

## Addiction vs. Dependence

- PHYSICAL - Dependence
  - Physiological reliance on a substance, where lack of a substance will initiate withdrawal symptoms
  - For example, a headache after missing a morning cup of coffee
- BEHAVIORAL - Addiction
  - Clinical diagnosis of substance use disorder
  - Out of control use, measured clinically mild/moderate/severe
  - Continue use despite harm, substances replace other priorities

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## Behavioral Signs of Substance Use Disorder

| Home  | School  | Peers  | Emotion   |
|---|---|--|---|
| <ul style="list-style-type: none"> <li>• Locking bedroom door</li> <li>• Stealing</li> <li>• Breaking or ignoring curfew</li> <li>• Asking for money</li> </ul> | <ul style="list-style-type: none"> <li>• Decrease participation in class</li> <li>• Missing school</li> <li>• Loss of interest in sports or extracurriculars</li> </ul> | <ul style="list-style-type: none"> <li>• Change in friendships</li> <li>• Conflict in relationships</li> </ul> | <ul style="list-style-type: none"> <li>• Sudden changes in mood</li> <li>• New or increased anxiety, depression, or anger</li> <li>• Secretive</li> </ul> |

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## Physical Signs of Substance Use Disorder

| Head   | Body   | Habits  |
|--|--|---|
| <ul style="list-style-type: none"><li>• Glazed or bloodshot eyes</li><li>• Avoiding eye contact</li><li>• Pupils larger or smaller than usual</li><li>• Sores in mouth</li><li>• Headaches</li></ul> | <ul style="list-style-type: none"><li>• Impaired coordination</li><li>• Cold or sweaty palms</li><li>• Rapid weight change</li><li>• Marks on arms, legs or feet</li><li>• Shaky hands</li></ul> | <ul style="list-style-type: none"><li>• Sleeping more or less</li><li>• Cravings out of balance</li><li>• Poor personal hygiene</li><li>• Changes in appetite</li></ul> |

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## Stigma and Substance Use Disorder

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## Stigma

- Stigma is discrimination against an identifiable group.
- Stigma is dangerous and impacts wellbeing.
- It keeps people from seeking treatment.
- Certain words evoke negative stereotypes.

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## Words Matter

- Use person-first language
- Substance Use Disorder (*instead of* addiction, drug abuse, or habit)
- Someone who uses substances (*instead of* drug user)
- Person with Substance Use Disorder (*instead of* addict, drug abuser, junkie, drunk, alcoholic, etc.)
- Person in recovery (*instead of* former user, former addict, reformed addict, sober, clean)
- Poisoning (*instead of* overdose)

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## Substance Use Disorder *IS NOT*:

- A moral failing.
- A sign of weakness.
- A defining characteristic
- Anyone's fault.

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## Approaches to Substance Use Disorder

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## Prevention

- Antiquated approaches like “scaring straight” (think D.A.R.E.) do not work.
- Modern approaches to prevention include improving social skills, coping mechanisms, and personal development.
- Proper storage and disposal of prescription medications.



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## Harm Reduction

- Proactive and evidence-based
- Reduces negative personal and public health impacts of substance use.
- Examples:
  - Education
  - Naloxone
  - *Safer use kits*
  - *Safe use sites*
  - *Fentanyl testing strips*



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## Treatment and Recovery

- Intended for people who want to stop harmful substance use
- Many different approaches to treatment
- Provided by a group of professionals with varying expertise – clinical and nonclinical
- It can occur in various settings and can last for different lengths of time.
- Typically, short-term, one-time treatment is insufficient.
- Often a long-term process with multiple interventions and regular monitoring.
- Recovery is often referred to as a lifestyle change.

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## System of Care

- An **integrated** group of separate entities within a region
- Focused on providing **specialized** services for specific concerns or diseases, which
- Operate in a **coordinated** fashion through common leadership, goals, standards, data, policies, and quality improvement practices
- Focused on patient & community **outcomes**

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## Community Paramedicine and Policing

- In contrast to the traditional model (of stabilize and transport), community paramedicine focuses on:
  - Partnerships with public and community healthcare
  - Is more proactive
  - Works to achieve different outcomes
- In this role, first responders help to:
  - Identify and locate individuals
  - Provide alternatives to jail and emergency room
  - Increase access and navigate people into services

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## UTHealth Young Heroes



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## Our Program

- A comprehensive, outpatient treatment program for youth ages 13-17 with substance use disorder.
- Offering:
  - Medication for opioid use disorder (if applicable)
  - Peer recovery support services
  - Individual counseling
  - Case management and navigation services
  - Support groups
  - Referrals



Are you aged 13-17 and dependent on substances?  
You may qualify for treatment with Heroes

#### Our services

- Assessment with our pediatric Nurse Practitioner
- Medication Assisted Treatment (MAT) if eligible (aged 16+)
- Peer recovery support services from certified peer support specialists (also known as recovery coaching).
- Unlimited individual counseling sessions with a Licensed Chemical Dependency Counselor (LCDC)

