



# **CULTURAL COMPETENCY UPDATE**

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

## **Genesis Narcotic Treatment Program**

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**BHRS Cultural Competence, Equity and Social Justice Committee meets on the 2nd Monday of each month from 9:00 a.m. to 10:30 a.m. in the Martin Conference Room, 830 Scenic Drive**

Genesis is an opioid treatment program that offers both detoxification and maintenance medication assisted treatment. Current medication services include treatment with methadone and access to life saving naloxone. The function of methadone is to control withdrawal symptoms, manage cravings and block the euphoric effects of illicit opioids. Genesis services may be accessed via walk in or telephone request. Assessment, laboratory testing and physical exam are required prior to receiving services. An individual must be determined to have Opioid Use Disorder, Severe with Physiological Dependence on Opioids to qualify for treatment. Prior treatment history is required to participate in our maintenance program. A common misperception about the services provided at Opioid Treatment Programs (OTPs), is that we only “substitute one drug for another.” In fact, Genesis offers a range of services including:

- Assessment
- Treatment planning
- Individual and group counseling
- Patient education
- Medication services
- Collateral services
- Crisis intervention services
- Medical psychotherapy and treatment related medical services
- Discharge services

There are various misconceptions about individuals receiving services at Genesis; misguided beliefs such as, “They are all heroin addicts, homeless and use dirty needles.” This is far from the truth. The population at Genesis almost mirrors county demographics for gender, ethnicity/cultural background, age and type of residence. We have noted an increase in individuals whose opioid use disorder stemmed from misuse/abuse of prescribed medications, rather than illicit opioids, like heroin. In 2012, Substance Use Education & Prevention Services NTP survey showed that 53.65% of NTP clients’ opioid use disorder began with heroin use, and 46.35% of clients reported beginning with prescription opioids. The 2018 survey reflects that 35.5% of NTP clients now report opioid use disorder beginning with heroin use, and 63.9% of individuals report opioid use disorder beginning with prescription drug use. Another preconceived notion is that medication assisted treatment is not a valid form of treatment. However, studies beginning in the 1970’s show that medication assisted treatment (MAT) is an Evidence Based Practice that reduces health care costs, illicit substance use, overdose, high-risk behavior, incarceration, non-compliance with mental health treatment, non-compliance with medical health treatment, HIV/HCV transmission and mortality. In the November SUD Consumer survey, 89% of Genesis clients reported favorable (124/140) outcomes since receiving medication assisted treatment.



91% of clients responded favorably that they get along better with family. 92% of clients responded favorably that they are better able to take care of their needs and 90% responded favorably that they are better able to do things they want to do. When clients can manage their symptoms with medication assisted treatment, they are able to address challenges in their lives that positively impact both the client and the community.

Individuals receiving medication assisted treatment experience bias from law enforcement and the courts, medical professionals, family members, treatment programs and treatment professionals, other persons with substance use disorders and community members. This bias results in challenges for our population to integrate into the recovery community, resolve legal issues, navigate withdrawal and cravings during incarceration, engage in adequate medical services, access treatment for substance use disorders and obtain employment.

In response to these barriers a unique culture has developed within our program. Our clients have formed a bond with each other providing support, encouragement and acceptance of their recovery. To assist these individuals, we provide education to reduce stigma. Genesis staff provides training to various agencies such as Child Welfare, other SUD treatment providers, shelters and the medical community. We collaborate with law enforcement and the courts when authorized by clients. In converting to the Drug MediCal Organized Delivery System, we have an opportunity to participate with other SUD treatment providers. Individuals choosing to receive medication assisted treatment will now be accepted by these SUD treatment providers. This is a step towards the reduction in stigma that will lead to the integration of our Genesis community into the larger recovery community.

For more information, contact Amaeo Beasley at (209) 525-6106

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## **Highlights of February (CCESJC) Meeting**

### **Behavioral Health and Recovery Services Substance Use Education & Prevention Services**

In 2017, Stanislaus County experienced 15 deaths due to opioid-related overdoses. A contributing factor is the number of opioid painkiller prescriptions. The average rate of opioid painkiller prescriptions in Stanislaus County is still one prescription for every man, woman and child (529,832 opioid prescriptions in 2017). People who abuse prescription painkillers get their drugs from a variety of sources. The clear majority obtain them for free from friends and family members. Proper disposal is key to reducing access.

In 2009 BHRS initiated the Drop the Drugs program, an event that offers our community the opportunity to dispose of unused, unwanted, or expired prescription medications several times per year. As the demand for more disposal opportunities increased, BHRS partnered with our local law enforcement agencies beginning in 2014 on the Permanent Prescription Medication Drop Box Program. Permanent, secure disposal boxes are now located in all our county's law enforcement lobbies.

**If you have questions or suggestions regarding Cultural Competency, please e-mail: Jorge Fernandez, [jfernandez@gvhc.org](mailto:jfernandez@gvhc.org)**