

IN THIS TOGETHER

Discussion points:

What is Substance Use Disorder:

Facilitator: Suggest you start by asking with a show of hands “How many people here have had themselves or their families personally touched in some way by this disease”? (It’s powerful to know you are not alone).

Facilitator to recap: Substance use disorders (SUD) are chronic medical conditions that require long-term care, monitoring, management strategies and follow-up as part of routine medical care across the patient’s lifespan. They require long-term follow-up with a philosophy of coordinated and chronic care management strategies like other chronic conditions such as hypertension, diabetes, asthma, COPD, and hyperlipidemia.

- Discussion prompt: After watching the video, were you surprised to learn that substance use disorder is a disease of the brain? What did you learn about changes to the brain?
- Discussion prompt: After watching the video, how do you feel about the fact that it takes more than willpower to stop using opioids?
- Discussion prompt: What are your thoughts about substance use disorder needing to be treated at the level of the brain?

Facilitator can reflect on Sam Quinones's remarks and reinforce that substance use disorders affect all people regardless of age, gender, race, and socioeconomic status. “That’s what makes this epidemic unique, everyone’s the same!” If you’d like to read more about the history of the opioid crisis and the work of Sam Quinones, you could read *Dreamland*, the book he published in 2015. It’s available at the public library.

We heard the word stigma mentioned – for this disease, it can mean the fear that people will find out about the problem and then judge them or prevent them from getting the help they or their loved one needs through misunderstanding the disease. Sam Quinones said, "Nobody wanted to talk about addiction, which made it even more debilitating."

The language we use can lead to stigma through labeling. Language that includes bias and hurtful words leads to discrimination and social exclusion. Language is powerful. Saying “person living in recovery” versus “ex-addict” changes the tone and direction of a conversation.

- Discussion prompt: Have you ever witnessed the stigma associated with this disease? Would you approach that situation differently now that you’ve seen this video?
- What are some examples of stigma-reducing language you could use?

Say this....	Not this....
• Person with opioid use disorder	• Addict, user, junkie, druggie, abuser
• Disease	• Drug habit
• Person arrested for drug violation	• Drug offender
• Substance dependent	• Hooked

• Medication is treatment tool	• Medication is a crutch
• Had a setback	• Relapsed
• Maintained recovery, substance free	• Stayed clean
• Negative drug screen	• Clean
• Positive drug screen	• Dirty

Treatment and Recovery:

We heard Dr. Kelly and other substance use disorder experts talk about the causes of substance use disorder and the fact that it is a chronic condition. While there is no cure, it is treatable and can be well-managed! Various treatment options are available, and each person needs to find a treatment that aligns with their goals. It's not an overnight process and there is no cure, but there is help and it can be managed.

- Discussion prompt: What type of treatment options for opioid use disorder do you recognize from the video?
- Follow-up discussion prompt: Were you aware that it should be treated like a chronic, long-term disease? After seeing the video, how do you see recovery working?

Dr. Perry talked about stigma. She defined it as a deeply discrediting attribute. In other words, sometimes in society, people with a certain condition are devalued. Stigma can be a major barrier to people seeking treatment. There can be shame and secrecy, which can cause people to not seek treatment when they need it.

- Discussion prompt: If you feel comfortable, by show of hands, how many people have ever felt stigmatized themselves around this topic?
- Conversely, do you recognize any stigmatization toward this disease that you may have perpetrated? How would you approach it differently after seeing this video?

Prevention and Harm Reduction:

Harm Reductions and Safe Syringe Exchange

Syringe exchange programs are proven to be effective at reducing the rates of hepatitis C within communities while preventing outbreaks of HIV. The Marion County Public Health Department's Safe Syringe Program works to reduce the spread of infectious disease throughout the community while offering additional support services to participants, such as engagement in substance use treatment, healthcare navigation, and overdose-prevention education. Other support services that come from taking part in a safe syringe program may include: HIV and hepatitis C rapid screening, safer drug use practices, referral for substance use disorder and mental health treatment, wound-care education, immunizations, referral to primary care, and access to health insurance coverage.

- Discussion Prompt: There can be a lot of stigma around syringe exchange programs. Do you have them in your community? What are your thoughts about these kinds of harm reductions and the benefits they can provide?

Naloxone Availability

- *Discussion prompt:* Has anyone here already obtained a naloxone reversal kit? Are you willing to share your experience with obtaining it?
- Has anyone ever used a naloxone kit? Are you willing to share your experience?

Facilitator can recap: Naloxone is a reversal agent that stops someone from overdosing and can temporarily reverse the life-threatening effects of opioids. Always contact 911 immediately if you give anyone naloxone. Be sure you speak to a naloxone trainer or pharmacist to understand how to use naloxone. There is a state-wide prescription for naloxone. You should be able to go into any pharmacy and request to purchase a naloxone kit from the pharmacy. In some cases, insurance may cover it. In other, you may need to pay out of pocket for it. The price varies depending on which kit (formulation) you purchase and what pharmacy you purchase it from. Alternatively, you can contact Overdose Lifeline to see if they are conducting any trainings in your area that you could attend and potentially obtain a naloxone kit.

For more information about naloxone and Aaron's Law, visit Overdose Lifeline at <https://www.overdose-lifeline.org/>

Hope in Our Communities:

- Discussion prompt: What resources in your community are you aware of that you could share with others today?
- Discussion prompt: How do think community groups and activities can help those with the disease and their families?
- Discussion prompt: What do you think Dr. Sullivan meant when she said "every individual can understand the power of language and the way we treat our fellow citizens"? (The language we use can lead to stigma through labeling. Language that includes bias and hurtful words leads to discrimination and social exclusion. Language is powerful. Saying "person living in recovery" versus "ex-addict" changes the tone and direction of a conversation.)
- Discussion prompt: What measures can you take to raise awareness and hope in your community? (Change language; educate yourself; talk to your local or state legislators; other ideas?)

Besides topics discussed in the videos, here are other things to consider:

Language matters!

Examine your own bias. Pledge to change your language. See above for examples.

Dispose of all unused medications safely:

Safe disposal of narcotics and unused medication is something that every household can do to be part of the solution. If you have extra narcotics (opioids or other pain medications) left after a surgery, dental procedure, or other medical issue, and you are not going to need them yourself in the near future, please consider disposing of them in a safe manner. There are routine drug take-back programs at hospitals and local police and DEA offices, among others. In Marion County, a list of locations is available on the Drug-Free Marion County website at <https://drugfreemc.org/learn-more/medication-safety/>.

Also, appropriately secure storage in the home to avoid unlawful theft or accidental access to medications from workers, small children, or others in the home. Keeping unused opioids out of circulation and out of the hands that may cause harm is something that each person can do.