

Trauma, Addiction, and Health

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SCOPE Vermont Training Series

Supporting Children of the Opioid Epidemic



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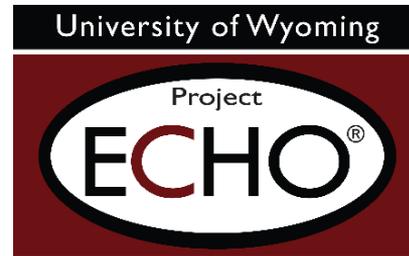
www.med.uvm.edu/vchip/icon



Vermont Child Health Improvement Program
UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE



This project is supported, in part, by:



Areas Covered

- Understanding substance use disorders (SUD)
- Stigma of SUD
- Treatment Options



Understanding Substance Use Disorders

American Society of Addiction Medicine (2019) defines “Addiction” as:

A treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.



Key Takeaways

Use Disorders are chronic brain diseases, with the possibility of remission and recovery

Prevention efforts and treatment approaches are generally as successful as those for other chronic diseases.

- The American Society of Addiction Medicine (2019)



Substance Use and the Brain

With substance use, the brain floods with dopamine during use, activating the brain's "reward circuit". This surge of dopamine provides reinforcement of the use behavior

With repeated substance misuse, the brain adapts by reducing the ability of cells in the reward circuit to respond to it. This reduces the "high" that is felt compared to when they first starting using the substance (known as tolerance)

As tolerance is developed, an individual will need more of the substance to achieve the same "high" or in some cases avoid the effects of withdrawal

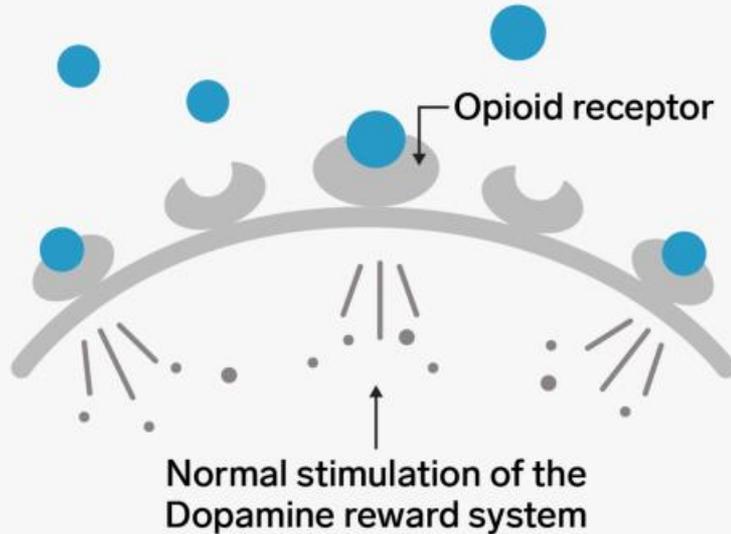
(NIDA, 2018)