#### Who is eligible?

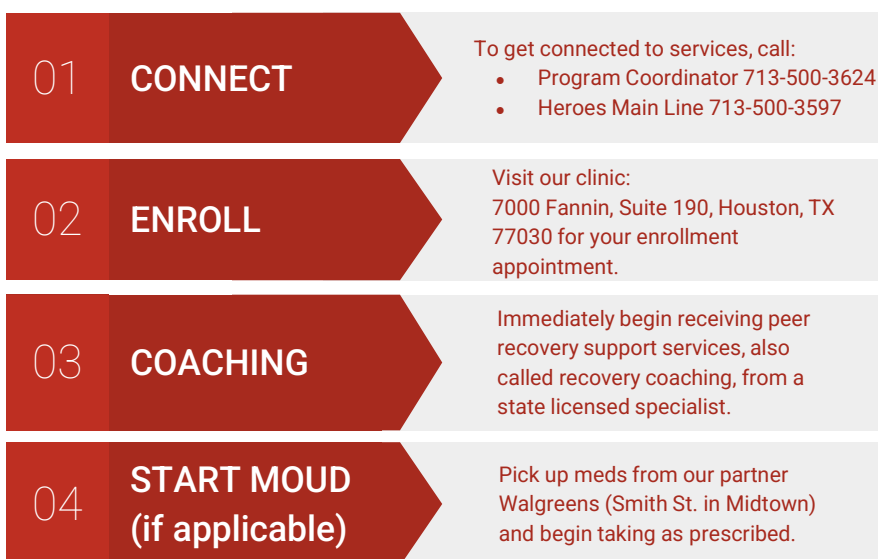
- Persons aged 13-17
- Currently using substances and have the desire to discontinue use
- Able to provide consent of a parent or legal guardian

[go.uth.edu/youngheroes](http://go.uth.edu/youngheroes)



713-500-3597

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## Staff



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## Associated Costs

- The cost of medication is the only potential associated cost.
- Typically around \$30 for a two-week supply.
- Insurance may cover this medication, but if not, the patient will be required to pay out of pocket.
- Counseling, recovery coaching, nurse practitioner visits, and support groups are free.
- We validate parking.

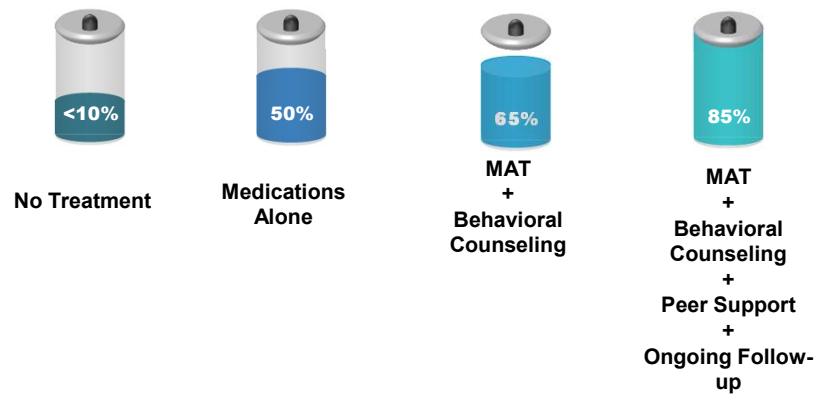
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## How are we different?

- We offer services at **no cost\***
- We **do not discharge** patients
- We operate a successful adult version of this program with over **800 participants**
- We **always help** our participants and potential participants
- We are an **interdisciplinary team** of physicians, nurse practitioners, social scientists, informaticians, peer recovery support specialists, and licensed chemical dependency counselors (LCDC).
- We prioritize **emergency** situations (i.e. recent overdoses, PWID)
- **No waitlist**
- We offer **MOUD**

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## Odds of Successful Recovery



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## Research-Based

- We are a research study
- Academic institution + grant funding = free treatment for our study participants
- All data is stored in a protected database (REDCap)
- Any research data used will be completely de-identified
- To participate, we need signed consent (from parent or guardian) and assent (from youth)
- Registered Clinical Trial
- Approved by the University's Institutional Review Board (IRB)
  - Study reference number: HSC-SBMI-19-1120

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## Resources for Youth-Serving Providers

- **Prevention Links**

1. [Training for educators to reduce SUD](#)
2. [National Prescription Drug Take Back Day](#)
3. [Implementing a school-based prevention program](#)

- **Harm Reduction Links**

1. [How to reverse an opioid overdose](#)
2. [Texas Harm Reduction Alliance](#)

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## Resources for Youth-Serving Providers

- **Treatment and Recovery**

- [SAMHSA Treatment Locator](#)
- UHealth Young Heroes – 713-500-3624 or 713-500-3597

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