

FAN **FACE**
ADDICTION
NOW



Formerly Families Against Narcotics

Substance Use 101 Education



Formerly Families Against Narcotics

FAN's mission is to compassionately assist individuals and families who have been affected by substance use disorder. We do this by offering community and evidence-based services to individuals and families who've been affected by the disease.

All of FAN's programming, which helps individuals and families affected by addiction, is offered to the public completely free of charge.

FAN CHAPTERS

Macomb County - Central Office
Alger County
Alpena, Montmorency & Presque Isle Counties
Baraga County
Chippewa County
Delta County
Detroit
Downriver Area
Genesee County
Grand Traverse
Great Lakes Bay Region
Ingham County-Okemos
Kent County - Grand Rapids
Lenawee County*
Marquette County
Mecosta & Osceola Counties
Newaygo County*
Northwest Wayne County
Oakland County
Otsego County
Shiawassee County
Washtenaw County

CHAPTERS COMING SOON

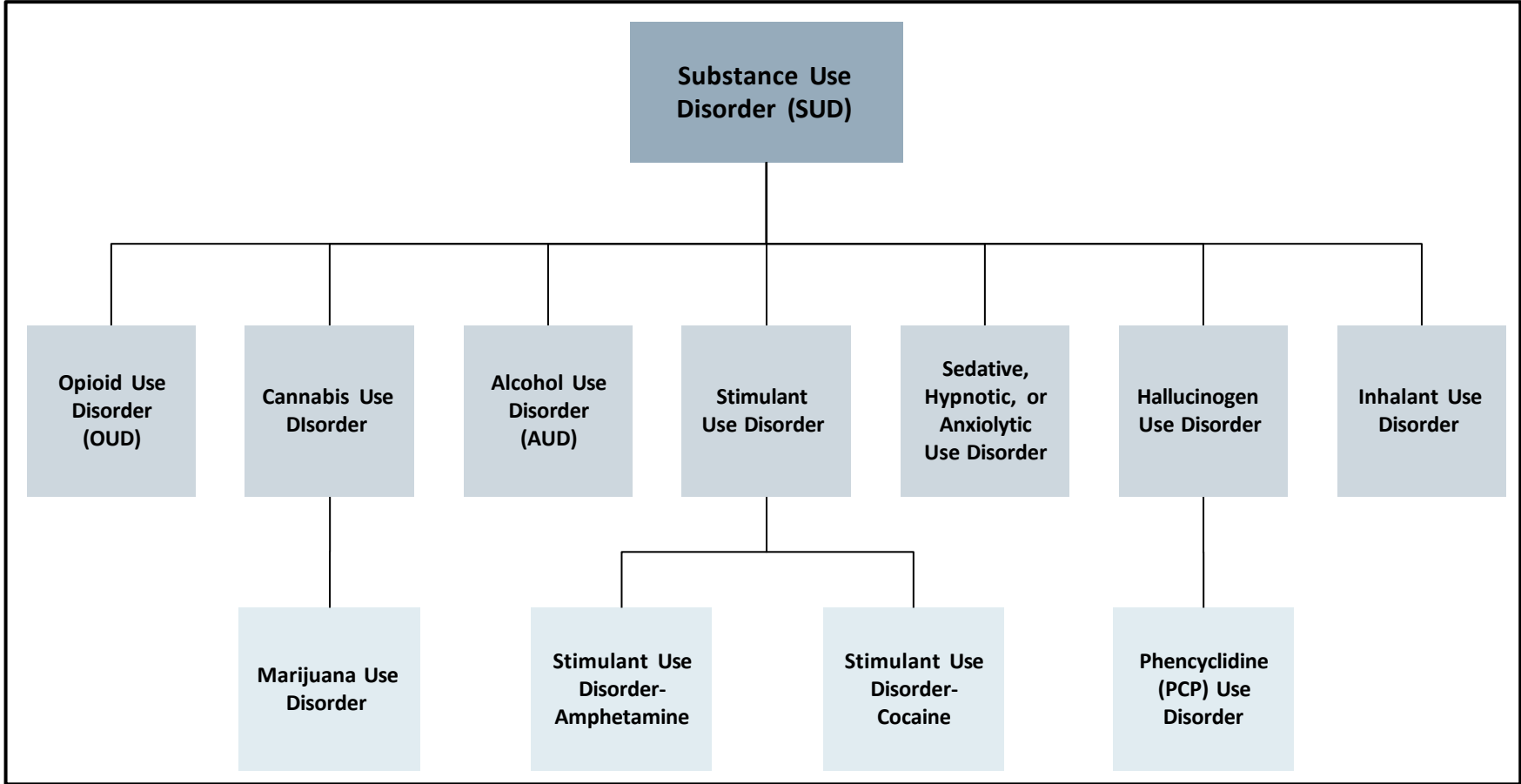
Ionia/Montcalm Counties
Gratiot County



Why do people
use drugs?

