Is addiction a choice?
New perspectives on substance use disorder

"People want to say that it's a choice. I think addiction...*nobody wants to be addicted.* Nobody wants to be in the place where they feel like in order to just feel normal or to be able to function, they need a substance." - *Arlene Stanich Prince*

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Welcome to **Code WACK!,** where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar.**

(music)

This time on **Code WACK!** What are some of the most common misconceptions about those addicted to substances like opioids? What medicines are revolutionizing the way people are being treated today – and how accessible are they? To find out, we spoke to **Arlene Stanich-Prince**, executive director of **Ohlhoff Recovery Programs** in San Francisco, one of the longest standing treatment programs in the area. This is the first of two episodes with Stanich-Prince.

Welcome to **Code WACK!** Arlene.

Stanich-Prince: Thank you.

Q: Thank you for being here. Tell us a bit about yourself and how you got involved treating those with substance use disorder, which is classified as a mental health disorder.

Stanich-Prince: Yes. I have 32 years of the recovery journey myself, and 22 years of consecutive abstinence so recovery is not linear. You know, I'm from the generation where we did not talk about addiction. We did not talk about treatment. And being one, a female and a mother of three small children, when I realized I needed help beyond just stopping and couldn't stop on my own, there was a big stigma about taking the mom out of the house and going to treatment and that was 32 years ago.

And after five years I relapsed and went back into treatment. It was not as easy the second time. And it took me about another three years before treatment itself, I think, had changed a lot. And they were also dealing with mental health and depression and other things that had been missing. And here I am today, 22 years later, never imagined working in this field. It was not my path. I was a ballerina. I had a dance school, I was a mom, I was a wife, (an) artist, all these things. And a sponsee of mine, another woman I was helping, was going to school at City College at night and asked me if I would take classes with her.

And in order to graduate, I needed to do an internship and they sent me to Ohlhoff House here in the city, where I've lived all my life. Never even knew what it was. I felt something very magical walking into the house. It was a one-year internship and as crazy as it is, they hired me the next day and I've been here for 19 years and it's a wonderful, wonderful experience.

That's amazing. Quite the journey.

I do wanna add to that, I think it was all good timing when I got here. They were going through a lot of changes, but this is one of the longest standing treatment programs in the Bay Area, San Francisco. Ohlhoff has been here since 1958, you know, so it was needing some changes of its own and I'm both a business woman and clinical. So there was so much that I saw how I could help. And like I said, it

was just a good time and a good place for me. Perfect timing and I just jumped in with two feet. .

Q: Yeah. So today you're the executive director?

Stanich-Prince: Yes.

Q: So how many clients do you serve at any one time?

The clients that we're working with on a day-to-day basis would be at least about a hundred.

Q: So based on your experience, Arlene, why do people become addicted?

Stanich-Prince: There's a lot of factors. You know, it could be environment, it could be genetics, it could be mental health disorders, even stress. It doesn't mean that experimenting with drugs, everyone's gonna become addicted. Obviously the alcohol or the substance works in the beginning. It does something. It has a purpose. Some of it could be peer pressure, could be it relieves stress. It's something that's just, you know, been taught or around, you know, the family. You see it in the family, curiosity maybe even prescribed. Some medications are prescribed. And what it does is it affects the brain's, you know, reward circuit. It floods it with dopamine and so the pleasure is what, maybe it gives people confidence, maybe it just calms you down.

And so it has a purpose in the beginning. Unfortunately, what happens is you become dependent. The tolerance that you build, some people are trying to capture that first time. You know, if used to escape, used to just manage your stress, but you're not dealing with anything else underneath, you know, there's something else deeper than that. And so it could be many things. You know, some people call it a disease. I mean, I want it to be considered a medical condition. I think that's absolutely correct. But the disturbing part is when people, people want to say that it's a choice. I think addiction, nobody wants to be addicted. Nobody wants to be in the place where they feel like in order to just feel normal or to be able to function, they need a substance.

