

# Recognizing

every patient journey  
is different



**Dr. Staton, Physician**

**Matt, Patient**



Matt is a self-employed businessman from a small town in Tennessee. At the age of 30 he became addicted to a narcotic painkiller. It wasn't until he met Dr. Brent Staton, a local doctor specializing in family medicine and addiction, that Matt realized he had a serious lifelong disease. With Dr. Staton's help, Matt is now in stable recovery and has started to reclaim his life.

### Can you describe your journey as someone who has struggled with addiction?

#### Matt

My journey's a little odd for most folk. I've always been self-employed and never had any trouble with addiction until I was 30 years old. At that time, the economy went into recession and things were quite tough at work. I guess I was under pressure, and one night I went out and, well, that was it. Things quickly got out of control. Addiction turned my life upside down. My work went downhill, I fell behind and I ended up owing everybody. I felt very alone and that there was no way out.

Stigma was the main thing I struggled with. I had enough money to pay for treatment for myself, but I couldn't let anybody know what I was going through. I'd worked with these people my whole life, and for me to be addicted to drugs would be unheard of. I thought I would be ridiculed, or seen as someone who had a moral problem. I was afraid the community would turn away from me.

#### Dr. Staton

Stigma is a real problem here. This is a relatively low-income, conservative area, with easy access to street drugs. The community teaches you that if you fall into hard times, if you're addicted, it's your fault; you've made bad decisions and you need to pick yourself up by the bootstraps. And because of this stigma, people don't seek out treatment. So, I've set my office up differently – I do all my addiction work through a private office so people can see me and get treatment without fear. Nobody even has to know they're here. But we need wider cultural change, supported by educated, non-judgmental physicians, to really evolve addiction treatment.

### Can you describe any moments of triumph or achievement you've experienced on this journey?

#### Matt

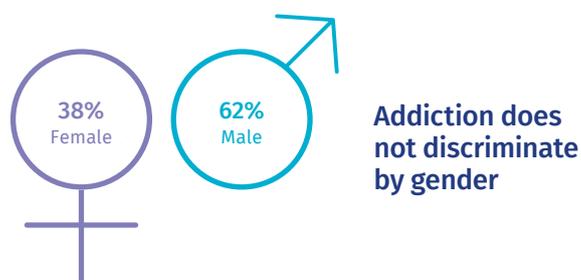
I saw changes early in my treatment, but it was definitely a struggle. It used to be like going up a staircase, sometimes you're going two steps at a time, sometimes you're struggling to get up one. Now that I am in recovery, I feel hopeful for the future.

#### Dr. Staton

Matt's treatment has gone well. And it's wanting to help people like Matt that got me into addiction treatment. I started off in family medicine, and saw a problem with addiction and wanted to help, which is why I got a waiver to prescribe buprenorphine in my office. It's a generational issue; it affects parents, kids, the entire family. And it feels good, when treatment works, to see the children of parents I've treated, seeing them thrive and getting on with their lives.

#### Matt

This is what people don't see – they don't see those who've been through it and come out the other side. If they did, they might feel differently about seeking treatment. My wife stood by me all the while. Without treatment, counseling, and the support of my wife, I would not have been able to work on rebuilding my business and restoring relationships that had fallen apart.





### Addiction is a disease that can be medically treated

While millions of people suffer from addiction, many people are not aware that addiction is a disease that can be medically treated. As a result, the majority of those who need help go untreated.

Even when they want to stop, cravings or withdrawal symptoms can be so intense that generally there is only a small window of time in which a person is emotionally and physically able to pursue treatment.

