

Time to Break the Silence: Addiction – A Family Disease in Need of Multisectoral Collaboration

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28 October 2021
0850 – 0950 (ET)



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- Twenty-five years at U.S. Department of Health and Human Services (HHS) (National Institutes of Health and Office of Global Affairs)
- Five years at George Washington University (GWU) and three years at Westat
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Advisory Council Member
- Montgomery County Alcohol and Other Drug Abuse Advisory Council Member
- Ambassador for Shatterproof
- Collaborates with World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC) on Substance Use Disorders

Disclosures



- Dr. Cristina Rabadán-Diehl has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- Dr. Cristina Rabadán-Diehl is partially supported by a DoD contact awarded to Westat where she is listed as the Principal Investigator. The contract is unrelated to the content of this presentation.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, not the U.S. Government.
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Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Discuss the burden of Substance Use Disorders (SUDs) in military personnel and their families.
2. Explain the contribution of stigma in prevention, treatment and recovery of SUDs.
3. Describe the importance of collaboration with local governments, community-based organizations and patient/family advocacy groups and the roles these organizations play in SUD prevention, treatment and recovery.

Why am I the one giving this lecture?

- Unique perspective as a health/science professional and family member impacted by alcoholism (father) and the opioid crisis (son)



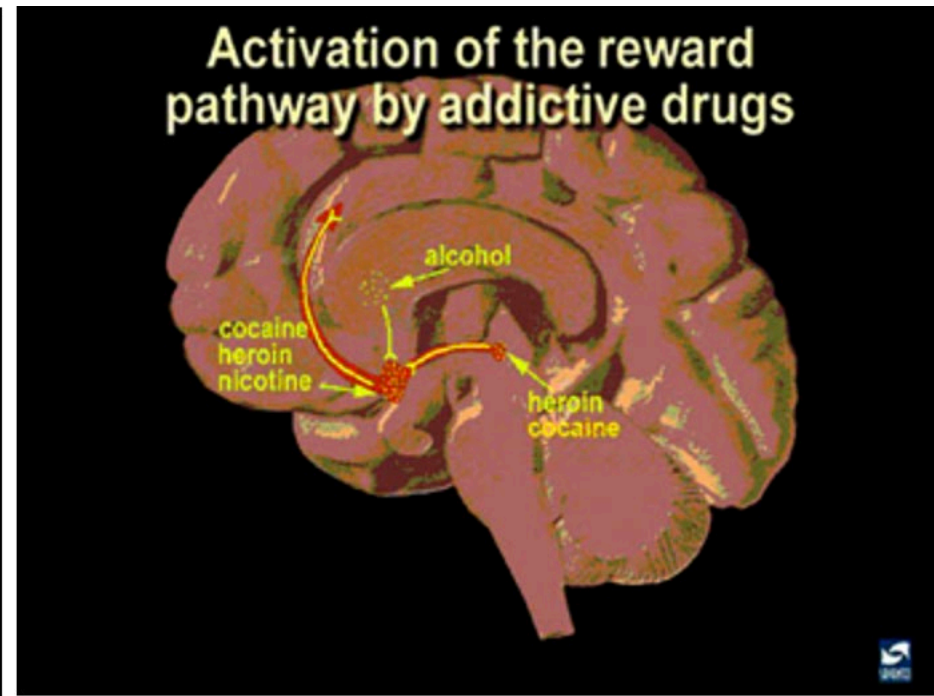
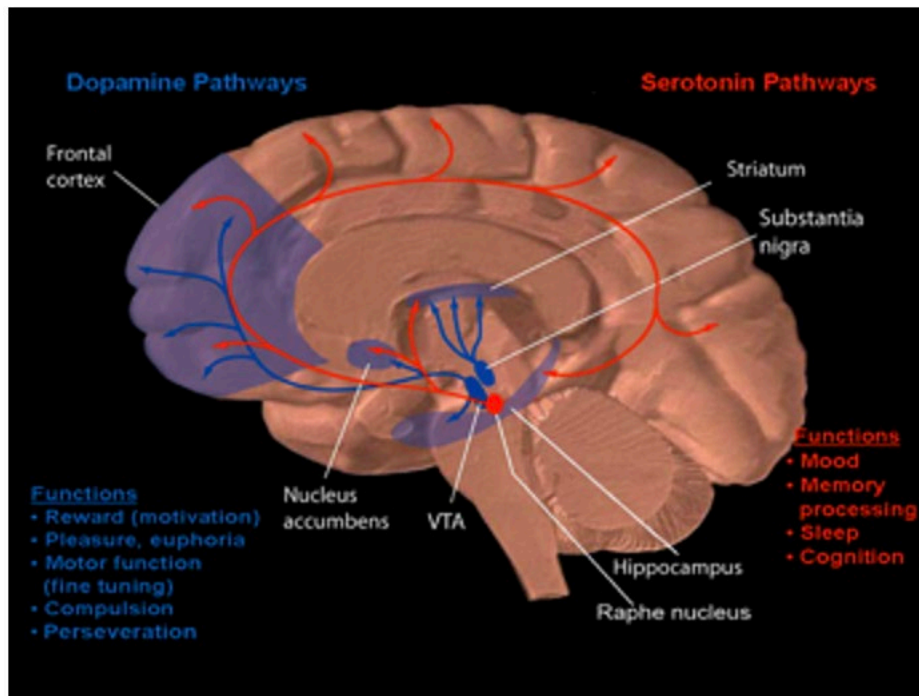
Died at 63



Died at 28

(Photos courtesy of Dr. Rabadán-Diehl)

