

WEBVTT

1 "" (0)

00:00:00.000 --> 00:00:06.644

Okay.

2 "Russell, Wanda" (3625961984)

00:00:06.644 --> 00:00:21.930

Hello and thank you for joining us today for signa's substance use Disorder awareness series. My name is Wanda Russell and along with my co workers, Stephanie Gizzle, Kerry Mac, and Jordan Nilson. We appreciate you for joining us.

3 "Russell, Wanda" (3625961984)

00:00:21.930 --> 00:00:41.930

We're a team of nurses and behavioral clinicians for the opioid pain and substance use disorder team here at Ebborner North, which is part of Cigna. Due to the format of the seminar, you will not be able to ask questions during the presentation. You are however able to add questions at any time in the Q and A section found in the.

4 "Russell, Wanda" (3625961984)

00:00:41.930 --> 00:00:59.970

Lower right side of your screen. We will address as many questions as time permits during the last 15 min of our hour together. Please limit your questions to the seminar topic. If you have specific questions regarding substance use disorder treatment or your policy.

5 "Russell, Wanda" (3625961984)

00:00:59.970 --> 00:01:18.240

Please contact me or one of my team members. Our contact information can be found on the last slide of the PowerPoint. Today's PowerPoint will be a part will be part of the presentation here on Webex or you can click the link found in the chat section near the Q and A section as well.

6 "Russell, Wanda" (3625961984)

00:01:18.240 --> 00:01:36.450

Now today I have the pleasure of introducing dr. Erin Weeener for our October webinar on demystifying addiction, applying the bio psychosocial model. Dr. Aaron Winner is a board certified psychologist and addiction specialist.

7 "Russell, Wanda" (3625961984)

00:01:36.450 --> 00:01:56.450

He speaks nationally on topics of addict add addiction and behavioral health and the impact of drug policy on public health. His perspective is informed by his years of experience growing and directing addiction service lines for hospitals and healthcare systems, the current state of medical.

8 "Russell, Wanda" (3625961984)

00:01:56.450 --> 00:02:29.512

Role and psychological research and his own observations in his private practice. Dr. Weener is the immediate task president of the Society of Addiction Psychology on the public policy committee for the American Society of Addiction Medicine and a member of the science advisory board for the foundation for drug policy solutions. With my pleasure, it's now I'll turn the presentation over to dr. Aaron Weener.

9 "Aaron Weiner" (1695967744)

00:02:29.512 --> 00:03:00.280

Thanks so much and good morning or afternoon everybody depending on where you're from. I appreciate you coming in and joining us today. We're gonna talk about addiction, how to understand it and how to apply the biopsychosocial model, which we will define very shortly. If you have questions, as mentioned, please feel free to enter them, but if they come to you later, please feel free to take down my email. It's down here in the bottom left, just Aaron at winer phD.com, feel free to drop me a line. I try to be as responsive as I possibly can. Alex, I think this imp.

10 "Aaron Weiner" (1695967744)

00:03:00.280 --> 00:03:21.680

Information is pretty important, which is, which is ultimately why I'm here today. So we're just gonna dive right in. We should hopefully have some time though at the end to connect if you'd like, but I'd like to start 1st with just a very broad 30000 ft view of what is going on with addiction in America, and unfortunately right now, things aren't looking particularly good. There's some.

11 "Aaron Weiner" (1695967744)

00:03:21.680 --> 00:03:49.440

That's for optimism, we'll talk about that as well, but there's, there's still a lot of trends that are going in the wrong direction, and actually one of them is alcohol, and we don't talk about this very much. There was just however, a report that was released by the American Candidate of cancer Research talking about how 51 % of Americans don't know that alcohol is a carcinogen. An alcohol causes cancer, but it does. We can talk more about that if you'd like, but what this is getting at is just if we talk about.

12 "Aaron Weiner" (1695967744)

00:03:49.440 --> 00:04:06.480

Alcohol related death, that actually has gone up dramatically in the past 20 years or so. This was a study that was looking at, 2007 to 2017 and has gone up everywhere by quite a bit over the COVID pandemic actually as well, it went up even further.

13 "Aaron Weiner" (1695967744)

00:04:06.480 --> 00:04:26.480

In terms of the number of alcohol related deaths. Right now that number depending on how you define it, here they were, they're, they're estimating a little bit lower, but it's between a hundred and 40 and a hundred and 80000 people a year, are dying from alcohol related death. And actually this eclipses what we're seeing from opioids, not to say that, you know, to di diminish what's.

14 "Aaron Weiner" (1695967744)

00:04:26.480 --> 00:04:52.129

Going on with opioids, but it's even more than opioid overdose by by a pretty large margin, to be honest with you. Opioids also has gone through many phases over time in terms of opioid use misuse, and overdose death, where it started with prescription opioids wave one of the epidemic, then heroins started to surge, that's this purple line, and fentinal really started to take over. And then fentinal combined with stimulants.

15 "Aaron Weiner" (1695967744)

00:04:52.129 --> 00:05:17.209

Like either methan phenomine that's a big one right now or cocaine is also a huge proportion of the number of folks who are dying, but it's it's morphed and grown over time to the point where now it's it's flatinal is really driving a lot of it. Flatinal of course up to a thousand times stronger depending on the derivative than Heroin is and a lot easier to produce and ship and contaminating a lot of street drugs right now. Now.

16 "Aaron Weiner" (1695967744)

00:05:17.209 --> 00:05:37.209

I was mentioning cost for optimism, actually the most recent data out of the CDC is showing that for the 1st time in a while, we're seeing rates starting to decrease, which still puts them a heck of a lot higher than they were about ten years ago in terms of the amount of people dying. These are all overdoses combined, but it's actually down 10 % year over year, which is the 1st.

17 "Aaron Weiner" (1695967744)

00:05:37.209 --> 00:06:02.389

1st time we've seen this reduction steady reduction in in a long time for the 1st downturn, so hopefully we'll see that trend continue. A lot of reasons for that, which again we can talk about as well, but that's some cause of optimism there. Now on the flip side again, we're seeing upticks in different areas around addiction, right? So, so in terms of nicotine, which is a very hard addiction to kick, we're seeing vaping trends go up and up and up particularly.

18 "Aaron Weiner" (1695967744)

00:06:02.389 --> 00:06:23.569

Really in the young adult market. You know, we could talk a bit more about what's going on with teens that depending on the source you're looking at or the age is going, you know, up or down a little bit, but we've seen the saddy growth in the young adult market in terms of getting people on negative. We're also seeing the same things in terms of cannabis and halucinags in this in this market. So you can see here that for young adults and.

19 "Aaron Weiner" (1695967744)

00:06:23.569 --> 00:06:47.789

It's high and statistically speaking has remained high. For age 35 to 50, we're seeing use go up in this area as well. There's actually just an op add published by dr. Lena Wen in the Washington post this morning about that, about how we're seeing use rates go up, but not public health initiatives to meet it. And then Hallucinogens also are going up and up as we're starting to see more venture capital and money put into this area.

20 "Aaron Weiner" (1695967744)

00:06:47.789 --> 00:07:07.789

And the reason why we're starting here in terms of, you know, talking about demystifying addiction is that there is a reason why we're seeing these rates and seeing these trends, and certainly industry and money and, you know, the, the, the commercial side of this is absolutely part of it. And when you look at industries and the ones that are less regulated and.

21 "Aaron Weiner" (1695967744)

00:07:07.789 --> 00:07:34.949

Some of the impact of those or in the case of alcohol normalized to the point that we turn a very blind eye to it, into the into the dangers, into the harms. But there's another reason. And this has to do with why people are using substances in the 1st place. And particularly for substances that can cause addiction and so much destruction. And you know we we talked a bit about overdose here at the beginning of the day. Overdose is a very.

