CBHA CALIFORNIA BEHAVIORAL HEALTH ASSOCIATION

Health Equity Profile

Biography:

Nzinga Harrison, MD, is a board-certified physician with specialties in psychiatry and addiction medicine. She is also the chief medical officer and cofounder of Eleanor Health, an innovative mental health and addiction treatment company. Dr. Harrison holds an adjunct faculty appointment at the Morehouse School of Medicine and sits on the Practice Management and Regulatory Affairs Committee for the American Society of Addiction Medicine. She has written a brilliant book called Un-Addiction that walks through 6 mind-changing conversations about addiction and recovery that could save a life.

Q&A with Nzinga Harrison, MD:

1. In the book *Un-Addiction*, you talk about being a medical student taking care of patients awaiting liver transplants, only to learn that people with alcohol use disorders have to be in remission for at least 3 years to be eligible, while patients with other diseases are not held to the same standard. "The lives of people who use alcohol and drugs don't matter to the health care system," you write. Talk about this moment and anything else that led you to focusing your career on addiction recovery.

Yeah, I think that really is the moment.

I went to medical school with the intention to be a pediatric surgeon. And you know, you have to rotate through all of the different specialties. And so I went to my six weeks' psychiatry rotation, dismayed that I even had to do it because I was like, *I could be doing surgery right now*.

What I really found was even before the system doesn't care about the lives of people who use alcohol and drugs, was: the system really was built in a way that was legitimately harming and killing people that had mental health conditions. I was raised an activist and that really tapped my activism bone.

I just went home feeling so heavy every day because we did all of the liver transplant pre-transplant psychiatry evaluations, and it just became shockingly, amazingly clear that if your liver disease was from anything other than substance use disorder, it was easy to just say, *psychiatrically clear* — going on the list. No problem.

But when a person had a substance use disorder, whether in remission for years or not, it was like we were legitimately having to put on our hardest-core advocacy skills with other physicians to prove, it felt like, why this person deserved to live.

And that just really bothered me deep in my soul. This was 24 years ago. A very small kernel of people believed and understood substance use disorder as an illness. Instead, it was seen as a moral failing: *You make bad decisions. We can't trust you to take care of this liver* — this idea that people don't recover from substance use disorders. [But 75% of people with addiction *do* recover. And one-year relapse rates for high blood pressure and asthma are the same or higher than that for addiction.]

I just legitimately came away feeling like the system doesn't care if these people die or not.

As community members come to us at Eleanor Health, they carry all of that stigma internalized, right? Like, they believe they're bad people. They believe they don't have willpower. They don't trust in their own intuition. They don't understand their ability to make decisions and their right to make decisions about their own behaviors and their health.

And so I tell this story in the book about the St. Kitts monkeys. They range from teetotalers — some of these monkeys don't drink alcohol at all — and then you have a group of these monkeys who drink socially. And so they'll take a few drinks from tourists, but they're social drinkers and they only drink with other monkeys and they don't drink alone.

And then you have a group of these monkeys that legitimately drink themselves to death. So they steal the tourist drinks and they get into drunken brawls. And they pass out.

And so when we think about alcohol use disorders and other substance use disorders in humans, we can't help but think about the choice, right? We over-index on the choices that people are making. And just look at American culture — the choice to use drugs is a choice that a majority of people make — whether that's caffeine, alcohol, cigarettes, vaping, marijuana, etcetera.

Drug use is a choice. Substance use disorder is an illness.

It's a lot harder to be moralistic about monkeys than it is to be moralistic about other humans or even to be moralistic about yourself. I use the story to help people think about the biological inputs that answer the question why some of these monkeys are teetotalers and why some are social drinkers and why others drink themselves to death.

This is the same thing we see in humans: up to 60% of the risk for substance use disorder is inherited.

2. Tell us about pre-addiction and how you can reverse substance use disorder at this stage, similar to how we think about pre-diabetes.