Substance use disorder is a disease and NOT a lack of character

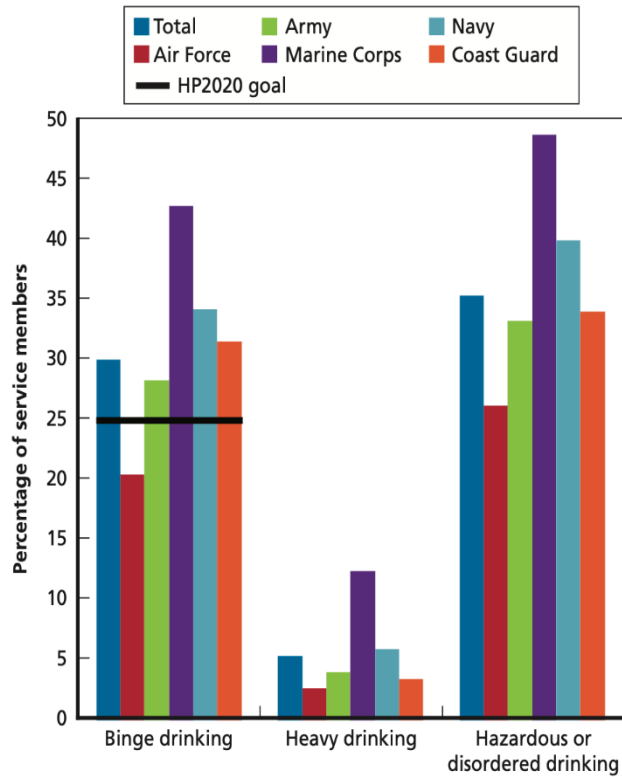


(drugabuse.gov)

“We must help everyone see that addiction is not a character flaw – it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer. “
Vivek Murthy, U.S. Surgeon General from *Facing Addiction in America. The Surgeon General’s Report on Alcohol, Drugs and Health, 2016.*

Military Personnel

Figure 1
Alcohol Use, by Service Branch



(Meadows et al., 2018)

Figure 3
Current Tobacco Use, by Service Branch

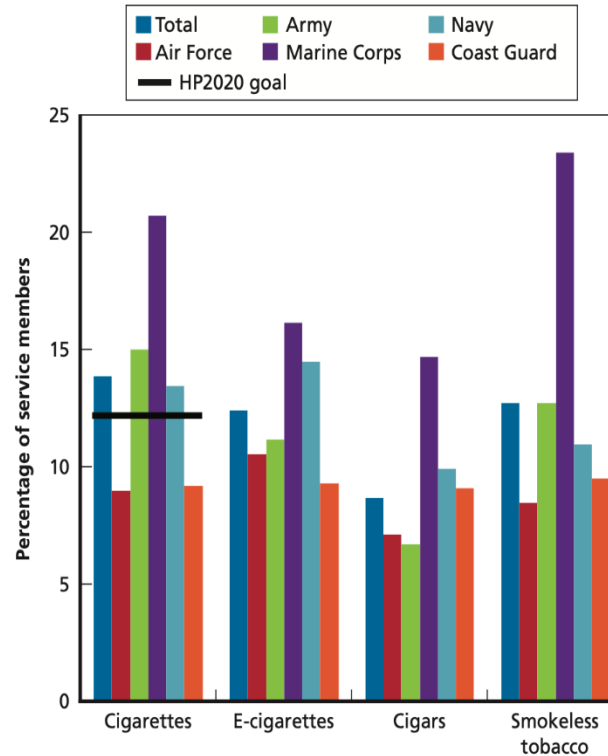
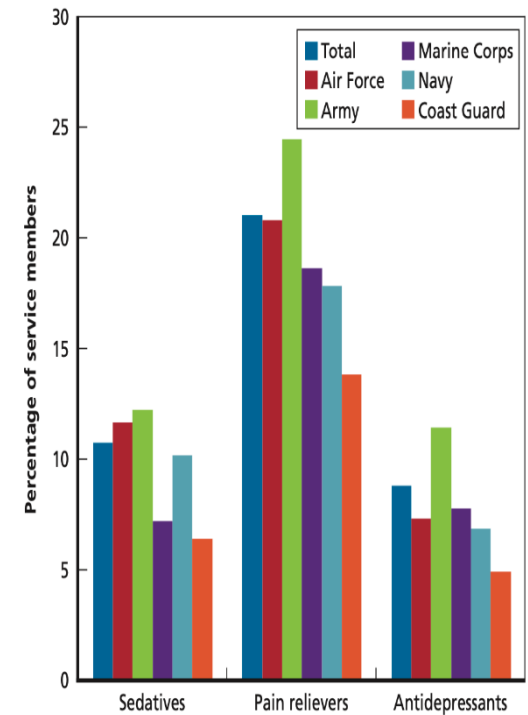


Figure 5
Past-Year Prescription Drug Use, by Service Branch



Reported illicit drug use in the past year was reported by less than 1 percent across all service branches

Military Families

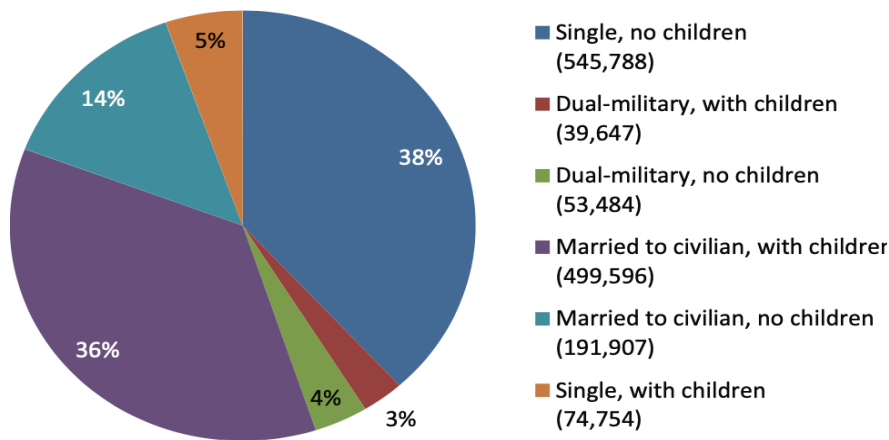


FIGURE 2-2a Active duty component family status.