22 "Aaron Weiner" (1695967744)

00:07:34.949 --> 00:07:54.949

Generally speaking, advanced problem of a substance use disorder. You know, again, fetal contamination notwithstanding although it is a very significant problem. If you are, say, dying from chronic alcohol use or if you are using more in different drugs to get to the point where you're buying drugs off the street or even trying to buy fetal, there's a progression involved there.

23 "Aaron Weiner" (1695967744)

00:07:54.949 --> 00:08:13.799

And you might ask, so why, why would someone continue to use substances even if it's demonstrably harmful to their health or

dangerous? Well th there is a reason and I wanna start by 1st really honing in on that. The fact that behavior is purpose driven, even if it doesn't make sense on his face, even if it seems.

24 "Aaron Weiner" (1695967744)

00:08:13.799 --> 00:08:33.449

Counterproductive. And the purpose behind that behavior, more often than not, if from the outside it looks counterproductive, most often has to do with emotion and how you're feeling and trying to solve an emotional problem, specifically when it comes to substances, distress. How do you deal with emotional distress?

25 "Aaron Weiner" (1695967744)

00:08:33.449 --> 00:08:52.889

And so the way that I like to conceptualize the human brain as with this very neuroanatomically correct image of the human brain, which I like to think of as a dog driving an electric car. Now, this of course is not what our brain looks like on the inside, it would be very interesting if it was, but I think it is a good metaphor.

26 "Aaron Weiner" (1695967744)

00:08:52.889 --> 00:09:12.889

And and here's why. You can think of the brain is basically when under stress having two main competing forces. One is our very advanced analytical side. That's our prefrontal cortex if we actually want to use the proper terms for it. That's the part of our brain. That's the electric car.

27 "Aaron Weiner" (1695967744)

00:09:12.889 --> 00:09:31.469

In this picture. That's the part of our brain that allows us to do things like synthesize big ideas or think abstractly or moralized or think about long term gain or short term benefit. All these really higher order functions. Executive functions for short. That lives in a prefrontal cortex. The problem is.

28 "Aaron Weiner" (1695967744)

00:09:31.469 --> 00:09:47.549

As advanced, as that part of our brain is, it is less powerful generally speaking than our limbic system, our animal primalistic brain. That's this cute little guy who I like to think of is sitting in the driver's seat.

29 "Aaron Weiner" (1695967744)

00:09:47.549 --> 00:10:07.549

And what the limbic system does is it produces urges and drives and impulses, motions. And what happens when you start to get upset is it takes the wheel because what our limbic system wants more than anything else is to not feel pain and did not feel discomfort. And the 2nd thing that it wants.

30 "Aaron Weiner" (1695967744)

00:10:07.549 --> 00:10:27.689

Is to experience pleasure, and substances tend to hit on both of those points. Absolutely. Through intoxication, you can escape. You can alleviate pain, you can also cause a sense of euphoria. And so for the, for the limbic system, it thinks what what could be a better solution to my distress, to my problems than this.

31 "Aaron Weiner" (1695967744)

00:10:27.689 --> 00:10:47.689

It it's it's doing everything, the substances they're doing everything that we need them to do. They're helping out. And actually if you if you look at fMRI studies of the brain, when you put, when you put someone in a distressing paradigm, which were some people just being in an fMRI, but if you give them say like a distressing task, you'll, you'll actually start to see activity.

32 "Aaron Weiner" (1695967744)

00:10:47.689 --> 00:11:08.099

In the prefrontal cortex drop and activity in the limbic system surge. And that's because that's what happens when we get stressed. And even if you just think about it functionally, imagine a time, say e.g., if you've ever been in an argument with a loved one, like say say a significant other spouse partner et cetera.

33 "Aaron Weiner" (1695967744)

00:11:08.099 --> 00:11:28.099

If you've ever said something when you're angry that you don't, one that you don't mean but also that's hurtful. That's an example of your limbic system taking control. Because if, if you love someone, you're probably not going to say something that's hurtful, right? Like there's other ways to express your feelings that don't cause downstream problems like say.

34 "Aaron Weiner" (1695967744)

00:11:28.099 --> 00:12:00.359

Being to a loved one. But in that moment, you're feeling agitated, you're feeling pressure, maybe you're feeling disrespected or unheard or you want someone to stop saying what they're saying because you're finding it hurtful, whatever the reason is, you're feeling pressure and the act of getting angry yourself and saying something that might be hurtful. That is at bare minimum like say blowing off steam, right? It's releasing that pressure and maybe also in your mind it's stopping the pain. Maybe if you yell louder, you talk louder, they stop talking and that hasn't that benefit.

35 "Aaron Weiner" (1695967744)

00:12:00.359 --> 00:12:19.439

But we see this all the time, where you are feeling discomfort and so

you do something impulsively to try to fix it. And that is ultimately so I call that the dog taking the wheel, but ultimately that's where so many psychological and behavioral health problems come from. If you think about emotions as being on a continuum.

36 "Aaron Weiner" (1695967744)

00:12:19.439 --> 00:12:34.889

And on the very negative side is it's not just that you're angry, it's that you're furious or not just that you're feeling down for a day, but you've got clinical depression, generalized anxiety, and so forth. But when you get over here is when you start to see these compensatory behaviors.

37 "Aaron Weiner" (1695967744)

00:12:34.889 --> 00:12:52.559

Like addictive behaviors, but also things like nervous ticks or hoarding or compulsions, phobias, snapping unhealthy relationships that people stay in, self destructive behavior like cutting, even, you know, attempts at suicide. It's, it's all an attempt to cope. And I I like to think about.

38 "Aaron Weiner" (1695967744)

00:12:52.559 --> 00:13:12.559

Addiction as basically being a metastacized coping strategy. It's something that someone fell into. Usually for reasons at the time that made sense and it seemed like it was working, right? Maybe it helps with you cope with your stress at the end of the day or maybe it allows you to fit in socially with a group of peers who you'd really like to to to be with.

39 "Aaron Weiner" (1695967744)

00:13:12.559 --> 00:13:28.139

To be on the outside. It seems like it's helping you in the short term, but then there's these chemical behavi behavioral, these, these biopsychosocial hooks that start getting put in you. And once you hit that point, it becomes a lot trickier to extract yourself.

40 "Aaron Weiner" (1695967744)

00:13:28.139 --> 00:13:47.069

At that point it's a lot tougher to do what you need to do. So that is really the heart of the addiction. And as a health concern with biological psychological, and social components. And so we're, we'll define each of these now. So the biological side, there's a couple ways this manifests. One is that the chronic use.

41 "Aaron Weiner" (1695967744)

00:13:47.069 --> 00:14:07.069

Of an addictive substance creates down regulation of certain chemicals in the brain or the body. This is like basically a chemical adaptation to the substance, which you can think of more closely as tolerance.

Why someone has to take more benzos or drink more or consume more THC in order to feel the same effect is because.

42 "Aaron Weiner" (1695967744)

00:14:07.069 --> 00:14:25.079

Your body's trying to balance that out. It's got this exogenous chemical coming in that's messing with its brain chemistry and it's saying, whoa, we wanna get back to homeostasis, right? We wanna get balanced again. So we're going to try to make some adjustments in order to balance it out. And so that's why when you use the point of intoxication.

