
ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

OUR VISION:

Alaska Native people are the healthiest people in the world.

We acknowledge the Dena'ina people, on whose traditional lands we gather.
We also acknowledge the Creator and all Indigenous people of Alaska. Thank you for your past and present stewardship of the waters, plants, animals and spiritual practices of this place.

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Harm Reduction Training Series

- HIV/STD Prevention Program
- Substance Misuse Prevention Program
- www.iknowmine.org/harm-reduction-trainings

The Science of Addiction and Addiction Medicine

Harm Reduction Training Series

September 1, 2021

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Harm Reduction Training

Approved Provider Statements:

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 18 contact hours, commensurate with participation .

Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

To receive CE credit please make sure you have your attendance recorded by staff, contact info acquired and kept on-hand in a secure, confidential place by the staff/moderators and the ANTHC Approved CE Provider Unit. Partial credit of 1.5 contact hours provided for each monthly session of participation.

The credit certificate for each session is automatically provided to the learner upon completion/submitted electronic evaluation form accessed through this link: https://forms.gle/C3C8QHtGJvg8cVo36

For more information contact
jlfielder@anthc.org or (907) 729-1387

ALASKA NATIVE MEDICAL CENTER

Who's joined today?

We invite you to introduce yourself in the chat box. Please share:

- Name and preferred pronouns
- Community and land acknowledgement, if known
- Organization
- Favorite thing about the fall season

Harm Reduction Training Contacts

- Hannah Warren, Program Manager
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- Jenn Summers, Program Manager
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- Jennifer Williamson, Project Coordinator
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Email: info@iknowmine.org

The Science of Addiction and Addiction Medicine

Presented by

Tim Collins, MPH, MS
Amber Frasure, MS
Rebecca Volino Robinson, PhD

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM


ALASKA NATIVE
TRIBAL HEALTH
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A better way to talk to patients about substance use and treatment

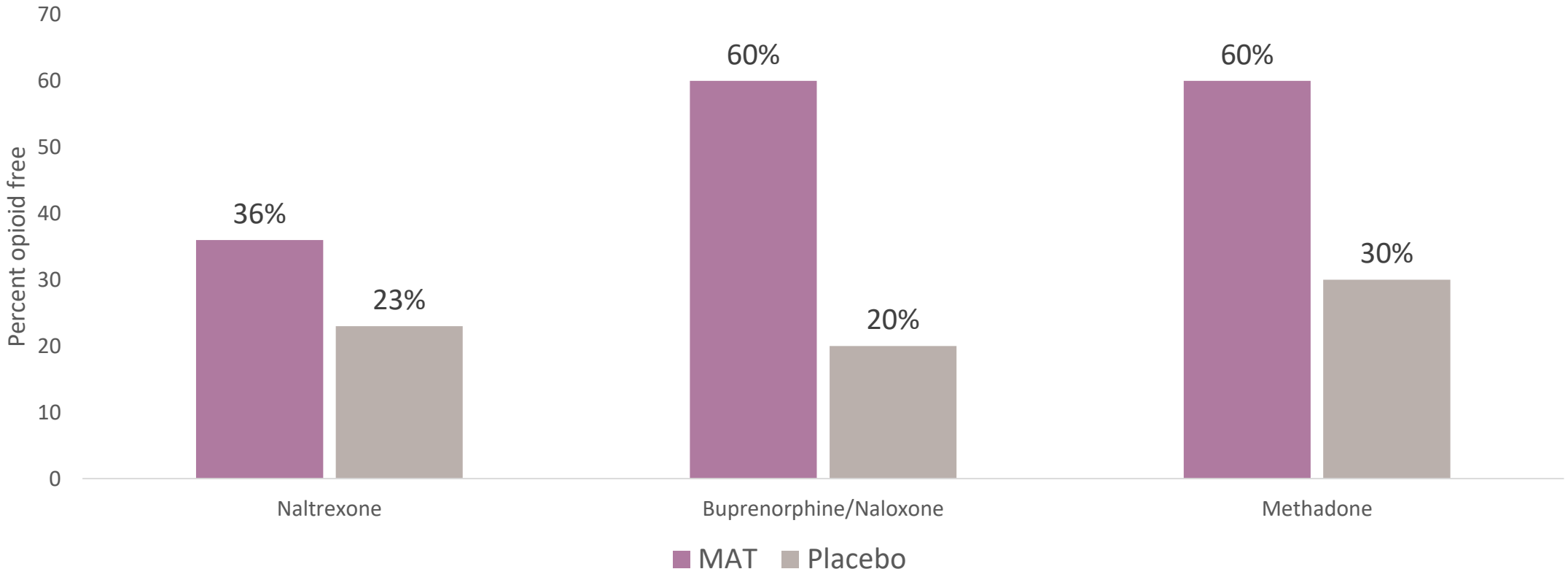
Basic neurophysiology literacy through Augmented Reality

Tim Collins, MPH, MS, MA

September 1, 2021 | 10.30-12.00

Science of Addiction and Addiction Medicine | ANTHC Wellness and Prevention

Opioid abstinence rates with **Medication Assisted Treatment** compared to **placebo**



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Opioids change brain structures and decision making

PREFRONTAL CORTEX

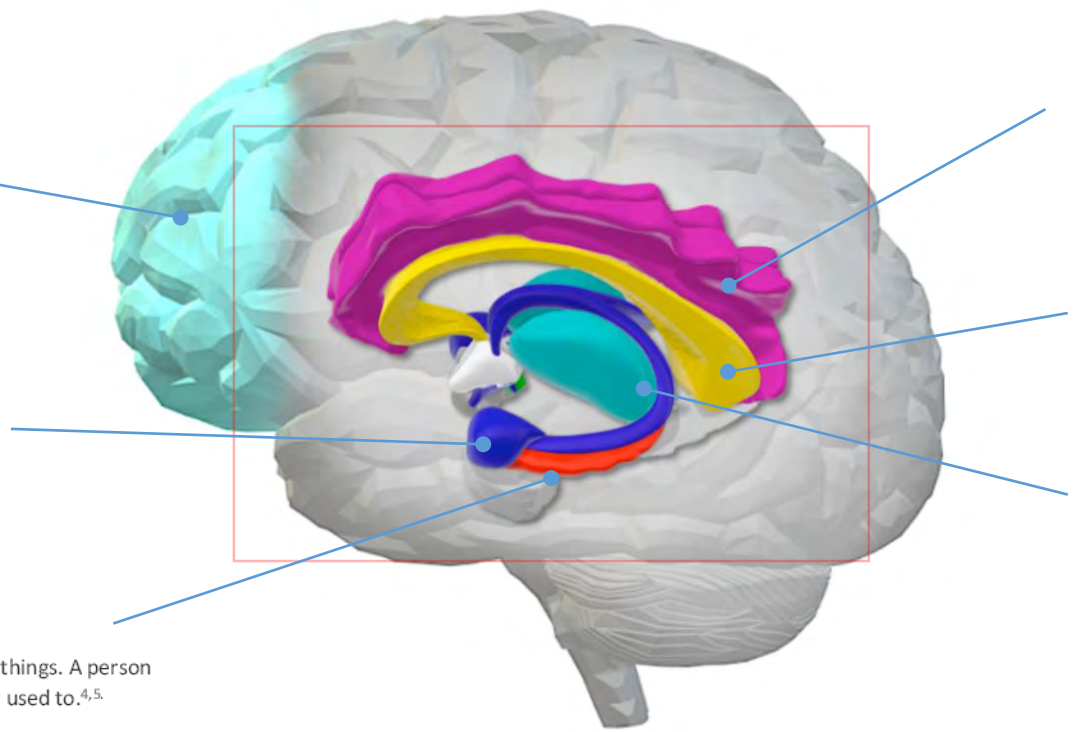
This is the analytic part of our brain. Opioid use has been associated with decreased size in parts of the prefrontal cortex.[1] Damage to this part of the brain can change how a person analyzes situations.[2]

AMYGDALA

The amygdala is an almond-shaped structure. There's one on each side of the brain. The amygdala helps us process emotion and how we react to things. Opioid use has been associated with decreased size in parts of the amygdala.[1,3] Opioid use can make it harder for the emotional part of the brain to talk to the analytic part of the brain. That could change how a person processes information and makes decisions.[4]

HIPPOCAMPUS

The hippocampus helps us learn and remember things. A person using opioids may not remember as well as they used to.[4,5]



CINGULATE GYRUS

Connects the limbic system to parts of the brain that help us feel compassion and decide what's important. Opioid use can "rewire" the cingulate gyrus to make a person prioritize drug use, even when it hurts them and others.[3]

CORPUS CALLOSUM

The corpus callosum manages the flow of information between the left and right sides of the brain. Studies have shown decreased functionality in parts of the corpus callosum in some people who use opioids.[3]