NOTE: Single includes annulled, divorced, and widowed. Children include minor dependents aged 20 or younger and dependents aged 22 and younger enrolled as full-time students.

SOURCE: DoD, 2011a.

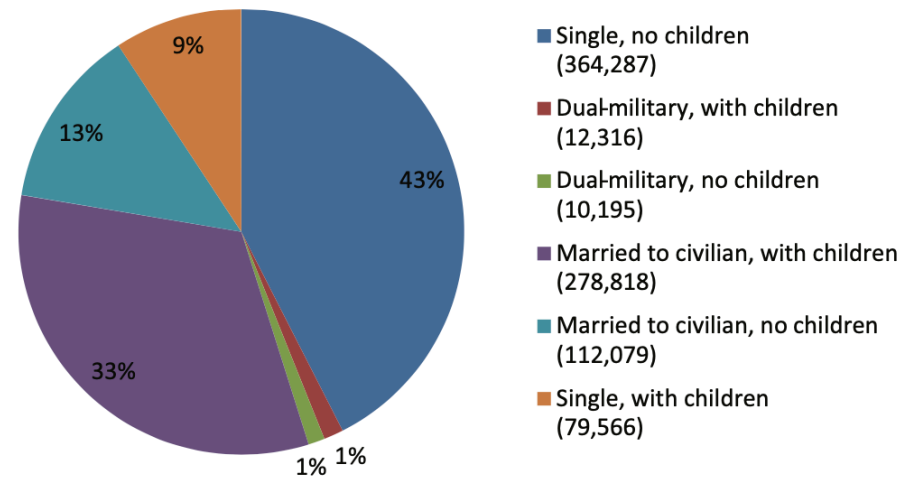


FIGURE 2-2b Reserve component family status.

NOTE: Single includes annulled, divorced, and widowed. Children include minor dependents aged 20 or younger and dependents aged 22 and younger enrolled as full-time students. Totals here include Department of Homeland Security's Coast Guard Reserve.

SOURCE: DoD, 2011a.

(Institute of Medicine, 2013)

Spouses (86.1% of military spouses aged 18-49 were female)



Figure 1. Past Year Illicit Drug Use among Wives of Military Personnel and All Married Women Aged 18 to 49: Percentages, 2015

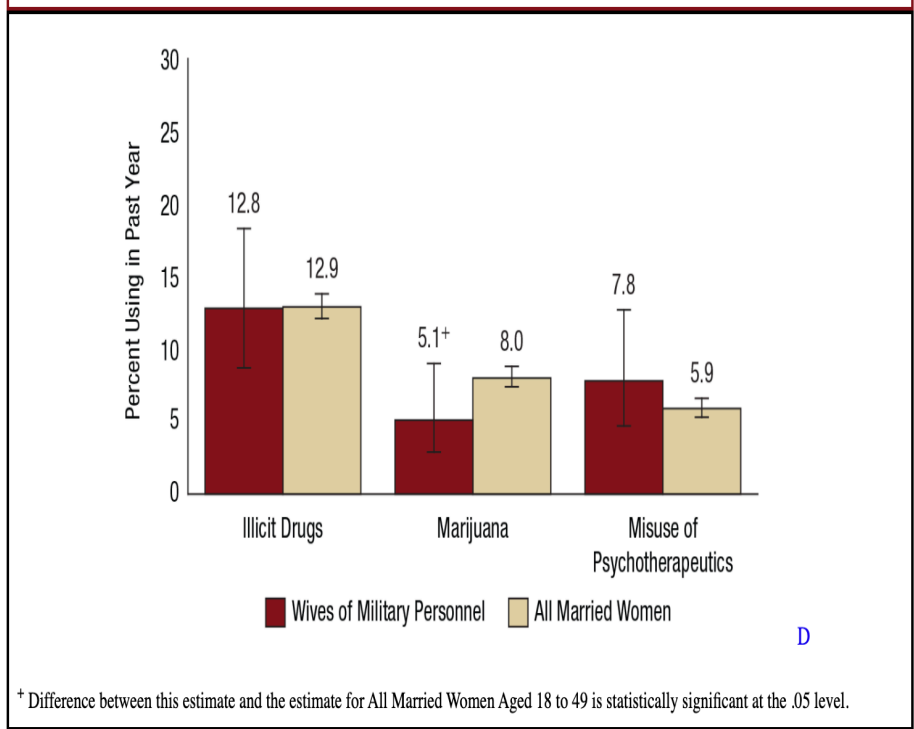
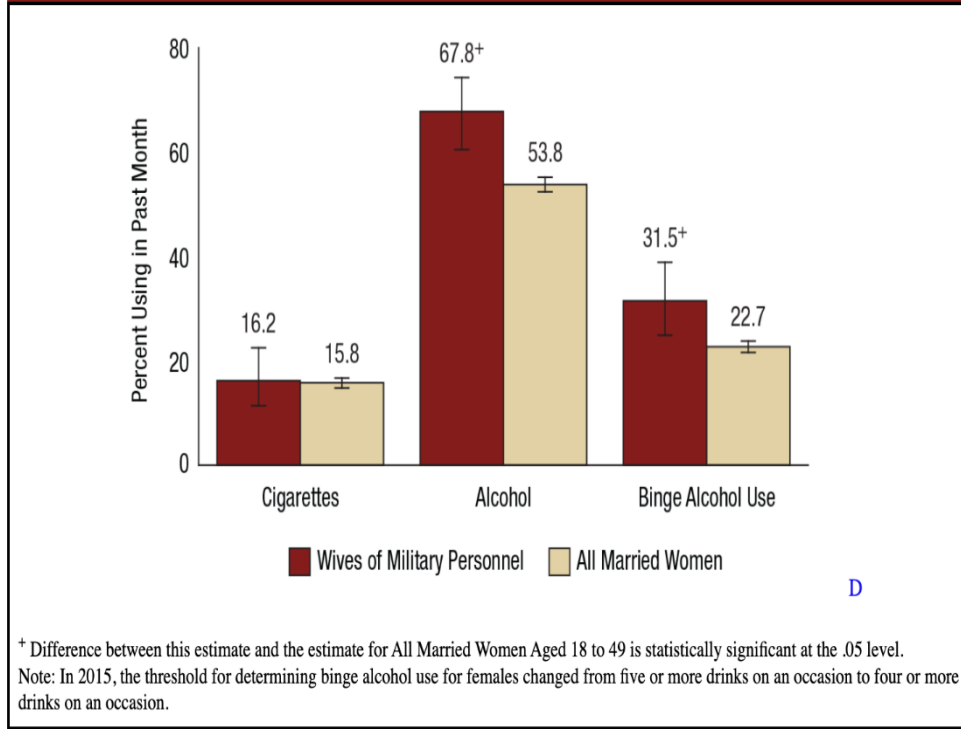