Substance Use Disorder (SUD)

A treatable, chronic medical disease involving complex interactions among brain circuits and impacted by genetics, the environment, and an individual's life experiences, that cause a person to lose control of their substance use



Why is SUD a disease?

1. It is a chronic medical condition
2. It resides in a major organ
3. It has physical symptoms
4. It is responsive to treatment
5. It can be fatal if left untreated

48.7 million people age 12 or older in the U.S. are **struggling with SUD** and only 10% receive treatment.

**The 4 C's
of SUD**

Control

Unable to exercise any restraint when it comes to their substance use

Cravings

Mimic physical needs like hunger or thirst

Compulsions

Irresistible urge or uncontrollable desire to find and use substances

Consequences

Use despite awareness of negative consequences that will follow

Understanding Addiction in the Brain

Limbic System

- The pleasure system of the brain
- The emotional part of the brain
- Highly responsive to pleasurable experiences
- Fully developed in childhood

Prefrontal Cortex

- The executive part of the brain
- Responsible for planning, judgment, and decision making
- Not fully developed until 25 years of age

Changes in the Brain Associated with SUD

1. The brain uses neurotransmitters such as dopamine to regulate behavior essential for life
2. The brain changes with continued substance use
3. Dopamine that is typically released with any pleasurable behavior will progressively become reserved for substance use or addictive behavior
4. The person experiencing SUD will prioritize the substance use because it is the only behavior that produces pleasure in the brain

Healing from SUD

It can take **up to 2 years for the body to heal** and the brain to begin functioning properly again.

During this time the person will still experience Post-acute withdrawal symptoms and problematic thinking.

These symptoms include:

- Depression
- Anxiety
- Irritability
- Impaired concentration
- Poor Impulse control
- Fatigue
- Insomnia
- Mood Swings
- Foggy Thinking
- Cravings
- Lack of Motivation
- Lack of interest, emotion, or concern
- Increased sensitivity to stress
- Poor Memory
- Substance Related Dreams

Understanding Trauma

Trauma is a major driver of:

- Substance use disorders
- Chronic mental health problems
- Physical illness
- Early deaths

At least **75%** of people with substance use disorders have experienced trauma

SUD Risk Factors

- Family history of SUD
- Substance use at a young age
- Adverse Childhood Experiences
- Trauma
- Mental Health Disorder
- Peer Pressure

Factors that
increase the
likeliness of a
Substance Use
Disorder

SUD Protective Factors

- Family Involvement and Support
- Emotional Control
- Community Engagement
- Peer Support
- Concrete Supports
- Spirituality
- Early prevention efforts

Factors that build supports in a person's life to promote resilience over risk factors

Building Protective Factors

| PROTECTIVE FACTOR | WHAT TO DO |
|----------------------------------------------|---------------------------------------------------------------------------------|
| Supportive Environment, Familial Involvement | Build trust, set boundaries, limit exposure to negative influences |
| Emotional Control, high self-esteem | Develop self-regulation skills through therapy or research |
| Community Engagement | Get involved in clubs, sports leagues, community centers, etc. |
| Peer Support | Join support/self-help groups, build friendships, etc. |
| Connection/Access to Resources | Know your local organizations that can provide support throughout your recovery |
| Spirituality | Attend church/church groups, get involved in other spiritually-based groups |

Stigma (N.)