43 "Aaron Weiner" (1695967744)

00:14:25.079 --> 00:14:45.079

These habit forming substances, you have to use more and more and more over time. That's also why when you take them away, you go into withdrawal because you've taken that substance away, but the brain hasn't returned to its base state. And so when you think about what withdrawal feels like it's usually basically the exact opposite of whatever it is you're getting from the drug. So if you have a.

44 "Aaron Weiner" (1695967744)

00:14:45.079 --> 00:15:16.129

Drug that is a, a central nervous system, a CNS depressant like say alcohol, what you're gonna see in withdrawal is central nervous system activation. So that's you know why you've got the blood pressure spikes and the heart rate increases and the agitation, those sorts of things. So your your your body's trying basically to get that back into balance again. There's also an element to this where the reward pathways in the brain start to become very focused on just that.

45 "Aaron Weiner" (1695967744)

00:15:16.129 --> 00:15:36.129

One pathway to receive pleasurable stimuli. So what that means oftentimes is you start very much looking forward to and thinking about using the substance or this can also be for a behavior as well, like say gambling or sex pornography, etc. Your, your brain starts to really fixate on that and then also you might find you're getting.

46 "Aaron Weiner" (1695967744)

00:15:36.129 --> 00:15:59.599

Less pleasure from other things that you used to enjoy. Like they don't carry that the same punch that they used to. So it starts to narrow in terms of your interest in things other than the substance. We also tend to find that people don't utilize healthcare services as often when they're really struggling with the substance use disorder, which, you know, mild/moderate and severe substance use disorders as our technical name.

47 "Aaron Weiner" (1695967744)



00:15:59.599 --> 00:16:30.409

For addictions. Addictions generally generally tend to be at least moderate, not to severe if we're using the DSM criteria. But we tend to see people don't do as much preventative care. They also may not talk to their dr. about it and more on that in just a minute. So that's the biological side. We also have the psychological side where the core of it, as I mentioned, is maladaptive coping. And so what starts to happen is say you have like a stimulus, like I feel bad and this linked to an addictive behavior. I feel bad.

48 "Aaron Weiner" (1695967744)

00:16:30.409 --> 00:16:56.339

Therefore, I take a THC edible. Well, if you do that every time eventually you start to build this association and it just in your mind becomes equivalent. It's like, I feel bad, therefore this is what I do. And other coping strategies tend to at your fee a bit. You haven't practiced them as much and so you stop thinking about them, you know, this is this is your way of feeling ok.

49 "Aaron Weiner" (1695967744)

00:16:56.339 --> 00:17:12.989

We also in the psychological side have to think about triggers and cravings for the substance. So after you formed a reliance on them, either psychologically physiologically or both, when you hit one of these triggers, like I feel bad or.

50 "Aaron Weiner" (1695967744)

00:17:12.989 --> 00:17:28.799

It's the end of the day or I'm in a certain place or I'm hanging out with a certain group of friends, it creates this sense of anticipation and pressure, which we call it craving. And so help helping folks figure out how to get to the other side of that is a very important part of treatment. We'll talk about more about treatment in a minute.

51 "Aaron Weiner" (1695967744)

00:17:28.799 --> 00:17:48.799

Experiential avoidance also generally goes hand in hand with addiction because either by default, if you are getting high to avoid problems, you are avoiding the experience of that problem. And so your ability to tolerate distress and discomfort or anxiety depression starts to reduce or at pain, even say e.g., it's another.

52 "Aaron Weiner" (1695967744)

00:17:48.799 --> 00:18:08.549

Their big trigger for substance use. But we tend to struggle with that avoidance pattern because avoidance is very reinforcing. If you avoid a problem that you're having, you, you tend to feel better almost immediately because you avoided it, but it doesn't actually solve the problem which is still a big part of the issue.

53 "Aaron Weiner" (1695967744)

00:18:08.549 --> 00:18:26.609

We also just have these purely conditioned habits where it's not even about, I feel bad therefore I do it. It can just be, yeah, like e.g., when people are smoking or vaping, oftentimes they'll say, you know, like it's I wake up, I have a cigarette. I go down to breakfast, I have a cigarette I'd get in my car and have a cigarette.

54 "Aaron Weiner" (1695967744)

00:18:26.609 --> 00:18:46.609

I, you know, there's there's all of these cues where you you get conditioned and kind of like a, in a tongue and cheek way like this cartoon that I put on the slide. So the last part of the biopsychosocial model is the social side, and this is part where it oftentimes goes in one of two directions because your support network changes. You either.

55 "Aaron Weiner" (1695967744)

00:18:46.609 --> 00:19:09.179

Are surrounded by friends who mirror what you're doing and that promotes the behavior. We tend to surround ourselves with people who are like us, generally speaking or who help us feel feel good about ourselves and our choices. And so a lot of times people say who have very high quantity drinking habits might be spending a lot of time with other people who have high quantity drinking habits.

56 "Aaron Weiner" (1695967744)

00:19:09.179 --> 00:19:29.179

So that reinforces that. The flip side is people might also be very isolated either in general or just from people who choose a different path, where they're not using substances either at all or in the same way that, that the person with addiction in, and so they start to distance themselves sometimes because it's uncle.

57 "Aaron Weiner" (1695967744)

00:19:29.179 --> 00:19:49.179

Comfortable to be around that person. Almost like, you know, this person continues to hurt themselves with their substance use. It's very hard to watch at times families oftentimes have this issue where they're, they're watching a loved one hurt themselves over and over and over with their substance use and not necessarily seemingly willing to stop. And that's, that's very, it's tough for a loved one to do.

58 "Aaron Weiner" (1695967744)

00:19:49.179 --> 00:20:12.619

So they might might choose to take choose to take some distance there. And so, they may all, you might also find that someone's stuck in concern driven enabling cycles, which is not necessarily the best word to use all the time, but it is a well known one. So I've, I've used it

here. The the idea of enabling is that someone is behaving in a way that would not be sustainable.

59 "Aaron Weiner" (1695967744)

00:20:12.619 --> 00:20:33.559

Without the help of someone external, protecting them from the natural consequences of their behaviors. So an example would be if say someone is drinking and, you know, they're drinking on workdays and, you know, instead of, you know, sleeping in, like maybe they'd be hung over in the morning and they'd sleep through their, through their alarm, but they're, you know.

60 "Aaron Weiner" (1695967744)

00:20:33.559 --> 00:20:56.599

My wife, husband, parent, whoever it is wakes them up, gets them, you know, get gets them to go to work. Safe to drive obviously in that scenario, or or maybe even gives them a ride to work. They're not safe to drive or the, I feel like there's almost like a class of young men who graduate college and then go home living in their parents basement, smoking a lot of marijuana products, you know.

61 "Aaron Weiner" (1695967744)

00:20:56.599 --> 00:21:22.369

Eating not necessarily working, like that that whole paradigm couldn't necessarily exist without the support of the parents in some way shape or form, right? Like you have to make money in order to purchase these things. So, you know, that, that, that creates a system where someone is able to persist. And so just we'll talk about this in a later slide as well, but just making sure that in whatever way you're engaging with someone, if they do have a substance use disorder.

62 "Aaron Weiner" (1695967744)

00:21:22.369 --> 00:21:45.989

It's through the lens of what is going to move them closer, ideally in a healthy positive way towards being healthy, right? As opposed to perpetuating a cycle that's hurtful and harmful. They might also just be engaging in a very substance centric lifestyle where substances are baked into what they do or even a big part of who they are. Like there's some people who really look at themselves and feeling like I am a wine kind of sewer.

63 "Aaron Weiner" (1695967744)

00:21:45.989 --> 00:22:02.909

I am a beer consort. I am a cannabist consort, right? And they, they really view this as like a big part of their identities is using this as subs substance and becoming intoxicated or, you know, feeling these effects. So it starts to really just become part of how they see themselves.

