

ASAM FUNDAMENTALSTM of Addiction Medicine



THE ASAM
ANNUAL CONFERENCE
Innovations in Addiction Medicine and Science
March 31-April 3, 2022 | Hollywood, Florida

Workshop

Thursday, March 31, 2022

8:30 am – 5:30 pm Eastern

About ASAM

ASAM, founded in 1954, is a professional medical society representing over 6,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

More information available at:

<https://www.asam.org/about-us/about-asam>



Faculty

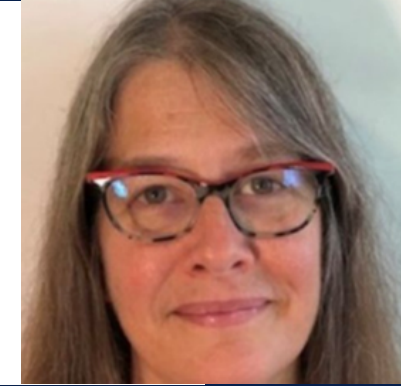


**Elizabeth Salisbury-Afshar,
MD, MPH, FAAFP, DFASAM,
FACPM, *Chair***

*Associate Professor, Department of Family
Medicine and Community Health,
University of Wisconsin*

No relevant financial disclosures

Faculty



**Abby S. Letcher, MD,
FASAM, *Vice Chair***

*Family Physician, Co-Director Lehigh Valley PA
Medication Assisted Treatment Program
(PacMAT), Lehigh Valley Health Network,
Pennsylvania*

No relevant financial disclosures

Faculty



Kathryn M. Basques, MSW, MSN, APN, PMHNP-BC

*Psychiatric Nurse Practitioner
Lifespan Hospital System, Providence, RI*

No relevant financial disclosures

Featured Speaker



Brandon George

*Vice President of Recovery Programs and
Advocacy for Mental Health America of
Indiana, Director for the Indiana Addiction
Issues Coalition; Owner, Hope Recovery
Strategies, LLC*

No relevant financial disclosures

Faculty



**Kirk Moberg, MD, PhD,
FACP, FACPE, CPE, DFASAM**

*Clinical Professor of Internal
Medicine and Psychiatry,
University of Illinois, College of
Medicine, Queen Creek, AZ*

No relevant financial disclosures

Faculty



Amy Parins, MPAS, PA-C

*Faculty Associate
University of Wisconsin, Madison*

No relevant financial disclosures

Faculty



**Lipi Roy, MD, MPH,
FASAM**

*Medical Director of the Mayor's Office of
Criminal Justice (MOCJ) Transitional
Housing Sites, Housing Works, Clinical
Assistant Professor, NYU Langone
Health
New York, NY
No relevant financial disclosures*

Faculty



**J. Paul Seale, MD,
FASAM**

*Professor
Augusta University, GA*

No relevant financial disclosures

Fundamentals of Addiction Medicine Committee



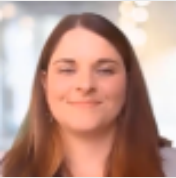
Elizabeth M. Salisbury-Afshar, MD, MPH, FAAFP, DFASAM, FACPM, Chair
*Associate Professor, University of Wisconsin
Madison, WI*



Abby S. Letcher, MD, FASAM, Vice Chair
*Clinical Associate Professor of Family Medicine, Neighborhood Health Centers of Lehigh Valley (NHCLV)
Allentown, PA*



Kathryn M. Basques, MSW, MSN, APN, PMHNP-BC
*Advanced Practice Nurse, Lifespan Recovery Center, Brown University
Providence, RI*



Angela L. Colistra, PhD, LPC, CAADC, CCS
*Director of Behavioral Sciences Department of Family Medicine, Lehigh Valley Health Network,
Assistant Professor, Morsani College of Medicine, University of South Florida, Tampa, FL
Integrated Behavior Health Specialist, Family Health Center, Valley Health Partners,
Allentown, PA*