A mark of disgrace associated with a particular circumstance, quality, or person

Types of Stigma

PUBLIC

Driven by stereotypes of people with SUD
Ex: addiction is a choice, moral failing

SELF-STIGMA

Internalization of negative stereotypes about people with SUD

RECOVERY COMMUNITY

Pathway preferences
EX: abstinence vs MAT, AA vs NA

CLINICAL PROVIDERS

Belief that treatment is ineffective for someone with SUD



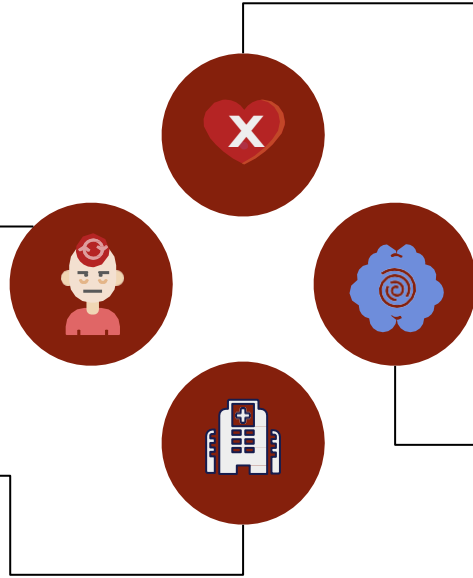
How Stigma Affects a Person with SUD

Destroys Self-esteem

Isolation, unworthiness, shame, lack of control, and weakness

Inhibits Access to Services

Discouragement from seeking and completing treatment and attending recovery services



Damages Relationships

With family, friends, employers, and health-care professionals.

Discourages Harm Reduction

Fear or shame in using MAT or engaging with safe syringe programs

Person-first language

A way to emphasize their personhood, convey respect and acceptance, and view the disorder, disease, condition, or disability as only one part of the whole person

Language Matters!

| Instead of | Use | Because |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Addict Substance or Drug Abuser Alcoholic, Drunk Junkie | Person with a substance use disorder Person with an opioid use disorder Person with an alcohol use disorder Patient | Use of person-first language is ideal; person experiences a problem rather than “is” the problem |
| Dirty Failed Drug Test | Person who is actively using substances Positive drug test/screening | Uses clinically accurate, non-stigmatizing terminology |
| Clean Ex-Addict, former addict | Person in Recovery Person Maintaining Sobriety | Avoids eliciting negative associations, punitive attitudes, individual blame |



61%

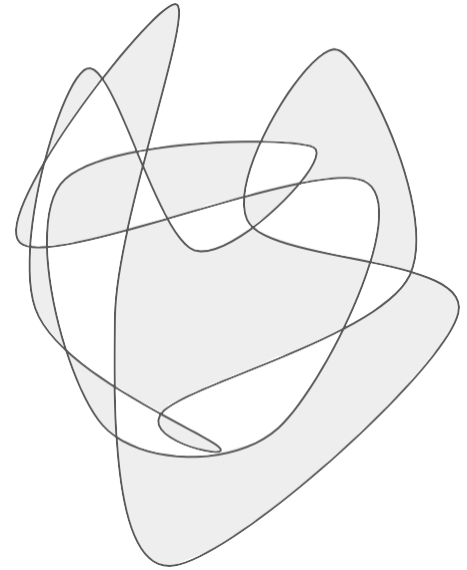
of patients with
SUD received at
least 1 case note
that included
stigmatizing
language

Recovery (N.)

The process of improved physical, psychological, and social well-being and health after having suffered from a substance-related condition

Multiple Pathways to Recovery

- Detox and inpatient treatment
- Outpatient programs: IOP, Individual, and family counseling
- Medication-assisted treatment (MAT)
- Harm reduction
- Sober living
- Support group meetings: 12-step (NA/AA), Dharma, Celebrate Recovery, Refuge Recovery, Wellbriety, SMART Recovery
- Peer Recovery Coaching (PRC), sponsor, life coach



Medication-Assisted Treatment (MAT)

The use of medications in combination with behavioral therapies for the treatment of substance use disorder(s)

What is MAT?