Shoutout to Nora Volkow over at SAMHSA for really putting this concept of pre-addiction out into the world. It gives us an opportunity to practice a little bit of prevention.

Now, when people hear addiction or think of addiction or substance use disorder, it's really what I call that stage four metastatic illness, right? Like a severe version: you've lost your family, you've lost your job; you don't have any money; your health is failing. You've had multiple attempts at recovery and are still struggling.

But if you look at our diagnostic criteria, there's a whole range. There are early stages where you just think to yourself, *Am I drinking too much? Would I feel better if I stopped smoking? Am I spending too much money on edibles?*

And I tell folks, if that question even comes to you, either out of your own brain or somebody who cares about you even asks the question, this is an opportunity — you still have the power to change and prevent an addiction from happening. Before it becomes that severe illness and the ability to make decisions around the substance really does get damaged.

What do I recommend people do first? Score yourself formally, such as by using the CAGE questionnaire:

- C: Have you ever felt you should cut back?
- A: Have you ever been annoyed when somebody else had the nerve to say something to you?
- G: Have you ever felt guilty because you're like, *Dang, I said I was only going to drink two glasses of wine and I drank the whole bottle?*
- E: The E is an eye-opener. First thing in the morning, do you need to either use that substance or is that substance on your mind?

Just one yes [usually] indicates a substance use disorder, whether that's mild or moderate.

The key is if you can then go get help — talk to a primary care doctor, a friend, a therapist, a religious leader or spiritual leader that you trust, a family member. Because health is about community and support and stigma reduction.

So the more all of us can say, I got a one or two on the CAGE, and I'm going to try to make some different decisions and some different choices before my illness is such that I can't. That starts to protect us and decreases the number of people that get to stage four.

Thinking about pre-addiction is a huge shift in substance use disorder. It is not a shift at all from the way we practice medicine for every other chronic condition, right?

This just happened to me, by the way, with my cholesterol. I got diagnosed with high cholesterol. So I started doing yoga every day. I cut sugar out of my diet. I started reading labels. And now my cholesterol is down to 185, which is just under normal, still higher than I want, but this is amazing.

And so the majority of people recover to controlled use, which is shocking for a lot of people because we've really been steeped in the AA culture. And God bless AA: I love it for the people that it's for. It's remarkable. It's not for everyone.

The concept of complete abstinence only or you're failing is a dangerous concept.

That's the same thing as: it doesn't matter if your blood pressure came down if it's not completely normal. It doesn't matter if you cut back your smoking from three packs a day to a pack a day. We know it matters. It doesn't matter if you were using heroin four times a day, and now you're only using heroin once a week. It matters because that was 28 overdose risks to now only one overdose risk — not to mention it was really hard to make that progress.

And so I'm compelling, not just the medical community, but everyone who is supporting people with substance use disorders: *We have to respect their autonomy to make their decisions for themselves. We provide education. That's what harm reduction is. Empower them with the information and support to make the decisions towards their own goals.*

When you come to Eleanor Health and you're seeking support for a substance use disorder, the majority of people coming to us are using more than one substance. And so we set an individual goal for each substance.

And so a very common combination will be: *I want to stop heroin or pain pills completely. I want to decrease my alcohol use to only be on the weekends. I am going to keep smoking marijuana whenever I want to.*

All right, so let's talk to you about the risk of smoking marijuana and how you keep yourself safe. Let's get some medication onboard and get you with a therapist and a peer and social support so you can get that complete abstinence from the opioid. Let's think about a medication or AA or other support system for the alcohol use disorder. And then, by the way, let's talk about depression, anxiety, trauma, life stress, all of the other things that make it hard to manage any chronic condition.

Even when we look at our drug screens, it's not is this drug screen completely negative for all substances? It's: *Does this drug screen match your goal?*

Removing choicefulness is one of the main ways we degrade people with substance use disorders. As we start to believe they don't have the ability or the right to make their own choices. And when you remove that choicefulness and that agency, you're driving illness, not health.