Furthermore, for those who do decide to take action and make changes in their life, there are many obstacles to accessing quality treatment and achieving treatment success. Stigma, prejudice and misconceptions, for instance, coupled with feelings of guilt and shame, often prevent people from coming forward and seeking the help they need. Other obstacles to successful treatment may include:

- ◁ Difficulty adhering to a treatment plan, including education compliance, especially when confronted with relapse, due to the chronic nature of the disease.
- ◁ Stigma surrounding the disease and treatment, especially when treatment services are specialized instead of a part of mainstream medicine.
- ◁ Affordability and lack of coverage for treatment, similar to other health conditions.
- ◁ Proposed limits on treatment dose and duration by payors and policymakers which could result in sub-optimal treatment.
- ◁ Family and friends applying pressure to patients to stop taking “addiction medication”, due to their lack of understanding about the disease.

“For a long time, everybody wanted treatment for me, but I didn’t want it. I had to want it for myself.”

— Faith, Patient, Missouri, US



Faith, Patient

In 1992, Faith was involved in a car accident which left her suffering from severe pain. Her doctor prescribed high doses of opioid painkillers. Faith became addicted. As things spiraled out of control, Faith’s daughter, Jordan, went to live with her grandparents. Now, after more than 20 years, Faith is in recovery. With their improving relationship, she and Jordan are close again and fully focused on the future.

#### Can you describe the impact of opioid addiction on you and your family?

##### Faith

My addiction overran my life. Within three years of the car wreck I was completely uncontrollable and addicted to opioids, sometimes taking up to 45 pills a day. I couldn’t take my kids to the park unless I had my pills. I couldn’t go to bed at night unless I knew I had pills to wake up to. I would steal, I would lie. I would do whatever it took to get my pills for the day. I felt like I became someone I’m not. The cravings took over. And you know, I come from a good family, I had good grades at school – it can happen to anyone.

### Indivior: We endeavor to be part of the solution

Indivior is a global specialty pharmaceutical company with a legacy of leadership in opioid addiction treatment, patient advocacy, health policy and evidence-based best practice models that have contributed to the growing acceptance that addiction is a chronic, relapsing medical condition. During this time, we have built strong relationships with physicians, conducted research to support treatment options, developed expertise communicating relevant information to key stakeholders, and acquired extensive and varied experiences to help improve access to treatment.

Using this collective experience, insight and knowledge, we strive to meet unmet patient needs on the journey to recovery.

We always understood that success in treating addiction requires more than just effective medications. Our core task is shifting societal attitudes towards addiction and expanding access to quality treatment options. To this end, we have created a sustainable growth model by placing patients firmly at the heart of our business, at the center of our decision-making, and always at the front of our minds.

Pioneers from the treatment community acknowledge that Indivior is dedicated to improving patients' lives, not just enhancing the marketability of medications. Our partnerships are underpinned by shared commitment, passion, trust and understanding.

People at Indivior have a passion to help patients suffering from addictions and to enable those who can treat them. We play an important role in educating healthcare professionals about the medical aspects of opioid addiction treatment, including best practice, effective dosing, treatment adherence and compliance, and risk mitigation.

### Jordan

I was young when it started, and my grandparents sheltered me from my mother's addiction. Then the girls at school started to say my mom was different, and other moms wouldn't let their kids come over. I remember my 11<sup>th</sup> birthday – I got a pogo-stick and a small piano, but the very next day mom pawned them both for drug money. She was never mean or abusive, she just wasn't there and she slept a lot, and for many years we didn't have a relationship.

### What were the challenges you faced during this time?

#### Faith

For a long time, everybody wanted treatment for me, but I didn't want it. I had to want it for myself and be prepared to make the effort. But then, when I did want help, I couldn't find enough information out there and I didn't know what treatment options were available. I went into rehab three times.

Then I read about Suboxone® Film as another treatment option for opioid dependence, together with counseling and psychosocial support. But I live in a remote rural area. It was a long drive to the hospital, and it was difficult to find a local doctor who was qualified to prescribe medication as part of my treatment plan.