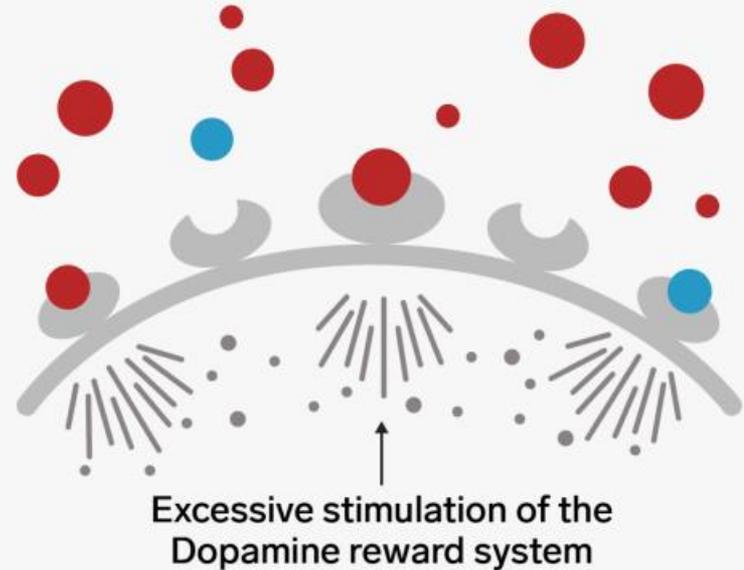
How opioids affect the brain

● Endorphin ● Opioid

Normal brain



Brain on opioids



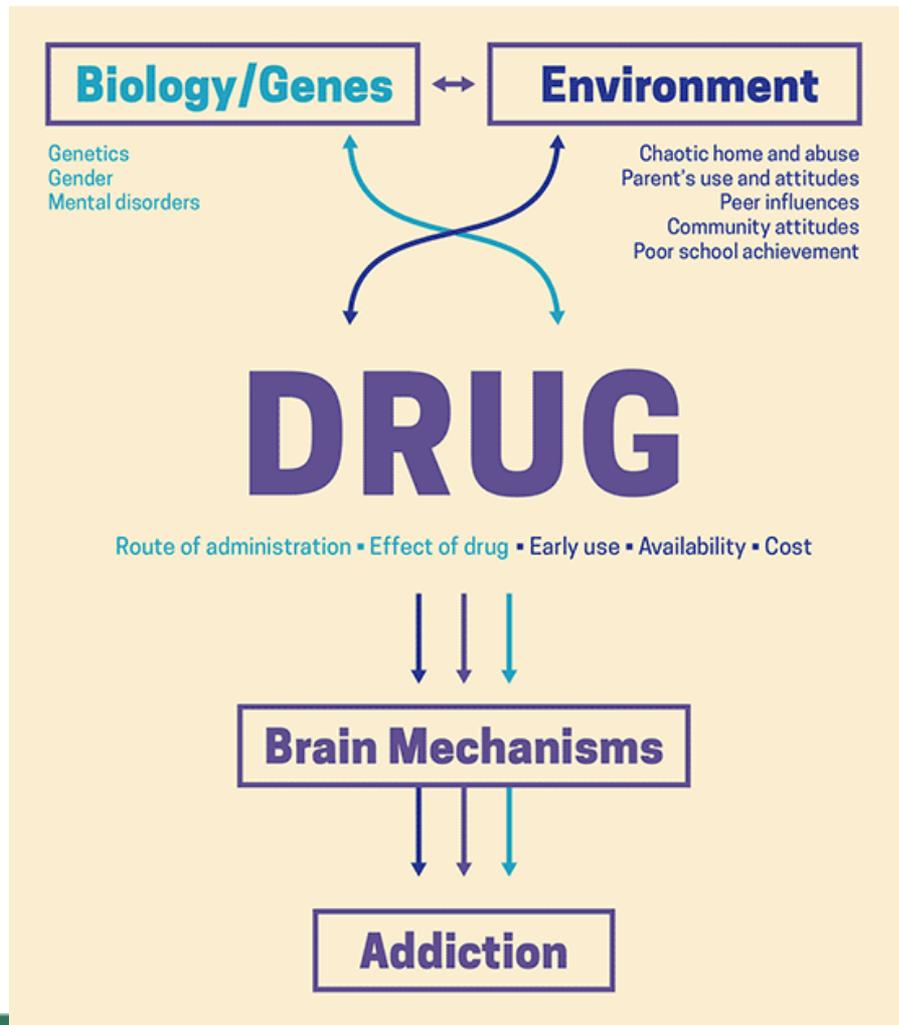
Source: Alkermes, Inc.