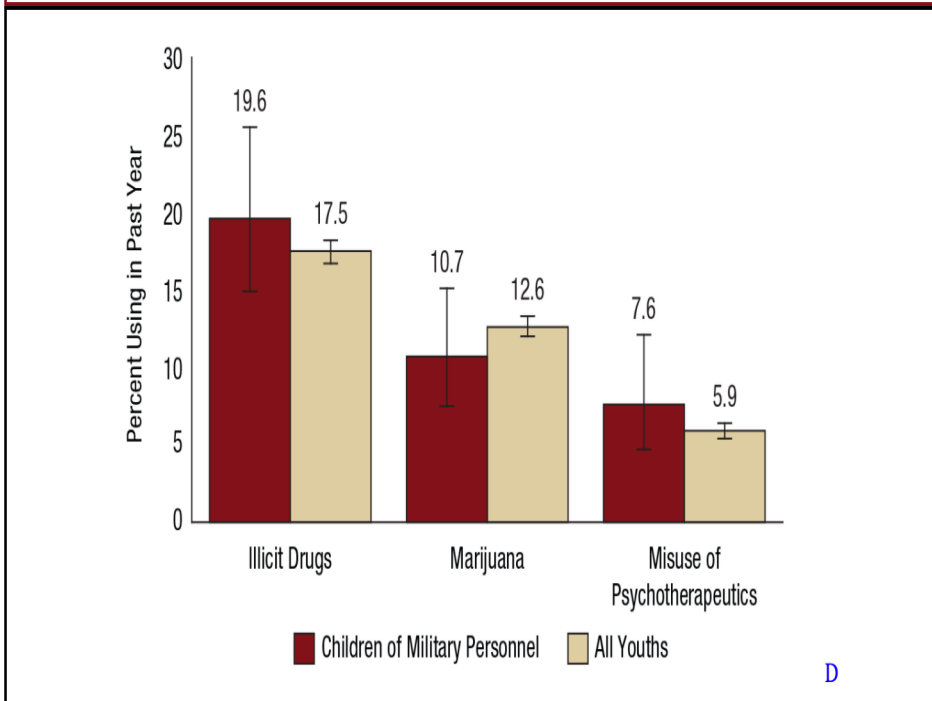
Figure 3. Past Month Cigarette and Alcohol Use among Wives of Military Personnel and All Married Women Aged 18 to 49: Percentages, 2015



(Lipari et al., 2016)

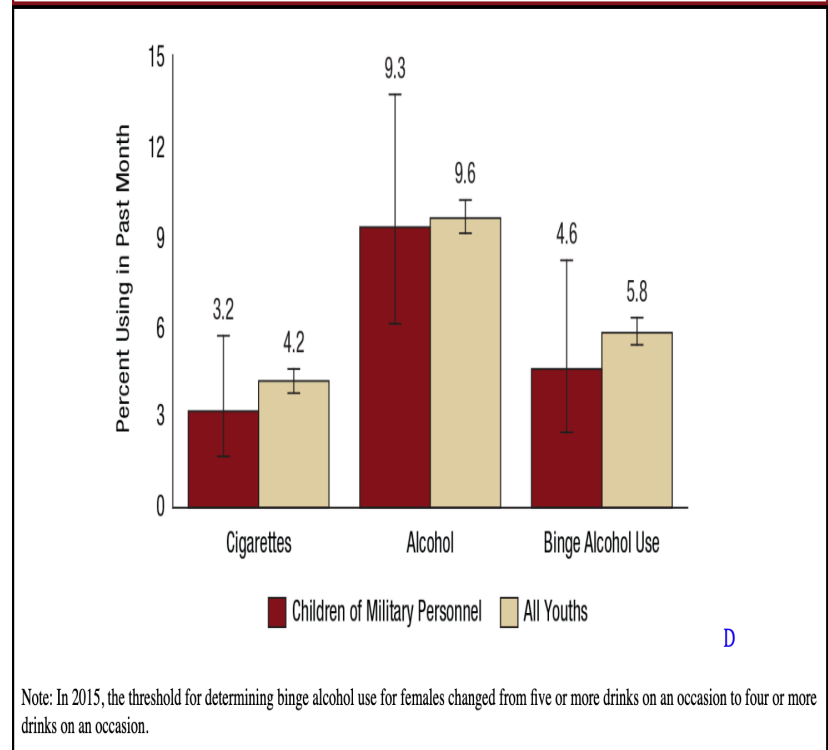
Children of Military Personnel

Figure 2. Past Year Illicit Drug Use among Children of Military Personnel and All Youths Aged 12 to 17: Percentages, 2015



(Lipari et al., 2016)