Trina Fullard, MA, CCS, LCAS
*Chief Program Officer, Charlotte Rescue Mission
Charlotte, NC*

Fundamentals of Addiction Medicine Committee



Joanna Linn, PhD, LCMHCS, LCAS, CCS

*Owner, Thrivilege, PLLC
Therapist, LeBauer Behavioral Health,
Jamestown, NC*



Kirk D. Moberg, MD, PhD, FACP, FACPE, CPE, DFASAM

*Clinical Professor of Internal Medicine and Psychiatry,
University of Illinois College of Medicine
Queen Creek, AZ*



Amy Parins, DMSc, PA-C

*Assistant Professor, University of Wisconsin
Madison, WI*



Lipi Roy, MD, MPH, FASAM

*Medical Director of the Mayor's Office of Criminal Justice (MOCJ) Transitional Housing Sites, Housing Works,
Clinical Assistant Professor, NYU Langone Health
New York, NY*



J. Paul P. Seale, MD, FASAM

*Professor, Institution of Public and Preventative Health Behavior MCG, Augusta University,
Augusta, GA*

Getting Started

Agenda



Review workshop goals and learning objectives.



Examine the ground rules for the day.



Become acquainted with workshop participants.



Course Learning Objectives

1. Identify one's own feelings and attitudes that promote or prevent therapeutic responses to patients with substance use disorders.
2. Apply the philosophy of harm reduction to enhance patient-centered care for people with substance use disorders.
3. Demonstrate a knowledge of the neurobiological changes that occur during addiction.
4. Use motivational interviewing to enhance patient's readiness to change unhealthy behaviors.
5. Use validated patient screening tools to detect substance use and interpret a spectrum of results.
6. Conduct substance use assessments using the DSM 5 criteria and a biopsychosocial approach.
7. Offer evidence-based pharmacotherapy and behavioral interventions that are appropriate to specific substances and usage patterns.

Audience Poll: What is your clinical role?

🌐 When poll is active, respond at **pollev.com/asamlearning370**

📱 Text **ASAMLEARNING370** to **22333** once to join

What is your clinical role?

MD/DO

NP

PA

RN

Psychologist

Social Worker

Peer Recovery Support Specialist

Other

Audience Poll:
What is your primary area of clinical
practice?

When poll is active, respond at **pollev.com/asamlearning370**

Text **ASAMLEARNING370** to **22333** once to join

What is your primary area of clinical practice?

Primary Care Setting-Family Medicine

Adult Primary Care Setting- Internal Medicine

Pediatric Primary Care Setting

Emergency Department

Psychiatry/Mental Health Clinic

Addiction Treatment Program

Hospital/inpatient Setting

Other

Audience Poll:
How many years have you been
delivering addiction treatment
services?

When poll is active, respond at **pollev.com/asamlearning370**

Text **ASAMLEARNING370** to **22333** once to join

How many years have you been delivering addiction treatment services?

