

Addressing Myths About Substance Use, Addiction, Treatment, and Recovery

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Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Please Introduce Yourself

Thank you for joining us today!

As we're waiting for others to log in, please open the chat and post your name, where you're located, and your role or connection to this topic (service provider, educator, etc.).

We'll get started shortly.

About NeC-MHTTC

The Northeast and Caribbean MHTTC received 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

Supplemental funding to:

- Support school teachers and staff to address student mental health
- Support healthcare providers in wellness and self-care activities

Recording, Chat and Slides

Please note:

We will be recording this workshop and posting it on our website along with the presentation slides and any relevant resources.

Throughout the workshop, we will be using the Zoom chat feature (located on the task bar) to respond to discussion questions. Feel free to raise your hand (using the Zoom option) if you'd like to speak.

Disclaimer

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

**STRENGTHS-BASED
AND HOPEFUL**

**INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES**

**HEALING-CENTERED AND
TRAUMA-RESPONSIVE**

**INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS**

**PERSON-FIRST AND
FREE OF LABELS**

**NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS**

**RESPECTFUL, CLEAR
AND UNDERSTANDABLE**

**CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS**

My Background

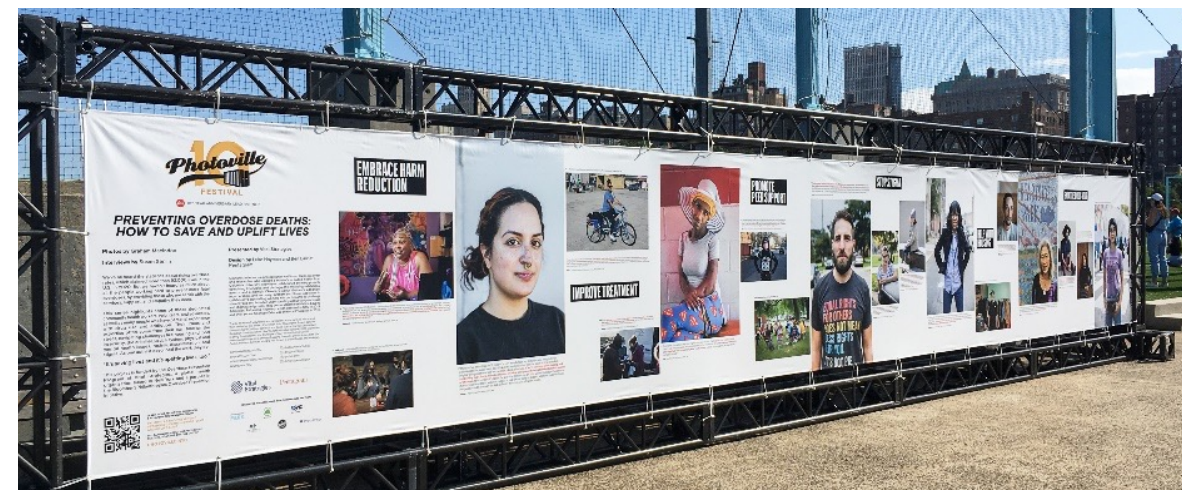
Susan Stellan, MPH

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- After a career in journalism and teaching media ethics, I returned to school to study public health in 2017.
- Since 2019, I've worked on projects to reduce overdose deaths, educate people about substance use disorders, improve access to treatment and harm reduction services, and support people in recovery. I facilitate training workshops on all of these topics, presenting a wide range of perspectives.
- Often collaborate with my husband, [Graham MacIndoe](#), a photographer who has been open about his history of addiction, incarceration, and recovery.



Learning Objectives

- Examine sources of information that shape popular views about substance use, addiction, treatment, and recovery.
- Discuss how news, entertainment, and social media coverage of these topics can fuel stigma and misunderstanding.
- Review drug use surveys and discuss different reasons why people use drugs.
- Distinguish between different types of substance use and the criteria used to determine if someone has a substance use disorder.

Discussion Question

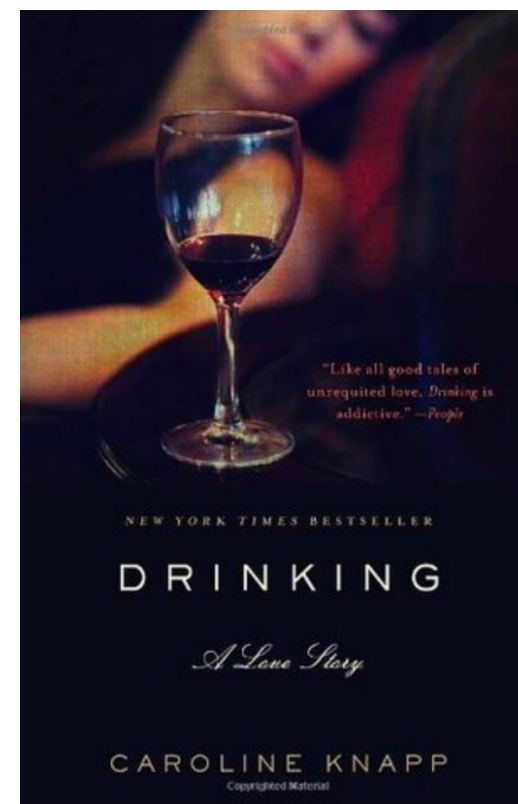
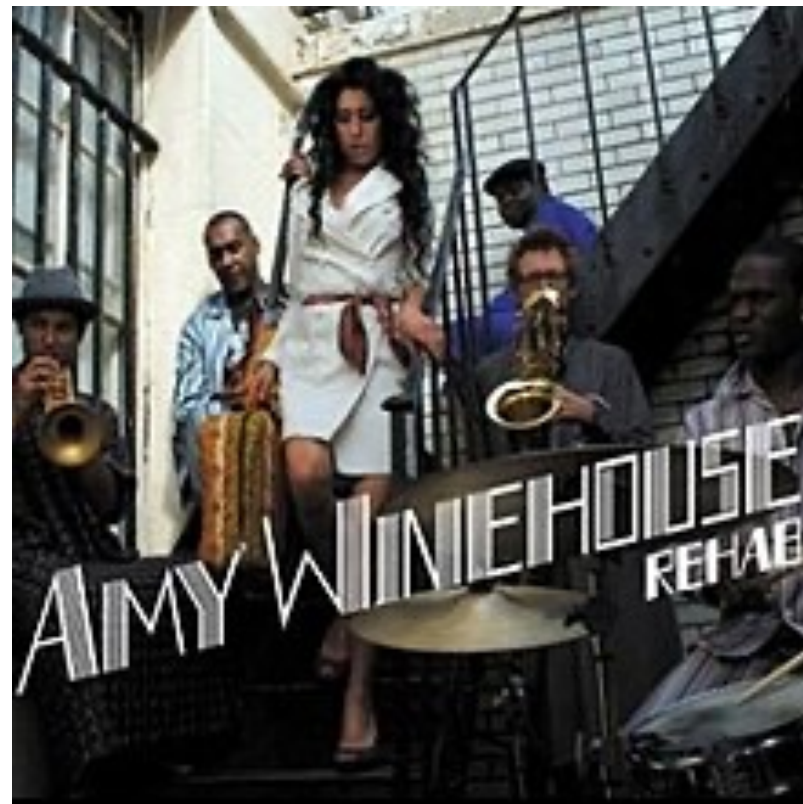
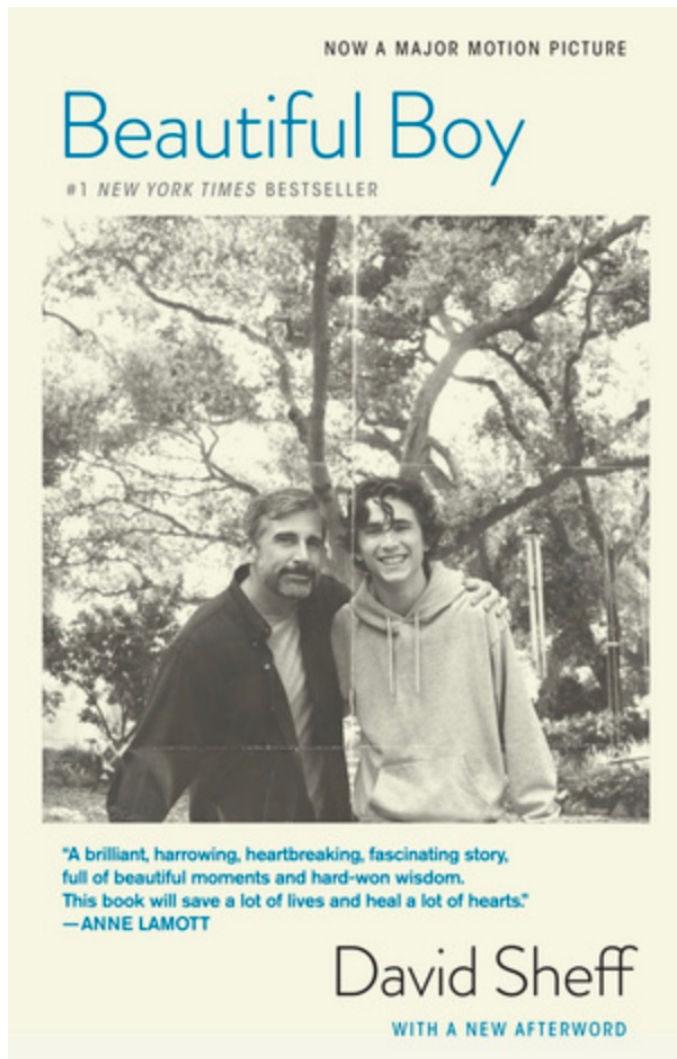
What are some of the ways you learned about alcohol and drug use, addiction, treatment, and recovery?

