

Illinois Association for
Behavioral Health 

Medication Assisted Treatment and Recovery:

Fighting the Stigma

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Our Goals For Today

- ✓ Understand the history of MAT for Opioid Use Disorders
- ✓ Identify myths associated with pharmacologic therapy
- ✓ Describe the effectiveness of MAT for Opioid Use Disorders
- ✓ Discuss strategies to combat the stigma of MAT

***If someone you loved was
suffering from a debilitating
illness that impacted every
aspect of their life...***

Mind

Body

Spirit

Behavior

Checking account

BUT....

A treatment was available that would not only assist your loved one to stabilize their symptoms but would also assist them to recover and avoid most, if not all, of the negative consequences of the disorders...

What would you do?

How would you feel?

You would not ask...

When are you going to stop?

Why are you doing that?

Why do you need that?

How long are you going to do that?



When it comes to the treatment of substance use disorders, why do people react so differently?

***Common Answer:
Addiction is different
from other medical
disorders!***

“They did it to
themselves!”





Breaking the Stigma of
Drug Rehab

So it stands to reason that if individuals with Opioid Use Disorders are stigmatized, then so would the treatment

Briefly: The War On Drugs

"The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people"

John Ehrlichman, former Nixon domestic policy chief in a 1994 interview



“You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin. And then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”

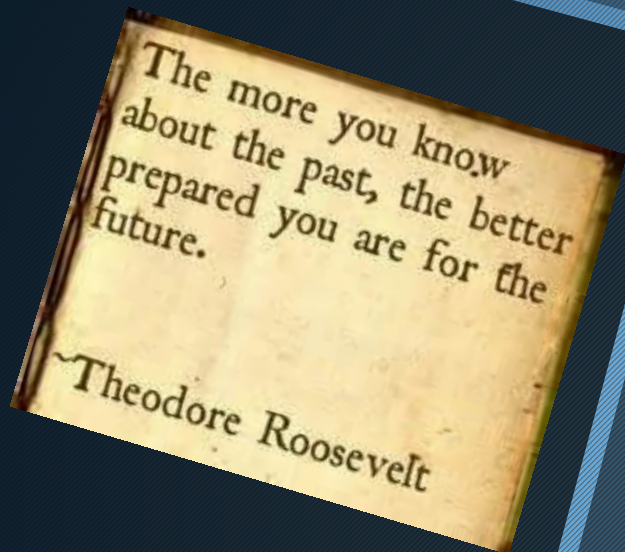


Medication Assisted Treatment is the standard of care for individuals with opioid use disorders.



“If you are an individual who does not believe in the efficacy of MAT, that is certainly fine, but professionally, keep your opinion to yourself” (sic)

Former White House Office of National Drug
Control Policy Director
Michael Botticelli
New England Institute of Addiction Studies
Worcester State University
June 2014.



The more you know
about the past, the better
prepared you are for the
future.

Theodore Roosevelt

An all-too- brief history of Treating Opioid Use Disorders

Methodone Treatment

1960's :
Drs. Dole and
Nyswander
Research on the
efficacy of
methadone to
treat opioid use
disorders

Methadone Treatment

Methadone was used in the 60's to treat opioid addiction (NYC) with positive results

1971 - Richard Nixon called for establishment of the first federal program for methadone treatment

Drug abuse and addiction were called "Public Enemy Number One" and in 1973 strict federal controls were applied to treatment. Still continues today.

Methodone Treatment

Methodone could
ONLY be prescribed
with the provision of
wraparound services:
medical, social,
vocational, etc. in
federally approved
and highly regulated
OTPs (Opioid
Treatment Programs)

Methodone Treatment

Methodone
treatment **SAVED**
Narcotics

Anonymous as a
viable recovery
support program
in the 1960s.

Methodone Treatment

There are an average of 350,000 patients receiving methadone to treat opioid addiction per day in the United States

Buprenorphine Treatment

First used to treat
Opioid Use
Disorder in 2003
(Private, appropriately
credentialed physician's
office)

Buprenorphine Treatment

In 2009, over 5.7
MILLION
prescriptions for
buprenorphine
(Suboxone/
Subutex) were
filled in the United
States

Myths?