Figure 4. Past Month Cigarette and Alcohol Use among Children of Military Personnel and All Youths Aged 12 to 17: Percentages, 2015



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The Opioid Crisis as a Public Health Emergency



U.S. Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response

Preparedness **Emergency** About ASPR

Public Health Emergency
Public Health and Medical Emergency Support for a Nation Prepared

PHE Home > Emergency > News & Multimedia > Public Health Actions > PHE

Public Health Emergency Declarations

The Secretary of the Department of Health and Human Services (HHS) may, under section 319 of the Public Health Service (PHS) Act determine that: a) a disease or disorder presents a public health emergency; or b) that a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists. [Learn More >>](#)

Title	Disaster Type	State/Territory	Signed Date
Renewal of the Determination that a Public Health Emergency Exists Nationwide as the Result of the Continued Consequences of Coronavirus Disease 2019 (COVID-19) Pandemic	COVID-19	National	April 15, 2021
Renewal of the Determination that a Public Health Emergency Exists Nationwide as the Result of the Continued Consequences of the Opioid Crisis	Opioid Crisis	National	April 7, 2021

More Emergency and Response Information

- ▶ [Declarations of a Public Health Emergency](#)
- ▶ [Public Health Emergency Determinations to Support an Emergency Use Authorization](#)
- ▶ [Section 1135 Waivers](#)
- ▶ [Emergency Use Authorizations](#)

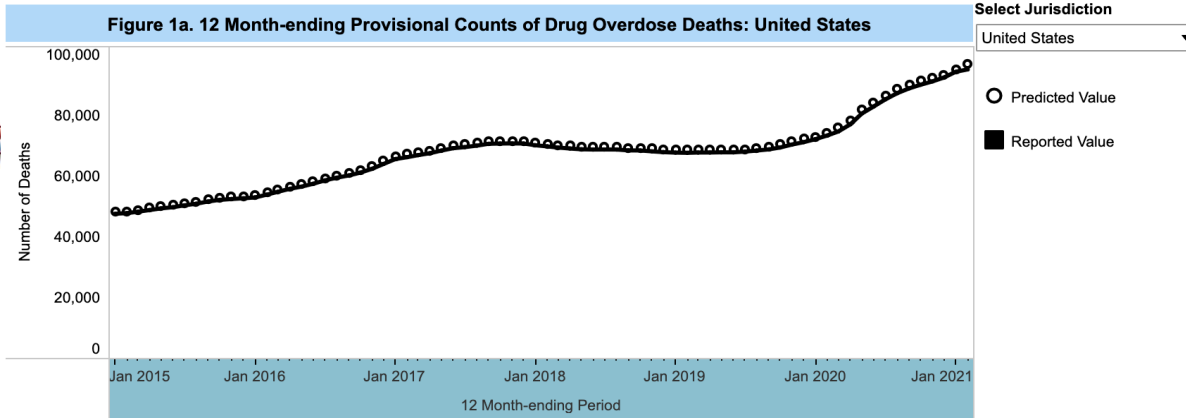
Public Health Emergency

- ▶ [Stay Connected](#)
- ▶ [Emergency Response Guide](#)
- ▶ [Natural Disasters](#)
- ▶ [Bioterrorism & Mass Casualty](#)
- ▶ [Outbreaks and Pandemics](#)
- ▶ [Public Health Response](#)
- ▶ [Sustained Recovery](#)

(hhs.gov., n.d.)

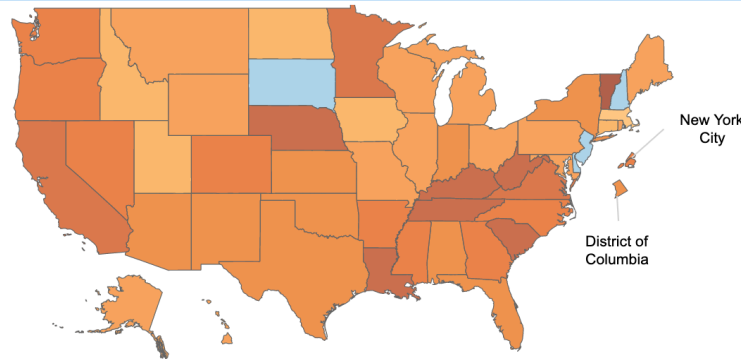
12 Month–ending Provisional Number of Drug Overdose Deaths

Based on data available for analysis on: **9/5/2021**



95,133 (reported)
96,801 (predicted)

Figure 1b. Percent Change in Predicted 12 Month–ending Count of Drug Overdose Deaths, by Jurisdiction: February 2020 to February 2021



Select predicted or reported number of deaths

- Predicted
- Reported

Percent Change for United States

30.4



Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods



NOTES: *Reported* provisional counts for 12-month ending periods are the number of deaths received and processed for the 12-month period ending in the month indicated. Drug overdose deaths are often initially reported with no cause of death (pending investigation), because they require lengthy investigation, including toxicology testing. Reported provisional counts may not include all deaths that occurred during a given time period. Therefore, they should not be considered comparable with final data and are subject to change. *Predicted* provisional counts represent estimates of the number of deaths adjusted for incomplete reporting (see **Technical notes**). Deaths are classified by the reporting jurisdiction in which the death occurred. Percent change refers to the relative difference between the reported or predicted provisional numbers of deaths due to drug overdose occurring in the 12-month period ending in the month indicated compared with the 12-month period ending in the same month of the previous year. Drug overdose deaths are identified using ICD–10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14.