THALAMUS

The thalamus monitors everything we see, hear, smell, taste, and experience. The thalamus helps decide what combinations of things are important to remember and how to remember them. Some drugs can act on the thalamus to make sensory cues to addiction stronger.[6]

(1) Lin, J. C., Chu, L. F., Stringer, E. A., Baker, et al. (2016). One month of oral morphine decreases gray matter volume in the right amygdala of individuals with low back pain: Confirmation of previously reported magnetic resonance imaging results. *Pain Medicine*, 17(8), 1497–1504. (2) Bechara, A., Damasio A.R., Damasio H., Anderson S.W. (1994). Insensitivity to future consequences following damage to human prefrontal cortex. *Cognition*, 50, 7-15. (3) Upadhyay, J., Maleki, N., Potter, J., et al. (2010). Alterations in brain structure and functional connectivity in prescription opioid-dependent patients. *Brain.* 133:7, 2098–2114. (4) Biernacki, K., McLennan, S., Terrett G, et al. (2016). Decision-making ability in current and past users of opiates: A meta-analysis. *Neuroscience and Behavioral Reviews*, 71:342-351 (5) Kutlu, M. G., & Gould, T. J. (2016). Effects of drugs of abuse on hippocampal plasticity and hippocampus-dependent learning and memory: contributions to development and maintenance of addiction. Learning & Memory (Cold Spring Harbor, N.Y.), 23(10), 515–533. https://doi.org/10.1101/lm.042192.116 (6) Huang, A. S., Mitchell, J. A., Haber, S. N., Alia-Klein, N., & Goldstein, R. Z. (2018). The thalamus in drug addiction: from rodents to humans. Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences, 373(1742), 20170028. https://doi.org/10.1098/rstb.2017.002

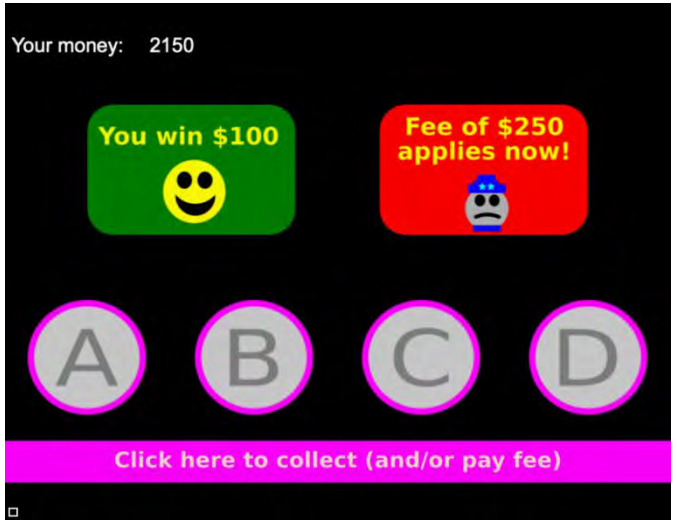
Can a 'miracle shot' called Vivitrol break the prison-heroin cycle in Alaska?

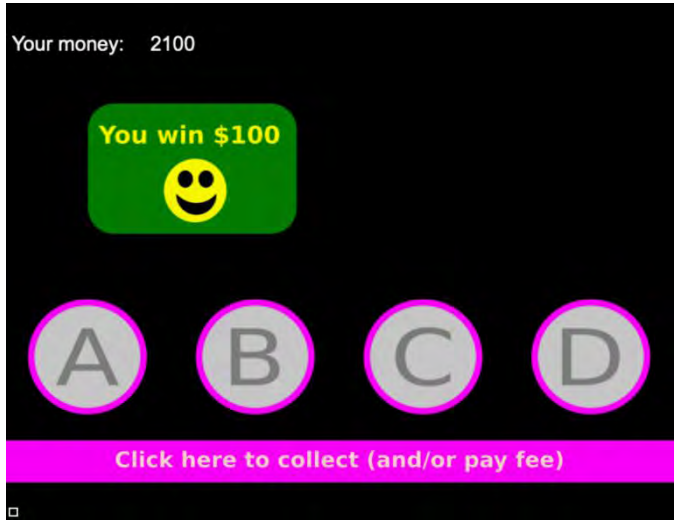
Author: Michelle Theriault Boots Updated: December 2, 2017 Published April 15, 2017

Arielle Holmes, 28, is one of three Alaska inmates in Alaska to be the first to receive Vivitrol before her release as part of a pilot project of the state Department of Corrections. (Marc Lester / Alaska Dispatch News)

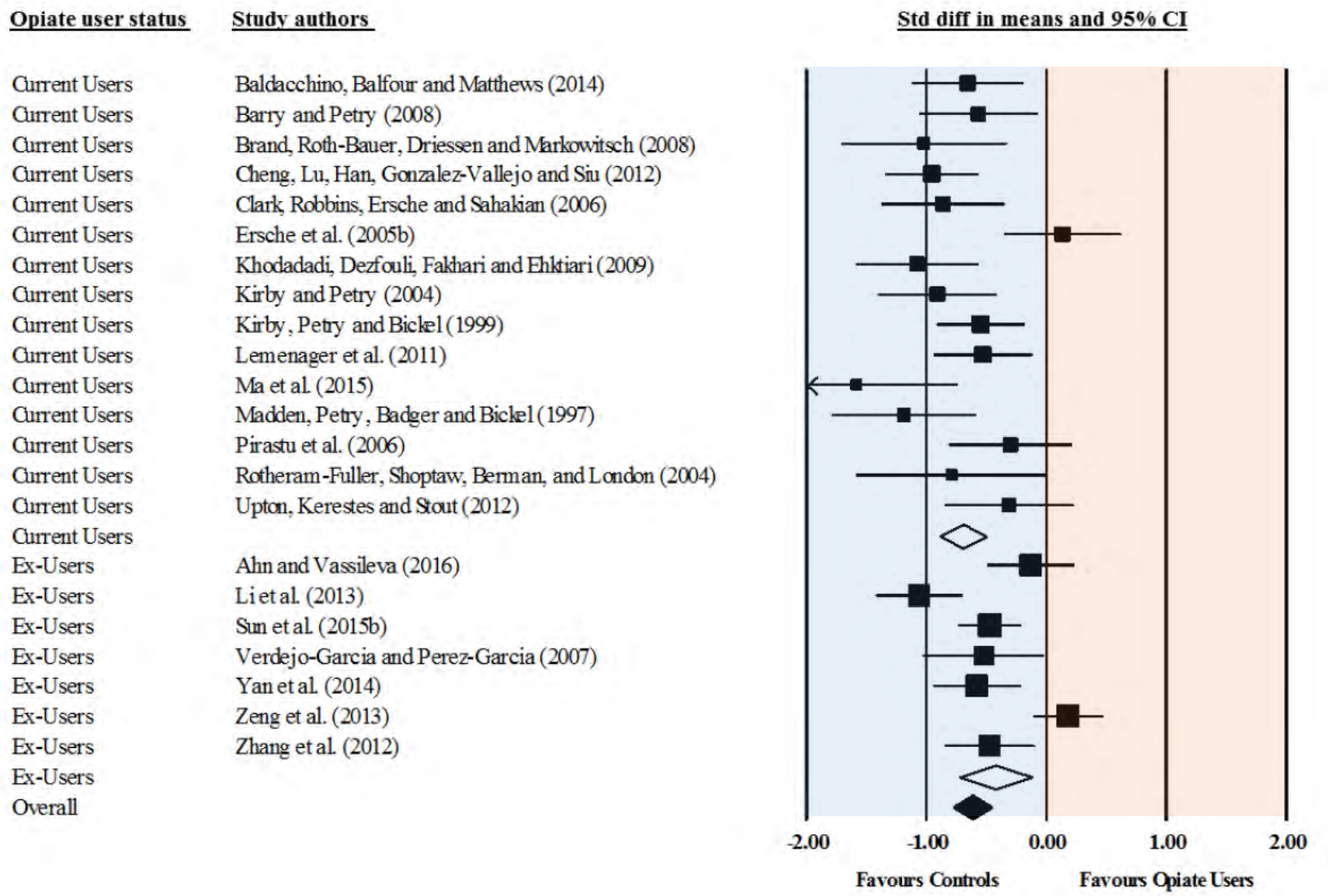
https://www.adn.com/alaska-news/2017/04/15/can-a-miracle-shot-called-vivitrol-break-the-prison-heroin-cycle-in-alaska/

The second I got to Anchorage, I ran to a friend and wanted to get high. It's just an instant trigger. I forgot that I was clean. I forgot that I had plans to go somewhere.

