- Arizona Center for Rural Health
- State Office of Rural Health Webinar Series

- Webinar Notes:

- Audience is muted during the presentation.

- Please enter your questions into the chat box.

- You will receive an email post webinar with a survey link and the link to the recorded webinar.

LAND ACKNOWLEDGEMENT

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

Disclaimer

We do not have any conflicts or financial interests to disclose.

We are not licensed medical professionals. Information presented in this webinar is for educational purposes only and not to be used to diagnose or treat medical conditions.

PRESENTER BIOGRAPHY

DR. NATASHA MENDOZA

Associate Professor at Arizona State University's School of Schol Work

Education: Ph.D. from The Ohio State University, Postdoctoral training at SUNY Buffalo's Clinical and Research Institute on Addictions.

Expertise: Substance use and co-occurring disorders, harm reduction, community research, wellness, identity, and the impact of power and oppression on behavioral health.

Personalizing Recovery:

Individualized Approaches in Treating Substance/Opioid Use Disorders

ASU Southwest Interdisciplinary Research Center
Arizona State University

Presented by:
Dr. Natasha Mendoza
Arizona State University
School of Social Work

LEARNING OBJECTIVES

- Recall and understand key factors influencing SUD and OUD.

- Discuss applying knowledge of diverse treatment approaches to create individualized treatment plans.

- Evaluate current research and emerging trends, developing strategies to integrate insights into clinical practice for improved patient outcomes.
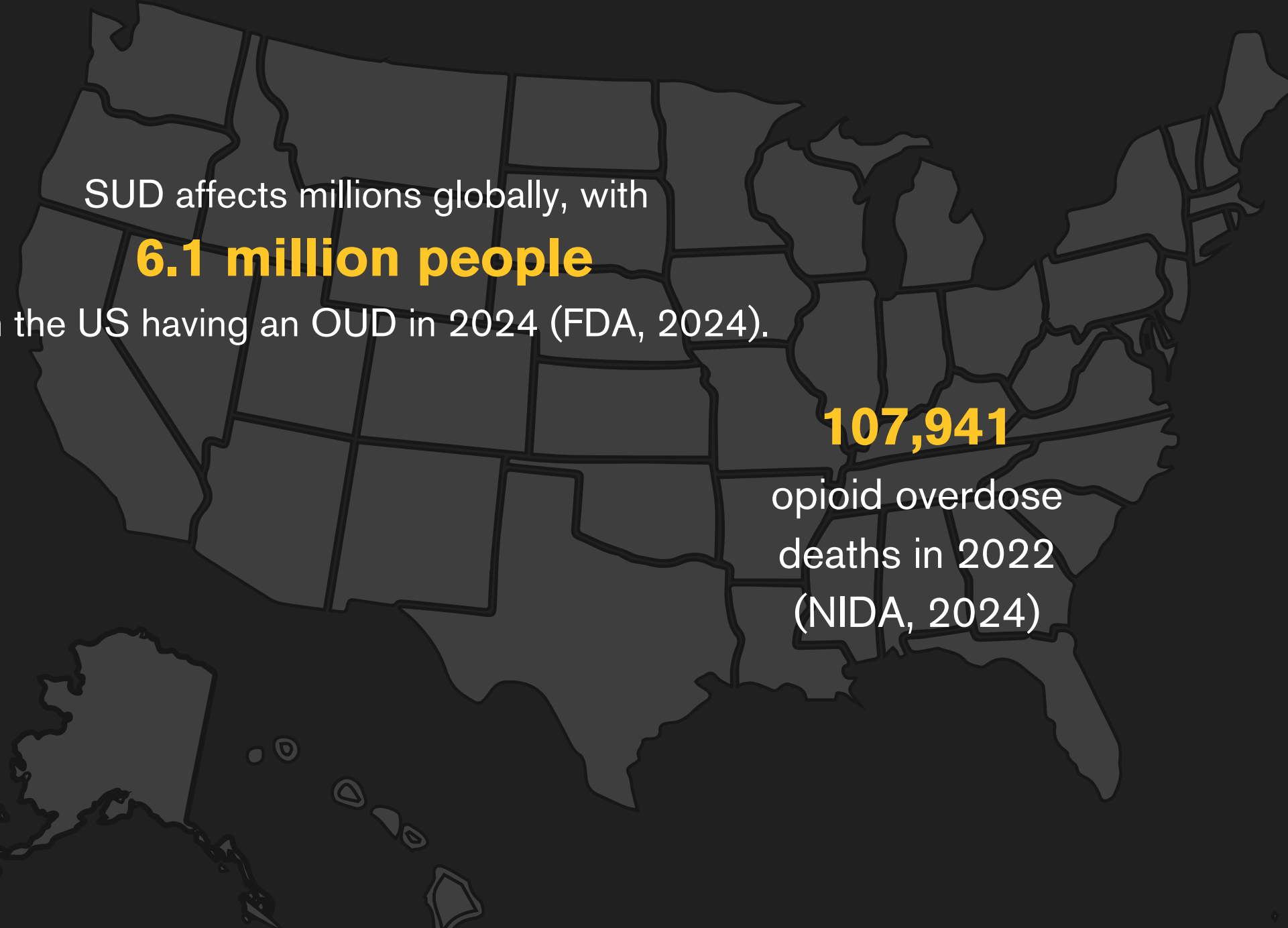
AGENDA