Think about the sources of information that shaped your views
(people, experiences, culture).

Books, Films, TV, Music, News, Social Media

How Science Is Unlocking the Secrets of Addiction

We're learning more about the craving that fuels self-defeating habits—and how new discoveries can help us kick the habit.



Advertising and Marketing

Radio personality Rush Limbaugh for

OxyContin®

"OxyContin® helped me deal with the pain of living in a world that just didn't resemble my perceptions or my claims."



WARNING: This drug has been shown to cause sudden death in long-time abusers.

Photo: ed by Dave Ward www.fox.com www.fox.com



Discussion Question

What are some of the messages news, entertainment, and social media communicate about substance use, addiction, treatment, and recovery?

Media Stereotypes about People Who Use Drugs

Research analyzing news coverage of people who use drugs has found:

- More **negative portrayals** than in entertainment media,
- **Differences based on the substance used**, and
- Differences based **race, ethnicity, and class** of the individual.

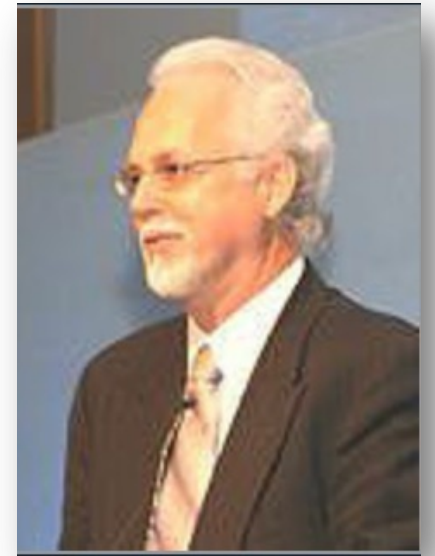
Television and photos are more likely to reinforce **negative or inaccurate stereotypes** about people who use and sell drugs.

By perpetuating stigma, **news coverage can contribute to:**

- The **social isolation** of drug users,
- **Distancing** by family members,
- Acceptance of **punitive policies**, and
- **Reduced treatment-seeking**.

Waiting for Breaking Good: The Media and Addiction Recovery

-William L. White



The major media outlets have long been chastised for the content and style of their coverage of alcohol- and drug-related problems. Such criticisms include the glamorization of drug use, the demonization of drug users, and charges that the media is complicit in ineffective drug policies. Few have raised parallel concerns that popular media coverage of addiction recovery is rare, often poorly selected, and told through a lens that does little to welcome the estranged person back into the heart of community life. If media representatives do not “get it” (“it” being recovery), then what precisely is it that they don’t get? What are the mistold and untold stories and their personal and public consequences to which media leaders ought to be held accountable?

Having closely observed such coverage for nearly half a century, I would offer twelve points from the perspective of a long-tenured recovery advocate.

Waiting for Breaking Good: The Media and Addiction Recovery

- Distorted media coverage of active addiction **fuels social stigma and contributes to the discrimination that many people in recovery face** as they enter the recovery process.
- Media outlets **portray addiction recovery as an exception to the rule.**
- Media coverage of drug-related celebrity mayhem and deaths contributes to professional and public **pessimism about the prospects of successful, long-term addiction recovery.**
- When the story of recovery is told, it is **most often told from the perspective of early recovery** rather than the perspective of long-term recovery.
- The media tell the story of recovery only as **a personal story rather than a larger story of the role of family and community** in addiction recovery.
- The rare media portrayals of recovery often **depict only a single pathway of addiction recovery**—specialized addiction treatment followed by lifelong affiliation with a 12-Step recovery program.

Discussion Question

What are some of the ways **personal experience** with alcohol and drugs, addiction, treatment, and recovery can shape our attitudes and beliefs?

Imagine you have a close friend or family member...

- ... who sometimes uses drugs without harmful consequences.
- ... who struggles with addiction.
- ... who is currently in treatment.
- ... who participated in treatment then started using again.
- ... who is in jail or prison because of drugs.
- ... who fatally overdosed.
- ... who is in stable, long-term recovery.


How might each experience shape your attitudes and opinions?

Journalists have shared their own experiences with addiction...

USA TODAY NEWS SPORTS LIFE MONEY TECH TRAVEL OPINION MORE ▾

The opioid crisis hits home. Mine.

Bill Sternberg, USA TODAY Published 6:37 p.m. ET Sept. 5, 2018 | Updated 9:11 a.m. ET Sept. 26, 2018



USA TODAY's Editorial Page Editor Bill Sternberg lost his son Scott to an opioid overdose in 2017

Bill Sternberg, USA TODAY Editorial Page editor, hopes that talking about his son's death can help others and shed light on flawed system. USA TODAY

Our son Scott fatally overdosed last November. Nothing can bring him back, but I've learned some things that might help others cope with this affliction.

... Which can shape how they assign, report, or edit stories.

Bill Sternberg, USA TODAY Editorial Page editor, 9/5/18 :

“I’m far from an authority on addiction. But I know the emotional and financial toll it can take on a family. Having lived through the nightmare and having talked to some of the leading experts in the field, **I’ve learned a few things and formed a few opinions** that might be helpful to others struggling to cope with this insidious, infuriating affliction:

This epidemic does not discriminate...

Overcoming addiction isn’t merely a matter of willpower...

"Hitting bottom" is not the answer...

Medication-assisted treatment (MAT) holds promise but is no cure-all...

The state of addiction treatment is a national disgrace.

When Scott overdosed the first time and ended up in an emergency room in Austin, Texas, we were handed a piece of paper with the names and phone numbers of about three dozen detox and treatment centers. No indication of which were any good. No indication of which were still in business or accepting new opioid patients. No indication of which took Scott’s insurance. No indication of which offered medication-assisted treatment. **As a journalist, I’m trained to find credible information in a hurry. But I was overwhelmed.”**

<https://www.usatoday.com/story/opinion/voices/2018/09/05/lost-my-son-opioid-crisis-and-nothing-can-bring-him-back-column/1137093002/>

Comments on news articles and social media can present opinions as facts and contribute to stigma.

Stephan

N.M. | Aug. 2

Some thoughts and questions most like to be unpopular.

Before people go around proclaiming treatment is going to solve it all. It might pay to check the recidivism rate. it isn't pretty number. Treatment to put it mildly hardly much of success. How many times should the Tax-Payers be obligated to pay for the SAME persons treatment? Treatment for the most part DOESN'T work. You have to want to quit and most of them don't. Forcing them into treatment isn't going to work folks. As soon as they get out of it, they will go looking for a fix. Sure, as death.

MathZonie 1 month ago

"It was everyone's fault but his own."
That's my interpretation of this article.

My younger brother has been clean for nearly 10 years now and a significant reason for his turnaround is that he took responsibility for his actions. No amount of help was going to work till he owned his mistakes and used the help to move forward.



ridgeview135 2 days ago

That is just the beginning of recovery to want to get better. We as a society have to provide the rest.

Like 1 Reply Link Report



DoYouWantToWhineAboutThisName 2 days ago

ridge: "We" didn't start abusing the drugs to begin with. "We" don't "have" to provide anything.

Drug abuse is a the result of behavior and choices. THAT is how it needs to be viewed and how it should be addressed.

Like Reply Link Report

Candid Obituary Goes Viral in 2018

”Our beloved Madelyn ... died on Sunday, October 7. While her death was unexpected, Madelyn suffered from drug addiction, and for years we feared her addiction would claim her life. We are grateful that when she died, she was safe and she was with her family.”



Common Beliefs vs. Current Views

“You have to hit rock bottom.”

Waiting to offer help allows problems to become more severe, making treatment and recovery more challenging.

“Helping someone is just enabling them ...”