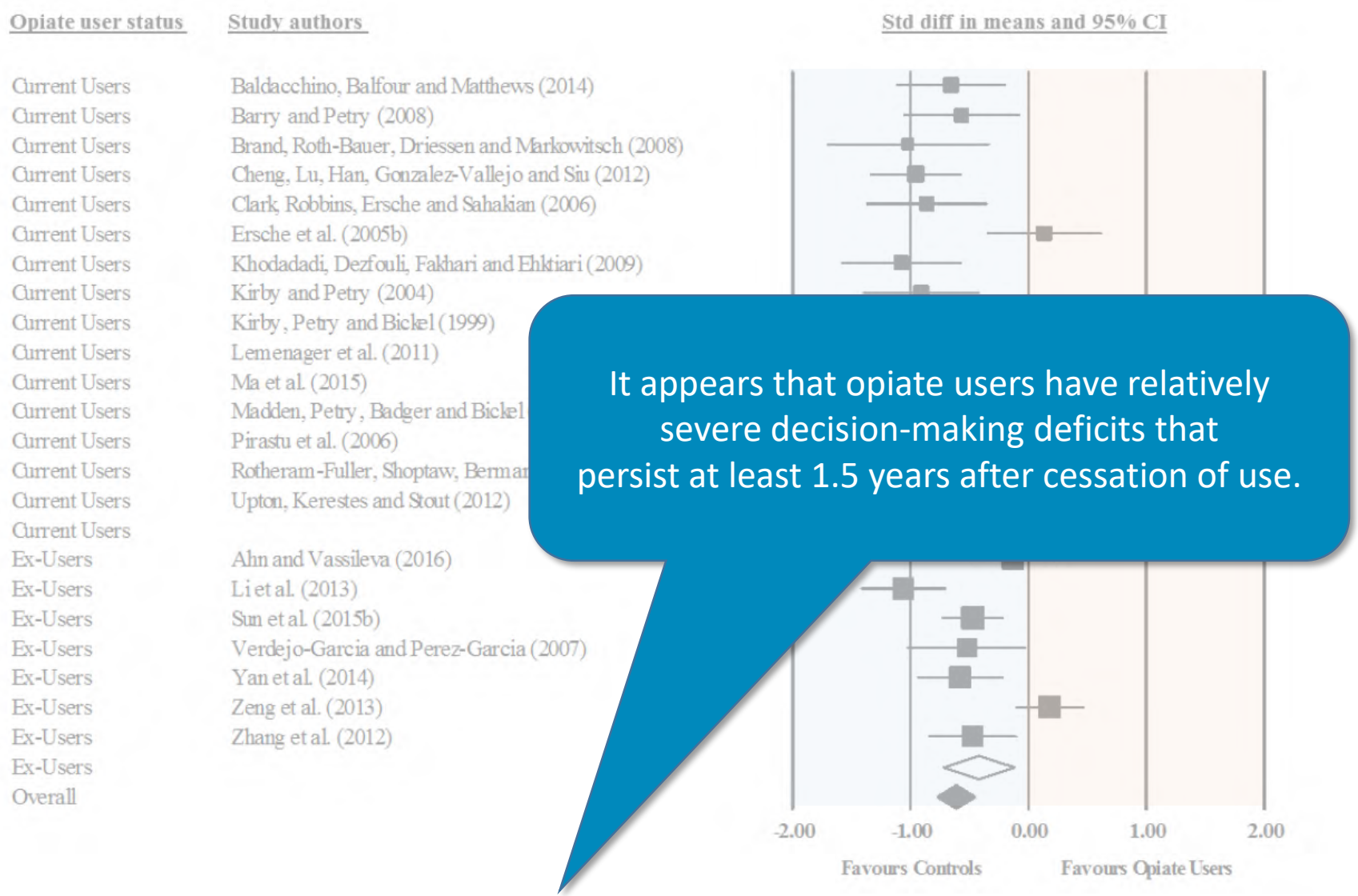




Images: Gilbert Stoet (www.psytoolkit.org); Stoet, G. (2010). PsyToolkit: A software package for programming psychological experiments using Linux. *Behavior Research Methods, 42(4)*, 1096-1104; Stoet, G. (2017). PsyToolkit: A novel web-based method for running online questionnaires and reaction-time experiments. *Teaching of Psychology*, 44(1), 24-31

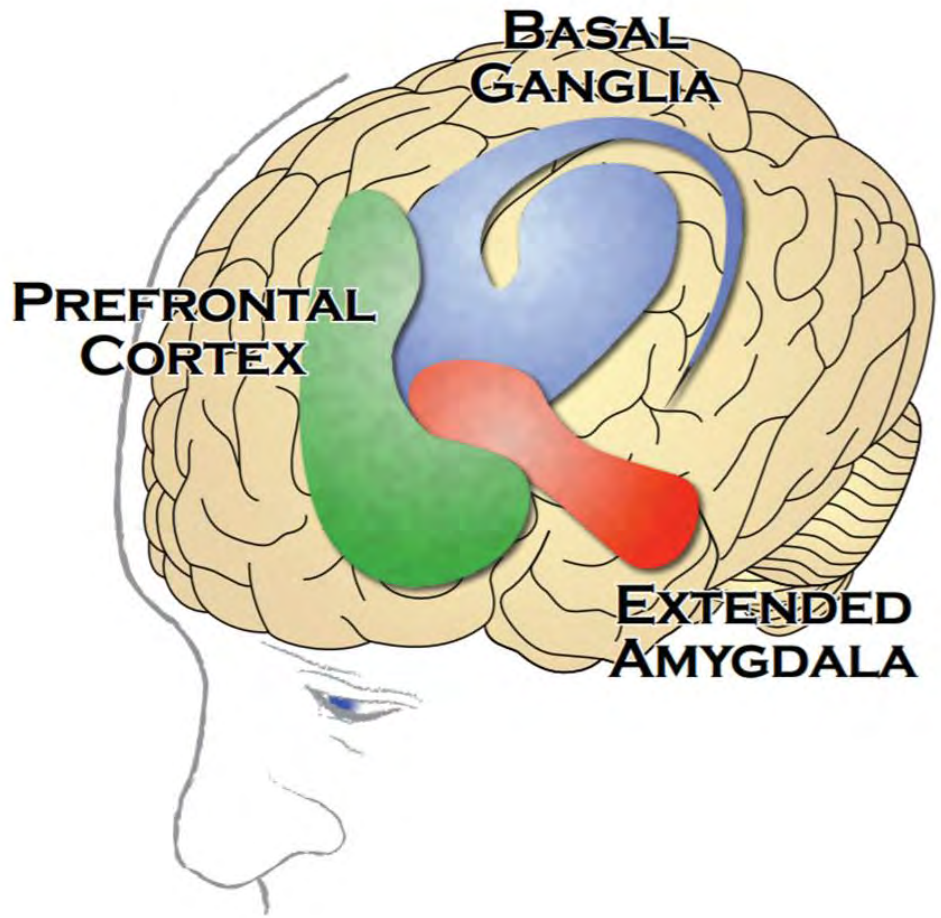


Biernacki, K., McLennan, S. N., Terrett, G., Labuschagne, I., & Rendell, P. G. (2016). Decision-making ability in current and past users of opiates: A meta-analysis. *Neuroscience and Behavioral Reviews*, 71, 342–351. https://doi.org/10.1016/j.neubiorev.2016.09.011



It appears that opiate users have relatively severe decision-making deficits that persist at least 1.5 years after cessation of use.

Biernacki, K., McLennan, S. N., Terrett, G., Labuschagne, I., & Rendell, P. G. (2016). Decision-making ability in current and past users of opiates: A meta-analysis. *Neuroscience and Behavioral Reviews*, 71, 342–351. https://doi.org/10.1016/j.neubiorev.2016.09.011