INTRODUCTION TO SUD AND OUD

Substance Use Disorder (SUD) is characterized by the inability to control the use of substances despite harmful consequences.

Opioid Use Disorder (OUD) specifically involves opioids such as prescription painkillers, heroin, and synthetic opioids.

Opioids, including prescription opioids (e.g., oxycodone), heroin, and synthetic opioids (e.g., fentanyl), have short-term effects include pain relief and euphoria, while long-term effects can lead to physical dependence, tolerance, and severe withdrawal symptoms.

SUD affects millions globally, with **6.1 million people** in the US having an OUD in 2024 (FDA, 2024).

107,941 opioid overdose deaths in 2022 (NIDA, 2024)

SUDs result in personal, social, and economic consequences, including health issues, family disruptions, and high healthcare costs

Question: How do you "individualize treatment?"

Answer: Simple...change your worldview.

THE OPIOID CRISIS IS A SYNDEMIC

A syndemic is a cluster of two or more diseases or health conditions that interact within a population, leading to increased disease burden and health disparities. Syndemics are caused by social and structural factors and inequities, and can reflect population-level trends in specific regions, cities, or towns.

The Opioid Syndemic

The opioid crisis is not just a standalone epidemic but a syndemic involving multiple intertwined health crises, including:

- **Substance Use Disorders:** Use of opioids, methamphetamines, alcohol, and other substances.
- **Mental Health Disorders:** Co-occurring mental health issues such as depression, anxiety, and PTSD.
- **Infectious Diseases:** Increased transmission rates of HIV, Hepatitis C, and other infectious diseases due to unsafe injection practices.
- **Social Determinants of Health:** Economic despair, social isolation, and lack of access to healthcare resources exacerbate the crisis.

(Singer, 2009)

FACTORS & IMPLICATIONS

Factors Contributing to the Syndemic

- Economic and Social Factors: Economic decline, unemployment, and social disintegration contribute to substance misuse and mental health concerns.
- Healthcare Barriers: Stigma and inadequate healthcare infrastructure hinder access to treatment and harm reduction services.
- Overlapping Epidemics: The opioid crisis overlaps with other public health crises, creating a complex web of challenges that require <u>comprehensive, multi-faceted solutions.</u>

FACTORS & IMPLICATIONS

Addressing the opioid syndemic requires:

- Integrated Care: Combining treatment for substance use disorders, mental health conditions, and infectious diseases.

- Harm Reduction Strategies: Syringe service programs, overdose prevention sites, and widespread availability of naloxone.

- Policy and Community Interventions: Developing policies that address the social determinants of health and support community resilience.