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Risk Factors

(NIDA, 2018)



Risk Factors (cont)

Biological factors

- Genetics/epigenetics

Psychological factors

- People with mental health concerns are at a greater risk for drug misuse and SUD
- Stress, high impulsivity, depression, anxiety, eating disorders (Center on Addiction, 2017)

Environmental Influences

- Exposure to physical, social, or emotional abuse or trauma (Center on Addiction, 2017)
- Home and family environment - parents/family who misuse drugs or criminal record, decreased parental supervision
- Peers and school - peers who misuse drugs, difficulties in school performance, and having poor social skills
- Community - poverty, lack of resources



Protective Factors



Parental
monitoring and
support



Positive
relationships



Neighborhood
resources



Prevention

An important component of prevention is **delaying the onset of first use** until the brain has fully matured.

Targeted intervention on individual risk factors (trauma, family member SUD, poverty), and strengthening protective factors that we can control (positive relationships, community, social engagement) can support prevention of substance use/disorders.

(Addiction Policy Forum, n.d.)



3 Types of Stigma

1. **Public** - when the general population endorses stereotypes and decides to discriminate against people labeled with a health disorder
2. **Self** - occurs when people with health challenges internalize corresponding stereotypes and prejudices.
3. **Label Avoidance** - occurs when public stigma impacts care seeking of people with health disorders.

(Corrigan & Nieweglowski, 2018)



Stigma: Stereotypes and Discrimination

| | Public Stigma | Self Stigma | Label Avoidance |
|--------------------------|---|---|--|
| Stereotypes & Prejudices | People who use are dangerous, immoral, to blame for their choices, criminal. | Because I use, I am dangerous, immoral, and ashamed. Leads to lower self-esteem and self-efficacy | I perceive the public disrespects and discriminates against people with substance use disorders. |
| Discrimination | Employers should not hire, landlords do not rent to them, primary care providers offer a lower standard of care | Someone like me is not worthy or unable to work, live independently, or have good health. | I do not want this. I will avoid the label by not seeking out treatment |

(Corrigan & Nieweglowski, 2018)



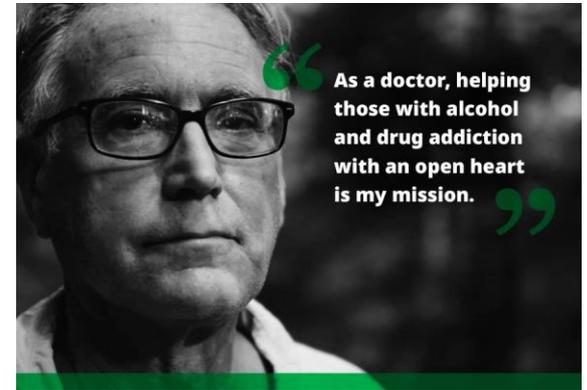
Office of National Drug Control Policy's Stigma Reducing Language

| Words to Avoid | Words to Use |
|--|--|
| Addict | Person with substance use disorder |
| Drug Problem/Habit | Substance use disorder |
| Drug abuse | Misuse; harmful use |
| Drug Abuser | Person with substance use disorder |
| Clean | Abstinent; not actively using |
| Dirty | Actively using |
| A clean drug screen | Testing negative for substance use |
| A dirty drug screen | Testing positive for substance use |
| Former/reformed addict | Person in recovery or long-term recovery |
| Opioid replacement; Methadone maintenance | Medications for opioid use disorders |



Vermont's Approach

The Vermont Department of Health has a campaign to address stigma and Substance Use Disorders targeting family and friends/employers and healthcare providers.



<https://www.healthvermont.gov/alcohol-drugs/end-addiction-stigma>



Treatment

The National Institute of Drug Addiction (NIDA) emphasizes that treatment is a long-term process that involves multiple interventions and regular monitoring.

The American Society of Addiction Medicine (ASAM) outlines treatment for substance use disorders as being on a continuum and organized into levels of care.