223aDay Awareness Campaign

(CDC.gov, 2021)

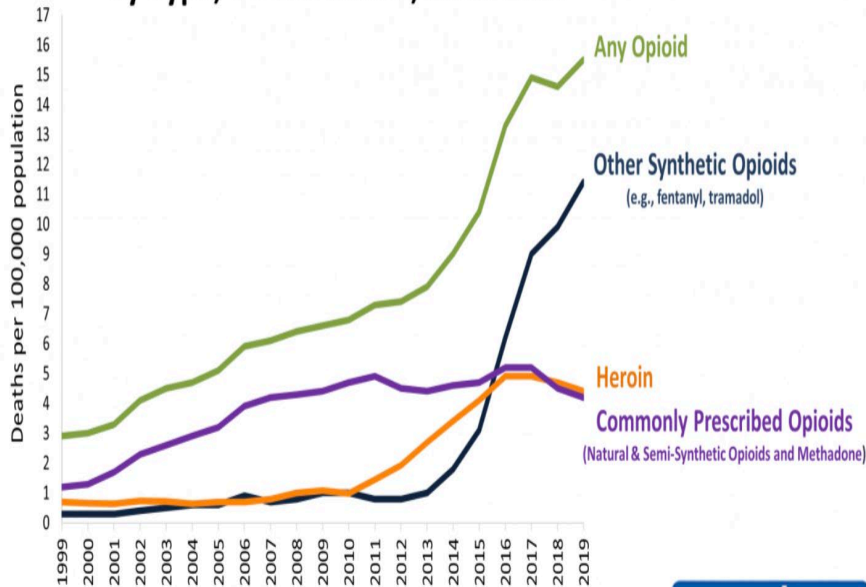
Fentanyl: Our Nations' Enemy



(DEA.gov, n.d.)



Overdose Death Rates Involving Opioids, by Type, United States, 1999-2019

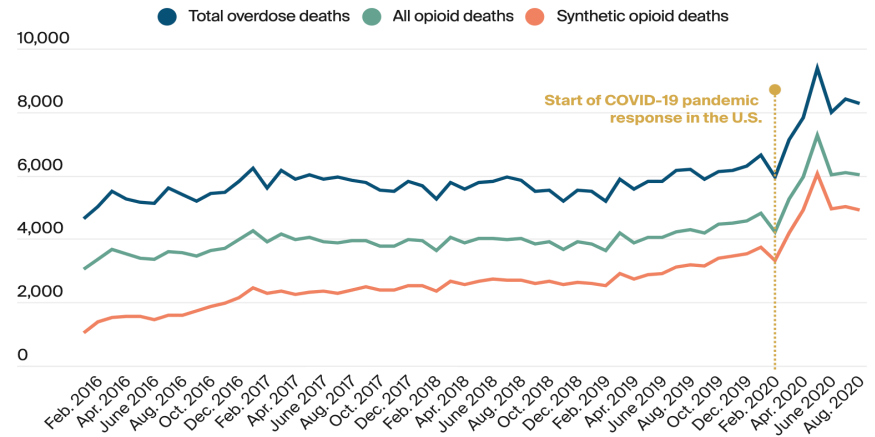


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/>.

(CDC.gov, 2020)

Overdose Deaths Spiked After Start of the Pandemic, Driven by Synthetic Opioids Like Fentanyl

Monthly drug overdose deaths



Download data

Note: Synthetic opioid deaths exclude those from methadone. Specific drug-class deaths are not mutually exclusive.

Data: Final 2016–2019 monthly totals: CDC WONDER; Estimated 2020 monthly totals: Calculations based on National Vital Statistics System Provisional Drug Overdose Death Counts, CDC WONDER.

Source: Jesse C. Baumgartner and David C. Radley, "The Spike in Drug Overdose Deaths During the COVID-19 Pandemic and Policy Options to Move Forward," *To the Point* (blog), Mar. 25, 2021. <https://doi.org/10.26099/gyf5-3z49>

(CDC.gov, 2021)

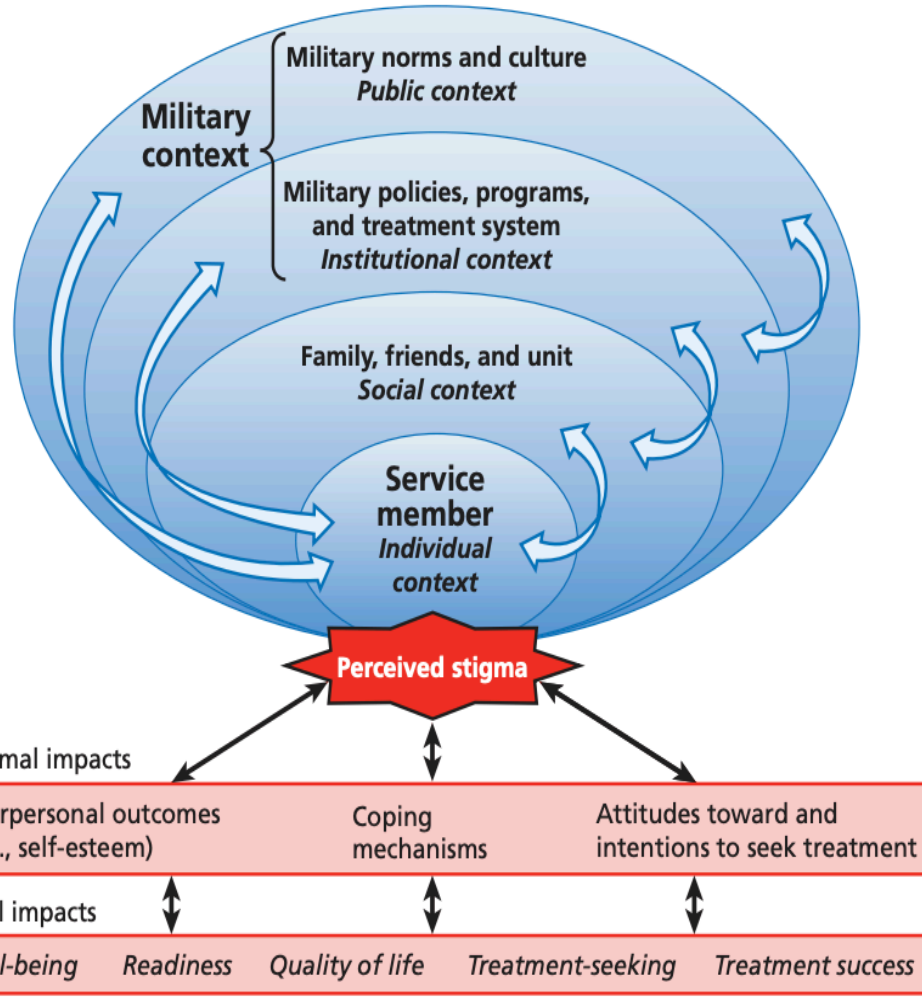
Substance Use Disorder is a FAMILY DISEASE