**What have YOU
heard????**

The simplest way we can
all combat stigma is
through

**PROFESSIONALISM
AND ETHICAL
PRACTICE**

BASIC ETHICAL PRINCIPLES



- ✓ Self determination
- ✓ A person's right to choose their own direction

Autonomy



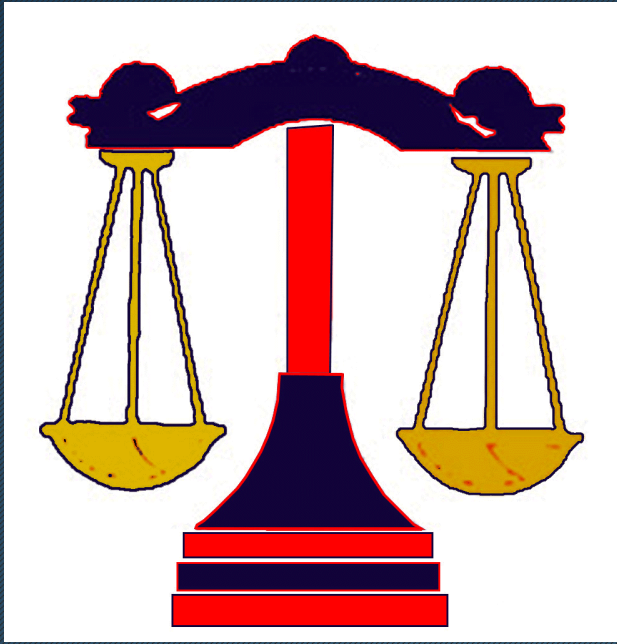
Avoid all actions that can
potentially do harm to a person

Non -
Malfeasance



- ✓ Promoting the welfare of the person served
- ✓ Doing what is in the best interest of the person

Beneficence



- ✓ Fairness
- ✓ Avoiding discrimination, bias, unequal access

Justice



- ✓ People receive what they are promised
 - ✓ Trusting
 - ✓ Honorable

Fidelity



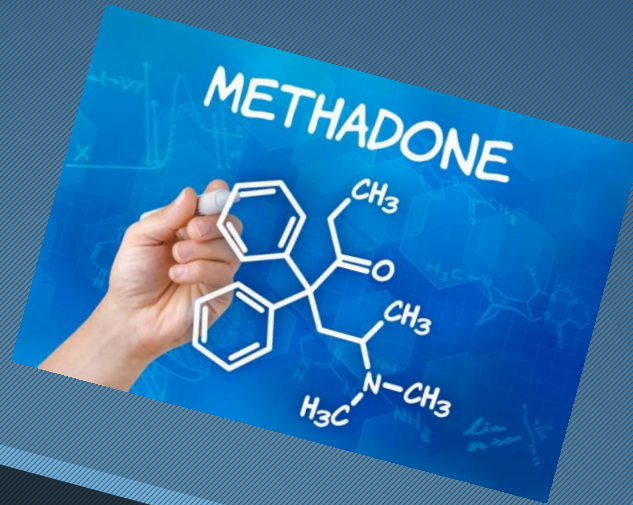
- ✓ Honesty
- ✓ Sincerity; transparency
- ✓ Informed consent

Veracity

SU
PER
VIS
ION

ALWAYS! ALWAYS! ALWAYS!

Professional Practice
Maintaining



Issues Specific to
INCREASING
Stigma

“Like many addiction counselors personally and professionally rooted in the therapeutic community and Minnesota model programs of the 1960s and 1970s, I exhibited a rabid animosity toward methadone and protected these beliefs in a shell of blissful ignorance. That began to change in the late 1970s when a new mentor, Dr. Ed Senay, gently suggested that the great passion I expressed on the subject of methadone seemed to be in inverse proportion to my knowledge about methadone. I hope this article will serve as a form of amends for that ignorance and arrogance.”

William White
“Methadone and the Anti-medication
Bias in Addiction Treatment” (2003)



Anti-Medication Bias

Where does the
anti-medication
bias come
from?

Anti Medication
Bias

Discrimination
Stigma /

- ✓ Forced dose changes
- ✓ Dosing limits as general policy (without medical intervention)
- ✓ Counselor dosing recommendations
- ✓ Pre determined lengths of stay as policy

Management

Dose

- ✓ Are counselors properly trained after hire?
- ✓ Professional development opportunities available and accessible?
- ✓ Are roles and expectations clearly defined?
- ✓ Are evidence based practices being used?