64 "Aaron Weiner" (1695967744)

00:22:02.909 --> 00:22:22.909

And also they may have enhanced life stressors is that oftentimes goes hand in hand with addiction, whether or not it's work problems or social problems or legal problems, stress increases, which feeds back into the psychological side because if your way of coping with stress is by using but using also is causing more stress, it creates this snowball effect which.

65 "Aaron Weiner" (1695967744)

00:22:22.909 --> 00:22:38.879

Doesn't have a happy ending if you continue rolling down the hill. So I wanna talk about Sigma for a 2nd because this is also a critical element of what has created that paradigm that we saw on the 1st few slides where things often in many areas are getting.

66 "Aaron Weiner" (1695967744)

00:22:38.879 --> 00:22:57.269

Worse. And this is because actually stigma is a highly or excuse me, addiction is a highly stigmatized condition, but there's not really a reason why that should be the case, factually speaking. It it is actually a health condition. One theory that I have is that others take the behavior personally.

67 "Aaron Weiner" (1695967744)

00:22:57.269 --> 00:23:14.339

Where like what, why would this person be doing this to us or to the family? I think also there's this idea that to choice, which really is not it's it's a vast oversimplification, particularly after you get to the point of addiction. You know, there's so many.

68 "Aaron Weiner" (1695967744)

00:23:14.339 --> 00:23:33.719

Biological psychological, and even social aspects, you know, it's like a, it's like a web that holds somebody in place. It's not just a simple choice. Again, a lot of times when people, when it was more take it or leave it, they didn't understand people oftentimes didn't understand what they were getting themselves into or they were really just desperate to find peace, to feel ok.

69 "Aaron Weiner" (1695967744)

00:23:33.719 --> 00:23:51.329

To fit in, and then by the time it gets to be, you know, a life boldosing sort of problem, it's not as simple as just, just stop it, right? There's withdrawal and all sorts of other things to contend with. So it's it's not just a choice, it's not personal to somebody else, but we also though do have pejorative words for the population.

70 "Aaron Weiner" (1695967744)

00:23:51.329 --> 00:24:06.929

Things like addict or junky or dirty versus versus clean. We have

violent terms for the act of using like drug abuse, which we still see around even today, shooting up. We sometimes arrest or incarcerate individuals for exhibiting symptoms of their disorder.

71 "Aaron Weiner" (1695967744)

00:24:06.929 --> 00:24:25.019

Right? They have a substance use disorder, so they are using, becoming intoxicated with and possessing substances yet we're saying that like that is self potentially like say a felony or something that makes it harder for them to pivot their life. And so really the the question that I think we all need to take a step back.

72 "Aaron Weiner" (1695967744)

00:24:25.019 --> 00:24:40.469

On and think about is are we treating this like a complex medical and behavioral problem? Because that's ultimately what it is. You know, it's something that is a manageable health condition, chronic, health condition, but for most, but a manageable one, with the right tools.

73 "Aaron Weiner" (1695967744)

00:24:40.469 --> 00:25:00.469

And with the right treatment approach, which is what we'll be talking about today, but it's not any of these other things and sometimes I think that our perceptions of it that way as well as people who are struggling with it. Their own judgments about themselves create a stigma that anchors it in place. And this matters for a number of reasons. It could, it could harm the psychological well being.

74 "Aaron Weiner" (1695967744)

00:25:00.469 --> 00:25:21.479

That people using drugs, and this is actually more so than other behavioral health. When you look at studies that compare the impact of stigma on people who have an addiction versus say depression without an addiction, addiction tends to be that the stigma is is greater for folks who are are are struggling with addiction, which means it's harder for them to, to change.

75 "Aaron Weiner" (1695967744)

00:25:21.479 --> 00:25:36.659

And harder for them to improve their functioning in daily life. It creates shame. Shame is a paralytic feeling. When you feel shame, you're less likely to act, you feel stuck. And so anything that creates more shame is oftentimes.

76 "Aaron Weiner" (1695967744)

00:25:36.659 --> 00:25:56.659

The wrong, the wrong route to go both in terms of, you know, how someone is judging themselves easier said than done of course, but then also how we are working with people with addictions or conceptualizing people with addictions. If there's, if it's if it's a

way that induces shame or that could easily induce shame, we gotta really check ourselves there. It can also increase overdose risk because again.

77 "Aaron Weiner" (1695967744)

00:25:56.659 --> 00:26:14.759

Overdose generally speaking or someone dying from alcohol poisoning, this is not something that happens early on for most people. It's addiction is a progressive problem. So if someone's keeping its secret and a grow a growing secret, that's a big problem. It impacts our legal medical system, legislative system.

78 "Aaron Weiner" (1695967744)

00:26:14.759 --> 00:26:33.569

Oftentimes folks who are struggling with addiction also can't advocate for themselves because they're compromised by their addictions, so it's something that we have to think about as healthcare providers, as or if you're not, if you're just someone concerned about addiction on the call today, us too, right? We we need to recognize that these folks are vulnerable because they're struggling.

79 "Aaron Weiner" (1695967744)

00:26:33.569 --> 00:26:53.569

So one thing that we can do is language, and we can start to shift how we talk about it. And this is a very simple shift that I want to advocate for that's very difficult to do sometimes, but we want to go towards person 1st language. So if someone has an addiction, they are not an addict. Someone has an alcohol problem or struggles with alcoholism.

80 "Aaron Weiner" (1695967744)

00:26:53.569 --> 00:27:13.769

We are not an alcoholic because we are not defined by a disease that we have, right? When we, when we say someone's an alcoholic, that's a label you're slapping on someone. With all sorts of judgments and associations of things that go along with it. If you say someone has alcoholism or someone's in treatment for alcoholism.

81 "Aaron Weiner" (1695967744)

00:27:13.769 --> 00:27:33.769

That feels different, right? That's a chronic health condition. Those things can be managed. They can also go into remission, right? That's another thing that they can do. It's commonplace in other parts of medical and behavioral health care as well. Like we are not calling people schizophrenics anymore. We are not calling people like the borderline or something really patorative like that. That's very distaste.

82 "Aaron Weiner" (1695967744)

00:27:33.769 --> 00:27:53.769

People right? We we we we don't do that. So we need to not be doing that in addiction as well. This can be challenging though for some people to, to change to do because some people may choose to self identify. This is a very historically a very common practice in twelve step communities to say like hi, my name is Joe and i'm an alcoholic or something like that.

83 "Aaron Weiner" (1695967744)

00:27:53.769 --> 00:28:16.969

That. And if that gives somebody's strength, more power to them, you know, like I'm not here to tell anyone that they shouldn't do something that works for them. However, what we're finding is that for more people than not, that's actually unhelpful. Acknowledging you have a problem, helpful. Saying you are your disease, not as helpful for as many people. So what's good for the.

84 "Aaron Weiner" (1695967744)

00:28:16.969 --> 00:28:49.729

This may not be good for the but that doesn't mean that individual people can't do it. So I will never try to talk somebody out of self identifying in a certain way at the same time as a, as a addiction psychologist, that's never anything that I would encourage somebody to do. So other things that we can do in the language front eliminate the word abuse from the way we talk about this. You could we the word we're using now is misuse, so not alcohol abuse, we're using it. Abuse again, it actually has been shown to increase stigmatizing attitudes even in clinicians. It makes it use feel someone as more personally culpable and.