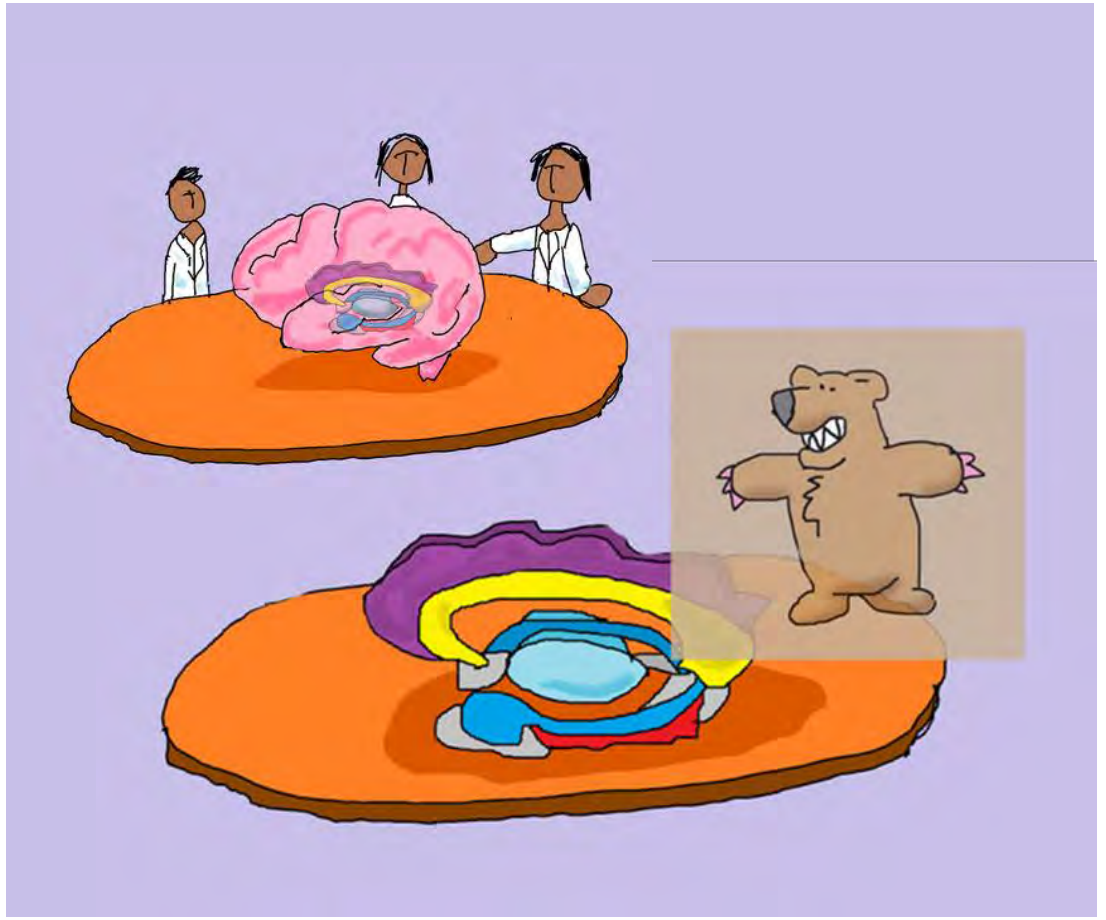


U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing addiction in America: The Surgeon General's spotlight on opioids. Washington, DC: HHS, November 2016. https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf

SOURCE: March is colorectal cancer awareness month: Demystifying the colonoscopy. (February 26, 2018). Alaska Native Tribal Health Consortium, Anchorage, AK. https://anthc.org/news/march-is-colorectal-cancer-awareness-month-demystifying-the-colonoscopy/