Others? What are you seeing?

Competence
Counselor

- ✓ Is the environment clean and professional?
- ✓ Staff attitudes toward the patients?
- ✓ Is confidentiality protected?
 - ✓ Dosing
 - ✓ Infectious diseases
 - ✓ Behavioral issues?

What does YOUR personal office look like?

Recovery Environment

Combating Stigma

○ Stigma is the belief or attitude

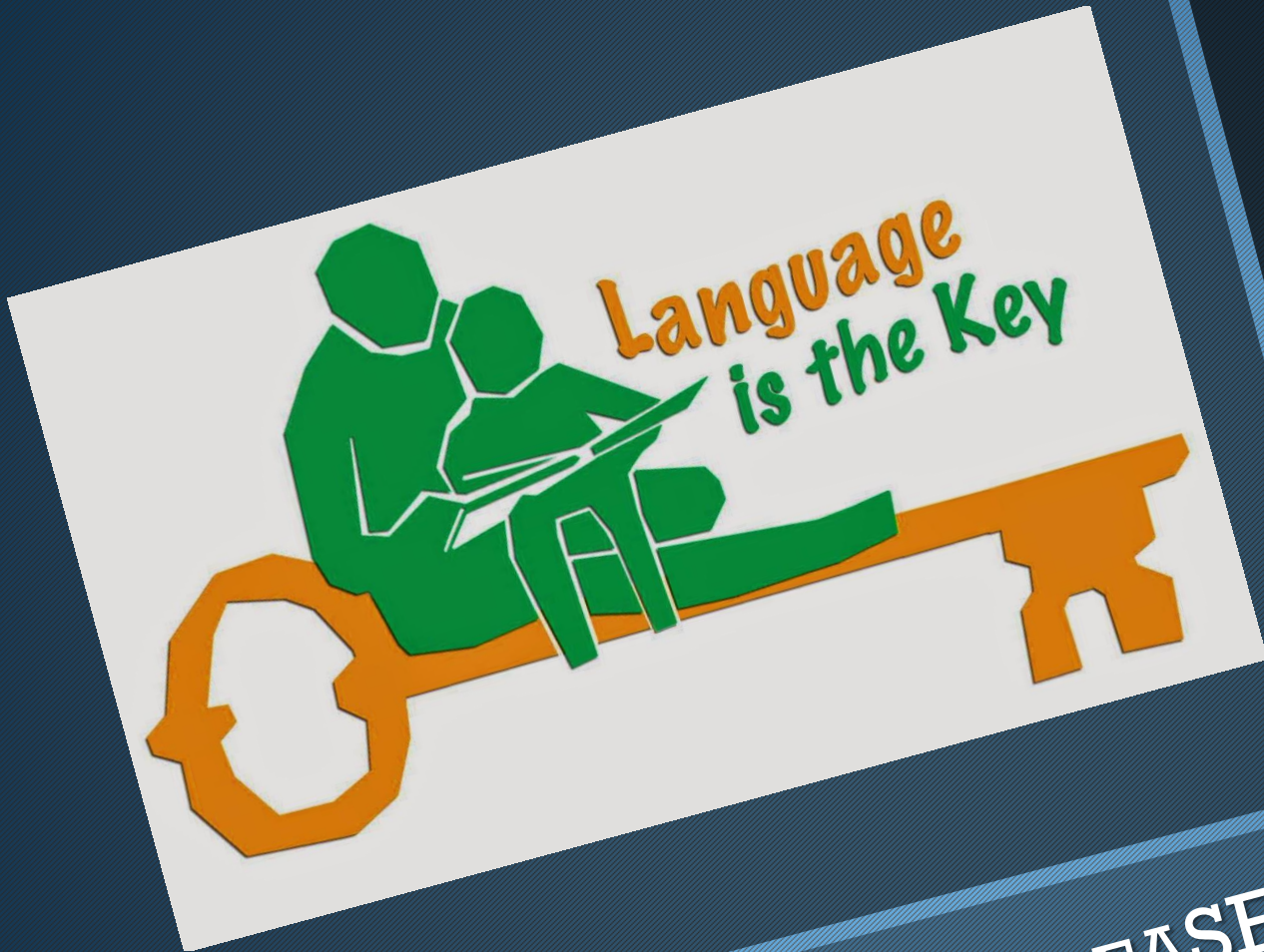
○ Discrimination is the action

Clarification of Terms

Stigma

SIMPLIFY

There is a very simple
way to combat stigma
that WE ALL CAN
IMPROVE UPON...