- “While some prevention resources target military spouses and children, no single uniform DoD program provides comprehensive prevention programming for dependents, and the committee found no reports on the effectiveness of prevention resources for this population. A number of programs targeting primarily service members, however, do include services for military family members.”
- “While some DoD prevention programming identifies spouse and child dependents as a target population, most of these initiatives, based on their descriptions, emphasize the ways in which service members are reached and the role of commanders. Some prevention initiatives are selective or indicated, taking place with at-risk individuals or after an incident occurs. The committee found no evaluation literature associated with most of these initiatives, particularly on their reach or effectiveness with military dependents.”

(Institute of Medicine, 2013)

Figure S.1
Conceptual Model of Stigma Reduction in the Military



RAND RR426-S.1

(Acosta et al., 2014)

STIGMA



(Adobe Stock, n.d.)

STIGMA



The NEW ENGLAND JOURNAL *of* MEDICINE

Perspective
APRIL 2, 2020

Stigma and the Toll of Addiction

Nora D. Volkow, M.D.

(Volkow, 2020)



NIDAMED 

Words Matter

Terms to Use and Avoid When Talking About Addiction

(drugabuse.gov, n.d.)

WORDS MATTER

Instead of...	Use...	Because...
<ul style="list-style-type: none"> Addict User Substance or drug abuser Junkie Alcoholic Drunk Former addict Reformed addict 	<ul style="list-style-type: none"> Person with substance use disorder⁸ Person with opioid use disorder (OUD) or person with opioid addiction [when substance in use is opioids] Patient Person with alcohol use disorder Person who misuses alcohol/engages in unhealthy/hazardous alcohol use Person in recovery or long-term recovery Person who previously used drugs 	<ul style="list-style-type: none"> Person-first language. The change shows that a person “has” a problem, rather than “is” the problem.⁷ The terms avoid eliciting negative associations, punitive attitudes, and individual blame.⁷
<ul style="list-style-type: none"> Habit 	<ul style="list-style-type: none"> Substance use disorder Drug addiction 	<ul style="list-style-type: none"> Inaccurately implies that a person is choosing to use substances or can choose to stop.⁶ “Habit” may undermine the seriousness of the disease.
<ul style="list-style-type: none"> Abuse 	<p>For illicit drugs:</p> <ul style="list-style-type: none"> Use <p>For prescription medications:</p> <ul style="list-style-type: none"> Misuse Used other than prescribed 	<ul style="list-style-type: none"> The term “abuse” was found to have a high association with negative judgments and punishment.⁹ Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse.
<ul style="list-style-type: none"> Opioid substitution replacement therapy Medication-assisted Treatment (MAT) 	<ul style="list-style-type: none"> Opioid agonist therapy Medication treatment for OUD Pharmacotherapy Medication for a substance use disorder Medication for opioid use disorder (MOUD) 	<ul style="list-style-type: none"> It is a misconception that medications merely “substitute” one drug or “one addiction” for another.⁶ The term MAT implies that medication should have a supplemental or temporary role in treatment. Using “MOUD” aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient’s treatment plan.



Instead of...	Use...	Because...
<ul style="list-style-type: none"> • Clean 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> • Testing negative <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> • Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs 	<ul style="list-style-type: none"> • Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.¹⁰ • Set an example with your own language when treating patients who might use stigmatizing slang. • Use of such terms may evoke negative and punitive implicit cognitions.⁷
<ul style="list-style-type: none"> • Dirty 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> • Testing positive <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> • Person who uses drugs 	<ul style="list-style-type: none"> • Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.¹⁰ • May decrease patients' sense of hope and self-efficacy for change.⁷
<ul style="list-style-type: none"> • Addicted baby 	<ul style="list-style-type: none"> • Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome • Newborn exposed to substances 	<ul style="list-style-type: none"> • Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. • Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.¹⁰ • Using person-first language can reduce stigma.

(drugabuse.gov, n.d.)

Principles of Effective Treatment



- No single Treatment is appropriate for everyone
- Treatment needs to be readily available
- Effective Treatment attends to multiple needs of the individual, not just his/her drug abuse
- Remaining in treatment for adequate period of time is critical
- Behavioral therapies are the most commonly used forms of treatment
- Medications like Methadone, buprenorphine and naltrexone are an important element of treatment for many patients
- An Individual's treatment and services plan must be assessed continually
- Drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse

Treatment and Recovery: A growing impetus for Integration



- “An integrated system of **prevention, early intervention, treatment, and recovery** that can **address the full spectrum of substance use-related health problems** is a logical and necessary shift that our society must make to prevent substance misuse and its consequences and meet the needs of individuals with substance use disorders. “
- “Providing **services to people with mild and moderate substance use disorders**—by far the largest proportion of all those diagnosed—in **general health care settings** will likely lessen the need for intensive and costly substance use disorder treatment services later, even though specialty care is still essential for people with serious substance use disorders, just as it is for patients with other severe diseases and conditions.”