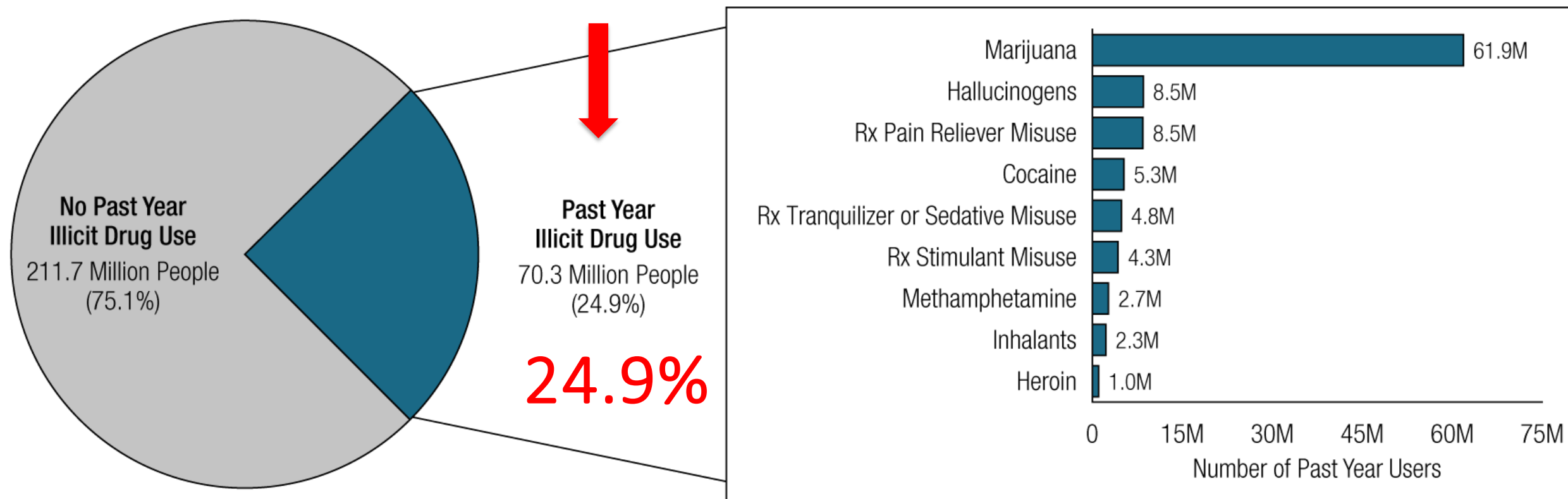
Treatment programs and other services increasingly recognize the importance of supporting family members and friends, maintaining those critical connections.

“People don’t get better ... Recovery is rare.”

SAMHSA’s 2021 National Survey on Drug Use and Health found that 70% of adults who had had a substance use disorder identified as being in recovery, while two-thirds of adults with a mental health condition said they were in recovery.

2022 National Survey on Drug Use and Health

Past Year Illicit Drug Use: Among People Aged 12 or Older; 2022

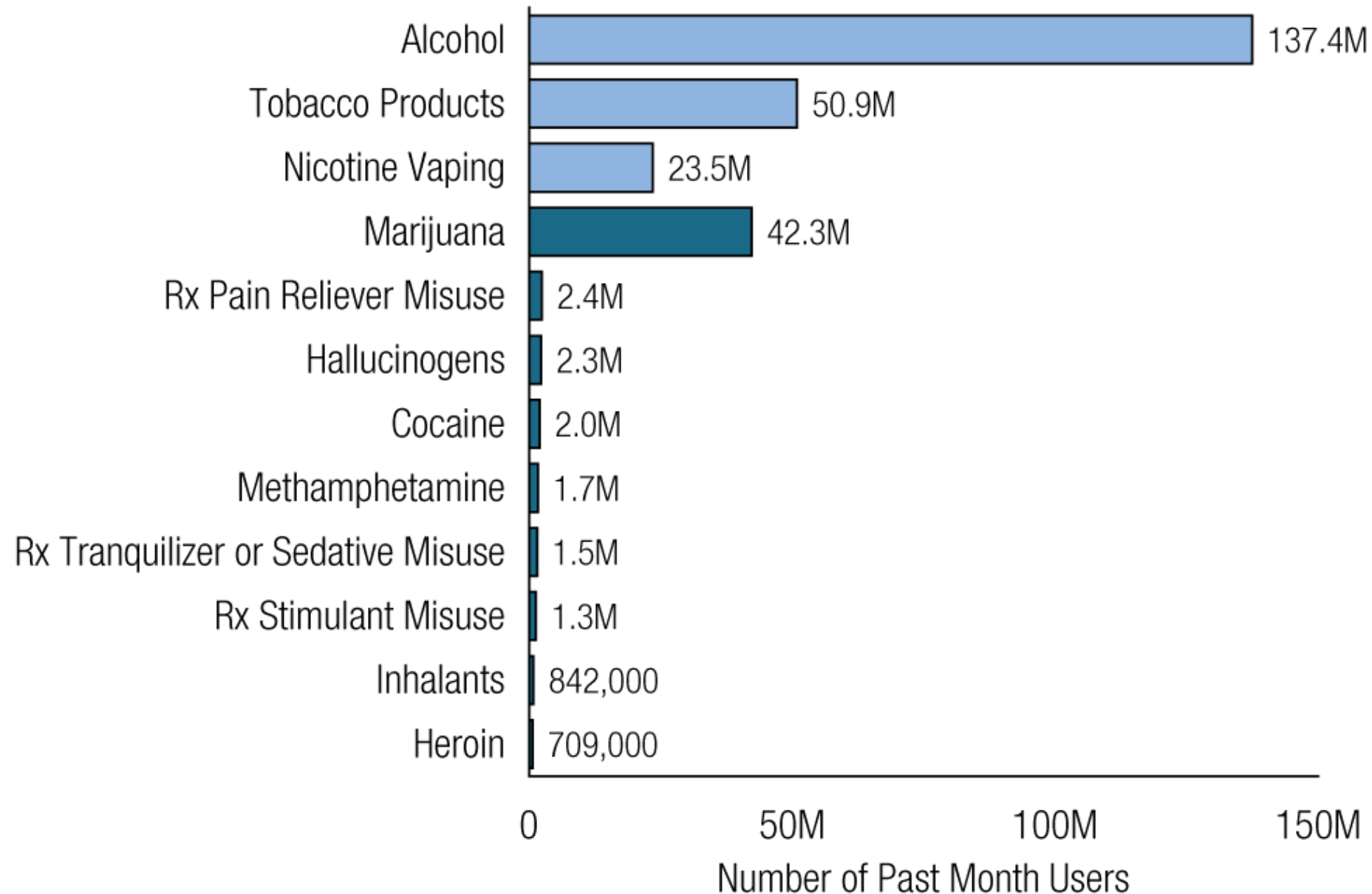


Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

2022 National Survey on Drug Use and Health

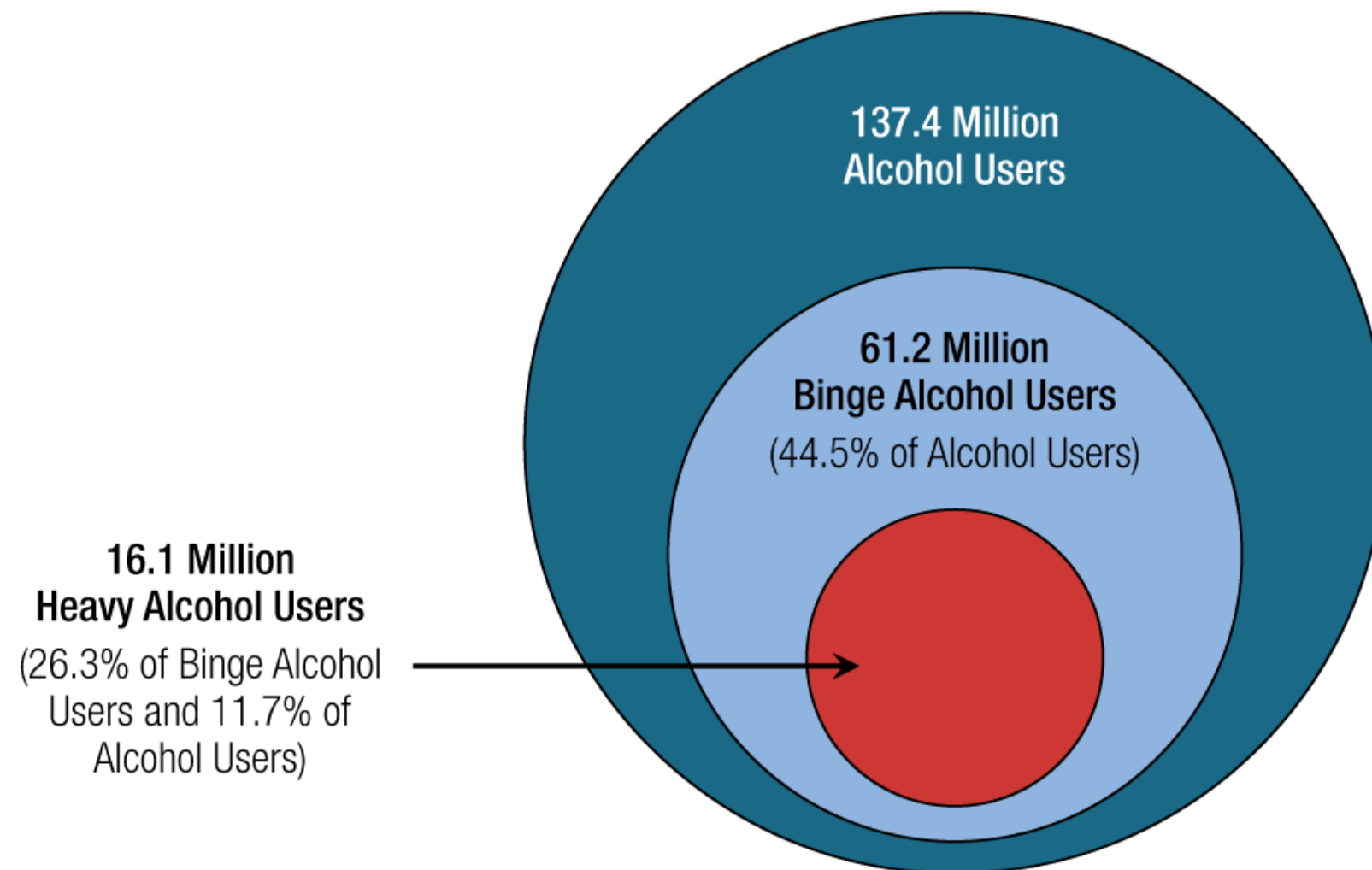
Past Month Substance Use: Among People Aged 12 or Older