85 "Aaron Weiner" (1695967744)

00:28:49.729 --> 00:29:17.759

Serving of punishment is what we're finding from research rather than therapeutic action or healing, right? We don't think of like abusers in a positive light, but we can talk about someone suffering from an addiction and that feels different. And again, this isn't just like a kind of squishy amorphous idea. There's a lot of studies that have found that this translate then into how clinicians in the public interact with people suffering from this problem and how likely they are to go get help.

86 "Aaron Weiner" (1695967744)

00:29:17.759 --> 00:29:35.399

We also, in my opinion, need to eliminate the word clean as well as dirty from dialogue with clinicians and with patients. Dirty, we talked dirty obviously saying that someone or something from their body is dirty, you can see where that's pejorative. Clean though in this context refers to dirty.

87 "Aaron Weiner" (1695967744)

00:29:35.399 --> 00:29:51.569

So like you'll never hear me say the phrase clean and sober. I'll say sober, but not clean because if someone slips up, that doesn't make them dirty. And this again, this is in line with the rest of medicine. There, there are NO dirty manomograms, like that would be wildly offensive, right?

88 "Aaron Weiner" (1695967744)

00:29:51.569 --> 00:30:11.569

You're so you're in drug screens also they're positive or negative. They're not like this was a dirty drop. It's we should not be saying that phrase. That's like straight out of the seventies, you know? So it's it's it's time to move forward. So this is something again on the language front, there's there's more terms that you can look, look at if you if you're interested in in learning more about this. If you.

89 "Aaron Weiner" (1695967744)

00:30:11.569 --> 00:30:28.829

Type person 1st language addiction, you'll you'll see there's more. These though if I had to pick the top line items about person 1st language, not using the word abuse and not saying clean or dirty anymore. I think that those are those are three different pivots that we can make. Very simple, but start to change the way we conceptualize.

90 "Aaron Weiner" (1695967744)

00:30:28.829 --> 00:30:48.829

Addiction. And so you put all this together, the biological, the psychological, and the social including how we think and talk about addiction, that creates this very entrenched problem where it's hard necessarily for someone to know the way out. And so what I want to end with here is what can we do? And I'll mention this this webinar today is.

91 "Aaron Weiner" (1695967744)

00:30:48.829 --> 00:31:22.729

It's aimed more at clinicians, so if you are a community member, you, you're, you should be very able to follow along, but this is going to be more in terms of how we work with folks with addictions and best practices in terms of how to help them in that way. So the 1st thing to determine is whether or not changing the substance use is their goal in the 1st place or much less are they trying to achieve absence or not? Which can be fine. Actually, there's a lot of data that shows that reducing use, you know, more colloqually known as harm reduction as opposed to absence.

92 "Aaron Weiner" (1695967744)

00:31:22.729 --> 00:31:44.069

In terms of a treatment goal is useful, for sure. But it's important sometimes to gauge where someone's at because this picture's getting at is that there's a paradigm called boiling frog syndrome, if you



haven't heard of it. It's where you are you're putting a pot of water that's on the stove, and it is slowly heating up.

93 "Aaron Weiner" (1695967744)

00:31:44.069 --> 00:32:02.699

To a boil, and you're gonna get cooked, but because it goes up one degree at a time, you don't notice it get warmer really until all of a sudden you're like, wait a 2nd, I'm in this pot of boiling water. That's oftentimes how the how the process of addiction works. The other flip side of it is that you can actually do.

94 "Aaron Weiner" (1695967744)

00:32:02.699 --> 00:32:22.699

Which doesn't exist in the real world, but reverse boiling frog syndrome where you slowly turn the temperature down and people can see the benefits of continuing to progress along that that journey. So figuring out where they're at and meeting them there is really important because oftentimes if you're pushing towards someone with an addiction, trying to say like you.

95 "Aaron Weiner" (1695967744)

00:32:22.699 --> 00:32:45.919

Either need to change or you need to stop or whatever it is. That's where you get pushed back. That's where they're like, you know, back off, like I don't I don't want to do that right now because again this is they're probably their primary coping style, maybe they feel like they're gonna lose all their friends. They're gonna be you know stuck with all of these psychiatric symptoms that they've been using to avoid. They're gonna have to go through withdrawal. It's very easy for you to be on the outside looking in if you push too tough. So hearing how.

96 "Aaron Weiner" (1695967744)

00:32:45.919 --> 00:33:08.729

They feel about it is more important and I like to create motivation for change by helping someone decide for themselves whether or not there's their relationship with substances is a problem. And I like to, I I'd like to have folks think about four different areas to determine whether or not there's a problem for them. The 1st is what is the purpose behind using?

97 "Aaron Weiner" (1695967744)

00:33:08.729 --> 00:33:28.729

And in particular, are they using to cope? Are they using because they're trying to self medicate some behavioral health or psychiatric problem? That's, if the answer to that is yes, that is a huge red flag because that usually means you're using it every day. You're using it to numb out, you're gonna have to use more and more of it to numb out and that's where the you know the.

98 "Aaron Weiner" (1695967744)

00:33:28.729 --> 00:34:01.019

The Logical dependency and health problems really start to mount. So what's, what's the reason why? The 2nd is do they have control over their use? And this doesn't mean like that they can like white knucklet for a day or even a week and just be thinking about it every day and just knowing that after the week's over they're gonna go, yeah, this is like actually like, can you stop if you want to? Or when you cut back, can you cut back or do you try and does it never end up sticking? You can even try it with somebody you're working with. They can give it a shot, see if it works, and then reflect on, if not, because if there's not control.

99 "Aaron Weiner" (1695967744)

00:34:01.019 --> 00:34:19.169

That's another layer of problems. The 3rd is consequences. Are is somebody having consequences due to their use and they're continuing to use anyway? And this can be biological consequences, health related consequences, mental health related consequences, financial, social, legal, you know.

100 "Aaron Weiner" (1695967744)

00:34:19.169 --> 00:34:36.239

Any of the above and any I I've forgotten, you know, anything that qualifies as a consequence usually if we are getting that negative feedback coming back at us, right? If we're getting negative feedback, we tend to say like do I really wanna be doing this? And if someone is getting.

101 "Aaron Weiner" (1695967744)

00:34:36.239 --> 00:34:56.239

Negative feedback from their actions yet they're continuing to do it. That means again there's something really powerful that's pulling them to it because oftentimes excessive substance use, you know or anything really if it's hurting you, you tend to have to back off a bit. The 4th one is quantity and sometimes the type. And I actually put this at the end of the list because I think a lot.

102 "Aaron Weiner" (1695967744)

00:34:56.239 --> 00:35:17.179

Sometimes we tend to think about quantity as being like one of the the most important variables to think about in terms of determining a problem, but actually that is a very easy number to rationalize. You can almost always look around and say, well, I'm not doing as much as this other person or comparing to this is what everybody does in my friend group. How is this an issue or I did more.

103 "Aaron Weiner" (1695967744)

00:35:17.179 --> 00:35:37.179

In the past or, you know, it's sometimes there's quantities that

clearly are excessive or like if you're injecting drugs, that's a very risky way to take in drugs or if you're, you're crushing pills and snorting them rather than eating them. You know, there's certain ways of using substances that might be a potentially sign of a problem or quantities, but a lot of times it sits in a gray area.

104 "Aaron Weiner" (1695967744)

00:35:37.179 --> 00:35:54.839

And so it's worth paying attention to, particularly if someone has their own thoughts about escalating quantity, but I actually, the th the top three in many ways are a lot easier to help someone identify with and be concerned about than the quantity. And quantity sometimes yes, sometimes, sometimes NO.

