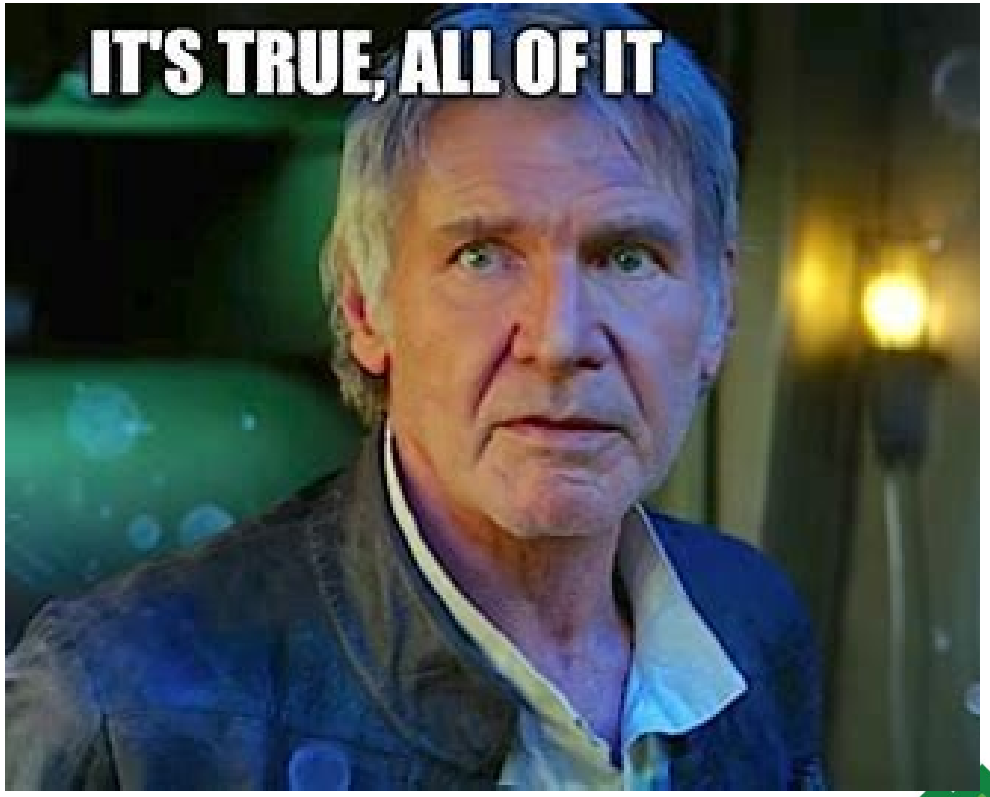
EXPLICIT BIAS

Explicit Bias

Conscious
Speaks of it
Learned

Can result in micro-aggression

I say it out loud, I believe it, I know it, it is fact!



MPCA
Montana Primary Care Association

IMPLICIT BIAS

Develops early in life from repeated social stereotypes

Occurs without conscious awareness and is often in conflict with our personal beliefs