RISK AND INDIVIDUALIZED FACTORS

- **Genetic Influences:** Genetic predisposition plays a significant role in the risk of developing SUD.
- **Environmental Factors:** Factors such as family dynamics, community environment, and socio-economic status contribute to the risk.
- **Socio-cultural Influences:** Stigma, cultural beliefs, and access to treatment impact the development and management of SUD.
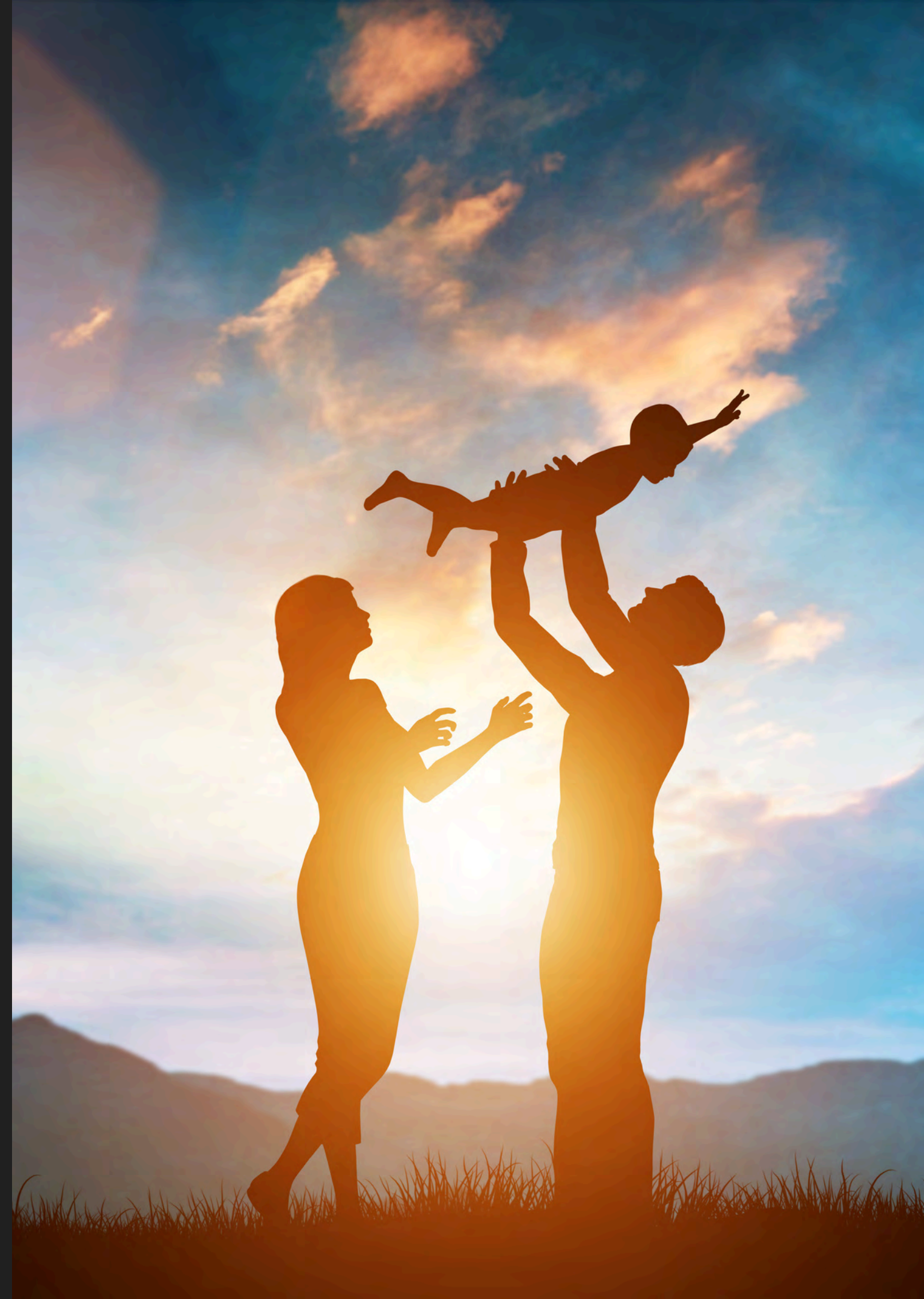
PERSONALIZED TREATMENT STRATEGIES

Assessment: Comprehensive evaluations to determine individual needs and circumstances - within an ecological systems framework.

Tailoring Treatment Plans: Combining various therapies and strategies tailored to each patient's unique situation within their unique ecological system.

Monitoring and Adjustment: Regular evaluations to adapt the treatment plan as needed. Understand systems are dynamic.

TREATMENT APPROACHES

Medication combined with behavioral treatment: Utilizes medications like methadone, buprenorphine, and naltrexone to manage withdrawal and cravings.

Treatment: Often includes motivational interviewing, cognitive-behavioral therapy (CBT), dialectical -behavioral therapy (DBT); **contingency management**, trauma-related therapies (e.g., EMDR), group work (manualized and mutual self-help), and psychoeducation.

Holistic Methods: Incorporates mindfulness, exercise, and nutrition to support overall well-being.

Via Technology: Access through telehealth, **app-based interventions**

INDIVIDUALIZED TREATMENT = CONSIDERS ECOLOGICAL SYSTEMS

Integrate...

Culture (method; language; symbols; location)

Basic needs (safety; housing; food)

Physical health

Faith (spirituality; mindfulness; religion; higher power)

Partners

Children

Extended family

Integrate...