105 "Aaron Weiner" (1695967744)

00:35:54.839 --> 00:36:14.839

So let's pivot now, talk about the biopsychosocial model in terms of treatment and what we do in each of those three areas, what a comprehensive treatment plan looks like. So on the biological front, obviously there's, you know, the biological act of putting the substance in your body. And so reducing or ceasing their substance use disorder behavior.

106 "Aaron Weiner" (1695967744)

00:36:14.839 --> 00:36:41.369

Years is really important and it's really important as well to be in alignment with the client's personal goals for change. If someone doesn't want it themselves, you're going to have a very hard time getting them to do it and getting it to stick. 2nd, consider psychiatric medications if they are indicated or assess that there's restrictions if you need to or access restrictions, excuse me, if they're warranted. So what I'm getting at with this is that.

107 "Aaron Weiner" (1695967744)

00:36:41.369 --> 00:36:57.419

If someone's dealing with a psychiatric problem, they're an addictive substance, they still need to deal with that psychiatric problem in a healthy and sustainable way. And medications can be a big part of that, that, that recipe for success.

108 "Aaron Weiner" (1695967744)

00:36:57.419 --> 00:37:15.539

Alcohol e.g. interacts with the vast majority of psychiatric medication, and so if someone is drinking regularly and taking a medication, there's a solid chance that medication will work differently for them after they stop drinking at the same time. So just thinking about, you know, should, should medications be evaluated here?

109 "Aaron Weiner" (1695967744)

00:37:15.539 --> 00:37:35.539

We want to make sure we stabilize someone's physical health as well. Connecting them with primary care, preventative care, blood work, managing chronic illness, et cetera. Sleep, nutrition and exercise, all of these areas tend to atrophy, use that word before, I'll use it again. Atrophy when someone is actively using substances. We really need their body to be right. Everything is tough and.

110 "Aaron Weiner" (1695967744)

00:37:35.539 --> 00:38:01.679

When our body isn't right. We also want to evaluate medications for addiction treatment that might be options for their treatment. I know medications we have two different drugs where we can use medications. Alcohol and alcohol use sort of one of them. Only about 10 % of individuals receive medication for it. Actually, that's a that's a very generous number. There's a more recent study that found that number's actually close to 5 %.

111 "Aaron Weiner" (1695967744)

00:38:01.679 --> 00:38:21.679

Of people with an alcohol use disorder receive medication for it, and there are actually three FDA approved medications and others that are done off label, but if you're interested, you can, you can read about them here. But this in terms of what is FDA approved, what they do, disulfaram, creates a very intense vomiting reaction.

112 "Aaron Weiner" (1695967744)

00:38:21.679 --> 00:38:43.850

If someone uses alcohol, so they will basically have to stop immediately and will be very unhappy. So if someone wants to do a very hard boundary between themselves and alcohol, they solve around can do that. Now Trextone reduces cravings and then also reduces the euphoria that you get from drinking, takes away the pleasurable sensation of drinking. And so it's very useful in terms of someone who's trying.

113 "Aaron Weiner" (1695967744)

00:38:43.850 --> 00:39:01.320

Going to either reduce drinking or discontinue drinking because what someone might find is that if they were drinking say like eight to ten drinks per drinking episode, maybe now with on board, they have like two or three and just are like, why am I doing this? I don't want to be doing this, I don't want to be drinking ten.

114 "Aaron Weiner" (1695967744)

00:39:01.320 --> 00:39:21.320

And I'm not actually getting much out of it anyway. And this one does if it's working for someone. The camper sate, is also a craving reducer for alcohol but is processed out through the kidneys rather than the liver. So if someone has a compromised liver, so if their hepatic system is compromised, then you can still potentially use a

camperusate.

115 "Aaron Weiner" (1695967744)

00:39:21.320 --> 00:39:47.610

And get that reduction in cravings and not put any more strain on the liver, whereas these these two are filtered out through the liver. There are, oh, there are other off label options available as you can see there on the right, but again, not FDA approved over there. This is something that sometimes certain physicians will will opt to do. There are also two different medications for opioid use disorder, and I apologize. It looks like my bullets are just kind of coming in and out of order here, so I'll just I'll put them all up and then we'll go over it.

116 "Aaron Weiner" (1695967744)

00:39:47.610 --> 00:40:07.610

But the lock zone is one. Methodone is the 2nd NO truck zone is the 3rd. I think that's on the next slide as well. It's got a dual use. But basically what these are are either methodone is a full agonist, and beponorphine is a partial agonist, which means that they fill the opioid receptors in the brain, so you don't go into withdrawal and if you were to use it.

117 "Aaron Weiner" (1695967744)

00:40:07.610 --> 00:40:27.610

You wouldn't really feel it for the most part. You have to take a lot more than you normally would have feel it because those receptors are being blocked by either the method or the vupinorphine, and they have what's called a very high binding coefficient, so they block the receptor and bind really strongly. So that's why the other substances don't get through. What the.

118 "Aaron Weiner" (1695967744)

00:40:27.610 --> 00:40:59.510

Uponorphine plus naloxone, and the most common brand name you you you might have heard of this is called subacone. There's other brands as well. But what the naloxone does is that if you were to try to inject it, you know, alter its delivery system, then the laxone would take effect and the laxone is the overdose reversing drug. So this will reverse and overdose block those receptor sites again, but boot out whatever's in there. So it makes it a little bit safer than methodone. However, because you can prescribe uponorphine up to a month at a time in programs where they dispense people.

119 "Aaron Weiner" (1695967744)

00:40:59.510 --> 00:41:27.810

There tends to be a higher dropout rate. People don't come in as much they're not as tightly attached. Metadone, on the flip side is actually equally as effective as you can orphine from like an efficacy standpoint, but you usually have to go in every single day or bare

minimum like you might be able to get a week at a time. But you have to go into the clinic over and over. So people tend to drop to drop out less, but it also can present a lot of access issues as well as just.

120 "Aaron Weiner" (1695967744)

00:41:27.810 --> 00:41:46.050

The lot of hurdles I mean imagine having to go somewhere, who knows how far away every single day to get a dose of medication rather than being able to just take it home and and to use it from there. That said, there's comparable efficacy for both substances, uponorphine sometimes though is preferred for the safety and ease of use.

121 "Aaron Weiner" (1695967744)

00:41:46.050 --> 00:42:06.050

Now trexone is also used for opioid use disorder. It is an antagonist, so it's not actually an opioid. It's an opioid antagonist, so it blocks the receptor site but doesn't send a signal. It's not an arcatic. It's a less intense treatment, but what's challenging about this is that someone has to be off of opioids for a full week in order to start. Now trexone in most cases, otherwise.

122 "Aaron Weiner" (1695967744)

00:42:06.050 --> 00:42:38.330

As it precipitates withdrawals, so someone goes into this protracted withdrawal straight that feels really terrible, so a lot of times people won't start with nel Trex zone because going seven days without opioids can be very challenging for someone if they're struggling with active addiction. There are certain methods that are being experimented with to get them on it more quickly, but that's not widely accessible yet. You can get Neltrack zone either as a pill or a 28 day extended release depot injection and it impacts the reward system as I mentioned. So it's also used for.

123 "Aaron Weiner" (1695967744)

00:42:38.330 --> 00:43:01.820

Protocol use disorder in his awful label for a couple of other communications as well. So in terms of the psychological side, what you're looking at are creating coping skills for craving strong emotions and those psychiatric diagnoses, and we want to provide also education about the nature of addiction and recovery and how to get through common challenges. So these are things like triggers and exposure to cuese. How do you manage that?