1. FDA-approved medications that have to be prescribed by a physician
2. Effective for Alcohol and Opioid Use Disorders
3. Can be in the form of injections, liquid medications, pills, tablets, or patches
4. It is extremely stigmatized by society and the recovery community
5. Taking MAT for a SUD is no different than taking medications for other health-related conditions

MAT Options:

Buprenorphine: Suboxone, Zubsolv, Bunavail, Subutex, Probuphine, Sublocade

Methadone: Methadose, Diskets, Dolophine

Naltrexone: Vivitrol, Revia

Acamprosate: Campral

Disulfiram: Antabuse

| MAT MYTHS | MAT FACTS |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MAT is trading one addiction for another. | MAT does not get a person high- instead, the medications help relieve cravings, and normalize brain chemistry, and withdrawal symptoms. It also reduces the chances of relapse and overdoses. |
| If you use MAT, you're not in recovery. | There are multiple pathways to recovery. MAT saves lives just as other treatment modalities do. |
| MAT is ineffective because it's only a short-term treatment option. | Individuals typically use MAT as a long-term treatment maintenance option. You can stay on them for as long as you would like or indefinitely. |
| Most insurances do not cover it. | The Affordable Care Act required the majority of insurers to cover addiction treatment, including MAT. Insurance may cover some or all of the cost of MAT, depending on your plan. |
| You will become addicted to MAT | Many medications are taken daily and are not associated with addiction; MAT is no different. |

Harm Reduction

A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

What is Harm Reduction?

1. A realistic, pragmatic, humane and successful approach to addressing issues of substance use
2. Recognizing that abstinence may be neither a realistic or desirable goal for some people who use drugs
3. Was introduced into the U.S. (New York specifically) in 1985 following the AIDS epidemic
4. It is extremely stigmatized by society and the recovery community

Harm reduction principles:

- Acceptance
- Drug Use Is Complex
- Quality Of Life
- Non-judgement
- Advocacy
- Dignity And Respect
- Trauma Informed
- Reality Of Drug Use

Harm Reduction Programs Allows Access To:

- Narcan
- Safe syringes
- Safe disposal boxes
- Sterile Use Supplies
- Fentanyl and/or Xylazine Test Kits
- Condoms
- HIV/HCV Testing
- Hygiene & Clothing
- Basic healthcare services
- Medicated assisted treatment
- Peer recovery services
- Access and transportation to treatment

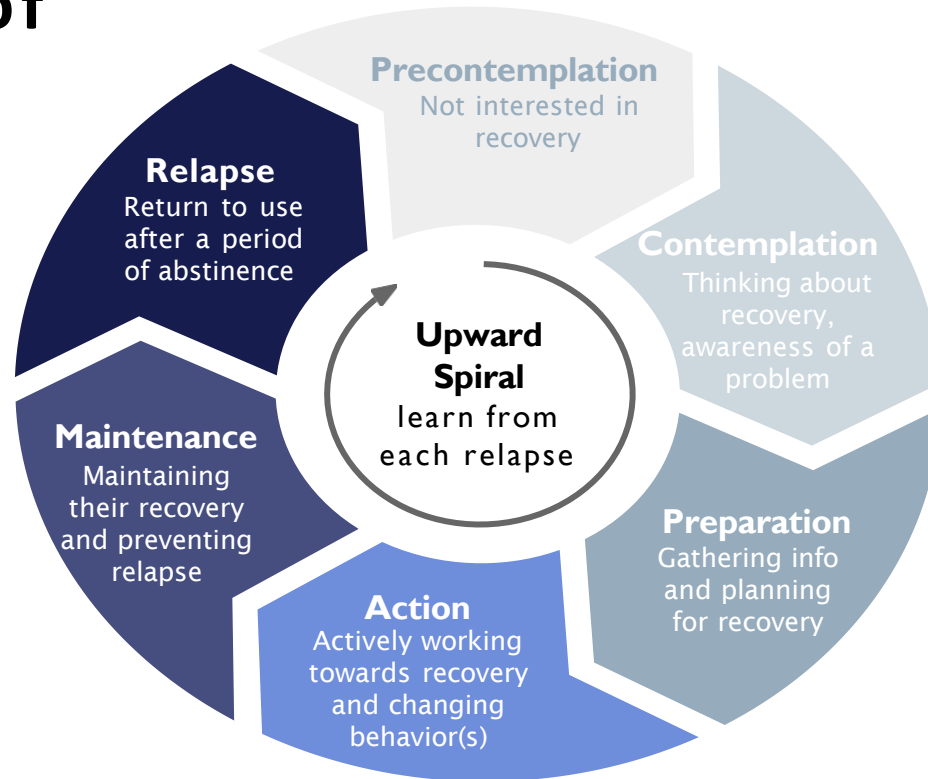


5x

more likely to seek
treatment services if
they are involved in
some kind of harm
reduction program.