Less than five years

5-15 years

16-25 years

26-35 years

More than 35 years

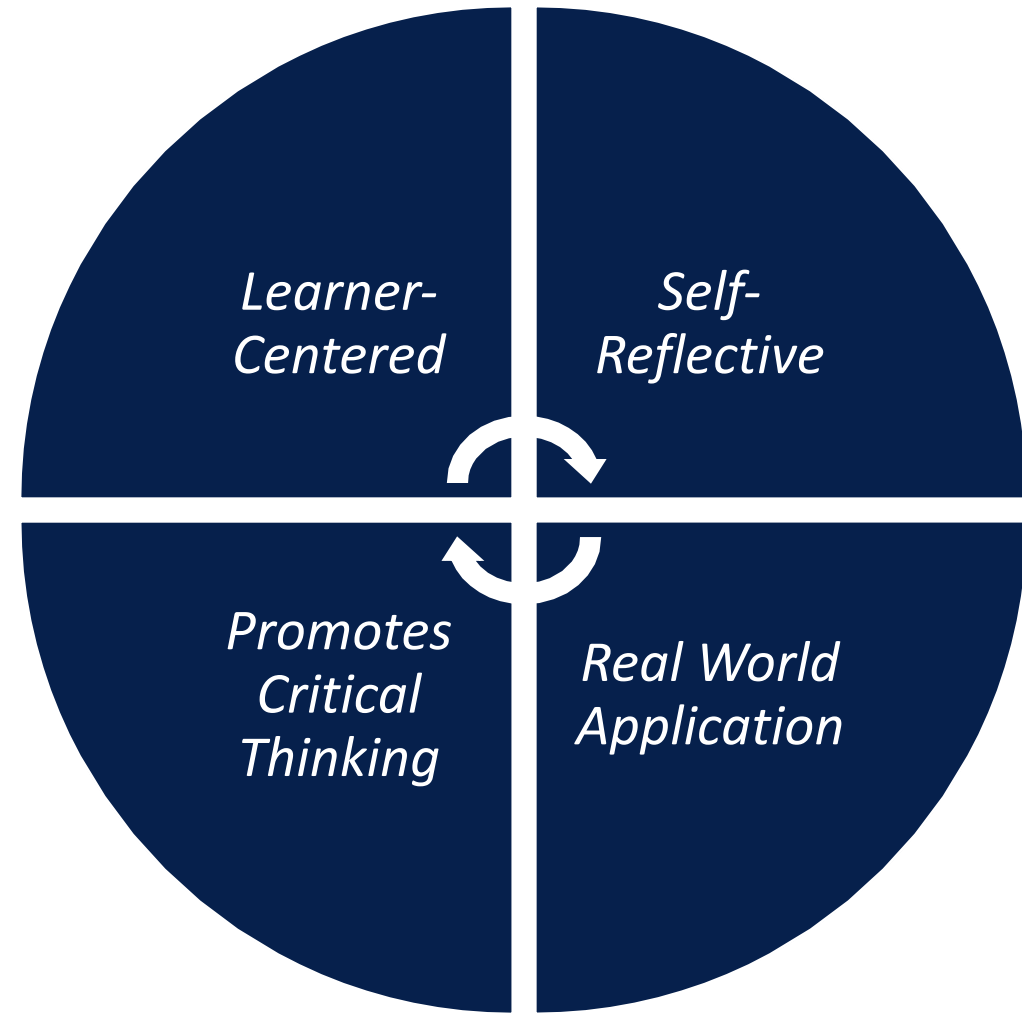
I do not currently practice addiction medicine.

The ASAM Fundamentals of Addiction Medicine is a practical, case-based workshop designed for providers new to the field of addiction medicine and those interested in learning more about addiction medicine. Addiction as a disease continues to cost the global community a staggering amount both financially and in lives lost, but there are treatments available to help patients. The workshop addresses how to recognize, treat, and/or refer patients with substance use disorders.

Case-Based Learning

What is it?

We will follow a case-based learning approach where we will explore scenarios that resemble or typically are real-world examples. This approach is learner-centered and links theoretical knowledge to practice by giving opportunities for the application of knowledge.



Course Ground Rules

1. We use cases to give time to process new information - please participate!
2. Everyone's experiences differ; assume the best intentions..
3. Monitor your participation: everyone is accountable..
4. If someone says something that is not your understanding of the evidence, ask questions and do so respectfully.



Activity 1

Meet your Colleagues

At your table, take some time to introduce yourself to your colleagues. Use the following questions to guide your discussion.

Discuss the following questions:

- What is your name?
- What is your clinical role?
- What clinical environment do you work in?
- What is your personal/professional experience with addiction?
- What are your goals for this workshop?