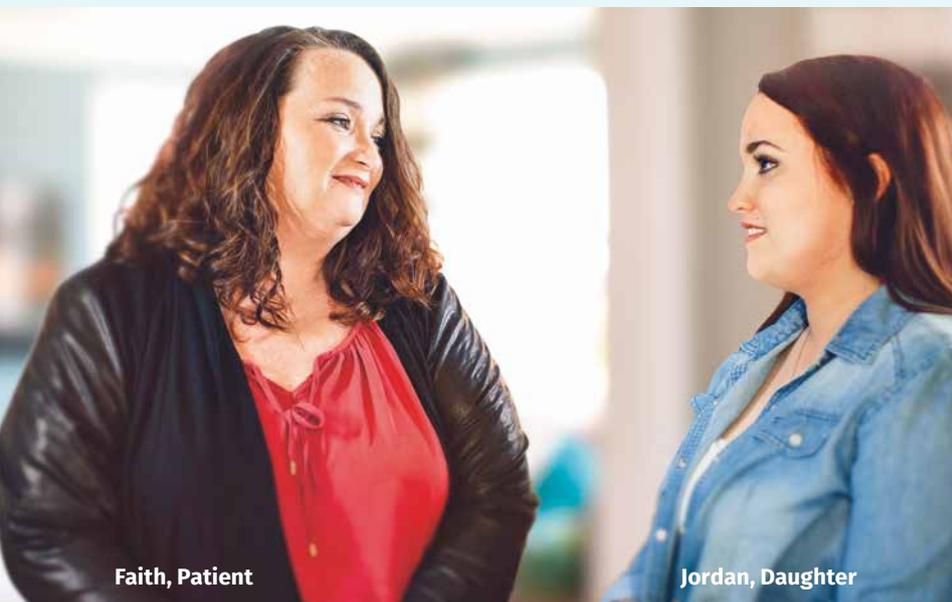
### Jordan

I felt really alone and blamed myself. This went on for a long time. The turning point for me came at my own daughter's first birthday. Mom turned up high and I said 'that's it, no more'. We didn't speak after that for six months. But then she started taking Suboxone® Film and together with counseling and the support of her family, mom began to work towards her recovery. The fact that she had to be tested regularly gave her real motivation to start making some positive decisions for herself.

### How does it feel now to be in recovery?

#### Faith

With my addiction being managed, I made the decision to study for a Bachelor's degree and was able to complete the requirements to graduate. I've also been able to begin rebuilding certain relationships in my life.



Faith, Patient

Jordan, Daughter



As we continue to educate and work with physicians, advocacy groups, medical societies, payors, policymakers and other stakeholders to help broaden access to opioid addiction treatment, our ability to cultivate relationships and long-standing partnerships will continue to form the basis of our leadership position.

Through these partnerships and networks that we are building across different geographies, we aim to help overcome the stigma of addiction, improve access to treatment, and transform addiction from a global human crisis to a recognized and widely treated disease.

**Who are the people with opioid addiction?**



Source: National survey on Drug Use and Health (NSDUH) Data.

- > **61.4%** are likely to be employed either full or part time
- > **82.2%** are likely to be insured
- > **81.2%** are high school or college educated

**“It feels really good to be in recovery, I feel like I’m in control of my life.”**

**— Faith**

Of course, it’s taken a while – you spend so long breaking walls, they can take time to repair. But counseling and treatment have brought me and Jordan closer. It’s important for me to let others struggling with opioid addiction know that they don’t have to stay stuck and feel stigmatized – there is help available.

**Jordan**

My mom’s always been a kind and remarkable person. She would give the shirt off her back. Now, because she is able to manage her addiction, she can be involved with my children, and she was able to be there for us when my youngest child had health issues. I have a relationship with my mom.

**What is addiction?**

Addiction is a chronic, relapsing disease characterized by: the compulsion to seek and take a particular drug; the loss of control in limiting intake of the drug; a negative emotional state, such as anxiety or irritability, when access to the drug is withdrawn.