Q: Would you say that's one of the most misunderstood aspects of substance use disorder – is that people think it's a choice?

Stanich-Prince: Absolutely. They think it's a moral character defect or something.

Q: That's so interesting. When, when do you think it shifted that people realized it was a medical condition or a mental health disorder? Do you know, I don't know when it was classified, but when did the medical community start thinking of it as as a real health condition?

Stanich-Prince: Well, <laugh>, do they? Some people still. There's still a horrible stigma about addiction and we can't change everybody's mind. Okay. But I think insurances, I, we work with private insurance, so I'm gonna say I saw a shift maybe, maybe about 12 years ago where the (Diagnostic and Statistical Manual of Mental Disorders) 4 or 5 came out and it was more of like okay. They considered it almost equal to mental health. Okay. There's a stigma for mental health as well, but it's not … as much a choice. People don't think of it as a choice. Somebody doesn't choose to be schizophrenic, you know, or depressed or, or bipolar or whatever. So when the insurance company started talking about this parity about, 'okay, we're gonna cover addiction – substance abuse disorders equally as mental health,' there's a little bit of a switch that was there.

Q: Wow. That still feels so recent.

Stanich-Prince: Oh, yeah.

Q: Wow. Okay, So according to the U.S. News and World Report, one out of six Americans have substance use disorder? Is that consistent with your observations and do you think this problem is growing?

Stanich-Prince: You know, <laugh>, I think numbers, I'm not a numbers person, but recently I did read that like nearly 10% of adults in the United States have some type of addiction, right? So I think it's kind of hard to really get an accurate number 'cause not everybody comes forward. Is it growing or is it ongoing? Absolutely. It's not something that's gonna ever just go away. In fact, if anything, there's like peaks…It's kind of ironic how, I can't remember how many years ago it was too, that suddenly front page 'opiate crisis.'

Well, people, we've had an opiate crisis for many years, okay? It's just suddenly, it's like, everybody's like, 'okay, here's the opioid crisis and this is what we're doing about it.' Now there's some great things that came with that. The bad thing is that let's talk about what's changed. Fentanyl. Fentanyl now is in almost everything. It's killing more people here too in San Francisco. You know, people are overdosing every day on it. But yeah. So I'd say maybe one in six sounds about right to me.

Q: Right, right. What trends are you noticing in the field of substance use disorder treatment? Are you noticing a rise in demand for your services or changing demographics?

Stanich-Prince: It used to be that you could not be prescribed certain medications like buprenorphine, (an ingredient in) Suboxone, unless you were in a residential program or certain doctors, you know, have to be able to prescribe them. It was very hush hush. It wasn't that well known. We'd been doing it for many years, and I did not realize that it was just gonna explode. Right now it's available at outpatient level of care. You can go see a doctor and continue to live at home and go to work, and nobody knows that you're getting treatment for opioids, which is great. This is good. And with that comes education. It somewhat normalizes it, which helps with the stigma and that would be called Medication Assisted Treatment or MAT, and that's huge. There are certain medications that are used for detox that are safe besides just, you know, buprenorphine for opioids.

Benzos such as Librium and Gabapentin are huge. But the medication so that people do not have to suffer as much. Back in the day, someone coming in to treatment on heroin, it is gnarly. It's a horrible detox. They're extremely ill. And many addicts at that point would just leave. They would give up. And so I think it's wonderful to come in, have them, you know, there's a little bit of discomfort, but there's also a lot of hope with this medication that you're able to take it and it really helps, not only with the cravings and, and, and the horrible, you know, physical withdrawal. And the thing is, what people don't understand is that buprenorphine is an antagonist. It's not an opioid. So there's that stigma. We still use methadone too. There's methadone clinics. We do not prescribe methadone ourselves. We usually will help people get off methadone and put them on Suboxone. Methadone is an opioid. So there was a lot of stigma with that when

people would be using methadone and saying they're still, they're not abstinent, they're not clean. But I think with using the Suboxone, it really helps, it helps somebody in early recovery with maintenance and with relapse prevention. So I think that having these medications is very hopeful.