Time Allocated: 10 minutes

Session 1

An Introduction to Addictive Disorders

8:00 AM – 9:00 AM ET

Session Learning Objective

At the end of the session, you will be able to:

- Identify one's own feelings and attitudes that promote or prevent therapeutic responses to clients with substance use disorders.
- Apply the philosophy of harm reduction to enhance patient-centered care for people with substance use disorders.

Introducing Brandon George

Vice President of Recovery Programs and
Advocacy for Mental Health America of
Indiana, Director for the Indiana Addiction
Issues Coalition



Activity 2


A Lived Experience of Addiction - Reflection Exercise:

At your table, share your reactions to Mr. George's talk about his lived experience.

Prompting Questions:

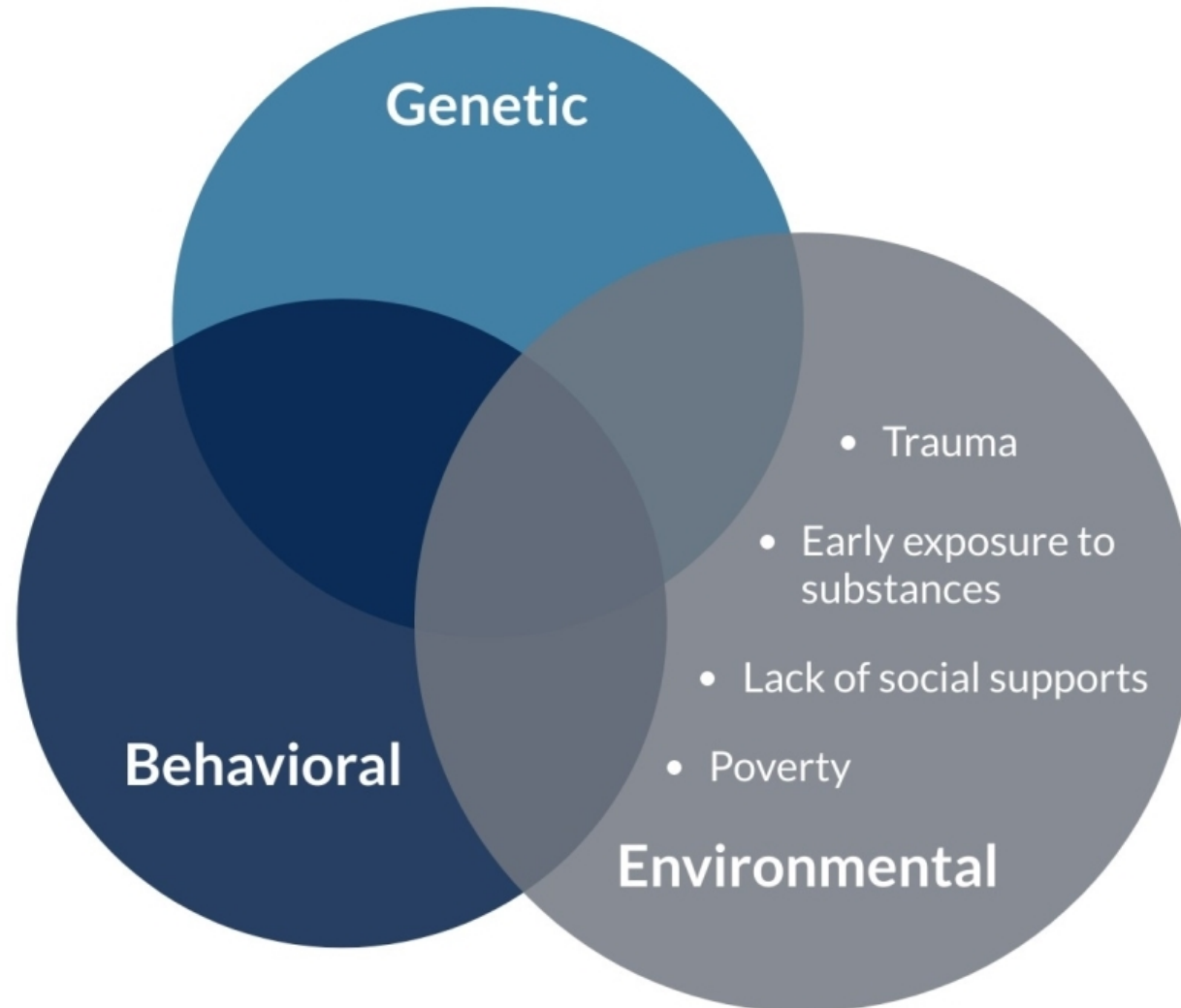
- How did you react to Mr. George's talk about his experience with addiction?
- What are some ways these feelings and/or attitudes might relate to your treatment of patients with a substance use disorder?

