

Applying the Science of Addiction Recovery (SOAR): Medication-assisted Recovery

Coweta FORCE; September 3, 2019; 6:00pm – 8:00pm

Coweta FORCE's mission is to empower individuals, educate our community and connect stakeholders, while advocating for self-directed care, multiple pathways to recovery, and promoting healthy lifestyle choices aimed at long-term recovery.

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Overlapping abstinence-based recovery principles and medication-assisted treatment promotes medication-assisted recovery or progressive wellness. This session begins with how the social model of recovery enhances acute care treatment followed by an overview of the brain and mind-based impacts of drug use, medication-assisted treatment and recovery. We will end with a discussion of how to support people using medication-assisted treatment. Upon completion of this seminar participants will be able to:

- Explain how drugs (and experiences) change the brain, referred to as neuroplasticity,
- Recognize the medications approved by the FDA for substance use treatment,
- List three components recommended for medication-assisted recovery, and
- Discuss how to support people in medication-assisted treatment or other recovery-oriented systems of care

Key Takeaways

Like other preventable, treatable and chronic health conditions:

1. addiction and recovery affect the _____, mind and behavior,
2. _____ requires daily and sustained engagements and connections, &
3. over _____ million Americans are in long-term recovery from alcohol and other drug use and we carry the message of _____ and **EXPECT RECOVERY!**

Brief Opioid Overdose Knowledge (BOOK) Questionnaire

From: Dunn et al (2016). Brief Opioid Overdose Knowledge (BOOK): A questionnaire to assess overdose knowledge in individuals who use illicit or prescribed opioids. *Journal of Addiction Medicine*, 10 (1), 314-323. Distributed by George S. Braucht, LPC & CPCS: brauchtworks.com

Don't Run, Call 911: See georgiaoverdoseprevention.org
for more information about the State of Georgia's 911 Medical Amnesty Law

Name: _____ Date: _____

Instructions: For each of the following items, please ✓ whether you believe the answer is TRUE or FALSE. If you are not certain, ✓ "DON'T KNOW".

	TRUE	FALSE	DON'T KNOW
1. Long-acting opioids are used to treat chronic "round the clock" pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Methadone is a long-acting opioid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Restlessness, muscle and bone pain, and insomnia are symptoms of opioid withdrawal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Heroin, OxyContin, and fentanyl are all examples of Opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Trouble breathing is NOT related to opioid overdose. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Clammy and cool skin is NOT a sign of an opioid overdose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. All overdoses are fatal (deadly).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Using a short-acting opioid and a long-acting opioid at the same time does NOT increase your risk of an opioid overdose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If you see a person overdosing on opioids, you can begin rescue breathing until a health worker arrives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. A sternal rub helps you evaluate whether someone is unconscious.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Once you confirm an individual is breathing, you can place him/her into the recovery position.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Narcan (naloxone) will reverse the effect of an opioid overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TRUE	FALSE	DON'T KNOW

Brief Opioid Overdose Knowledge (BOOK) Questionnaire Scoring Instructions

A. Opioid Knowledge Subscale

Items 1, 2, 3, 4: Number of TRUE = A. _____ divide by 4* = _____%

B. Opioid Overdose Knowledge Subscale

Items 5, 6, 7, 8: Number of FALSE = B. _____ divide by 4* = _____%

C. Opioid Overdose Response Subscale

Items 9, 10, 11, 12: Number of TRUE = C. _____ divide by 4* = _____%

D. BOOK Total Score = A + B + C = _____ divide by 12** = _____%

*4/4 = **100%**, wow, you're good! 3/4 = **75%** 2/4 = **50%** 1/4 = **25%**

12/12 = **100%, wow, you're ready! 11/12 = **92%** 10/12 = **83%** 9/12 = **75%**;
8/12 = **67%** 7/12 = **58%** 6/12 = **50%**