124 "Aaron Weiner" (1695967744)

00:43:01.820 --> 00:43:23.600

How do you manage your time? Because a lot of times when someone's dealing with an addiction, they've spent a tremendous amount of time obtaining using or recovering from the use of that substance. And so if you take that out, all of a sudden they've got a bunch of time on

their hands, which, can be very disoriented. It can also provide an opportunity for the mind to go back to, well, maybe I should, I should be picking up again and using it.

125 "Aaron Weiner" (1695967744)

00:43:23.600 --> 00:43:43.920

Again, so helping someone think about so, so what do where do I want to go with my life is also very important. Clarifying their values and goals and then also working through that stigma shame and self concept. And on the whole on the psychological side, what you're looking for here is to build internal resistance, resilience, excuse me. So thoughts, feelings, and behaviors. How can someone feel.

126 "Aaron Weiner" (1695967744)

00:43:43.920 --> 00:43:59.190

Steady and stable. And then lastly, on the social side, we're trying to think about what support structure are they, are they in and what would be healthy. So do they know what a healthy person in their life is versus an unhealthy person?

127 "Aaron Weiner" (1695967744)

00:43:59.190 --> 00:44:14.640

Can I tell? Sometimes, of course, someone might be both and you've got to decide, like, is this someone healthy for me right now based on any number of different factors, but helping someone ascertain who to keep close and maybe who to distance themselves from a bit. They need to learn to set adaptive.

128 "Aaron Weiner" (1695967744)

00:44:14.640 --> 00:44:33.150

Boundaries both in terms of unhealthy people, maybe not having as, as close of a relationship, but also just how to refuse substances of offered because certainly with alcoholists all over the place. Lots of opportunities, lots of social conventions where it's involved. So developing that skill of how does they know.

129 "Aaron Weiner" (1695967744)

00:44:33.150 --> 00:44:51.930

And then also sometimes even creating a healthy support network. If someone is only spending time with folks who are in an inactive addiction or where substances are a big part of how they hang around with each other, right? If it's part of that social fabric, then they've got to think about how do I find a new social circle? How do I make new connections?

130 "Aaron Weiner" (1695967744)

00:44:51.930 --> 00:45:11.930

Here's support communities can be incredibly help helpful for this, and what's what's what's what's so useful about this is that each of these areas, what we found when you look at studies is that the the

common factors of camaraderie, having social support, having community.

131 "Aaron Weiner" (1695967744)

00:45:11.930 --> 00:45:30.600

He matters more than anyone paradigm, so there isn't like any one way though being the right way. It's just if there's some sort of community that someone can be part of where the norms that are set are, we're not using substances, we're being healthy, we're being vulnerable and open. We are talking with and supporting each other. That goes a long way.

132 "Aaron Weiner" (1695967744)

00:45:30.600 --> 00:45:50.600

The top two recovery communities in the United States are Twelvestiff fellowships like AAA and NA and then smart recovery as the 2nd one. Smart recovery is based on cognitive behavioral and motivational interviewing principles. Refugee recovery is basically a, a boodest and mindfulness based approach to.

133 "Aaron Weiner" (1695967744)

00:45:50.600 --> 00:46:11.540

Recovery. It's not overly religious, but that kind of forms its philosophical core. And then lifeling is about really really trying to take the spirituality out of it and more about skills in terms of how do we get where we need to go, because there's not a one size fits all in terms of the modality for peer support that works for folks. Overall.

134 "Aaron Weiner" (1695967744)

00:46:11.540 --> 00:46:35.790

What we're trying to do here is resolve critical gaps in social determines of health and socially what they're dealing with. So if they need housing, e.g., if they, if they're unemployed, that also is really important in terms of creating a stable external world. Connection is very protective, and we're trying to create these supports around folks to uplift them and support them.

135 "Aaron Weiner" (1695967744)

00:46:35.790 --> 00:46:51.690

As as best as possible. It is critical to get in each of these three areas, the biological and the body, the psychological and the mind, and the social and what's going on outside of you because not having any one of those three can actually draw you back in.

136 "Aaron Weiner" (1695967744)

00:46:51.690 --> 00:47:11.690

To either resume a used or a previous level of use depending on what someone is shooting for. And so the best treatment plans assess for each of these three areas and then try to help somebody address each



of these three areas. Now, when to refer up for specialty care, things to think about, and we'll go quickly here, I want to make sure we have some time for questions.

137 "Aaron Weiner" (1695967744)

00:47:11.690 --> 00:47:35.100

But the ASAM criteria is our Bible for, you know, what level of care someone should be at, and talk about what those look like in a 2nd, but the way to think about it is, is someone at active risk for harm due to their substance use doesn't seem to be getting worse or better over time? The trajectory, what are they willing to do, also important? And if you because if we can get them engaged, it's a very established, well established protective factor.

138 "Aaron Weiner" (1695967744)

00:47:35.100 --> 00:47:55.100

So things to keep up in mind when referring to to a specialist provider, we really need to make sure we're accounting for any underlying behavioral health or psychiatric concerns as well as the substance use itself because again, they're very tightly intertwined. Matching the modality to the individual is important. So making sure also that we recognize not.

139 "Aaron Weiner" (1695967744)

00:47:55.100 --> 00:48:15.380

Yeah, every treatment center is different and they approach it from a different way. So really trying to I I have quite a few actually treatment centers that I like to refer people to depending on their their level of insurance, their motivation for treatment, how much they like certain approaches to treatment. So I, I try to make sure I I have places I I like to recommend.

140 "Aaron Weiner" (1695967744)

00:48:15.380 --> 00:48:35.730

For people. On the treatment option side, the lowest level are outpatient levels of care where someone goes home at the end of the day, so this would be like an individual therapist you see once a week, intensive outpatient programming, which is three to five days a week, 3 h a day, and a partial hospitalization program, which sounds like it's.

141 "Aaron Weiner" (1695967744)

00:48:35.730 --> 00:48:55.730

Someone's staying in a hospital, but actually it's just actually 6 h a day, five days a week. And then inpatient options, things like a residential program where, you know, they, they can leave if they want to, they're not like locked in, but they are, are leaving, that's kind of your traditional detox 28 day, that sort of thing. And then also.

142 "Aaron Weiner" (1695967744)

00:48:55.730 --> 00:49:17.600

There are detox facilities as well. Whenever referring out, you want to make sure you watch for accreditation. So the three agencies to watch for, one of these three, the joint commission Carf or the council on accreditation, these all survey these programs and make sure that they're meeting just the very basic criteria for quality. So, I personally wouldn't recommend working with anyone who hasn't.

143 "Aaron Weiner" (1695967744)

00:49:17.600 --> 00:49:41.760

Really gone through one of those, one of those agencies to ensure that they're, they know what they're doing. So, to sum everything up, then we will have a couple minutes for questions. Addiction is a self reinforcing and maladaptive coping behavior. That is what addiction is. The title of today was demystifying addiction. Hopefully we've done that, and you understand where it's coming from. Addiction has biological psychological, and social components that create it.

144 "Aaron Weiner" (1695967744)

00:49:41.760 --> 00:50:01.760

That suffer and then also should form the core of our treatment plans. Each facet impacts them in different ways and can be addressed by different components of a treatment plan. What we want to do is focusing on, focus on working or assembling a treatment team to address the physiological needs, build up healthy coping strategies to replace maladaptive ones like.

145 "Aaron Weiner" (1695967744)

00:50:01.760 --> 00:50:21.240

Substance used and identification with an integration into healthy support structure so that someone feels like either like I'm a person in recovery or I don't feel like someone who would drink to cope because it's just not who I am anymore, right? We ideally want someone's understanding of themselves on a deep level to shift.