Time Allocated: 10 minutes

A close-up photograph of a doctor in a white lab coat holding a patient's hand. The doctor's hand is resting on the patient's hand, which is resting on a white table. A tablet computer is visible on the table to the right. The background is blurred, showing a clinical setting.

*Take a patient-centered
approach to working
with patients with
substance use.*

Recognizing Substance Use Disorder as a Chronic Condition



McLellan, A.T., Starrels, J.L., et al. (2014, Jan). *Public Health Reviews* (35)2. Maté, G. (2008). *In the realm of hungry ghosts: Close encounters with addiction*. Random House Digital, Inc.

Paradigm Shift in SUD Treatment

Acute Care Model:

- Enter treatment.
- Complete assessment.
- Receive treatment.
- Discharge.

Goal of Treatment

- Help patients **stop all substance use.**

Chronic Care Model:

- Prevention
- Early Identification
- Referral to Treatment
- Recovery Supports

Goal of Treatment

- **Reduce** morbidity and mortality.
- **Maximize** function.
- **Improve** wellness.



Defining Harm Reduction

"Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."

-Harm Reduction Coalition



Harm reduction is the philosophy of assisting a person in ***any positive change***, as they define it for themselves.

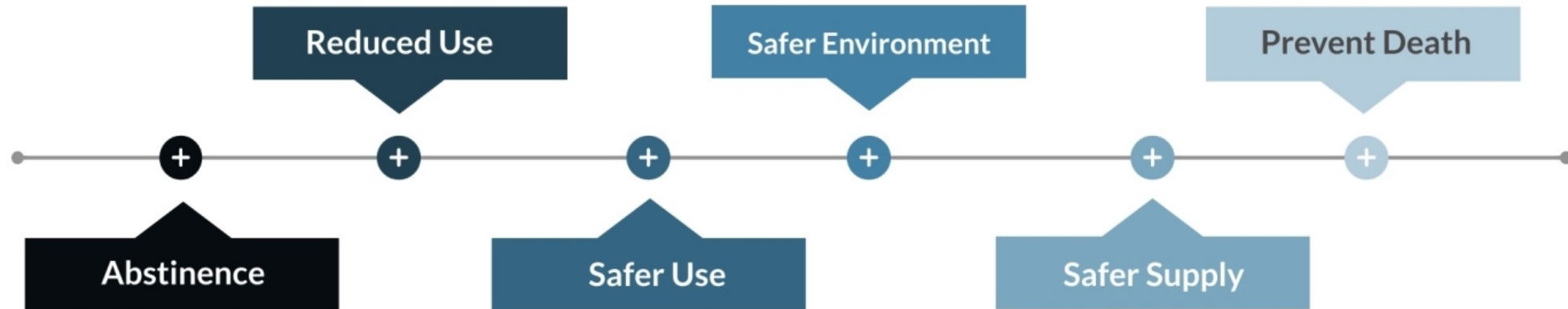
Harm Reduction in Clinical Care

Key Elements

1. Pragmatic
2. Prioritizes trust and therapeutic alliance
3. Engagement is the primary goal
4. Balances risk and benefits
5. Celebrates any positive step
6. Supports patients' goals of care
7. Focuses on reducing negative consequences of ongoing use



Harm Reduction as a Continuum





First: *Do no harm.*

- Deliver trauma-informed care.
- Expect that people have been treated poorly in medical settings.
- Do not assume someone wants to or is ready to abstain from use:
 - *Recognize substance use may play a role their survival.*
- Ask open-ended questions.
- Avoid stigmatizing language.