Rx = prescription.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

2022 National Survey on Drug Use and Health Past Month Alcohol Use, Past Month Binge Alcohol Use, or Past Month Heavy Alcohol Use: Among People Aged 12 or Older

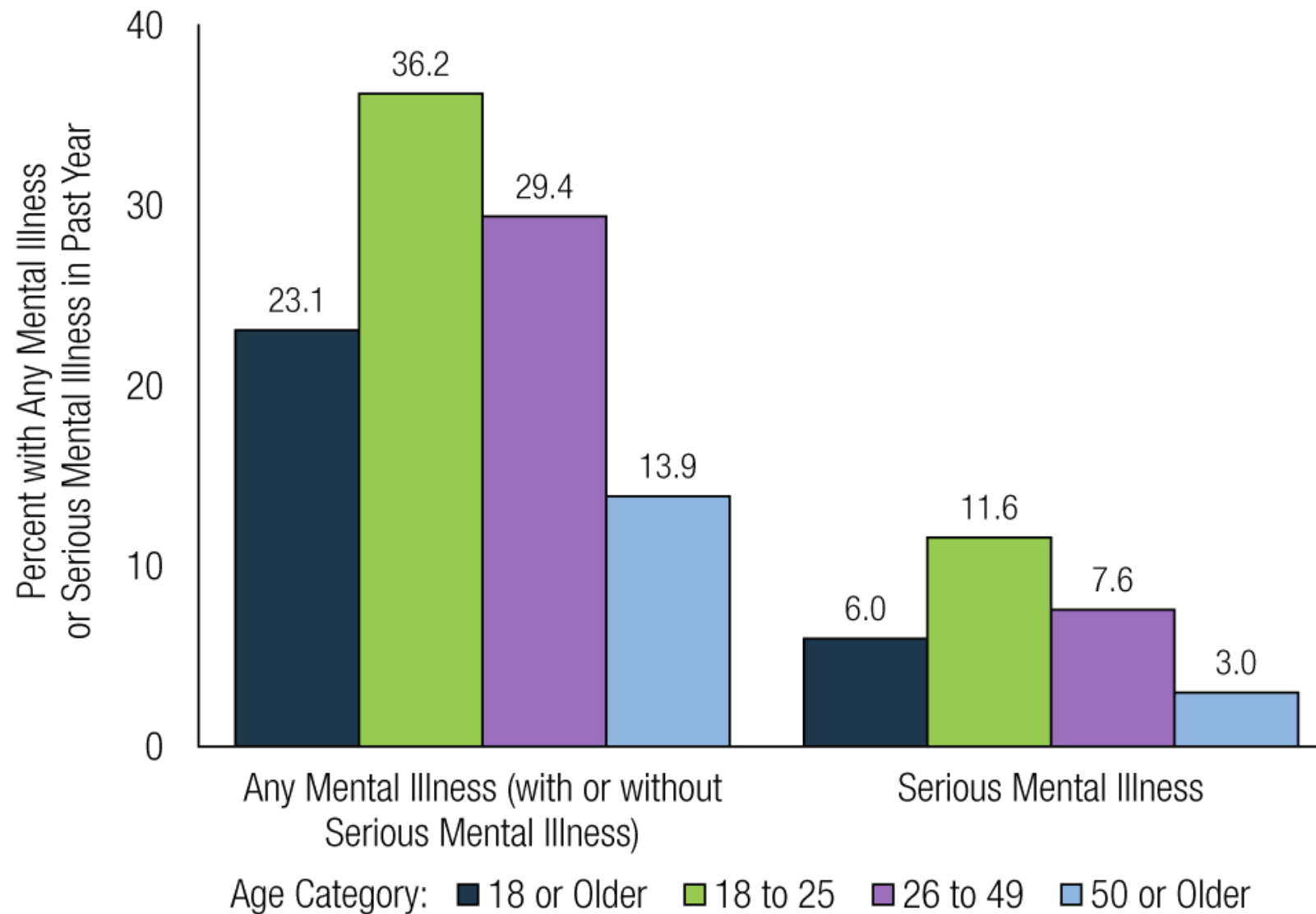


Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days.

Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

2022 National Survey on Drug Use and Health

Any Mental Illness or Serious Mental Illness in the Past Year: Among Adults Aged 18 or Older



Drug Types and Effects

ALCOHOL		DEPRESSANT
POSSIBLE PRESENTATION		ADDITIONAL CONSIDERATIONS
During Use	During Withdrawal	
Aggression Compulsive behavior Disinhibition Slurred speech Poor motor coordination Drowsiness Perception distortions Impaired judgement	Anxiety Nausea Vomiting Insomnia Fever Sweating Seizures Delusions Increased blood pressure Delirium tremens (shakiness)	Binge drinking = Multiple drinks in one sitting (Men 5+ drinks Women 4+ drinks) Increased risk of alcohol poisoning when combined with marijuana (decreased gag reflex). Prolonged use can lead to Korsakoff's syndrome – Alcohol induced dementia. Withdrawal can be fatal.

Drug Types and Effects

CANNABIS (MARIJUANA)		CANNABINOID
POSSIBLE PRESENTATION		ADDITIONAL CONSIDERATIONS
During Use	During Withdrawal	
Mild euphoria Relaxation Increased appetite Mild paranoia Perception distortion Increased sensitivity to external stimuli	Anxiety Depression Irritability Insomnia Restlessness Daytime drowsiness Headaches Low appetite	24 states have legalized recreational marijuana; 38 allow medical use. With increasing use, perceptions of risks have decreased. Can decrease nausea from chemotherapy
Impaired judgment, motor coordination, and short-term memory	Weight loss Fever/chills	

Drug Types and Effects

OPIOIDS		DEPRESSANT
POSSIBLE PRESENTATION		ADDITIONAL CONSIDERATIONS
During Use	During Withdrawal	
<p>Euphoria rush</p> <p>Dry mouth</p> <p>Warm flushed skin</p> <p>Nausea or vomiting</p> <p>Confusion</p> <p>Severe itching</p> <p>Constipation</p> <p>“Nodding” – cycles of conscious and semi-conscious state</p>	<p>Dysphoria</p> <p>Diarrhea</p> <p>Chills</p> <p>Fever</p> <p>Nausea or vomiting</p> <p>Muscle spasms</p> <p>Sweating</p> <p>Stomach cramps</p> <p>Changes in mood</p>	<p>Includes heroin, opioid analgesics (pain killers), fentanyl, nitazenes.</p> <p>Risk of fatal overdose in high doses, when tolerance is lowered, or when mixed with other drugs, particularly other central nervous system depressants.</p>

Drug Types and Effects

COCAINE/CRACK		STIMULANT
POSSIBLE PRESENTATION		ADDITIONAL CONSIDERATIONS
During Use	During Withdrawal	
<ul style="list-style-type: none"> Euphoria Increased sense of mastery Decreased need for sleep or food Alertness Disinhibition Paranoia Hyperactivity Restlessness Dilated pupils Tachycardia Increased temperature Increased blood pressure 	<ul style="list-style-type: none"> Dysphoria Increased appetite Fatigue Insomnia Hypersomnia Vivid / unpleasant dreams 	<p>Crack is chemically identical to powder cocaine.</p> <p>Symptom presentation may mirror psychosis.</p> <p>Similar effects with use of amphetamines, including methamphetamine. The acute symptoms of methamphetamine use can be more severe and withdrawal longer vs. cocaine.</p> <p>Overdose deaths involving stimulants have been increasing.</p>

Drug Types and Effects

BENZODIAZEPENES		SEDATIVE
POSSIBLE PRESENTATION		ADDITIONAL CONSIDERATIONS
During Use	During Withdrawal	
Relaxation Sedation Lack of judgement Impaired reaction time Disinhibition	Insomnia Anxiety Tinnitus Tremors Seizures	<p>Often used in conjunction with a depressant (alcohol/opioids), increasing risk of fatal overdose.</p> <p>Benzos purchased on the street or online may include fentanyl, increasing risk of fatal overdose.</p> <p>Benzodiazepines may be prescribed for anxiety disorders.</p> <p>Withdrawal can be fatal.</p>

Discussion Question

What are some of the reasons people use alcohol or drugs?