Language can INCREASE or
DECREASE stigma

What We Say /
HOW We Say It

Junkie

Addict

Dope Fiend

OR

Individual

with an

opioid

use

disorder

CONDITION
LABELS vs

- ✓ Stereotypes
- ✓ “Those People”
- ✓ Harm Reduction vs Abstinence Based
- ✓ Lack of awareness of what the medications actually do/ why they are used

Other Examples

- ✓ Dependence vs addiction
- ✓ Misunderstanding of substance use disorders
- ✓ Comparison to other chronic illnesses

Other Examples

“The stigmatized individual tends to hold the same beliefs about identity that we do, this is a pivotal fact.”

“...can use this disadvantage as a basis for organizing life.”

Erving Goffman

Stigma: Notes on the Management of Spoiled Identity (1963)

Self Fulfilling
Prophecy

- ✓ Misunderstanding of relapse
- ✓ “Relapse is part of recovery” (???????)
- ✓ When can relapse occur?
- ✓ How do we handle relapse

Relapse

Other Examples

✓ Success rates
of treatment

✓ Success rates
of MAT!!!!

Other Examples



✓ 12 Step Recovery programs HAVE NO FORMAL bias against medication assisted recovery

✓ 3rd tradition: Membership requirement

✓ 12th tradition: Anonymity/Principles before personalities

Recovery

12 Step

THE AA MEMBER—
MEDICATIONS &
OTHER DRUGS

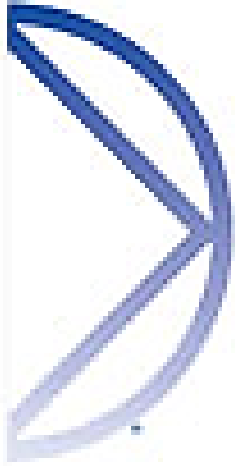
This is A.A. General Service Conference-approved literature.

recovery

12 Step Recovery

Uh oh...have some people been
forgetting the Traditions???

**NA GROUPS
&
MEDICATION**



Not here either!

**Recovery
12 Step**

“By definition, drug replacement is used for a different reason than prescribed medications for mental or physical health. This distinction makes drug replacement a separate issue for us in NA. When it comes to those who participate in drug replacement, it is helpful to remember that our Third Tradition clearly states that membership in NA is established when someone has a desire to stop using or when they choose to become a member, not when they are clean. No matter what the issue, groups are still charged with the goal of welcoming each person who walks into a meeting.”



NIMBY

Not In My Backyard

NIMBY, which stands for "not-in-my-backyard," is a mentality adopted by those who reject certain changes to their communities (supportive housing, addiction and mental health treatment, etc.) Often fears of increased crime, decreased property values, and other negative impacts on the community underlie objections to developing such programs.

Adopted from U.S. Housing and Urban Development website

NIMBYism

NIMBYism

From that perspective, their fears may be legitimate. Do we want to dig our heels in and take them on confrontationally?

For some of us, depending upon our neighborhood, etc, how do we feel about more services coming closer to our homes?

Tart words make no friends; a spoonful of honey will catch more flies than a gallon of vinegar.

Benjamin Franklin

meetville.com

How do we work with resistant patients? We “roll with resistance.”

NIMBYism

Direct confrontation only causes people to be more defensive. By trying to understand their fears, not only do we find safe ways to address and allay them in the short term...

...but we also can reduce problems moving forward in terms of petty complaints.

NIMBYism

R
E
M
E
M
B
E
R

I don't have to
make you wrong
to be right

-Tammy Plunkett

FB/TammyPlunkettAuthor

Photo by Sarah Ricciardelli

(But I'm still never using a
microwave at a convenience store
ever again)

NIMBYism

Wrap Up

SU
PER
VIS
ION

ALWAYS! ALWAYS! ALWAYS!

Combating
Stigma

Contact Info

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