American Society of Addiction Medicine

Levels of Care

▶ ADULT



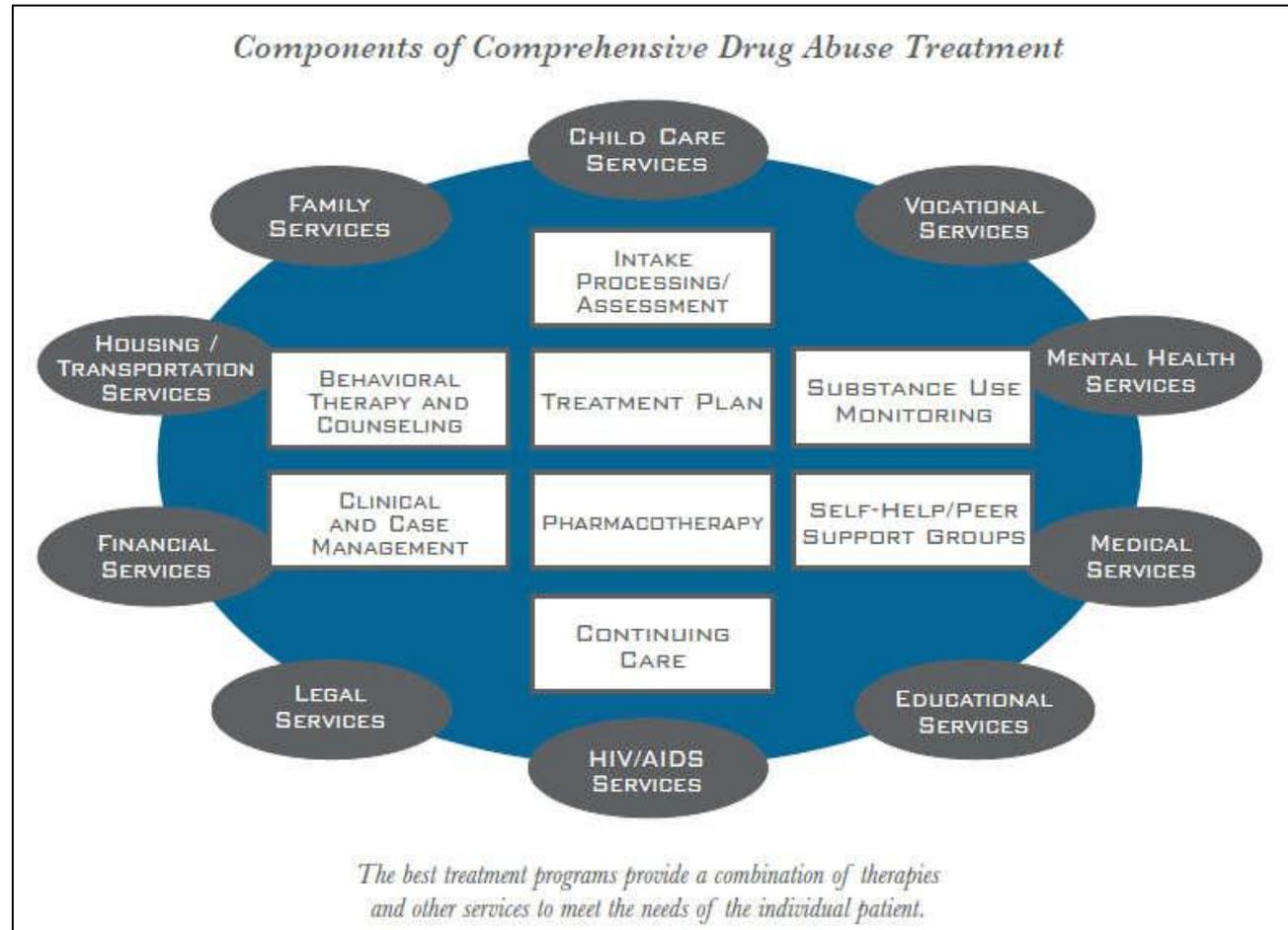
- .5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services
- 3.1 Clinically Managed Low-Intensity Residential Services

- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
- 3.5 Clinically Managed High-Intensity Residential Services
- 3.7 Medically Monitored Intensive Inpatient Services
- 4 Medically Managed Intensive Inpatient Services

<https://www.asam.org/asam-criteria/about-the-asam-criteria>



National Institute on Drug Abuse Treatment Components



Counseling & Case Management

Counseling focuses on changing attitudes and actions related to substance use, building skills, and addressing co-occurring mental health conditions as they relate to substance use if appropriate.