146 "Aaron Weiner" (1695967744)

00:50:21.240 --> 00:50:41.240

Because where it's been for a while has been profoundly harmful. We also can know when, where, and how to refer folks to get to those higher levels of care if wherever we've met them is is not getting the job done. So thank you guys again for your time and attention today. Again, feel free to get in touch if you'd like, just to get an area.

147 "Aaron Weiner" (1695967744)

00:50:41.240 --> 00:51:01.240

Where winer PhD.com is my website. I'm very active on LinkedIn as well if you'd like to either connect with me there, I've posted several times per week with this news and science that I think is worth reading. And then I also have a YouTube channel where I posted a bunch of instructional videos if you'd like to learn more about different

facets of addiction about behavior.

148 "Aaron Weiner" (1695967744)

00:51:01.240 --> 00:51:22.842

Health. I post my podcast episodes on there too. So feel feel free to connect, would love to chat with you. So with that, I think actually there's there's one other slide here for the behavioral Health awareness series send, but maybe I'll I'll pass it back to, to our hosts to talk about this, but it looks like it's just their contact information. So I.

149 "Gissal, Stephanie" (1769439744)

00:51:22.842 --> 00:51:42.480

Stephanie, would you like to take it away from here? Yeah, thank you. Sorry, I was on mute. Thank you for all the great information today. We're gonna move into our question and answer portion of the presentation. Again, you can continue to submit questions. We will answer as many as time permits.

150 "Gissal, Stephanie" (1769439744)

00:51:42.480 --> 00:51:59.068

So looking at the list of questions we received so far, 1st of all, it's medications for opioid use disorder black opioids, how do people use these tools.

151 "Aaron Weiner" (1695967744)

00:51:59.068 --> 00:52:02.640

To abuse them.

152 "Aaron Weiner" (1695967744)

00:52:02.640 --> 00:52:22.640

Good question. So, so methodone is a full agonist, and so it is possible for someone to be very sedated on methadone, certainly, sometimes even feel high. Beepinorphine is a little bit harder to do. It's called a partial agonist, so it doesn't push in as hard.

153 "Aaron Weiner" (1695967744)

00:52:22.640 --> 00:52:42.830

It's the reason why they're not as misused as often, we're gonna pivot over to that word, but the reason why we're not not misused as often is that they don't have as quick, so they've got this very long half life. I mentioned it in the slide, but I don't think I said it out loud, which means that it decays very slowly in the body, and so what happens with things like methodom.

154 "Aaron Weiner" (1695967744)

00:52:42.830 --> 00:53:01.530

Particularly when dosed properly is you don't necessarily feel high and then they stay in you for a long time. If you were using things like like a hydrocodone or hydromorphone, you know, things like like

oxycodone, so it's like delighted Norco et cetera, they they Carolyn, they have this very quick high.

155 "Aaron Weiner" (1695967744)

00:53:01.530 --> 00:53:21.530

An intense high and then they drop off really quickly so you have to keep doing it and your body's basically on a roller coaster. Metadone and bupinorphine don't do that. They tend to stick around for a long time and bupinorphine is a, again, a partial agonist, so it's it's very challenging. It's just not an easy way to get high bupinorphine for most people. Methodone, you're not gonna get as you forward.

156 "Aaron Weiner" (1695967744)

00:53:21.530 --> 00:53:33.586

But you certainly can get sedated and that's part of why it's very carefully controlled, perhaps too carefully controlled. We could talk about that too if you're interested, but, but that one is a fullagonist, which is why it's you only get to.

157 "Gissal, Stephanie" (1769439744)

00:53:33.586 --> 00:53:59.539

Thank you. So then the next question kind of along with the same medications, the OUD meds. If sebaccone and methodone are similar in efficacy, why does it seem that methodone has more of a negative stigma around it for being used for.

158 "Aaron Weiner" (1695967744)

00:53:59.539 --> 00:54:03.060

Treatment.

159 "Aaron Weiner" (1695967744)

00:54:03.060 --> 00:54:23.060

Yeah, good question. So this is like a very classist, to be honest with you sort of thing as well as has to do with business practices. So a lot of times, so basically the way that it's turned into is that viewpoinorphine oftentimes is in higher SES neighborhoods and methodone clinics are not, methodone clinics are in lower SES neighborhoods, and then also just the quality of care.

160 "Aaron Weiner" (1695967744)

00:54:23.060 --> 00:54:50.930

Sometimes it gives us to be blunt with you about it at methodome clinics is not always as high. You kind of have to look at reviews and even then it can be tough. There's oftentimes very stigmatizing attitudes for for people who work there. I I don't I don't want to be overly insult, there's a lot of amazing people who work there too. I don't want to disparage them at all. They do really important work, and the reputation comes from the business practices, not from the substance itself. There's just unfortunately more.

161 "Aaron Weiner" (1695967744)

00:54:50.930 --> 00:55:01.355

Clinics that are not as, not as well run. But from a purely what works as the substance standpoint, we do not see a difference between buprenorphine and orphine.

162 "Gissal, Stephanie" (1769439744)

00:55:01.355 --> 00:55:19.512

Okay, thank you. Thank you. So another participant wants to know where is the best place to start if interested in starting or learning more about MAT. Would it be their.

163 "Aaron Weiner" (1695967744)

00:55:19.512 --> 00:55:34.950

Or a psychiatrist? Yeah, yeah. So so couple thoughts about that. So if you are a clinician, there's, I believe the acronym is PCSS. I forget what it stands for, but they have a tremendous amount.

164 "Aaron Weiner" (1695967744)

00:55:34.950 --> 00:55:54.950

It's it's funded by Sam's and the government. They've got a tremendous amount of in depth in depth information clinically about that where you can learn more. It's truly like an amazing resource PCSS. If you type in PCSS opioids, that'll pop up. If we're talking about someone medically, if you're wondering about say for yourself, how do you get involved in it, in it?

165 "Aaron Weiner" (1695967744)

00:55:54.950 --> 00:56:14.950

Yeah, so I would I would talk to your primary care about it if you have one. Another thing that you can do though is you can look around in your area and see who is So, so right now the the primary place you get nuporphine or methadone or what are called medication assistant therapy or MAT clinics. And so what what you'll do.

166 "Aaron Weiner" (1695967744)

00:56:14.950 --> 00:56:34.950

Granted, this is where things get dicey, right? Because when you're searching for it online, they can purchase Google AdWords and, you know, like it's hard to necessarily assess for quality. But those are the clinics where you're going to get the methadone, and those are also the clinics generally speaking, where you can get the buprenorphine prescribed. And so, those would be my my two recommendations is look for.

167 "Aaron Weiner" (1695967744)

00:56:34.950 --> 00:56:56.567

Just kind of look around again think about the what we talked about today in terms of accreditation, certainly if there's reviews, it's worth looking into that as well to try to assess for quality. You

could also ask your dr. about it and they should know in the area of places that they, that they recommend. But that's where you would get it from. By and large, you have to go to basically an addiction medicine or medication assisted therapy.

168 "Gissal, Stephanie" (1769439744)

00:56:56.567 --> 00:57:19.250

Okay perfect. Thank you. Looks like we're getting close to the top of the hour, so thanks again, dr. Weiner for the informative presentation. We do ask there is a five question survey on the side panel, and we kindly ask you to take a few moments to fill this out.

169 "Gissal, Stephanie" (1769439744)

00:57:19.250 --> 00:57:24.358

Help us keep our seminars relevant to all of you attending. So.

170 "Aaron Weiner" (1695967744)

00:57:24.358 --> 00:57:35.964

Thank you and have a great rest of your day. Take care, everyone. Thanks for coming.