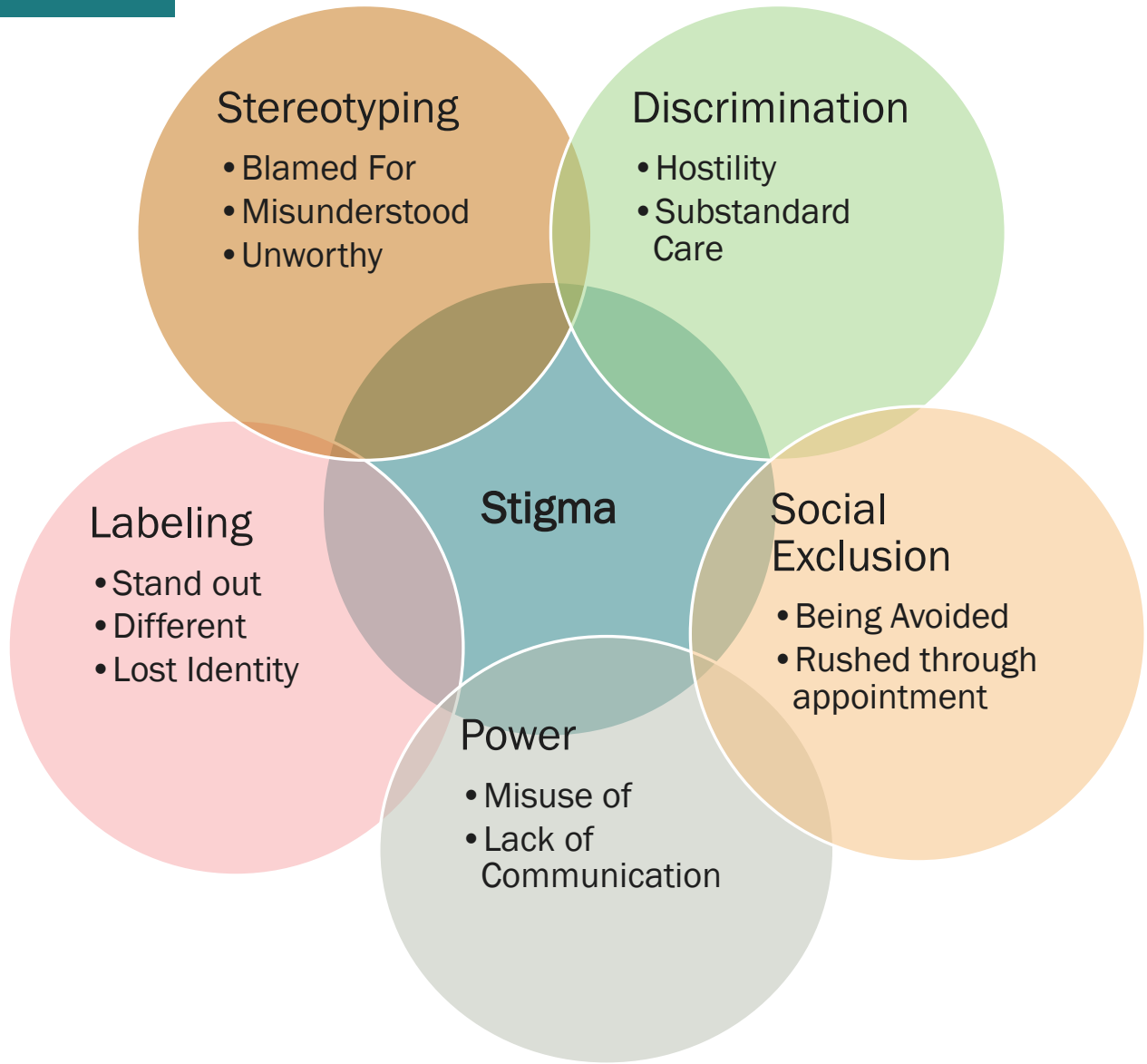
Even though we may actively reject these negative ideas and images, they may unconsciously affect our understanding, actions and decisions

bias contributes to stigma and discrimination

MPCA
Montana Primary Care Association

Stigma

Stigma assumes many forms. It appears as prejudice, discrimination, fear, shame, distrust, and stereotyping.



MPCA
Montana Primary Care Association

Patients who experience or expect stigma:

Often develops medical trauma

Are less likely to seek or access services

Drop out of treatment early

Have poor outcomes

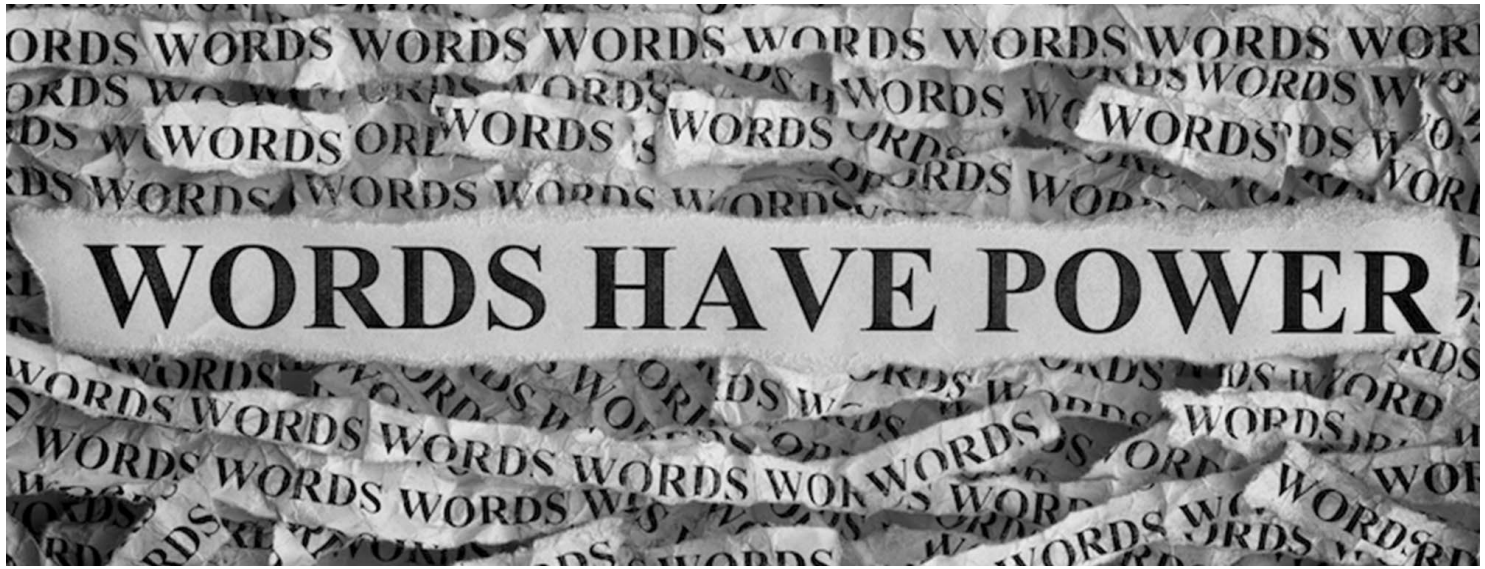
MPCA
Montana Primary Care Association

~~STIGMA~~

MPCA
Montana Primary Care Association

So, What Can We Do?

- Discuss biases and recognize them for what they are.
- Once recognized, they can be reduced or “managed,” and individuals can control the likelihood that these biases will affect their behavior.
- Engage in positive contacts with members of that group of people.
- “Counter-stereotyping,”
  - Individuals are exposed to information that is the opposite of the stereotypes they believe.



… and we have the power to change them.

MPCA
Montana Primary Care Association

Words Matter

“Words have power. They have the power to teach, the power to wound, the power to shape the way people think, feel, and act toward others.”