Case Management connects people to services and supports to help with:

- Being able to engage and remain in treatment
- Prepare them to handle cravings and stressful situations
- Reconnect/repair relationships with family and other supports
- Connect with social service and peer support services

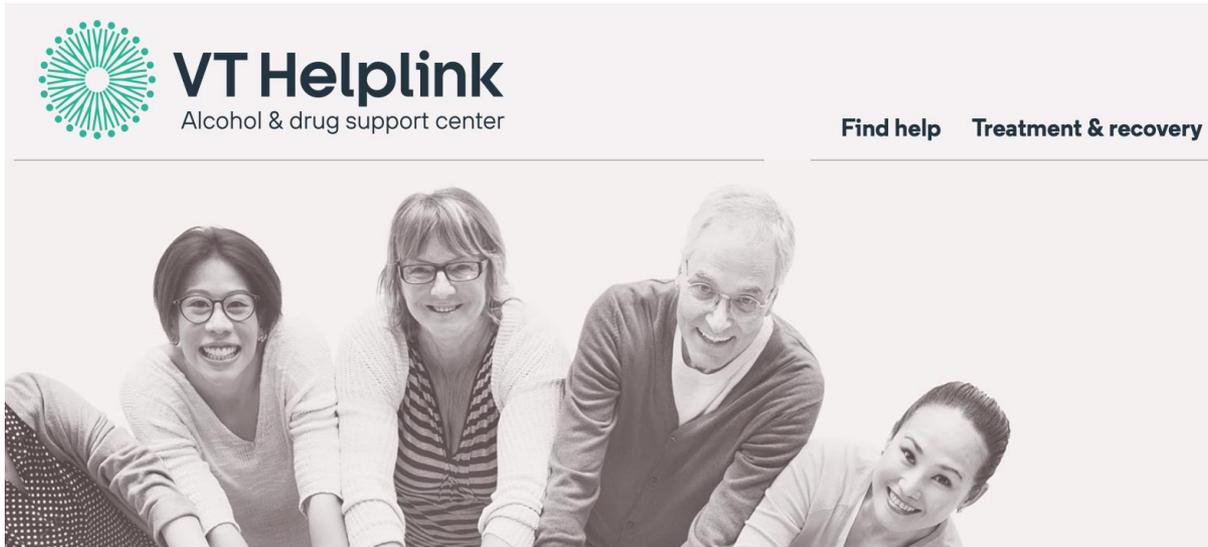
Examples include Cognitive Behavioral Therapy (CBT), Contingency Management Interventions, 12-Step Facilitation Therapy, Family Behavior Therapy.

(Addiction Policy Forum, n.d.)



Treatment Resources in Vermont

[Vermont Helplink for Alcohol & drug support center \(vthelplink.org\)](http://vthelplink.org)



Pharmacological

Medications can be used in combination with counseling as a part of a comprehensive plan for treating substance use disorders. FDA approved medications for treatment of opioid use disorder, alcohol use disorder, and tobacco use disorder are currently available.

Opioid Use Disorder: Medications can help relieve cravings and can provide overdose prophylaxis so the patient can be safer from the risks of overdose and engage in other aspects of treatment such as counseling, case management, peer support programs, and family therapy.

(Addiction Policy Forum, n.d.)