Reasons People Use Alcohol and Other Drugs

Mental illness

Coping with pain

Escape

Stress

Triggers

Boredom

Peer pressure

Socializing

Grief

Availability

Self-medicate

Sex/Chemsex

Curiosity

Pleasure

Family history

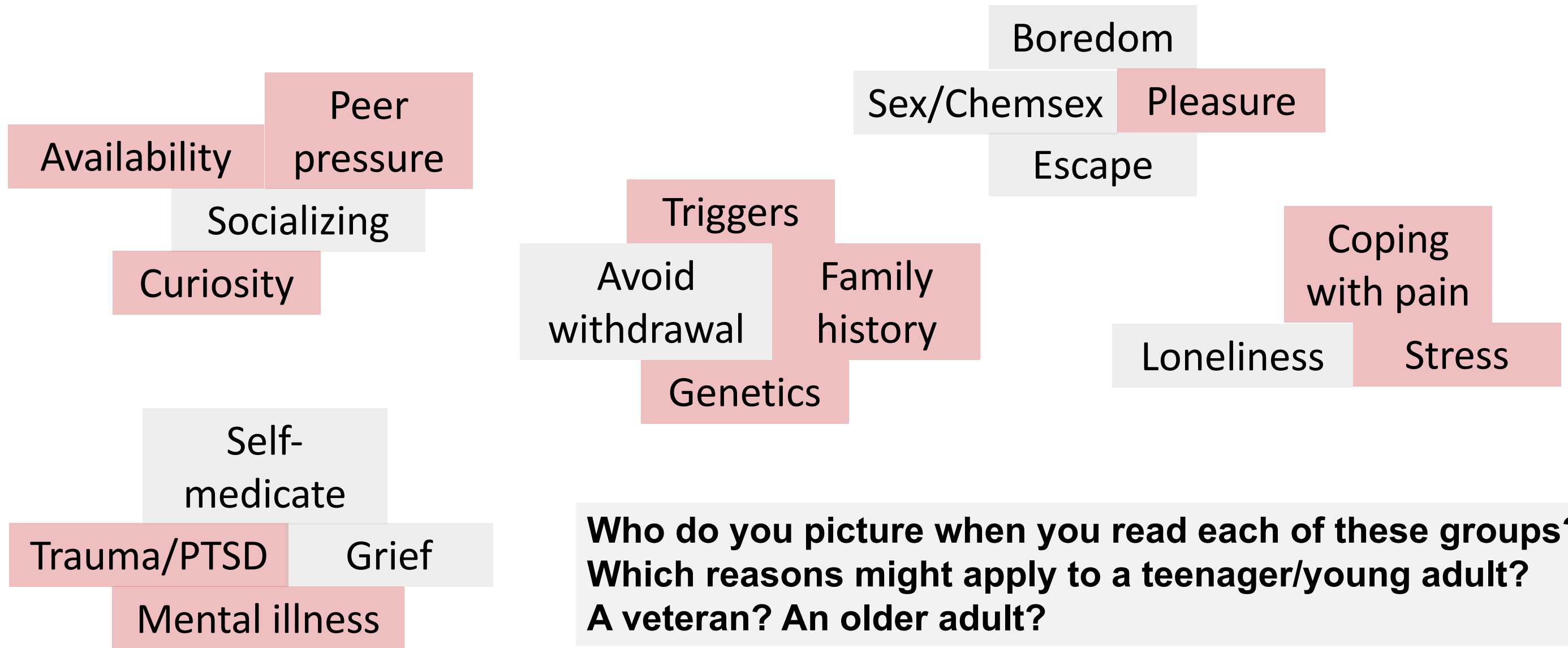
Avoid withdrawal

Trauma/PTSD

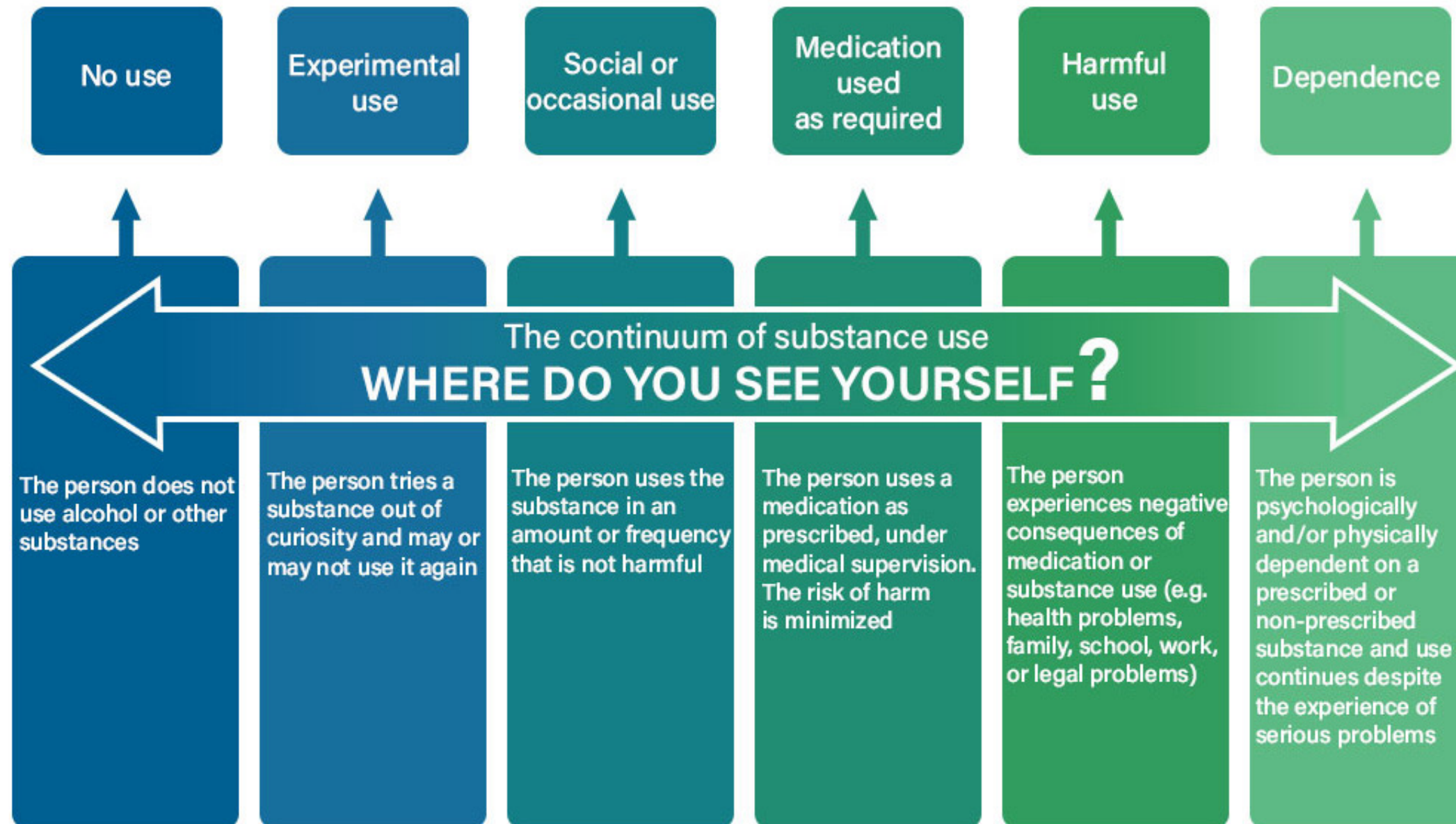
Loneliness

Genetics

Reasons People Use Alcohol and Other Drugs

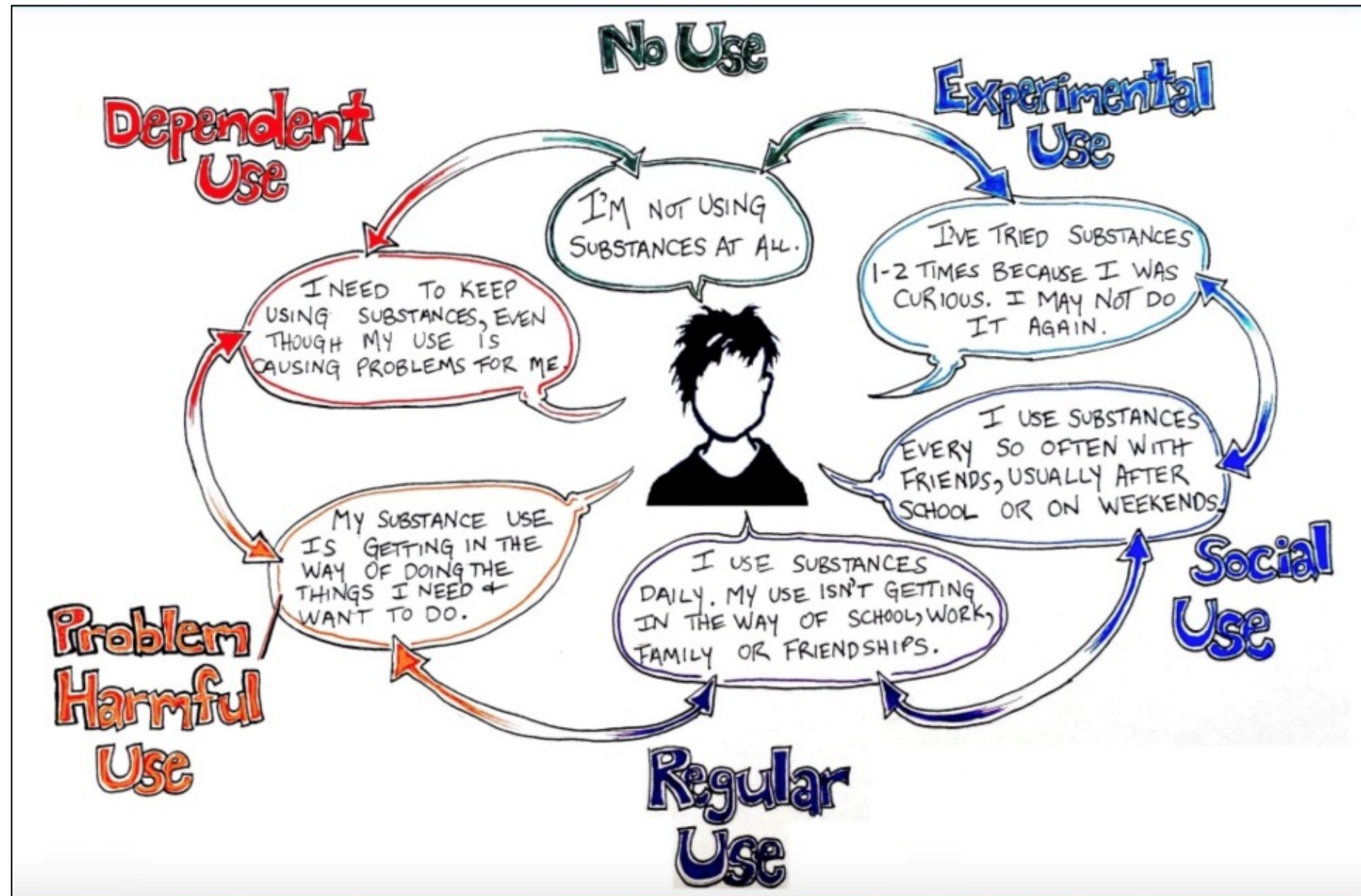


Types of Substance Use



Addiction

Types of Substance Use



How Is a Substance Use Disorder Defined?

“Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.”

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/find-help/disorders>

Criteria Used to Diagnose a Substance Use Disorder

Loss of control

- Using a larger amount of a substance or using it more frequently than intended.
- Trying to stop or cut back and not being able to control substance use.
- Spending a lot of time obtaining or using a substance, or recovering from its effects.
- Experiencing a strong desire, or craving, to use a substance.

Interpersonal consequences

- Failing to fulfill major obligations at work, school, or home due to substance use.
- Continued use despite it causing significant social or interpersonal problems.