| HARM REDUCTION MYTHS | HARM REDUCTION FACTS |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Harm reduction programs enable drug use | Harm reduction neither prevents nor opposes abstinence. Harm reduction main goal is to keep people alive and as healthy as possible, and direct services often connect people with recovery resources that support sobriety or abstinence. |
| Harm reduction is only for people who use drugs. | Harm reduction applies to many more behaviors than just drug use. From seat belts to condoms to designated drivers, most people engage in some form of harm reduction at some point. |
| Harm reduction services make neighborhoods less safe. | Harm reduction services do not increase crime in surrounding areas. In fact, they often improve community safety and cleanliness. |
| Giving out syringes will cause more needle litter. | The rate at which used needles are turned in is equal to or higher than the rate they are handed out at. Syringe access programs decrease improper needle disposal, which helps prevent accidental needle sticks. |

Stages of Change



Meeting People Where They Are At

Bridging the gap between your own expectations and where the other person is coming from

HARM REDUCTION & DIVERSION

HARM:LESS
Harm Reduction Support Team

COMEBACK
QUICK RESPONSE TEAM

RE↑DIRECT
ADDICTION RELATED DIVERSION PROGRAM

TREATMENT & RECOVERY

HOPE
not HANDCUFFS

NAVIGATE
peer & family recovery coaching services

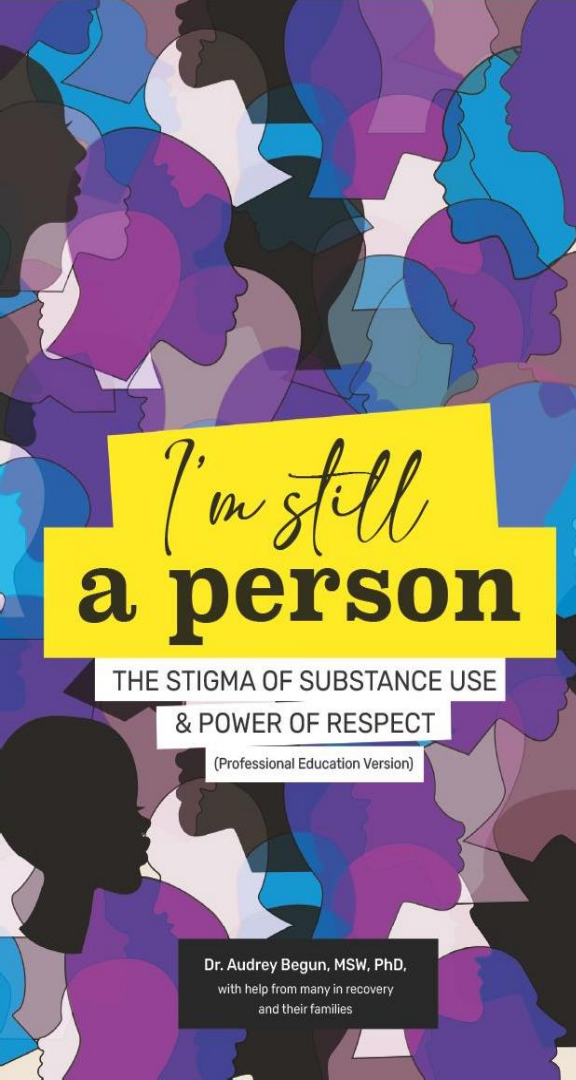
SOBERLIVING
SCHOLARSHIPS

EDUCATION & COMMUNITY

**STRONGER
TOGETHER**
Family & Friends: An Addiction Support Group

FAN
FORUMS

RESCUE
Overdose Response and Education Program



I'm still **a person**

THE STIGMA OF SUBSTANCE USE
& POWER OF RESPECT

(Professional Education Version)

Dr. Audrey Begun, MSW, PhD,
with help from many in recovery
and their families



I'm still **a person**

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I'M STILL A PERSON

Joshua Riehl
AUTHOR

David London
ILLUSTRATOR

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Personal Reflection

How has your understanding, thinking, or curiosity about SUD stigma begun to change?

What influences from your past and present do you believe have shaped your own personal and professional responses to treating SUD patients?

How can you become a positive influencer for advocating for patients with SUD in your personal and professional communities?

Thank You!

**Does anyone
have any
questions?**

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