How Does Stigma Impact Care for Clients?

- 314 study participants were asked 35 questions about how they felt about two people *“actively using drugs and alcohol.”*
- No further information was given about these hypothetical individuals.

One person was referred to as a *“substance abuser.”*

The other person was referred to as *“having a substance use disorder.”*



How Does Stigma Impact Care for Clients?

*Study participants felt that the term “**substance abuser**” was someone who would be:*

- Less likely to benefit from treatment.
- More likely to benefit from punishment.
- More likely to be socially threatening.
- More likely to be blamed for their substance-related difficulties.
- Less likely that their problem was the result of an innate dysfunction over which they had no control.
- More able to control their substance use without help.

Avoiding Stigmatizing Language

The language we choose shapes the way our patients are viewed...

Instead of:	You can say....
Addict, junkie, substance abuser	Person with a substance use disorder
Addicted baby	Baby experiencing substance withdrawal
Alcoholic	Person with alcohol use disorder
Dirty vs clean urine	Positive or negative, detected or not detected
Binge	Heavy drinking episode
Detoxification	Withdrawal management, withdrawal
Relapse	Use, return to use, recurrence of symptoms or disorder
Substance abuse	Use (or specify low-risk or unhealthy substance use)
Substitution, replacement, Medication assisted treatment (MAT)	Medication for opioid use disorder, pharmacotherapy, Medication for addiction treatment (MAT)

¹Saitz, R., Miller, S. C., Fiellin, D. A., & Rosenthal, R. N. (2020). Recommended Use of Terminology in Addiction Medicine. *Journal of Addiction Medicine*, 15(1), 3–7.

Understanding Addictive Disorders

Key Takeaways

1. Addiction is a chronic health condition with predisposing genetic, behavioral and environmental factors.
2. Stigma against people who use substances is pervasive and has negative impacts on health and healthcare delivery.
3. It is important to reflect on our own inherent biases and consider how these impact our ability to care for patients.
4. Harm reduction is a philosophy of care that embodies compassion, collaboration, respect, acceptance, and empowerment and aligns with our approach to management of other chronic health conditions.

Knowledge Check

Ask the Audience

1. ***George is a 21-year-old who uses intranasal heroin and intranasal cocaine and meets DSM-5 criteria for opioid use disorder and stimulant use disorder. What is the most appropriate way to identify him in the first line of your history and physical?***
 - A. “21-year-old with polysubstance abuse.”
 - B. “21-year-old heroin and cocaine addict.”
 - C. “21-year-old with opioid and cocaine use disorders.”
 - D. “21-year-old active heroin and cocaine user.”

Ask the Audience

2. *How does stigmatizing language influence the care clinicians offer patients suffering from substance use disorders?*

- A. Stigmatizing language increases the likelihood that clinicians would make unfair or unfounded judgments about the patient.
- B. Stigmatizing language used in clinical settings does not influence clinical decision-making but can indirectly influence the views of non-clinicians involved in patient care.
- C. Stigmatizing language does not influence the care clinicians offer patients suffering from substance use disorder.
- D. Stigmatizing language can help patients to stop using substances by making them feel worse about themselves and therefore increasing their motivation to change.

Ask the Audience

3. Which of the following does not reflect the use of a harm reduction philosophy in healthcare settings?

- A. Only providing treatment services when someone is truly ready to stop using substances.
- B. An approach that aims to reduce the risks of harms to an individual using substances without requiring abstinence.
- C. A patient-centered approach to delivering care that aims to “meet the patient where they are.”
- D. Supporting the patient’s goals of care

End of Session 1

*An Introduction to Addictive
Disorders*