(SAMHSA, OSG, 2016)

The Sad Truth

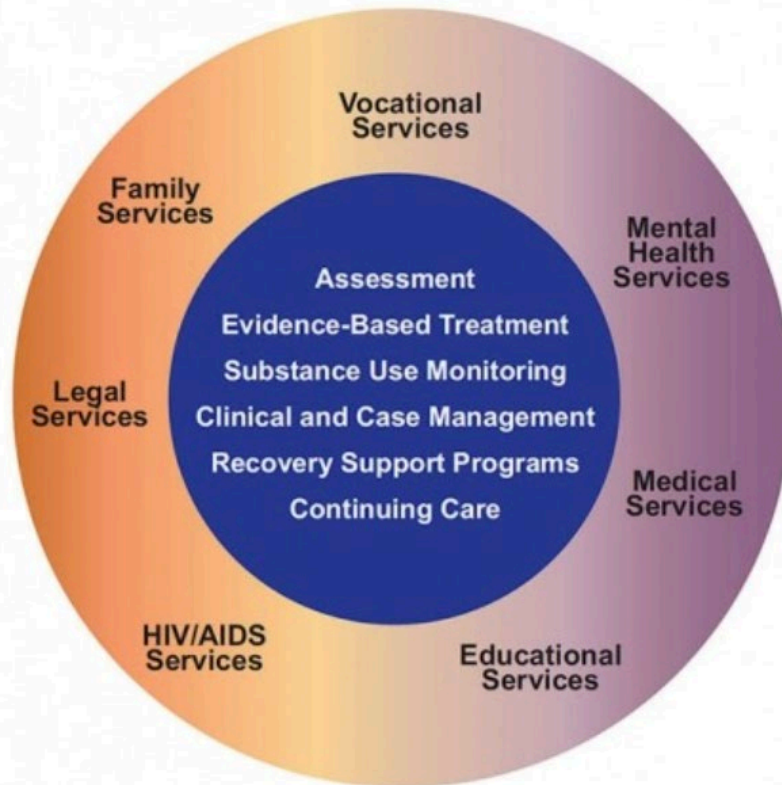


Photo by NIDA

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

22.5 M people needed treatment for an illicit drug problem in 2014

Only 4.2 M (18.5%) received any substance use treatment in the same year

Of these, about 2.6 M people received treatment at a specialty treatment program

(Center for Behavioral Health Statistics and Quality, 2014)
(SAMHSA, 2015)

CORE elements of effective research-based prevention programs



1

Structure of Prevention Programs		
Program Type	Audience	Setting
Community (Universal)	All Youth	Billboards
School (Selective)	Middle School Students	After-School
Family (Indicated)	High-Risk Youth and Their Families	Clinic

3

Delivery of Prevention Programs		
Program Type	Program Selection or Adaptation	Implementation Features
Community	Spanish-Speaking Population	Consistent Multimedia Messages
School	Gender	Booster Sessions
Family	Rural	Recruitment/Retention

2

Content of Prevention Programs				
Program Types	Information	Skills Development	Methods	Services
Community	Drug Trends	Social Skills	Tolerance Policies	Drug-Free Zones
School	Drug Effects	Resistance Skills	Norms Change	School Counseling and Assistance
Family	Drug Abuse Symptoms	Parenting Skills	Home Drug-Testing; Curfew	Family Therapy

(drugabuse.gov, 2021)

Educating & Empowering Communities: Just Five (<https://justfive.org/>)



Just Five is an online, self-paced, mobile enabled program focusing on increasing awareness, reducing stigma, and sharing information about addiction prevention and treatment. Just Five includes six five-minute learning experiences. Lessons combine animated and expert videos, interactive learning, and supplemental materials. The program is available directly through employers.

A Community of Partners Against Addiction



- Individuals
- Families
- Schools/ Colleges
- Workplace
- Faith-based organizations
- Governments (local, state, federal)
- Law Enforcement & Judiciary
- Community Based Organizations
- Patient and Family groups
- Other Non-governmental Organizations (NGOs)



(Adobe Stock, n.d.)

Key Takeaways



- While continuing to provide assistance to our active personnel and veterans, we must focus on the families, especially children, since they are at high risk for SUDs.
- Addiction is a brain disorder and a family disease, therefore Prevention, Treatment and Recovery must be done at the family level
- Stigma is the biggest barrier to combat Substance Use Disorders.
Remember: Words Matter
- While SUDs right now cannot be cured, they can however be treated
- Prevention and treatment need to be tailored to the individual and be long term
- Prevention requires a multi-stakeholder approach

RESOURCES



- SAMHSA Service Members, Veterans and Their Families Technical Assistance (SMVF TA) Center:
<https://www.samhsa.gov/smvf-ta-center>
- SAMHSA Military Personnel Resources:
<https://www.samhsa.gov/dbhis-collections/military-personnel>
- Resources to assist primary health care and behavioral health providers who care for current and former service members and their families: <https://www.samhsa.gov/section-223/cultural-competency/military-veterans>

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[education/words-matter-terms-to-use-avoid-when-talking-about-addiction](https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction)

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<https://doi.org/10.1056/nejmp1917360>

Let's build bridges together



(Shutterstock, n.d.)

Questions?

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1. Go to URL: <https://www.dhaj7-cepo.com/content/oct-2021-ccss-promising-practices-military-health-care>
2. Search for your course using the **Catalog**, **Calendar**, or **Find a course** search tool.
3. Click on the REGISTER/TAKE COURSE tab.
 - a. If you have previously used the CEPO CMS, click login.
 - b. If you have not previously used the CEPO CMS click register to create a new account.
4. Follow the onscreen prompts to complete the post-activity assessments:
 - a. Read the Accreditation Statement
 - b. Complete the Evaluation
 - c. Take the Posttest
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at: <https://www.dhaj7-cepo.com/>
7. If you require further support, please contact us at: dha.ncr.j7.mbx.cepo-cms-support@mail.mil