STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

CULTURAL COMPETENCY UPDATE

...a newsletter to address cultural issues that enable us to effectively work in cross cultural situations.

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Culturally Competent Services at the Genesis Program

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BHRS Cultural Competence Oversight Committee meets on the 2nd Monday of each month from 9:00 a.m. to 10:30 a.m. in the Redwood Room, 800 Scenic Drive

Sponsored by Stanislaus County Board of Supervisors

I graduated from University of California at Santa Barbara in 1987 with a major in Speech and Hearing Sciences (Speech Pathology Undergrad) and I began working in the field of addiction in January of 1990 as my degree was in a field that specialized in behavior modification. After the State of California required certification for my profession, I became a Registered Addictions Specialist. I have worked in several modalities of treatment ranging from treatment for individuals in custody to partnering with Child Welfare Services to focus treatment on drug addicted fathers. Further, I have contracted with Turlock High School providing prevention services for high school aged children. The overwhelming majority of programs have "abstinence only" as a condition to remain in treatment. Narcotic replacement therapy (NRT) introduces an approach to recovery that focuses on the reduction of harm, yet, still motivates toward abstinence. Nevertheless, the stigma of the participant in methadone maintenance presents some limitations on being accepted in the recovering community. The perception of the client receiving methadone maintenance usually is that the individual is an intravenous (IV), non-motivated person seeking to achieve intoxication through the use of methadone, and is most likely continuing to use heroin. Although this represents some clients, there are many diverse individuals seeking treatment including those addicted to opiates such as pain killers and some use heroin solely by smoking (primarily young adults).

According to the New York Times, "Prescription drug abuse is America's fastest-growing drug problem. Every 19 minutes, someone dies from a prescription drug overdose in the United States, triple the rate in 1990. According to the Centers for Disease Control and Prevention, prescription painkillers (like oxycodone) are largely to blame. More people die from ingesting these drugs than from cocaine and heroin combined." Because prescription opioids are prescribed by doctors and typically obtained by legal means, they are assumed to be safe. However, though the drugs are initially taken for the medical management of pain, they are highly addictive. As the body develops tolerance to the drug, it is required in escalating doses. Doctors, in an attempt to keep patients satisfied, and often not having the time to delve into more involved, multi-approach strategies for pain management, frequently comply by simply upping the dose. Privacy practices around patient medical records also mean that patients can skip from one doctor to another to obtain multiple prescriptions.

According to the Center for Disease Control (CDC) the amount of prescription painkillers sold to pharmacies, hospitals and doctors' offices across the U.S. quadrupled between 1999 and 2010. With an increase in prescribing there is a parallel increase in rates of addiction and increases in rates of drug overdose deaths. The CDC is now reporting that there are more people in the United States dying each year from drug overdoses than car crashes (Center for Disease Control 2014).

The United States has about 4% of the world's population, and is consuming more than 80% of the world's oxycodone supply. The U.S. is also consuming more than 99 percent of the world's hydrocodone (SAMHAS, 2013).

Those presenting for Narcotic Replacement Therapy (NRT) have recently changed to include those with a severe substance use disorder related to prescription opiates as opposed to a primarily intravenous (IV) heroin using population. Furthermore, the population of young adults presenting with opiate addiction has increased. Regarding interventions for such an alarming increase in dangerous substance use behaviors, methadone programs have been stigmatized as "juice bars" indicating that few of the participants in NRT are genuinely seeking "recovery." This label reinforces the assumption that those in NRT are achieving intoxication through the use of methadone, an intoxication that they would have gotten specifically with heroin.

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In addition, the term "juice bars" assumes that the population only consists of those addicted to heroin IV, which it may be assumed that they most likely are continuing to use heroin. Yet, many who are seeking help have an addiction to prescription painkillers, with no intravenous drug use. Frequently, those addicted to prescription pain medications eventually turn to heroin (either smoked or injected) due to easier access as the demand increases. Such stigma regarding methadone reinforces a negative perception of NRT participants, reducing their options of relating to many community resources for support. Individuals presenting for NRT are also a more chronic population with medical issues in addition to a severe substance use disorder. Opiate use may have begun as a result of receiving treatment for a legitimate medical condition that indicated an opiate prescription. While using the prescription, the process of addiction followed the natural progression of increased tolerance and avoidance of the effects of withdrawal.

Those using heroin IV present with medical issues that compound the problem of addiction. Medical issues prevent employment, increase psychiatric problems, increase homelessness and decrease motivation, and, therefore, require a great deal of support for recovery. In addition, the medical community continues to be reluctant to treat those indicating an addiction to IV use of heroin, especially if they are homeless, which perpetuates the stigma associated with both IV heroin addiction and homelessness. Some in the field of addiction assert that an individual will "stop when they are ready" (due to homelessness or any other life crisis), yet, unfortunately, with opiate addiction the individual dies before they reach the point of readiness to stop.

The Stanislaus County Genesis program has become a place of acceptance, support and hope staffed by individuals qualified to deliver highly technical forms of intervention, while coordinating with medical professionals. Genesis primarily focuses on preventing the effects of withdrawal rather than achieving intoxication. The advantage to preventing withdrawal is it opens time for the client to engage in recovering behaviors as opposed to spending the day "getting well." Although the "cold turkey" approach is effective for some, others may not be at the stage of change that has the stamina to withstand the intense withdrawal from opiates. As stated above, due to the unique danger of opiate use, individuals may not survive until they have arrived at a readiness to change. NRT is designed to bridge the period of time between an individual's resistance to change and a readiness to change. Some participants at the Genesis program become employed shortly after beginning NRT (Methadone does not return a positive drug screen for opiates), and participants have the opportunity to change their social circle from individual that use opiates, to healthier relationships that are not based on opiate use.

Genesis serves a diverse population of clients with Substance Use Disorder. Opiate addiction remains a subculture of the population of individuals with moderate to severe substance use disorders. In addition to providing one of Stanislaus County's own Medical Model Harm Reduction services, Genesis' client population is broad and diverse, including individuals who are homeless or have a mental illness. Genesis has the only known operating peer led group, overseen by staff, that is designed to empower clients toward an understanding of the effectiveness of non-clinical peer support while engaged in narcotic replacement therapy. Clients have been able to provide unique peer support topics of discussion relating to pregnant women who are on methadone, individuals struggling with a dual diagnosis, and how to manage difficulties integrating with a recovering community that does not yet understand narcotic replacement therapy. Since none of the participants have been coerced into treatment, but sought treatment sole, Genesis has become a haven for the difficult-to-treat client.

If you would like to learn more about the Genesis program, please contact them at :

Behavioral Health and Recovery Services Genesis Program—800 Scenic Drive Building 4, Modesto, Ca. 95350
Phone: 209-525-6146, Fax: 209-525-5361

No referrals are accepted, all clients are self-referred and have to apply in person.
Fees and coverage- Only Medi-Cal insurance is accepted. Self-pay are $300 for detox and $280/Month for maintenance.

Highlights of October Cultural Competency, Equity and Social Justice Committee (CCESJC) Meeting

Assyrian Wellness Collaborative presented on their growing efforts to address mental health issues in their community.

Golden Valley Health Center presented on the implementation of their expanded Early Intervention services for the homeless community.

If you have questions or suggestions regarding Cultural Competency, please forward them by e-mail to:

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