Work/employment

School/education

Built environment

Natural environment

Logistical access

Mandating systems (criminal/legal/child welfare)

DIVERSITY IN TREATMENT

Cultural Attunement: Understanding, respecting, and leaning in to cultural differences to provide effective care in consideration of power and oppression.

Addressing Specific Group Needs: Developing strategies for specific populations like veterans, adolescents, older people, and rural communities.

CHALLENGES AND RELAPSE PREVENTION

Common Challenges: Barriers such as access to care, maintaining motivation, and managing co-occurring disorders.

Relapse Prevention Strategies: Developing coping mechanisms, creating robust support systems, and ongoing monitoring. Alumni connectors and community.

HIGHLIGHT: CONTINGENCY MANAGEMENT

Focus: Stimulants

Contingency Management (CM): A behavioral therapy that uses positive reinforcement to encourage abstinence from drug use. Patients receive rewards or incentives for meeting specific treatment goals, such as negative drug tests.

Behavior Identification: Target behaviors are identified, typically abstinence or adherence to treatment protocols.

Monitoring: Regular monitoring through urine tests or other methods to verify the target behavior.

Incentives: Patients receive tangible rewards (e.g., vouchers, cash prizes) for demonstrating the desired behavior.

PSATTC e-Learn Site.

(Becker et al., 2023)

UCLA INTEGRATED SUBSTANCE ABUSE PROGRAMS

Key Elements of the CM Pilot Program

Participate in a **structured 24-week outpatient CM program**, followed by 6+ months of additional recovery support

Receive incentives for **testing negative for stimulants only**, even if they test positive for other illicit drugs

Earn a maximum of $599 over the 24-week program period in the form of low-denomination gift cards

Track progress using **Incentive Manager** service

HIGHLIGHT: TECHNOLOGY

mHealth (Mobile Health Technology) is defined as "medical and public health practices relying on mobile devices, such as cell phones, patient monitoring systems, personal digital assistants and other wireless devices" (WHO, 2024)

Types:

- Multimedia, Educational Content
- Sobriety Trackers
- Medication, Meeting, and Appointment Trackers
- Peer and Community Support
- Habit Trackers
- Relapse Prevention and Management
- Directories and Maps
- Gaming Features

I Am Sober

- Recovery time tracking down to the minute.
- Personalization options.
- Includes motivational messages.
- Options to track other things, such as money saved during recovery, or calories avoided by not drinking alcohol.
- Connection to community message board

Loosid

- Direct connection to local recovery peers
- Includes educational/inspirational video and audio content
- Can use either to build recovery community, or as a recovery-friendly dating app
- Focuses on finding fun while in recovery
- Includes list of recovery friendly social events in your area

The Phoenix

- Virtual Events and Classes: Users can join live-streamed fitness classes, yoga sessions, and other wellness activities that promote physical health and community engagement.
- Community Support: The app connects users with a supportive network of peers who are also in recovery, providing a space for mutual encouragement and shared experiences.
- Resource Access: Users have access to a variety of recovery resources, including educational materials, articles, and tools to help manage their recovery journey.
- Goal Setting and Tracking: The app allows users to set personal recovery goals and track their progress, fostering a sense of accomplishment and motivation.
- Safe and Inclusive Environment: The Phoenix app is designed to be a safe space for individuals from all backgrounds, emphasizing inclusivity and respect within the community.
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RESOURCES FOR PATIENTS & FAMILIES

TREATMENT PLANNING EXERCISE

JESSY

a 22-year-old non-binary Asian individual

History: Jessy has been using prescription opioids and stimulants for the past five years following a skate park-related injury. Their usage escalated to heroin, then fentanyl two years ago due to increased tolerance and difficulty accessing prescription opioids.

Current Situation: Jessy recently lost their job and has limited family support. They report they are physically safe but without a place to live permanently. They are experiencing severe withdrawal symptoms and has expressed a desire to stop using but feels overwhelmed.

Co-occurring Disorders: Jessy has a history of depression and anxiety, which have been exacerbated by their substance use. Jessy continues to experience physical pain resulting from skateboarding injury

1. **FIRST, what ecological systems do we consider?**
2. Develop a personalized treatment plan incorporating MOUD, behavioral therapies, and holistic approaches. What else?
3. Address any socio-cultural factors and personal preferences that might impact Jessy's treatment.
4. Create strategies to prevent overdose and support long-term recovery.

QUESTIONS?

Thank you for your participation

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