- Skipping social, recreational, or work activities because of substance use.

Criteria Used to Diagnose a Substance Use Disorder

Risky Use

- Recurrent use in physically unsafe situations.
- Continued use despite physical and psychological problems.

Physical Dependence

- Developing tolerance — needing more of the substance to achieve the desired effect.
- Experiencing withdrawal symptoms after quitting or reducing use (some substances).

Tolerance and withdrawal in the context of appropriate medical treatment do not count as criteria for a substance use disorder (e.g. taking opioids to manage pain with cancer).

SUDs are classified as mild (fulfilling 2-3 criteria), moderate (4-5), or severe (6 or more).

Discussion Question

Do you have any questions or comments about the criteria used to diagnose a substance use disorder?

Poll Question

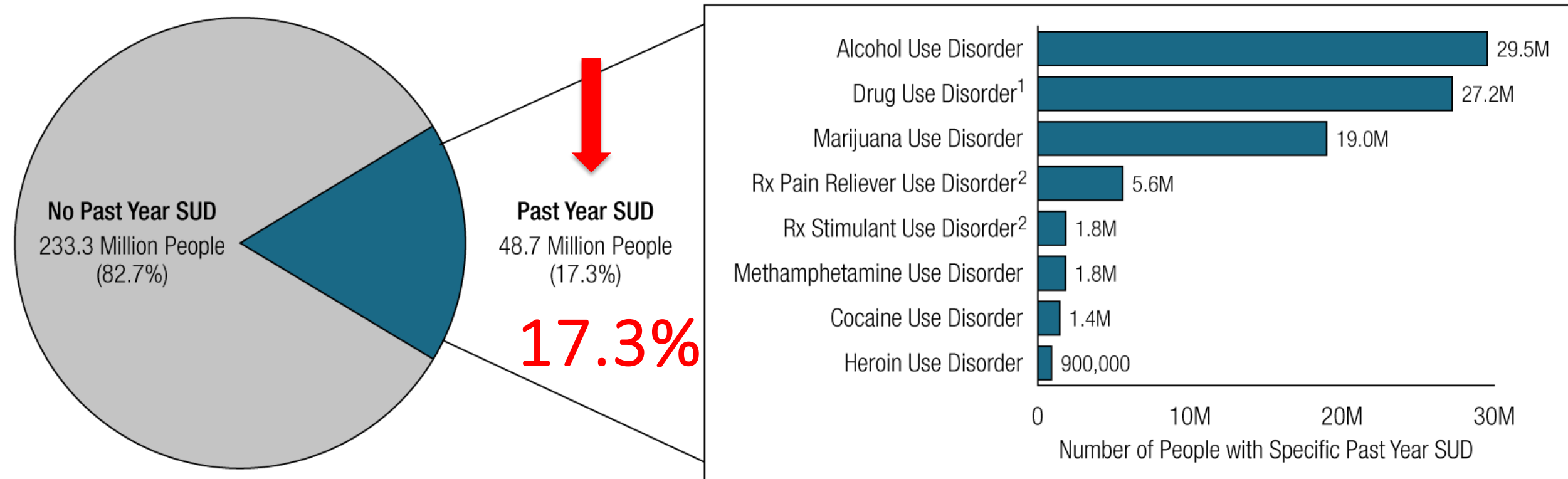
What percentage of the U.S. population (aged 12 or older) would you estimate had a substance use disorder in 2022?

1) 10%

2) 15%

3) 20% or more

2022 National Survey on Drug Use and Health Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older



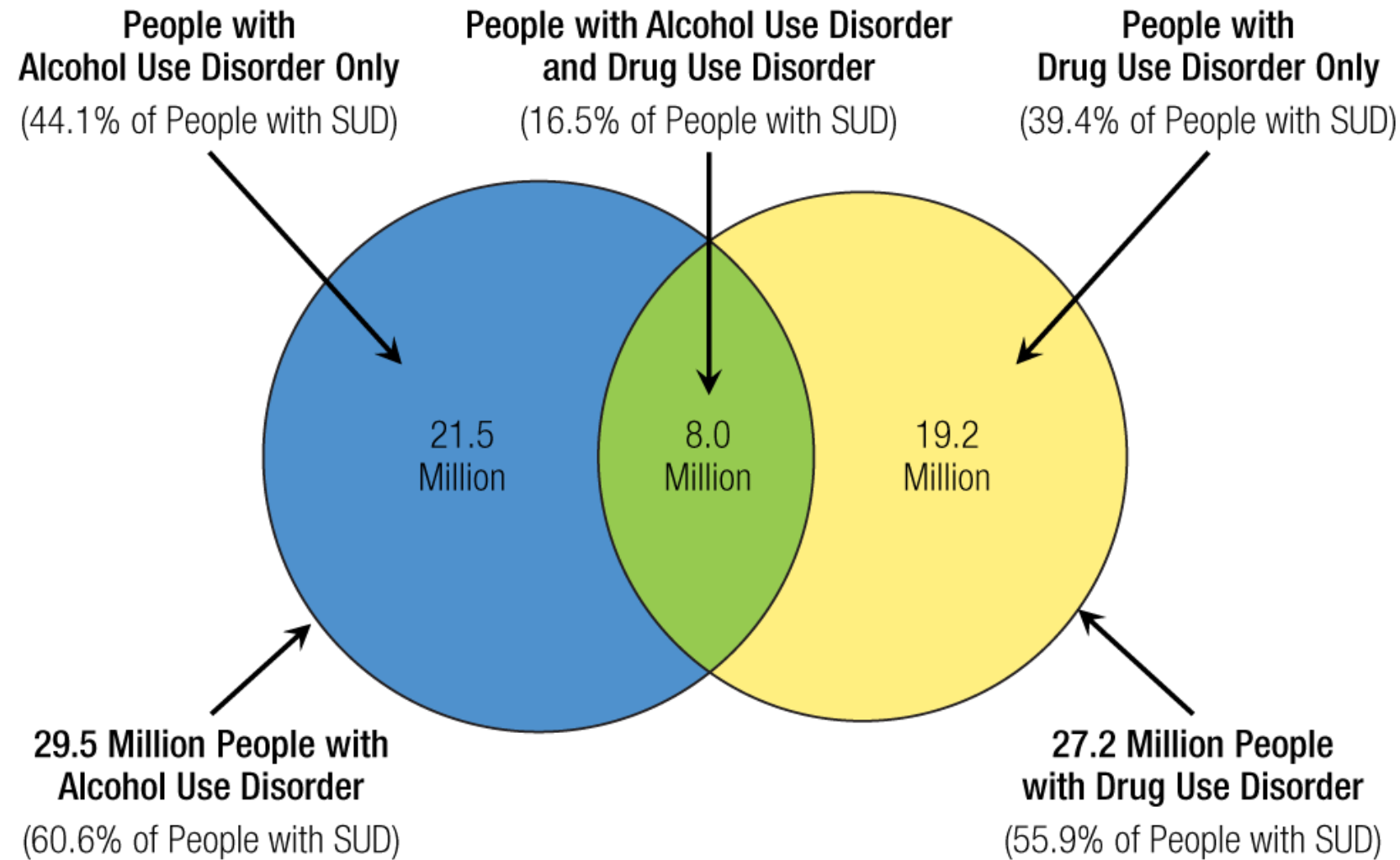
Rx = prescription.

Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

² Includes data from all past year users of the specific prescription drug.

2022 National Survey on Drug Use and Health Alcohol Use Disorder or Drug Use Disorder in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD)



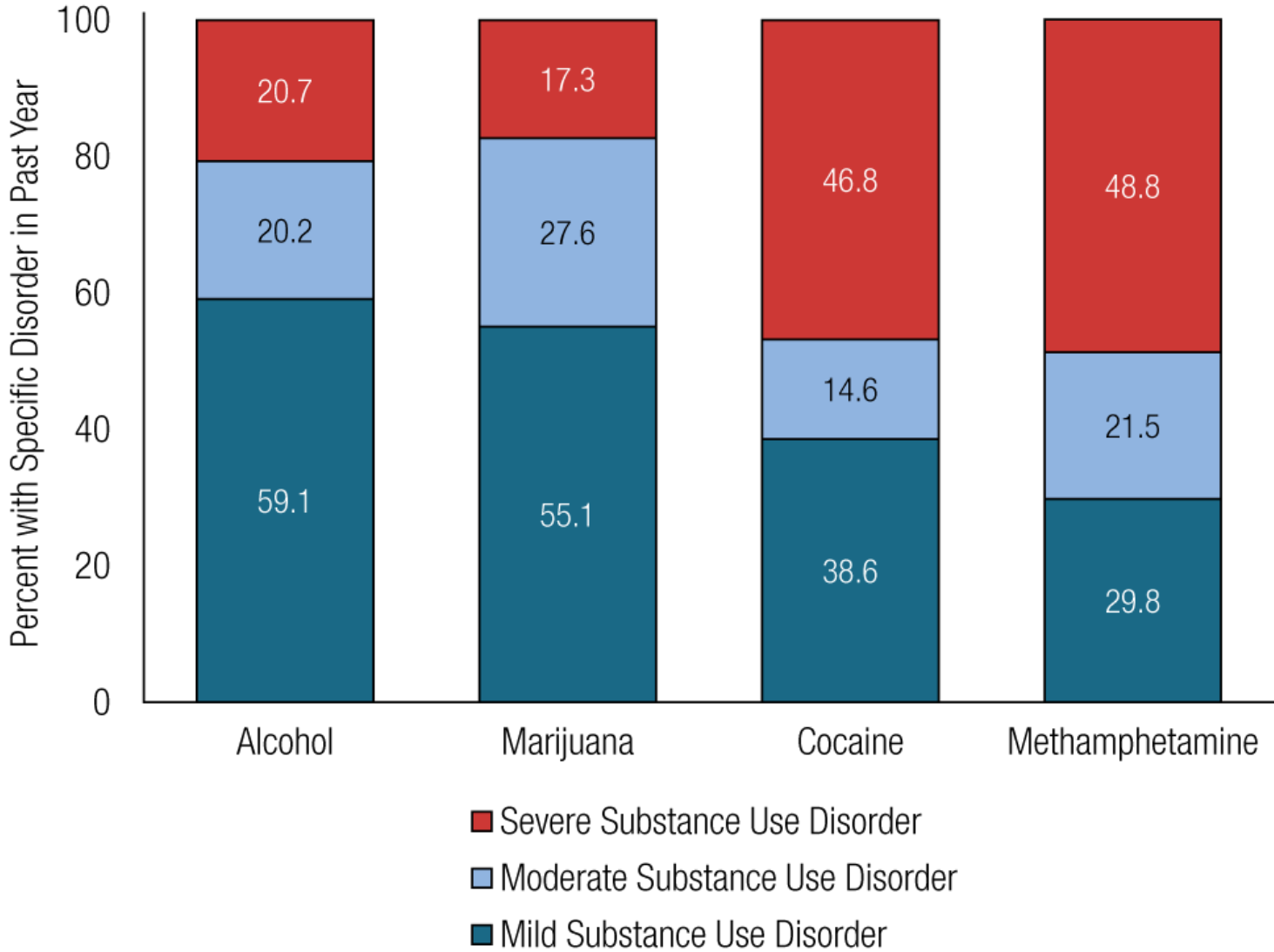
Note: Drug Use Disorder includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

48.7 Million People Aged 12 or Older with Past Year SUD

2022 National Survey on Drug Use and Health

Substance Use Disorder Severity Level for Specific Substances in the Past Year: Among People Aged 12 or Older with a Specific Substance Use Disorder

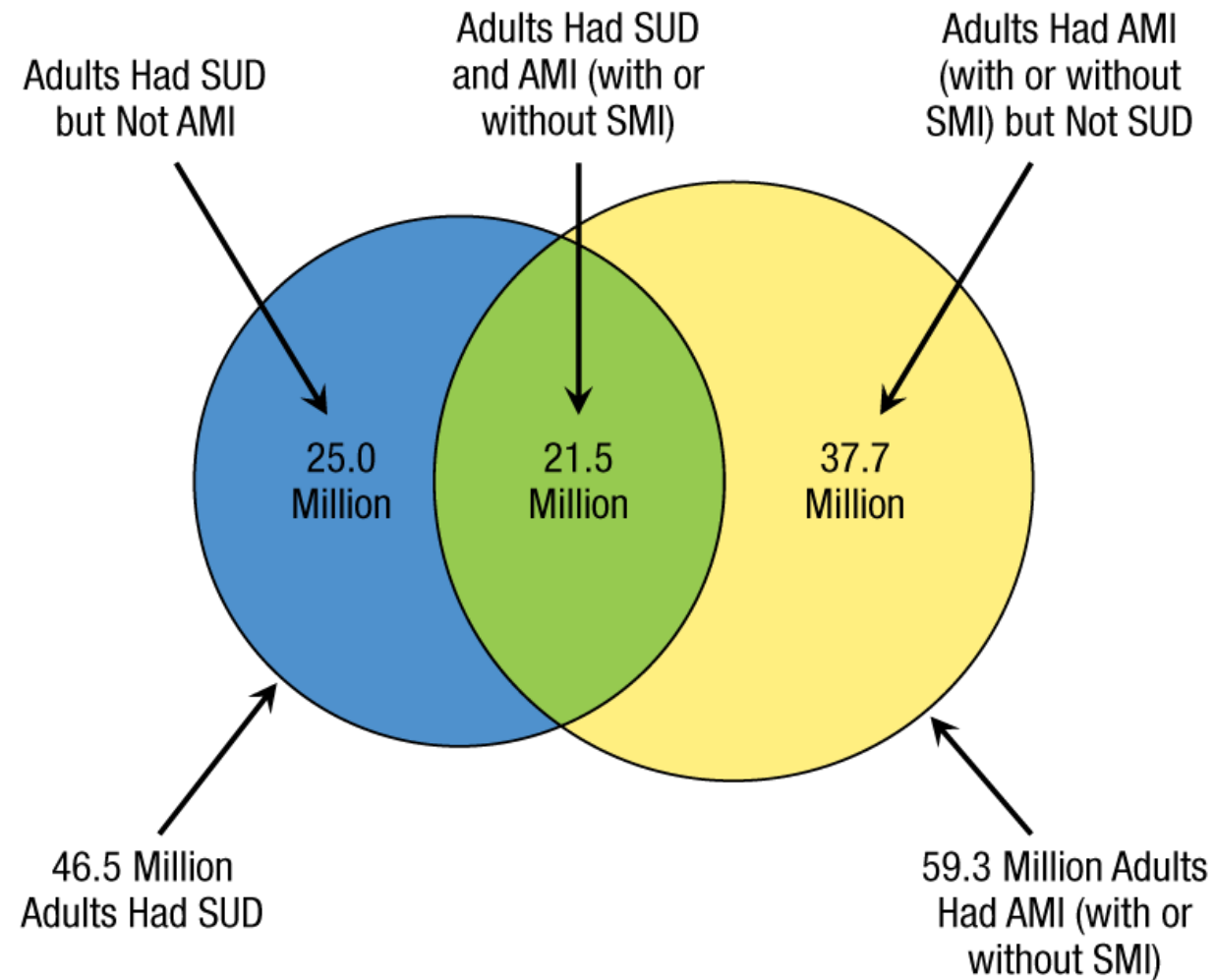
For alcohol and marijuana, the majority of SUDs are considered mild.