Common Medications

Methadone - reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. Methadone must be taken under supervision of a physician. By law, methadone is only dispensed through SAMHSA-certified opioid treatment programs (Hubs)

Buprenorphine - reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. Buprenorphine is dispensed through SAMHSA-certified opioid treatment programs (Hubs) and by providers of office based opioid treatment (spokes)

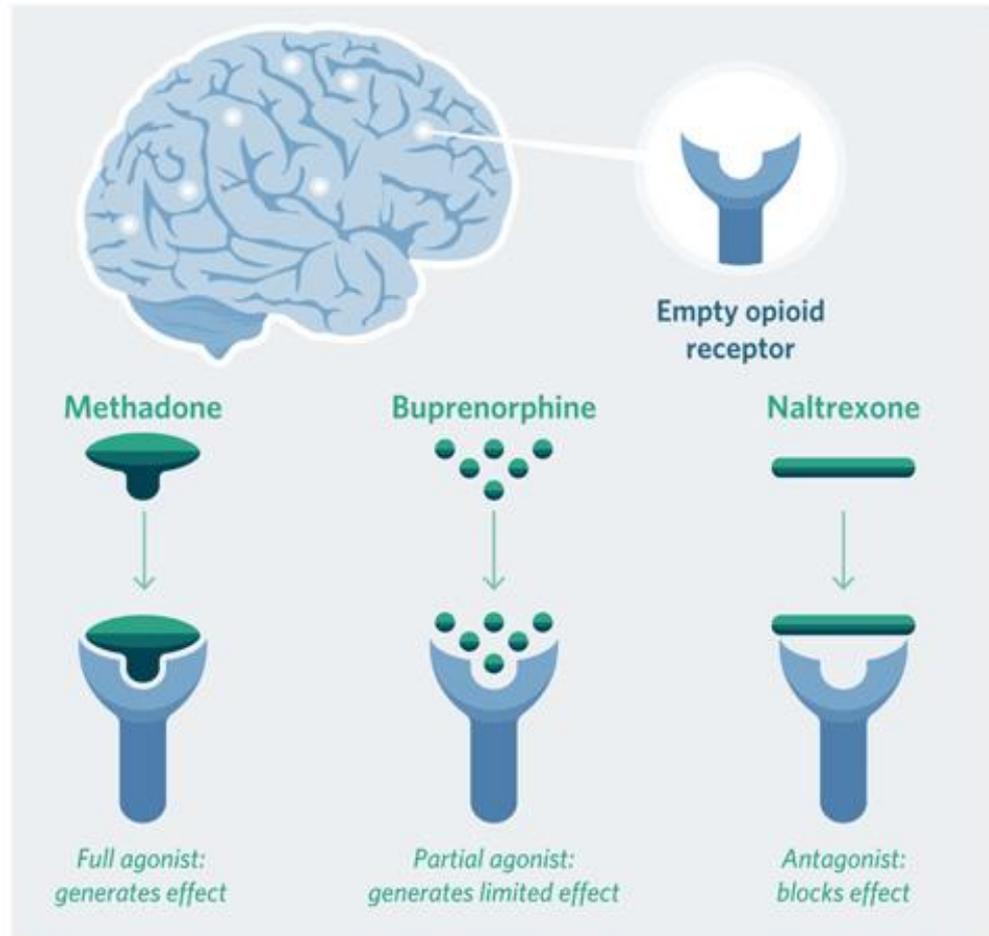
Naltrexone - blocks the euphoric and sedative effects of drugs such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, which reduces cravings. Naltrexone can be prescribed by any provider who is licensed to prescribe medications

(SAMHSA, 2020)



Impact of Opioid Use Disorder Medications

How OUD Medications Work in the Brain



Harm Reduction & Overdose Prevention Strategies

Needle Exchange / Syringe Service Programs (SSP)

Comprehensive community-based prevention / intervention programs that provide services like: vaccination, testing, links to infectious disease care, substance use treatment, and access to and disposal of syringes and injection equipment.

CDC data (2019) provides the following support for SSPs:

- Estimates 50% reduction in HIV and Hep C incidence
- New users of SSPs are 5x more likely to enter treatment and
- 3x more likely to stop using drugs than those who don't use these programs



Vermont Harm Reduction & Overdose Prevention Strategies

[Syringe Service Programs | Vermont Department of Health
\(healthvermont.gov\)](https://healthvermont.gov)

[Opioid Overdose Prevention | Vermont Department of Health \(healthvermont.gov\)](https://healthvermont.gov)