**What makes it a disease?**

Addiction is not a moral failure: it changes the brain. The disorder is believed to trigger progressive changes to molecular and cellular mechanisms in specific neural networks, causing structural and functional changes that can be seen on MRI scans.

**How is addiction treated?**

By aiming to reduce drug use by decreasing cravings and addressing any withdrawal symptoms and co-occurring disorders through pharmacological and behavioral therapy, as well as psychosocial support to eventually end drug-taking behavior.

**What are the treatment options for addiction?**

Medication-assisted treatment – the use of medications in combination with counseling and behavioral therapies – is one approach to the treatment of substance use disorder. There are two main types of medication-assisted treatment for opioid dependence: methadone and buprenorphine.

# Educating

## and breaking down barriers to treatment

Michelle began taking an OTC pain medicine containing codeine to help relieve her headaches and backaches. She wasn't looking to get high, she just wanted to be rid of the pain so she could get on with her busy life of working, being a mother, and teaching karate. Addiction took her totally by surprise. At one point, she was taking up to 50 pills a day. To make matters worse, information, help, treatment and support came way too late.

Here, Michelle, Dr. Mark Hardy\*, along with Clinical Liaison\*\* Vanessa, from Sydney, Australia, discuss how connections and communication within the treatment community could be improved to better serve patients.

### Can you describe the information, help and support that enable the first steps towards recovery?

#### Michelle

For me, these things came late into my addiction. It wasn't until I was being treated for eight stomach ulcers and dangerously high blood pressure, believed to be caused by the pills I was taking, that I was told I needed to get help.

But at first I was just told to go cold turkey, without any warning of the withdrawal symptoms. Cold turkey left me in a terrible state. I had to search the internet to find out about opioid withdrawal. Only during my second detox did I start to get any useful help. So, that was five years of addiction without proper information, knowledge or support.

Thankfully, I then met Dr. Hardy, who specializes in addiction. He and a psychiatrist worked with me to develop coping mechanisms and behaviors. We met daily at first, then weekly, and now every four-to-six weeks. It's been a real stabilizer for me emotionally and has paved the way to recovery.

Dr. Hardy also prescribes Suboxone® Film as part of my treatment plan. Because of the support from Dr. Hardy and my psychiatrist, I'm able to function again; I'm back teaching and training and I'm optimistic about the future.

#### Dr. Hardy

Michelle's story is a familiar one. Here in Australia, there is very little training on addiction and GPs need education in this area. This situation is reflected in the media and society at large, where the belief is that people struggling with addiction are back-alley addicts. But in reality, they are often everyday people hooked on painkillers. It's largely a middle-class problem. There's also the notion that we have to cure people with addiction, and this paradigm, cure or nothing, leads to high levels of relapse. You don't cure other chronic diseases like diabetes or schizophrenia.

Because there aren't so many experts here, we need alliances with other healthcare specialists and connections in the psychosocial space - links with mental healthcare nurses and doctors - to provide the help that's required. I've found that Indivior's Clinical Liaisons have played a role in educating and simplifying things for doctors by the resources that they provide.

#### Vanessa

Many doctors, like those Michelle saw before she met Dr. Hardy, need education to help spot the signs of addiction - even among their own patients that they currently treat in their practice. For example, how long has a patient been on pain medications, are they still in pain, are they always coming back for more? Understanding what's happening in a patient's life is key for the physician. Clinical Liaisons can help doctors by providing educational materials and tools to help build communication and trust to better uncover and understand the needs of their patients.

By educating physicians about addiction, they can let people know that there are treatment options. This way, patients don't need to feel stuck, afraid or ashamed.

\* Staff Specialist in Addiction Medicine, Fellowship of the Chapter of Addiction Medicine (RACP).

\*\* The role of an Indivior Clinical Liaison is to work with healthcare professionals by providing education and resources to help ensure that treatment programs, medication and services address patients' needs.



Michelle, Patient



Dr. Hardy,  
Physician



Vanessa,  
Clinical Liaison