THE RECOVERY BILL OF RIGHTS

FACES & VOICES OF RECOVERY



We will improve the lives of millions of Americans, their families and communities if we treat addiction to alcohol and other drugs as a public health crisis. To overcome this crisis, we must accord dignity to people with addiction and recognize that there is no one path to recovery. Individuals who are striving to be responsible citizens can recover on their own or with the help of others. Effective aid can be rendered by mutual support groups or health care professionals. Recovery can begin in a doctor's office, treatment center, church, prison, peer support meeting or in one's own home. The journey can be guided by religious faith, spiritual experience or secular teachings. Recovery happens every day across our country and there are effective solutions for people still struggling. Whatever the pathway, the journey will be far easier to travel if people seeking recovery are afforded respect for their basic rights:

- 1. We have the right to be viewed as capable of changing, growing** and becoming positively connected to our community, no matter what we did in the past because of our addiction.
- 2. We have the right—as do our families and friends—to know about the many pathways to recovery, the nature of addiction** and the barriers to long-term recovery, all conveyed in ways that we can understand.
- 3. We have the right, whether seeking recovery in the community, a physician's office, treatment center or while incarcerated, to set our own recovery goals,** working with a personalized recovery plan that we have designed based on accurate and understandable information about our health status, including a comprehensive, holistic assessment.
- 4. We have the right to select services that build on our strengths,** armed with full information about the experience, and credentials of the people providing services and the effectiveness of the services and programs from which we are seeking help.
- 5. We have the right to be served by organizations or health care and social service providers that view recovery positively,** meet the highest public health and safety standards, provide rapid access to services, treat us respectfully, understand that our motivation is related to successfully accessing our strengths and will work with us and our families to find a pathway to recovery.
- 6. We have the right to be considered as more than a statistic,** stereotype, risk score, diagnosis, label or pathology unit—free from the social stigma that characterizes us as weak or morally flawed. If we relapse and begin treatment again, we should be treated with dignity and respect that welcomes our continued efforts to achieve long-term recovery.
- 7. We have the right to a health care and social services system that recognizes the strengths and needs of people with addiction** and coordinates its efforts to provide recovery-based care that honors and respects our cultural beliefs. This support may include introduction to religious, spiritual and secular communities of recovery, and the involvement of our families, kinship networks and indigenous healers as part of our treatment experience.
- 8. We have the right to be represented by informed policymakers** who remove barriers to educational, housing and employment opportunities once we are no longer misusing alcohol or other drugs and are on the road to recovery.
- 9. We have the right to respectful, nondiscriminatory care from doctors** and other health care providers and to receive services on the same basis as people do for any other chronic illness, with the same provisions, copayments, lifetime benefits and catastrophic coverage in insurance, self-funded/self-insured health plans, Medicare and HMO plans. The criteria of "proper" care should be exclusively between our health care providers and ourselves; it should reflect the severity, complexity and duration of our illness and provide a reasonable opportunity for recovery maintenance.
- 10. We have the right to treatment and recovery support in the criminal justice system** and to regain our place and rights in society once we have served our sentences.
- 11. We have the right to speak out publicly about our recovery** to let others know that long-term recovery from addiction is a reality.

ENDORSED BY: American Association for the Treatment of Opioid Dependence, Inc. • American Society of Addiction Medicine • Community Anti-Drug Coalitions of America • Ensuring Solutions to Alcohol Problems • Entertainment Industries Council • Johnson Institute • Join Together • Legal Action Center • NAADAC, the Association for Addiction Professionals • National African American Drug Policy Coalition • National Alliance of Advocates for Buprenorphine Treatment • National Alliance of Methadone Advocates • National Association on Alcohol, Drugs and Disability • National Association of Drug Court Professionals • National Association for Children of Alcoholics • National Association of Addiction Treatment Providers • National Council on Alcoholism and Drug Dependence • National Council for Community Behavioral Healthcare • Rebecca Project for Human Rights • State Association of Addiction Services • TASC, Inc. • Therapeutic Communities of America • White Bison

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