LUV
Listening to Unheard Voices:
Making opioid interventions more effective by humanizing addiction

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Substance Use Disorder & The Opioid Epidemic

Drug overdoses, the majority of which are opioid-related, are now the leading cause of accidental death in the U.S.

In Massachusetts, the rate of drug-induced deaths exceeds the national average by 30%, and the number of infants born with narcotics in their system is more than three times the national average.

Source: Mass Department of Public Health
Northern Worcester County

Fitchburg, Ashburnham, Leominster, Lunenburg, Westminster

Fitchburg, MA: population 40,441 (94.6% US citizens)
- 26,027 white residents (64.4%)
- 10,401 Hispanic residents (25.7%)
- 1,684 Asian residents (4.16%)
- 1,380 Black residents (3.41%)
- 802 Two+ residents (1.98%)

Fitchburg recorded 22 resident deaths due to opioid overdose in 2017, its highest number in 5 years.

(source: Department of Public Health)
Clerkship Goals

- Gain a deeper understanding of barriers to recovery by speaking directly with people who have first-hand experience with addition
  - People who are struggling now or have struggled in the past with addiction
  - People who have loved ones who are struggling
  - People who have lost loved ones

- Gather input and insights of those who are living at the center of the current addiction epidemic in order to inform strategies & improve outcomes
  - Written questionnaires
  - 1:1 interviews
  - Focus groups
Interviews & Focus Groups

Stakeholders and individuals with a substance use disorder (SUD):

- Demographic data (race, age, experience with SUD and Narcan)
- Perspective on SUD and Stigma
  - Why do so many people become addicted to drugs and or alcohol?
  - What prevents people from seeking treatment for their substance use disorder?
  - Once treated, why do so many people relapse?
  - Have you ever encountered stigma associated with substance use disorder? If so, how?
  - What programs or services are most helpful and which are not helpful?
  - What would help more people recover from their drug or alcohol addiction?
Interviews & Focus Groups

Individuals with a substance use disorder (SUD):

- At what age did you first drink alcohol or use a drug?
- Why did you first use alcohol or drugs?
- What is the one thing you wish people understood about addiction?
**Interviews & Focus Groups**

Individuals with a substance use disorder (SUD):

- **At what age did you first drink alcohol or use a drug?**
  - Mean age of first use: 14 years

- **Why did you first use alcohol or drugs?**
  - It was easy to get (37%), peer pressure (26%)

- **What is the one thing you wish people understood about addiction?**
  - “The desire to want to let of of the drugs”
  - “It’s not always by choice”
  - “Everyone is susceptible”
  - “How hard it is to overcome”
What age group do you belong to?
19 responses

- 18-29: 4 (21.1%)
- 30-39: 5 (26.3%)
- 40-49: 3 (15.8%)
- 50-59: 6 (31.6%)
- 60+: 1 (5.3%)

What is your race?
19 responses

- Black/African American: 6 (31.6%)
- Latino/Latina: 1 (5.3%)
- White/Not Hispanic: 15 (78.9%)
- Asian: 0 (0%)

What is your experience with Narcan?
18 responses

- I don't know what Narcan is: 2 (11.1%)
- I know what Narcan is but I have never used it: 5 (27.8%)
- I have been trained to use Narcan but I...: 5 (27.8%)
- I have been trained to use Narcan and I...: 6 (33.3%)
- I have used Narcan on someone who has...: 7 (38.9%)
Memorable Quotes from Individuals with SUD:

Why did you drink or use a drug for the first time?

- “I found my dad after he killed himself and that image was stuck in my head” (11 years old)
- “I Never felt good mentally until drugs” (14 years old)
- “Got hooked on drugs by my parents” (13 years old)
- “Mom and Dad did drugs, it was my norm” (unspecified)
Memorable Quotes from Individuals with SUD:

What is the one thing you wish people understood about addiction?

- “That I am still a human being and can be successful with time and support.”
- “It can happen to anyone.”
- “People are not defined by their addiction, and even educated people are addicts”
- “Relapsing during recovery does not mean we are not trying to get better”

Examples of facing Stigma:

- “People are so judgemental about MAT so afflicted persons don’t seek treatment because they don’t want to be further stigmatized” - Being asked to leave AA for being on methadone
- “An ICU nurse told a patient with SUD that they should have died instead of taking up space in the hospital that could have been used by someone else”
Insights from Patients with Substance Use Disorder

STIGMA

- Family, friends, police officers, and medical professionals (nurses and doctors)
- “I am a good person who has made some bad decisions”
- “It’s as if once you’ve been on drugs you are forever a drug addict in their eyes”
  - Shame or fear of embarrassment discourage seeking treatment

SYSTEM

- Absence of comprehensive, longitudinal care that connects patients with others in recovery fear without fear of judgement
  - Barriers to effective care include insurance coverage, limited availability of beds, and ineffective care (often from providers without personal experience with substance use disorder)
Stakeholders

Sources: physicians, nurses, EMS, fire, recovery coaches, people in recovery, and the chief of police

Quotes

What are the consequences of treating people who have substance use disorders poorly or discriminating against them because of their illness?

- “People with SUD don't want to go see medical professionals because they think they will be discriminated against.”
- “Negative Language has a negative impact.”

What is one thing you wish people understood about addiction?

- “Everyone is facing an addiction; One size doesn't fit all for treatment.”
- “People are not defined by their addiction, and even educated people can be addicts.”
- “The science of addiction - people should be required learn about the effects of a substance on their brain”
What we learned

● *Our generation* plays a key role in changing the way substance use disorder is approached and addressed in medicine
● Addiction is a multifaceted, complex, **DISEASE**, with a number of social implications
● Fitchburg’s homeless problem starts at the top down and will not change without adequate policy changes
● Funding needs to be redirected towards recovery **PROGRAMS** rather than PSAs/Billboards if you want to create change
● Women and minorities often face the most stigma with addiction
● The best way to learn is via first hand stories and by *listening* to unheard voices
References

- Massachusetts Department of Public Health, Occupational Health Surveillance Program (2018); Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015.
- Massachusetts Department of Public Health, Opioid-Related Overdose Deaths Among MA Residents(2018)
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Questions?