3. How do you support a family member who might have an addiction without enabling the addiction?

So boundaries are important. We need boundaries to keep ourselves psychologically safe. We need boundaries to keep ourselves physically safe. Many different illnesses comes with things that threaten those boundaries. Substance use disorders and other addictions certainly do.

I was talking with a friend and Diana Kataya said, empathy is not endorsement. So I will always have empathy and I will always have compassion. And that also does not mean I'm endorsing the harmful things that a person is doing, whether it's to themselves, whether it's to me, whether it's somebody else for whatever reason.

I can understand how you got here and have empathy that you're suffering and also set a compassionate boundary. One of the examples that I give is my maternal grandmother. She was incredible. My uncle, who let me tell part of his story in the book — when his addiction was very severe, she said, *'You can always come home. You're my son. I love you. You cannot live here because it is not psychologically safe for me for you to live here.'* That's the boundary.

But the way many people have been taught to do it with tough love is: *get out of my house.* Because you're a bad person making dangerous decisions and I don't support that and I don't support you.

It's the same boundary. One is delivered in a way that is compassionate and sets the foundation for a different set of choices to be made. One sets it in a way that increases risk for a person to be disconnected and hopeless and shameful. This organization called We the Village really supports loved ones and families in learning how to set compassionate boundaries.

And I think that is so important because *the more we can get away from this tough love, disconnection, shameful, stigmatizing approach that we've been trained in, the more we can get to compassionate boundaries for psychological, emotional, and physical safety, the faster we can get to recovery.*

4. One of my favorite parts of the book are the scripts that you lay out to talk to kids at virtually every single age about substance use disorder. In preschool, you suggest, *We're mad at addiction, not at Daddy.* In elementary school, you suggest, *The person we love is also suffering, and the illness is the one to blame, not them.* Can you share more about these conversations with us?

My son was in pre-K, so he was four, and I went to Career Day at his elementary school, and I spent 30 minutes in every class. I even wore my white coat. I said, *I'm a doctor. I specialize in the brain. My specialty is addiction and this is what addiction means.*

And then as I got to the older kids, in second grade, I'm like, *Who knows what addiction is?* And they're like, *Do you mean like when my Daddy's hiding his cigarettes in the trash because he doesn't want Mommy to know he's smoking? Or do you mean like my Daddy went to jail for using cocaine?*

These are second graders. So they already know everything.

And it can be so hard because the symptoms of addiction are feelings and thoughts and behaviors and they sit between us and the person that we love and we start beginning to think we hate our person. When really we hate what this illness is *doing* to our person, but then we start shooting our person, right?

And so I have this concept of there's you, and then there's the addiction in the middle, and then your person's on the other side. You think you're shooting addiction, but the bullets are going straight through into your person. Let's reorient that so that it's you and your person over here, and addiction is over there, and we're both shooting at addiction.

And so the reason you start having that conversation at four years old is because young kids are developing their concept of what it means for a person to have addiction. We want them to have the concept of a beautiful, amazing person with exactly the same value that each of us has, who is being tortured and struggling with this illness, and we're mad at the illness.

I started having that conversation really young with my own kids and it was really important because we have a very significant family history of substance use disorder coming from both sides. And so I just started equipping my kids with this compassionate narrative, understanding addiction as an illness. And then as they got older — and so what does that mean for how you keep yourself safe? Because at some point, the pressure to use drugs as an adolescent is a normal pressure that is going to come.

So what does it mean for your friend to do a line of cocaine versus what it means for you to do a line of cocaine? What does it mean for your friend to take a pill versus what it means for you to

take a pill? So that can empower them with the choicefulness in the moment to react to those situations, but then also just making it safe.

Conversations save lives. If your kids can come home and talk to you, if your loved one can come home and talk to you, if your colleague can Slack you at work and talk to you, that conversation has the ability to save a life purely because it could happen.