~Otto Wahl

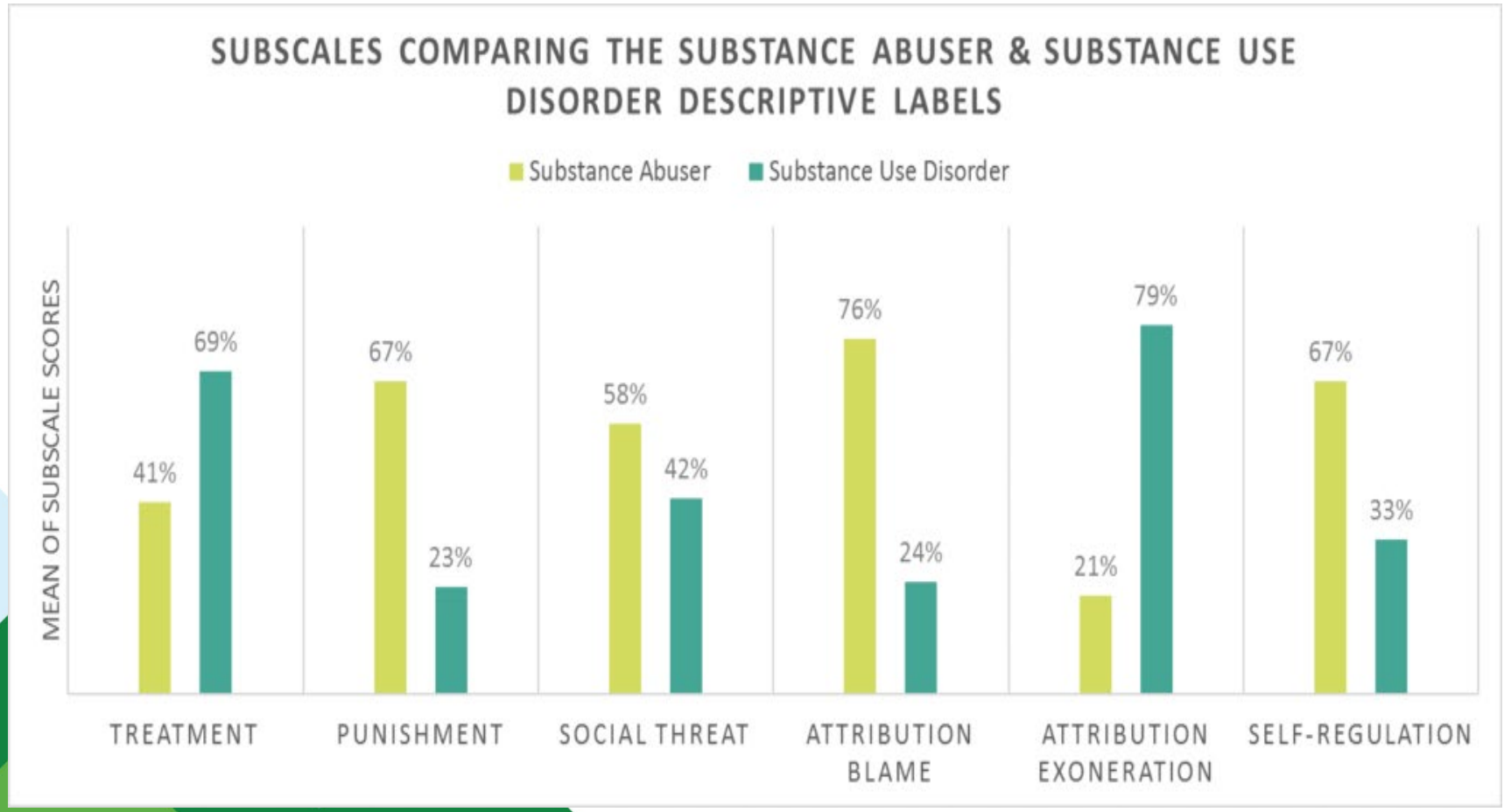
Study by Recovery Research Institute

- Dr. John Kelly, Harvard-MGH Recovery Research Institute published a 2010 study & 2015 editorial in American Journal of Medicine which showed an impact on clinical care

- Trained clinicians were given identical scenarios about someone with a substance use disorder and the only thing changed was in one scenario the person was called a 'substance abuser,' and in the other scenario, a 'person with a substance abuse disorder.' Dr. John Kelly found that when you called someone a substance abuser, it elicited, even from trained clinicians, a **much more punitive response**.

MPCA
Montana Primary Care Association

Recovery Research Institute Results



50% or participants were in health care

20% students

29% outside healthcare

01% nothing listed

Average age 31 (range 17-68

81% White

76% Female

50% Bachelors degree or higher

MPCA
Montana Primary Care Associatio

Why we use first person and non-stigmatizing language

- A person is a person first and behavior is something that can be changed, addict or user implies that someone is “something” instead of describing a behavior
- Stigma is a barrier to care and we want people to feel comfortable when accessing services
- People are more than their drug use and harm reduction focuses on the whole person

MPCA
Montana Primary Care Association

New Rules

LISTEN FOR	REPLACE WITH
Relapse	Recurrence, return to use
Addict / Alcoholic	Person with …
Overdose	Drug Poisoning
Clean, Dirty (referring to a UDS)	Positive for, unexpected
Clean (referring to recovery)	In remission, in recovery, free from substance use

What can I do to change the impact of my language?

BIAS MITIGATION STRATEGIES

- Get comfortable talking about substance use and discrimination
- Recognize and remedy through modeling appropriate language
- Chart review and documentation
- Not only change what we do but also change the environment

An Exercise in Stigma