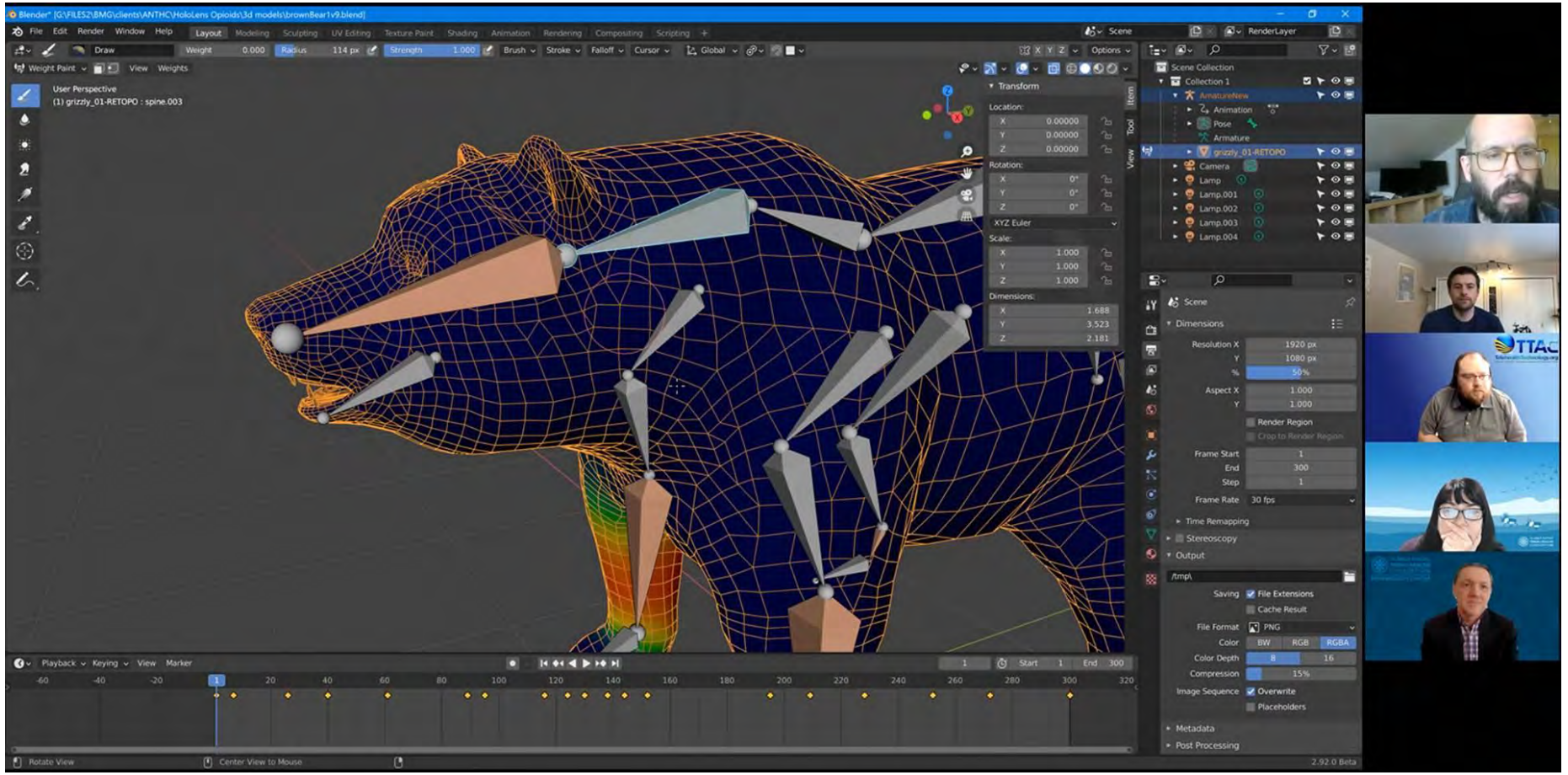
Hololens2

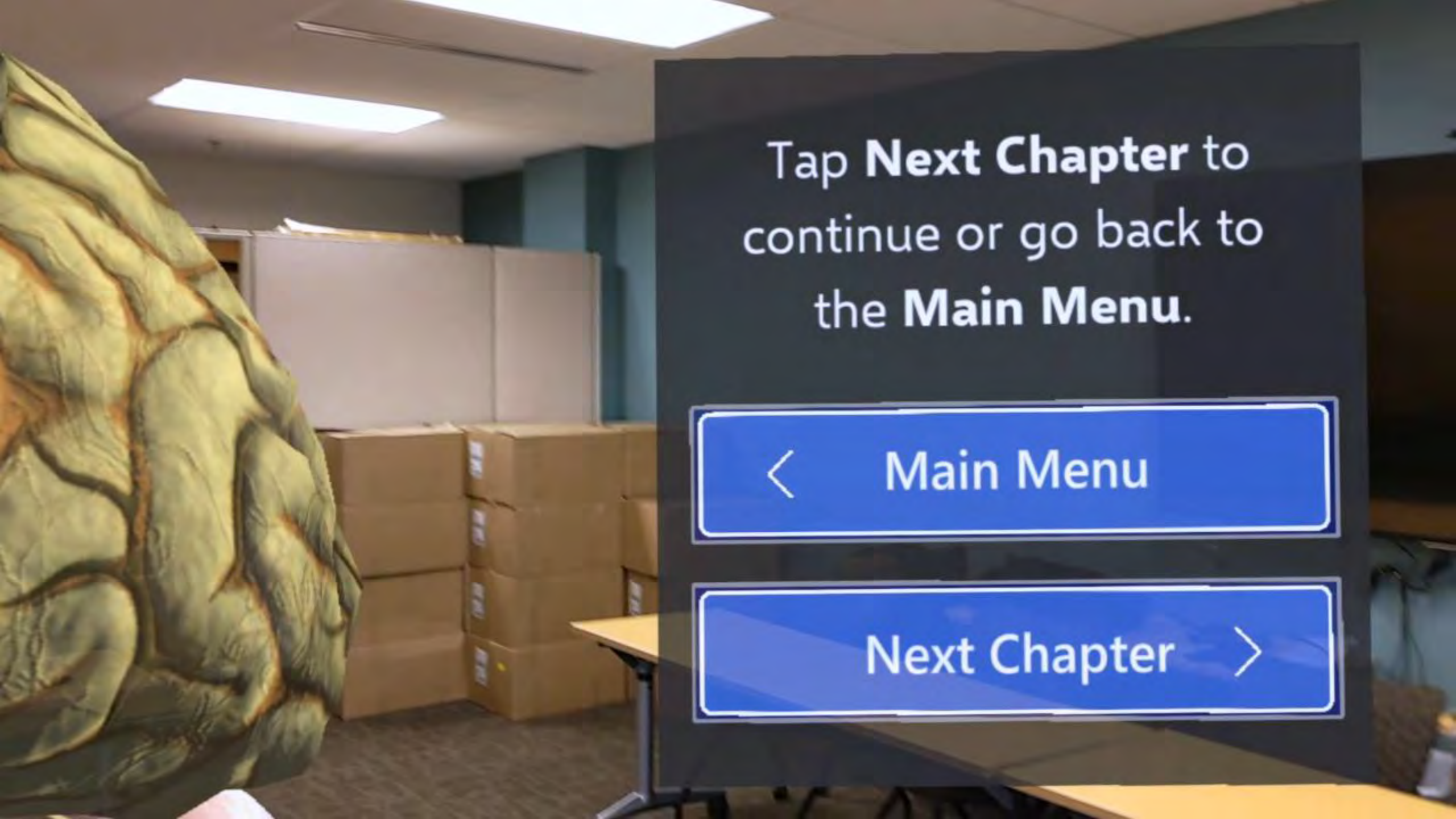
So we made storyboards…



Got feedback…

And wrote some programs…

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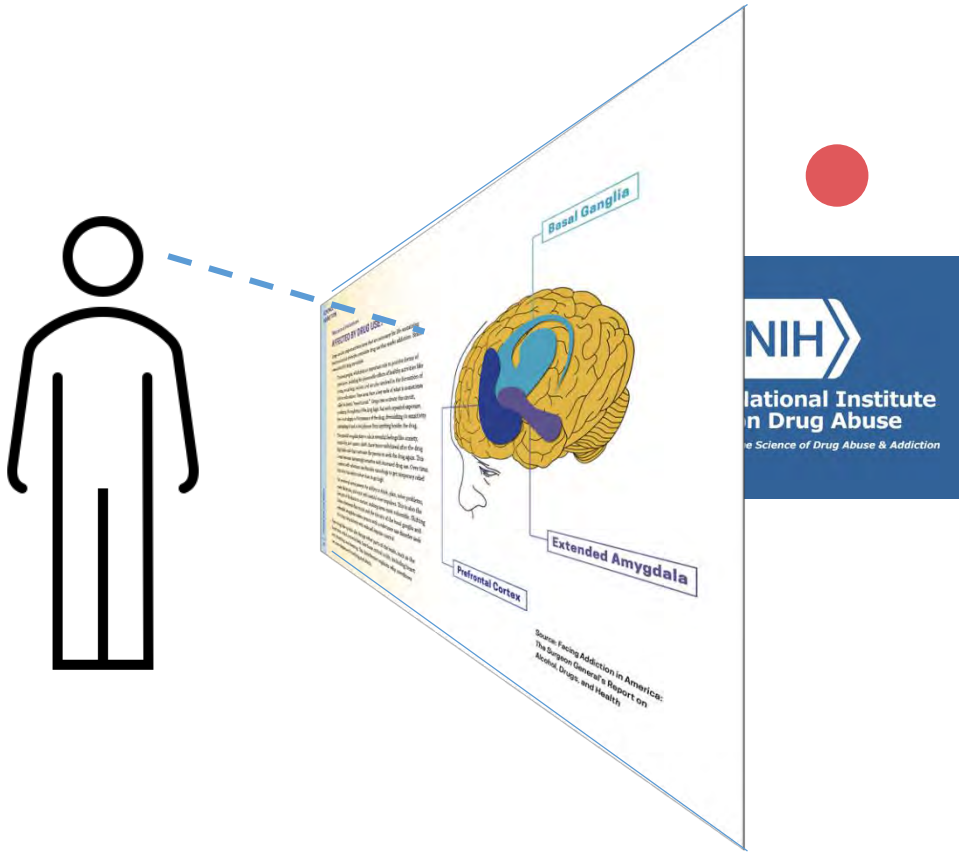
Main Menu
Next Chapter

Brochures: External locus of control

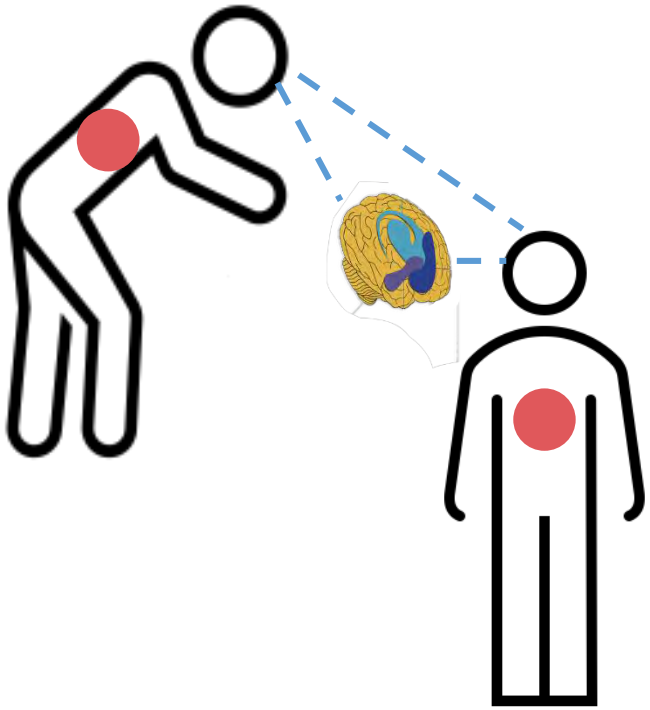


Information comes from an outside authority.

The user passively consumes content.

Spatial and volumetric information are lost.

AR: Internal locus of control



The user and the medical information share the same space.

The user actively controls the content.

Spatial and volumetric information are preserved.

Future of AR

[People] will have AR experiences every day, almost like eating three meals a day. It will become that much a part of you.

Tim Cook – Apple CEO

Ikea bets on 'Apple Glass' by investing in augmented reality apps

By Amber Neely | Apr 20, 2021

How Medical Field AR Smart Glasses will Revolutionize Healthcare

20-June-2019

Technology

Apple's First Headset to Be Niche Precursor to Eventual AR Glasses

The company's first major new product category since the Apple Watch faces development hurdles.

Augmented reality is one of those new mediums that could be as big as if not bigger than the web.

Scott Belsky – Adobe CPO

UPGRADED GOOGLE GLASS HELPS AUTISTIC KIDS "SEE" EMOTIONS

A wearable for kids on the autism spectrum provides behavioral therapy via augmented reality

How Smart Glasses Could Change Healthcare Delivery

As the need for on-demand diagnoses and personalized treatment evolves, augmented reality devices will join the clinician's toolkit.

TECH

Chinese augmented reality glasses maker Nreal looks to go public within 5 years, CEO says

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EPIDEMIOLOGY CENTER

Thank You

qagaasakung baasee' tsin'aen quyanaq
dogedinh quyanaa igamsiqanaghhalek
'awa'ahdah gunalchéesh chin'an mahsi'
miigwech tsin'e e way dankoo háw'aa quyana

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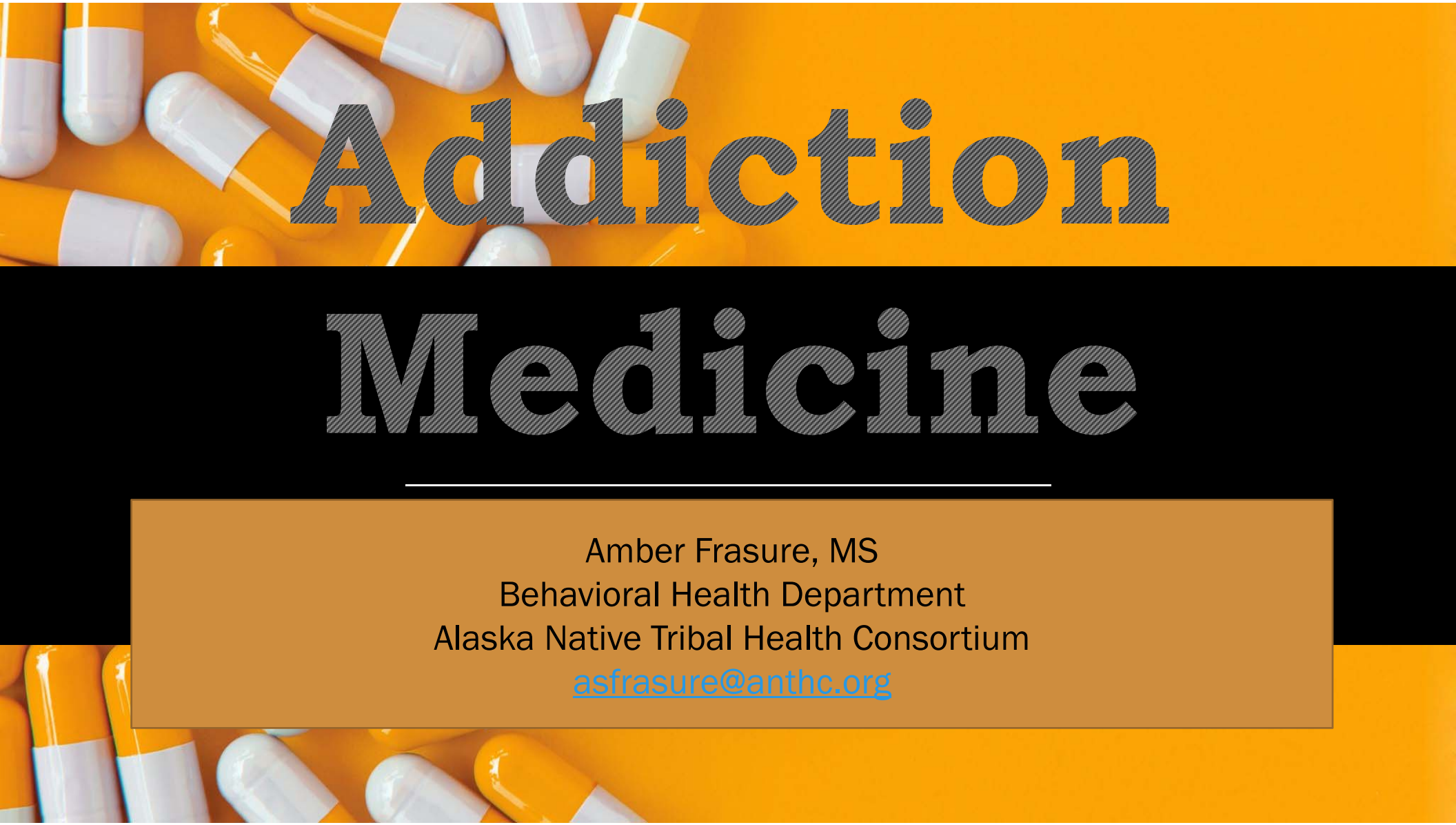