Q: Yeah. So Suboxone, how is it administered? So it's a treatment for opioids, it's not an opioid itself. What exactly is it and how is it administered?

Stanich-Prince: You could take it in pill form, but what you see nowadays usually is a film, a very small film. And why I like the film is it just dissolves under the tongue quickly. And you can also, you could break it up in smaller doses. So usually it's an eight milligram. If somebody to start off, you might wanna give them two. You can easily break it up evenly. And so it's a lot better than trying to break up a pill. The thing is, like anything, it could get out on the street, but there isn't this high that you get with it. All it does is really stop the withdrawal, stops the anxiety because it fills up the opiate receptors that are now depleted. You're not uptaking enough when you're artificially stimulating it with drugs and so the Suboxone will just fill it up so that you're not going through this feeling depressed and sick.

Q: And do you need a prescription for Suboxone?

Stanich-Prince: You do. And the doctor has to be certified. He has to be trained and licensed to be able to prescribe it. But it's much more available than it was maybe even 10 years ago. You saw this switch where people would come in and ask for it. At first it was just like, 'oh, okay, well, have you heard of this?' And then now it's like, 'I'm coming, I want Suboxone. I wanna be on this or that.'And people will bring their own prescription from their doctor, and we will help them, you know, get off whatever it is that the opiate that they're taking and get them safely on the right dosage of Suboxone.

Q: And how long does it take, do you think, for people to be fully treated or detoxed from it?

Stanich-Prince: That's a personal choice. You can use it just for the detox and let's say maybe two weeks or maybe a month, and then get off of it. So that's why it

makes sense to be in treatment left to our own choice, to how much to take and when to stop doesn't always work. So that's why I say in a controlled environment, a safe, supportive environment with a professional that it's all timed. You know, okay ,'now you should take another dose or what.' But that's why the addictive brain still thinks, 'okay, I'll do it tomorrow. It won't stop now.' So I think taking Suboxone and wanting to get off of it should always be done through a professional. Whether you wanna just use it while you're in treatment, 'well, you're uncomfortable and then taper down to be completely off of it.' But what I see is people feel good. They feel better. They're able to function faster. They're able to sit in the classrooms faster and participate and actually get to work, that many of them will say, 'Hey, this is a good thing. Why do I wanna get off it right away?' So many people will just come to, you know, a reasonable dose, like maybe 16 milligrams a day, up to 24 (milligrams) is fine, three times a day, eight milligrams. Some will even leave here on a very small dose, like eight milligrams or four milligrams, and use that like relapse prevention and go home and take it responsibly. And maybe six months later they'll say, 'okay, I feel good. I feel confident enough in my recovery. Things are going much better. I feel secure. I'm not craving, I'm not thinking about using. I haven't picked up anything. I'd like to get off this now.'

And so working with a doctor, you could probably taper off in about two weeks, you know, but you could take as long as you want. That's the thing. There's no time limit. You can go down as slow as you want, and then there might be a little discomfort and some people have experienced some depression, a little bit of depression, but that too is never as severe as getting off the original, you know, opiate that you started with and it's safe and I think it's a really good choice for some people.

Q: Do you feel like this has revolutionized opioid addiction treatment – the Suboxone?

Stanich-Prince: Absolutely, yes. I think anytime you're paying attention to addiction, yes. Yes. And the fact that I don't feel like there's this huge stigma anymore. I mean, like I said, people would just shake their heads when you talk about methadone, and I think methadone had a great purpose, too. The thing

that is still not quite perfect would be that it could be expensive. You know, it's available, which is great. It's accessible, but you still have to go to the doctor. You still need to go through the pharmacy. It's a little bit better now with the insurance companies paying for it. It used to be that our doctor would have to call in, do a full authorization call with the insurance company just to get it prescribed and now it's a lot looser and a lot more acceptable.

Thank you Arlene Stanich-Prince of Ohlhoff Recovery Programs. Next time, we'll talk about how insurance companies can put up barriers to essential treatment.

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