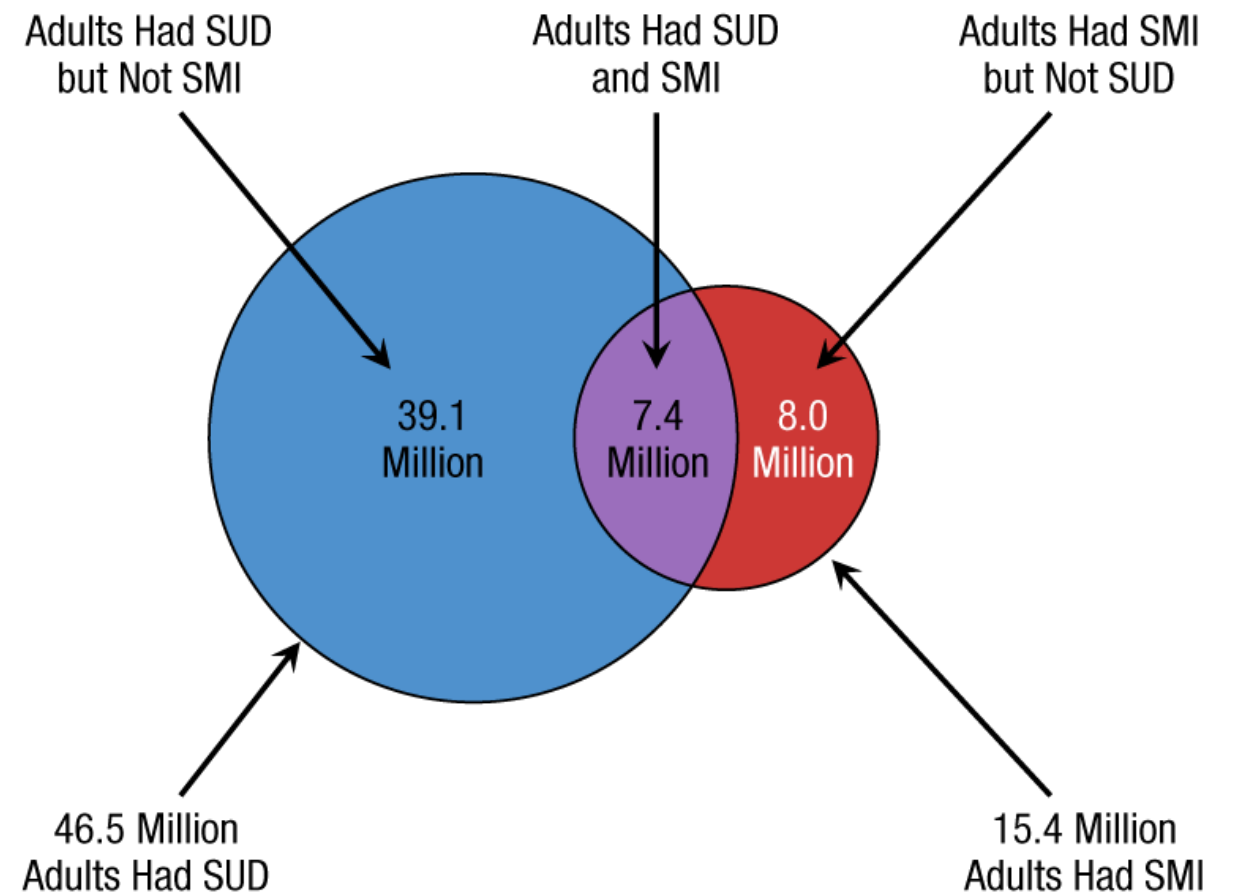
Note: There are 11 criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, that apply to these substances. People who meet two or three criteria are considered to have a “mild” disorder, those who meet four or five criteria are considered to have a “moderate” disorder, and those who meet six or more criteria are considered to have a “severe” disorder.

2022 National Survey on Drug Use and Health

Any Mental Illness (AMI), Serious Mental Illness (SMI), or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older

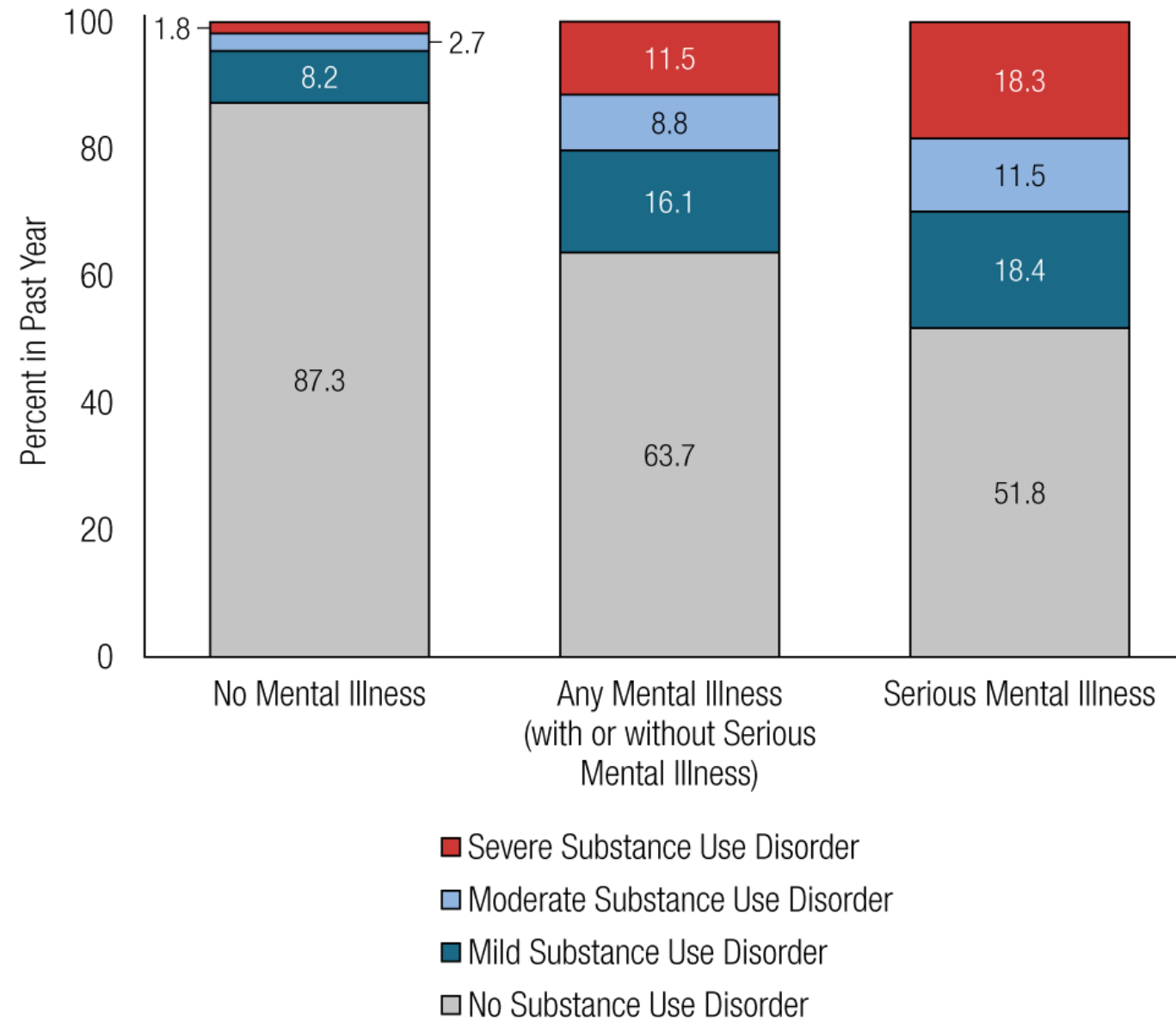


84.2 Million Adults Had Either SUD or AMI (with or without SMI)



54.4 Million Adults Had Either SUD or SMI

2022 National Survey on Drug Use and Health Substance Use Disorder Severity Level in the Past Year: Among Adults Aged 18 or Older; by Past Year Mental Illness Status



Note: The percentages may not add to 100 percent due to rounding.

Note: There are 11 criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, that apply to these substances. People who meet two or three criteria are considered to have a “mild” disorder, those who meet four or five criteria are considered to have a “moderate” disorder, and those who meet six or more criteria are considered to have a “severe” disorder.

Co-Occurring Disorders

A “co-occurring disorder” refers to the **coexistence of both a mental illness and a substance use disorder.**

People with mental illness are more likely to experience a substance use disorder than those not affected by a mental illness. According to SAMHSA’s [2022 National Survey on Drug Use and Health](#), approximately 21.5 million adults in the U.S. have a co-occurring disorder.

Some of the most common mental disorders seen in SUD treatment include:

- Anxiety and mood disorders
- Schizophrenia
- Bipolar disorder
- Major depressive disorder
- Conduct disorders
- Post-traumatic stress disorder
- Attention deficit hyperactivity disorder

Any Questions?

**Next workshop:
Current Substance Use Trends and Evolving Risks
Wednesday, April 10 from 11:00 am – 12:30 pm ET**

We'll discuss current drug use patterns, the increasing potency of both plant-based and synthetic drugs (such as fentanyl and xylazine), and how to prevent, recognize, and respond to an overdose.

We Want Your Feedback!

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!

Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.



Connect With Us

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Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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