Addiction Medicine

Amber Frasure, MS
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Objectives

1. Describe addiction medicine as harm reduction.
2. Demonstrate knowledge of the evidence supporting the use of addiction medicine.
3. Identify medication available for treating opioid, alcohol and tobacco use disorder.

Relevant Terminology

Addiction medicine is medication used to treat the biological basis of alcohol, tobacco, and opioid use disorder

- Also known as *medication assisted treatment* (MAT), *pharmacotherapy*, or *medication for addiction treatment*

Substance use terms that are not stigmatizing like “addict” or “abuse” and instead use terms like the following heroin use, opioid misuse, and opioid use disorder.

Stigma Negatively Effects Access to Addiction Medicine

People who experience substance related disorders and addiction medicine face high levels of stigma.

High levels of stigma lead to:

- ↓ Decreased access to services and treatment
- ↓ Poorer healthcare outcomes
- ↓ Decreased likelihood of seeking treatment
- ↓ Decreased utilization of addiction medicine
  - Only 20% of people access medications to treat opioid use disorder.

Trickle Down Effect of Stigma

(Blendon & Benson, 2018; Matusow et al., 2013; SAMHSA, 2013).

Describe addiction medicine as harm reduction.

OBJECTIVE 1

Harm Reduction

Harm reduction is a public health philosophy that refers to policies, programs, and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and laws.

Harm reduction focuses on positive change, safety and working with people without:

- Judgement
- Discrimination
- Coercion
- Or requiring that they stop using drugs as a precondition for support.

A few examples of harm reduction are seat belts, speed limits, syringe exchange, fentanyl testing strips, etc.

(ANTHC, 2018; ANTHC, 2021; Harm Reduction International, 2021)

Addiction Medicine As Harm Reduction

Addiction medicine aligns with the principles of harm reduction.

Addiction medicine programs are clinically driven and tailored to meet each patient's needs.

Addiction medicine significantly reduces risk of overdose, even for clients who use multiple substances.

(ANTHC, 2018; ATHC, 2021; Harm Reduction International, 2021)

Pathway of Recovery among Alaska Native People

Holistic health and well-being is more than mental and physical health; it also includes connection to community, culture, land, Indigenous practices and spirituality.

Hazel and Mohatt (2001) developed the theoretical model for path of recovery among Alaska Native people which portrays the “physical, emotional, cognitive, and spiritual quadrants of the self in relation to family, community and the environment” (p. 557).

Addiction medicine treats the physical symptoms, allowing an individual to focus on healing the other parts of self and engaging in their own pathway of recovery.

(Hazel & Mohatt, 2001; Policy Brief Indigenous Harm Reduction, 2019; SAMHSA. 2020).

Demonstrate knowledge of the evidence supporting the use of addiction medicine.

OBJECTIVE 2

01

Normalize brain chemistry

02

Relieve physiological cravings

03

Block euphoric effects

04

Normalize bodily functions without withdrawal

Addiction medicine operates in 4 ways:

(ANTHC, 2021).

Role of Craving in Return to Use

(Johan et al., 2019; Tiffany & Wray, 2012).

- Craving is described as the subjective experience of wanting to use a drug.
- Craving is strongly associated with patients returning to substance use.
- Targeting craving is an important target for reducing risk of relapse, acts as a mediator for treatment outcomes and improving quality of life.

Evidence for Addiction Medicine

Addiction Medicine has been found to:

- Improve client survival rates
- Increase treatment retention
- Improve birth outcomes for pregnant women
- Decrease illicit substance use and criminal behavior
- Increase likelihood of finding and maintaining employment
- Evidence is clear that medication is indicated for treatment, even without psychosocial interventions
- Most people spend their time out of treatment; addiction medicine is beneficial for transitioning back into the community

(ASAM, 2020; Hser et al., 1997; Krebs et al., 2017; NASEM, 2019; Wu et al., 2016)

Addiction medicine saves lives.

REDUCES RISK FOR OVERDOSE, INCLUDING PEOPLE WHO ENGAGE IN POLYSUBSTANCE USE, EVEN WITHOUT BEHAVIORAL HEALTH ADJUNCTS.

Identify options of addiction medicine for treating opioid, alcohol and tobacco use disorder.

OBJECTIVE 3

Opioid Use Disorder (OUD)

Based on the NSDUH in 2019 people age 12 or older found:

- About 745,000 people reported heroin use in the past year.
- 10.1 million people misused opioids in the last year.
- 1.6 million had an opioid use disorder
- Opioid use, specifically injection drug use, increase the risk for contracting HIV, Hepatitis B & C.

Alaska Native people suffer from disproportionate rates of opioid misuse, heavy burden of opioid overdose deaths and the highest inpatient opioid overdose fatalities

(Bureau of Indian Affairs, 2019; Filley& Hull-Jilly, 2018; NASEM, 2019; National Survey on Drug Use and Health, 2019).

Addiction Medicine for Opioid Use Disorder

- Improves retention in treatment
- Reduces risk for overdose
- Increased abstinence from opioid use
- Lower risk of acquiring HIV/HEP C
- Decreases medical and substance use treatment costs

(ANTHC, 2021; NASEM, 2019).

Medication Name	How it Works	Frequency of Administration	Route of Administration	Who May Prescribe or Dispense It
Methadone	Full agonist	Daily	Oral liquid concentrate, tablet, or powder	SAMHSA-certified outpatient treatment programs dispense methadone for daily administration onsite or take-home dosages for stable clients.
Buprenorphine (i.e., Suboxone, Subutex, Sublocade)	Partial agonist	Daily and Monthly	Oral tablet or film; monthly injection	Physicians, nurse practitioners, and physician assistants with a federal waiver. Any pharmacy can fill prescriptions, there are no special requirements for staff to dispense.
Naltrexone (i.e., Vivitrol)	Antagonist	Monthly	Intramuscular injection	Any individual who is licensed to prescribe medicine (i.e., physician, nurse practitioner) may prescribe and order administration by qualified staff.

Addiction Medicine for OUD

(ANTHC, n.d., https://www.youtube.com/watch?v=hF1EZS_OwvA)

Pharmaco-dynamics

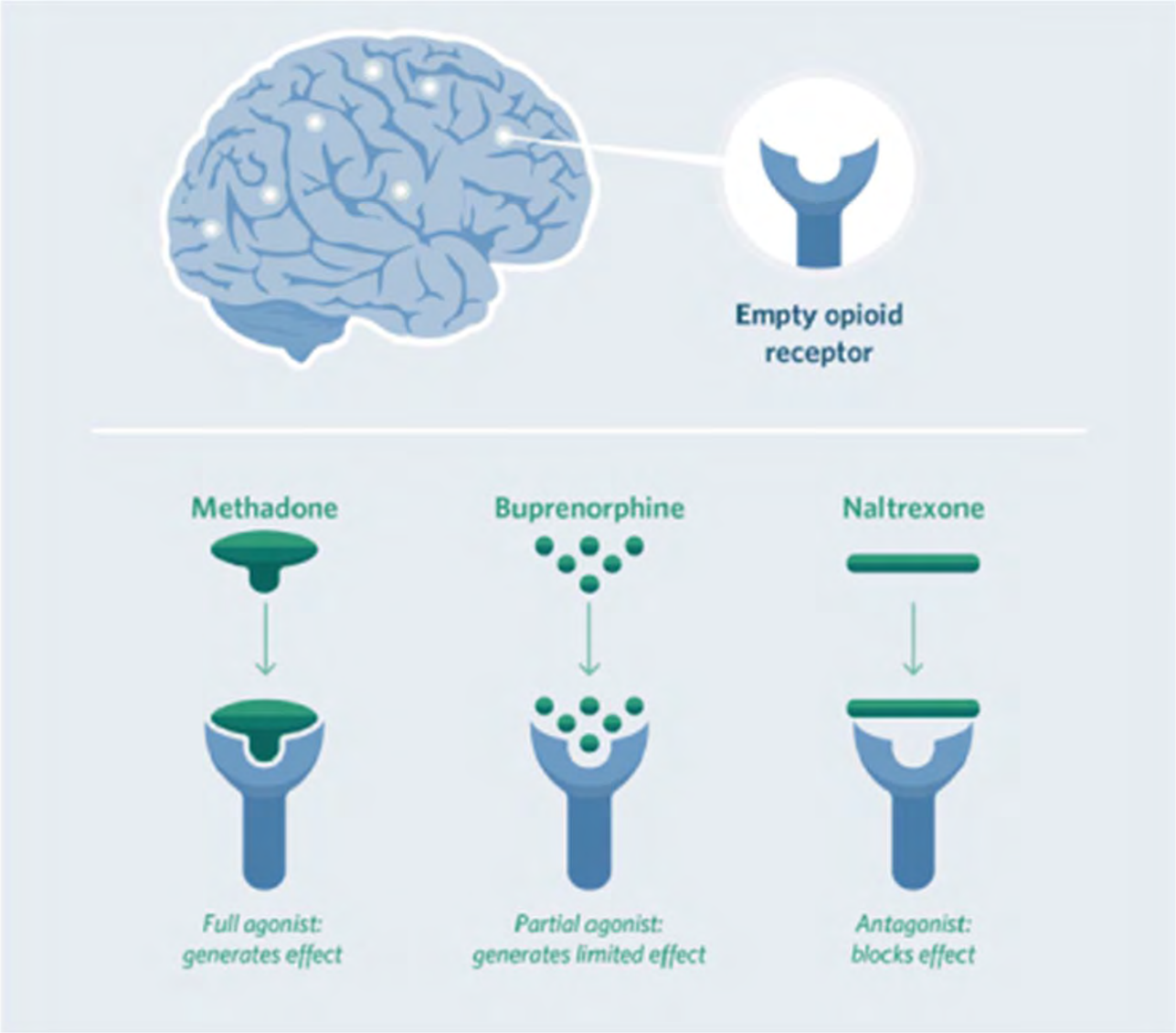
The effects of medications within the body.

Agonist (methadone) – fully binds to and activates opioid receptor

Partial agonist (buprenorphine) –binds to an activates but with less intensity and dosage effects plateau (“ceiling effect”) causing additional dosages have no effect after plateau

Antagonist (naltrexone) – blocks activation of opioid receptors preventing a biological response

(ANTHC, 2021).



Addiction Medicine Stigma

One of the most common misconceptions is that methadone and buprenorphine is substituting one drug for another

Just because a medication has value on the street does not mean that it is being used to "get high"

(Madden, 2019; Volkow et al., 2014).

Alcohol Use Disorder (AUD)

Nationally, about 7% of those with AUD were treated in the past year and less than 4% of people with AUD were prescribed medication.

Compared to the general U.S. population, Alaska has higher rates of self-reported alcohol use.

In 2016, Alaska had the 3rd highest rate in the U.S. for alcohol-attributable mortality.

People are more likely to seek treatment from primary care doctors for health issues related to AUD than to seek care specifically for AUD.

(ANTHC, n.d., https://www.youtube.com/watch?v=n03Qfe8G8hU),

Naltrexone

- Daily oral & monthly injection (Vivitrol)
- Most commonly used
- Reduces craving for alcohol and does not block effects of alcohol
- Most helpful in preventing a lapse from becoming a relapse
- More effective than Acamprosate in reducing heaving alcohol use and craving

Acamprosate

- 3x/day delayed release tablet
- Second most common
- Modulates overactive GABA activity that occurs with alcohol cessation (more effective if patient has stopped drinking)
- May be particularly helpful in patients whose cravings are triggered by anxiety symptoms
- More effective in preventing a lapse

Disulfiram
(i.e., Antabuse)

- Daily oral
- Less evidence for efficacy, poor compliance
- Causes significant negative reaction when consumed with alcohol
- Enforces abstinence through accumulation in acetaldehyde inducing unpleasant side effects if alcohol is consumed

Addiction Medicine for AUD

(ANTHC, n.d., https://www.youtube.com/watch?v=PUMHAwTJ7z0),

Tobacco Use Disorder (TUD)

- Tobacco use causes more deaths than do illnesses related to other substance use.
- Approximately 74% of people ages 12 and older who received substance use treatment in the past year reported past-month smoking.
- Stopping tobacco use increases the likelihood of long-term recovery, while continued tobacco use increases the likelihood of returning to substance use.

(SAMHSA, 2018).

Bupropion
(i.e., Zyban)

- Immediate release and extended release
- Dopamine and norepinephrine reuptake inhibitor
- Not as effective alone, but great for certain populations
- Initiate 1-2 weeks prior to quit date, maintain for up to 6 months (ideal 7-12 week)

Nicotine Replacement (NR)

- Prescription nicotine nasal spray and inhaler
- Nicotine patch, gum & lozenges (over-the counter)
- Cheapest and most readily available
- Most effective when using short and long-acting NR (like patches + gum)
- Reduces craving and withdrawal

Varenicline
(i.e., Chantix)

- Oral
- Nicotinic receptor partial agonist
- Initiated prior to stopping tobacco use, then titrate down and continued for about 12 weeks
- Reduces cravings, prevent withdrawal, and blocks effects of nicotine

Addiction Medicine for TUD

(ANTHC, n.d., https://www.youtube.com/watch?v=hBBx13s0fuQ),

Set People up for Success

There are numerous positive outcomes associated with the utilization of addiction medicine:

- Addiction medicine saves lives
- Improved physical health, almost immediately for tobacco use
- Improved mental health, especially improved mood and anxiety levels after initial withdrawal symptoms are addressed
- Improve treatment outcomes
- Improve birth outcomes for pregnant women
- Enhance community reintegration following release from the criminal justice system
- Improve social functioning and rates of employment
- Increase quality of life, and sense of mastery and wellbeing

(SAMHSA, 2018).

New Resources from ANTHC

- ANTHC Addiction Medicine ECHO Training Series
  - Didactic recordings and handouts from past sessions available at the bottom of the webpage
- ANTHC Medication Assisted Treatment Toolkit: Empowering Recovery from Substance Use Disorders in Rural Alaska
- ANTHC offers Alaska providers FREE consultation services to improve addiction medicine services, tackle organizational barriers and ask clinical questions.
  - Contact behavioralhealth@anthc.org to learn more.

A Few Resources

ADDICTION MEDICINE

- SAMHSA Pocket Guides:
  - Addiction Medicine for Opioid Use Disorder
  - Addiction Medicine for Alcohol Use Disorder
- Alaska DHSS: Addiction Medicine Toolkit and the Opioid Data Dashboard
- ASAM National Practice Guidelines for Opioid use Disorder
- SAMHSA Find Resources Link

REDUCING STIGMA

- Video: First Nations Health Authority: Taking Care of Each Other: Reducing Stigma
- Video: Tell Me What to Say: How to Approach Challenging Patient Conversations
- Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma

Questions & Comments

THANK YOU SO MUCH FOR YOUR TIME AND ALLOWING ME TO SHARE WITH YOU TODAY.

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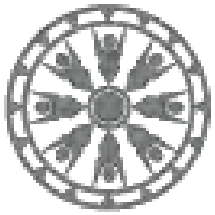

Behavioral Health Wellness Clinic

Alaska Native Tribal Health Consortium

Respect | Self-Determination | Collaboration | Trust | Humility

Promote Alaska Native wellness through compassionate and easy-to-connect to behavioral health services.

Primary Behavioral Health Clinic

Prioritize Access to Services

Provide Compassionate Care

Services

- Substance Use Assessment
- Mental Health Assessments
- Individual Counseling
- Group Counseling
- Health Behavior Coaching
- Referral Support

What We Do	What We Don't Do
Telehealth	In-person services
Everyday Behavioral Health Treatment For example: Stress, anxiety, depression, trauma, substance use, relationship distress, grief and loss, health behavior change (e.g., diet, exercise, sleep)	Specialty Behavioral Health Treatment For example: Severe and persistent mental illness, personality disorders, eating disorders, psychiatric medication management
Brief, open-access, evidence-based model of care For example: Brief individual counseling and open-access groups, trauma-informed Cognitive Behavioral Therapies	Long-term, wrap-around, or emergency care For example: Psychoanalytic or psychodynamic therapy, Assertive Community Treatment, on-call crisis care
Adult Services (18 and up)	Child & Adolescent
Family support for substance use (CRAFT) & parenting support	Couples or family therapy
Substance use & mental health assessments	Psychological testing
Strengths-Based Care	Deficit-Based Care
Referral Support Services	Intensive Case Management
Trauma informed, harm reduction approach	Abstinence only approach
Support THO Services	Replace THO Services

Behavioral Health Wellness Clinic

Alaska Native Tribal Health Consortium

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Clinic Manager

Jolene Firmin Telford

Clinic Director

Rebecca Volino Robinson

BHWC Email

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A time for discussion…

Please type your question in the chat or use the reaction icon to raise your hand.

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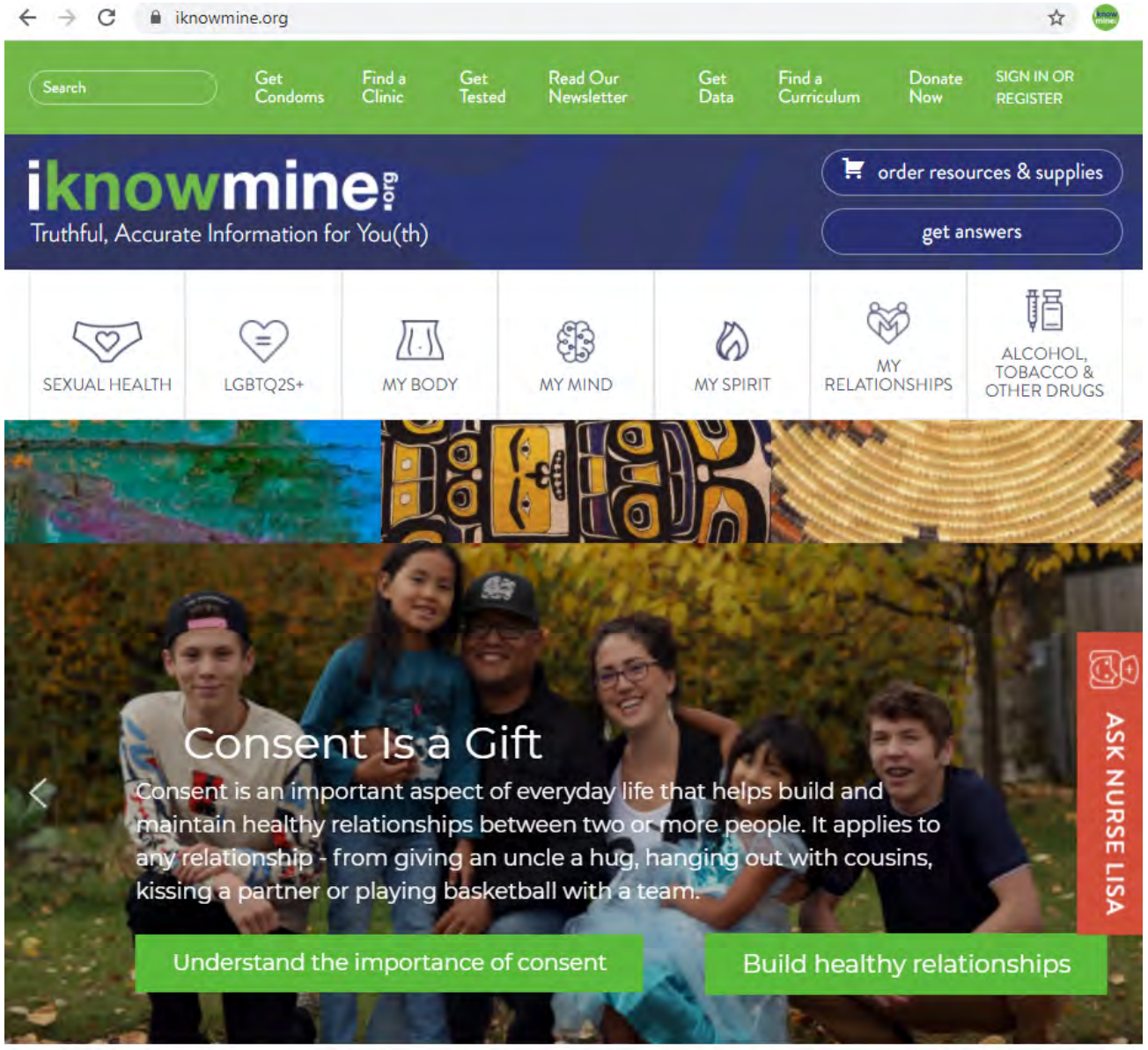
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Donate Now
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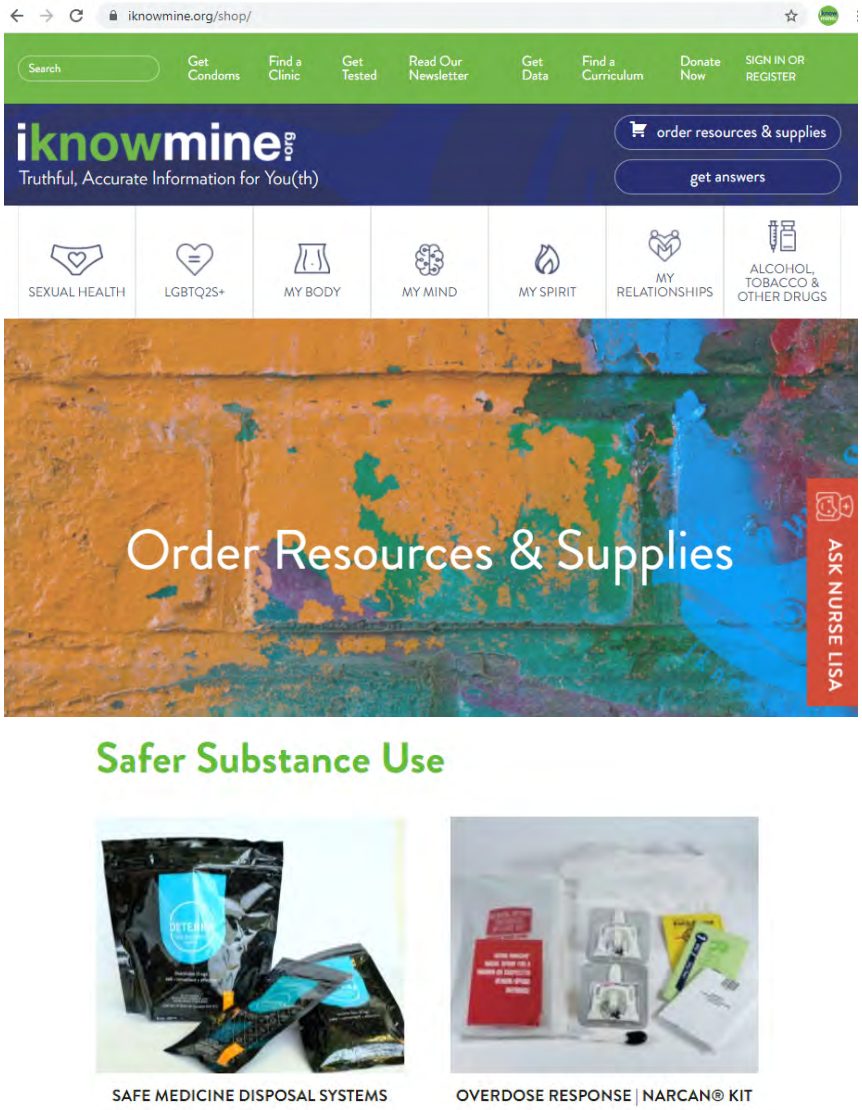
Truthful, Accurate Information for You(th)
order resources & supplies
get answers
SEXUAL HEALTH
LGBTQ2S+
MY BODY
MY MIND
MY SPIRIT
MY RELATIONSHIPS
ALCOHOL, TOBACCO & OTHER DRUGS
Consent Is a Gift
Consent is an important aspect of everyday life that helps build and maintain healthy relationships between two or more people. It applies to any relationship - from giving an uncle a hug, hanging out with cousins, kissing a partner or playing basketball with a team.
Understand the importance of consent
Build healthy relationships
ASK NURSE LISA

Free resources - iknowmine.org/shop

- Medication Assisted Treatment Toolkit
  https://www.iknowmine.org/product/medication-assisted-treatment-toolkit

- Narcan® Kit
  https://www.iknowmine.org/product/narcan-kit

- Safe Medicine Disposal Bags
  https://www.iknowmine.org/product/safe-medicine-disposal



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