

Substance Use, Social Media, and Technology: utilizing tools in clinical care

Amira Athanasios MD, Craig Perry MD, James Sherer MD

Jersey Shore University Medical Center
Department of Psychiatry and Mental Health
Neptune City, New Jersey



Hackensack
Meridian Health



Disclosure Information

- ◆ Amira Athanasios MD
 - ◆ No Disclosures
- ◆ Craig Perry MD
 - ◆ No Disclosures
- ◆ James Sherer MD
 - ◆ No Disclosures

Learning Objectives

- ◆ Understand interactions between social media, application technology, and mental health including recognizing current recommendations
- ◆ Recognize the risks and benefits of social media use on mental health and substance use and to discuss risks and benefits with patients in clinical care.
- ◆ Identify specific, beneficial resources on social media and application technology platforms which help patients with substance use disorder.

Lecture Overview

- ◆ A brief history of peer support in substance use disorder
- ◆ Literature review on social media and addiction recovery
- ◆ A brief overview of specific social media platforms interfacing with substance use
 - ◆ Reddit
 - ◆ Youtube
 - ◆ Facebook
 - ◆ Instagram
 - ◆ Phone Applications
- ◆ Small groups –social media scavenger hunt !
- ◆ Discussion and Q&A

The History of Peer Support

Alcoholics Anonymous (AA)

- ◆ Dates back to 1935
- ◆ Origins in Christian Revivalism
- ◆ “Big Book” first published in 1939
 - ◆ Contains 12 Step Recovery Program
- ◆ Core tenets
 - ◆ Recovery is rooted in a spiritual awakening
 - ◆ Concede powerlessness
- ◆ Filled a “treatment vacuum”
- ◆ NA and GA have adapted AA’s philosophy

The History of Peer Support

SMART Recovery

- ◆ Formed in 1994
 - ◆ Roots in Rational Recovery (became for-profit)
- ◆ Secular
 - ◆ Spiritual growth not considered a key component
- ◆ Research-Based
 - ◆ CBT
 - ◆ REBT
 - ◆ Non-confrontational motivational methods (MI)

The History of Peer Support

Harm Reduction Groups

- ◆ National organizations (NHRC)
- ◆ State and local organizations
- ◆ Partnering with states
 - ◆ Narcan distribution in NJ

Safe Injection Sites

- ◆ First major site in Vancouver
- ◆ Two sites in NY (OnPoint)



What does the literature say?

Does social media exposure **increase** the likelihood of substance use?

- ◆ substance-related content which may promote and **glamorize substance** use is readily available on social media
 - ◆ 50% of adult patients with SUD reported social media content triggers substance cravings
- ◆ **positive correlation** with social media use and substance use in teens
 - ◆ possible mediators include **exposure to friends' posting** alcohol-related associated with increased alcohol use in teens

What does the literature say?

Can social media be used for **education**

- ◆ image-based social media are increasingly used for **public health messaging**
 - ◆ 50% adults with SUD reported exposure to recovery information on social media
- ◆ observational studies suggest change in **public perception**
 - ◆ stigma busting
- ◆ increase **access to health** information and care options
 - ◆ focus on reaching risk populations

What does the literature say?

Can social media foster **virtual communities** and peer support?

- ◆ social media posts promoting education on addiction recovery fostered **positive engagement online** including comments, likes, and post shares
- ◆ comment sections become a place of **dialogue**:
 - ◆ encouragement, experience sharing, peer advice
- ◆ difficult to assess efficacy of virtual community engagement on degrees of substance use

What does the literature say?

Do phone applications help with addiction recovery?

- ◆ survey and observational studies show people with SUD:
 - ◆ **feel positively** about phone apps for addiction recovery
 - ◆ are likely to download relapse prevention apps when prompted
- ◆ efficacy is challenging to measure
 - ◆ **Reframe** claims that 49% of users stop drinking within 30 days of their program and 91% substantial decrease in drinking within 90 days
 - ◆ concern for privacy and 'big data'

What do medical associations recommend regarding social media use & addiction recovery?

Substance Abuse and Mental Health Service Administration (SAMHSA)

- ◆ uses social media to share information, education, and ideas
- ◆ promotes resources, mental health lines, and access to care



What do medical associations recommend regarding social media use & addiction recovery?

American Association of Pediatrics

*As digital technologies become more ubiquitous, pediatric providers must guide parents not only on the **duration** and **content** of media their child uses, but also:*

- ◆ creating “**unplugged spaces**” and times in their homes
- ◆ using new technologies in social and creative ways
- ◆ not displacing sleep, exercise, play, reading aloud, and social interactions

Reddit

Serves as an online community for peer to peer support

- r/opiates
- r/opiatesrecovery
- r/alcoholism
- r/DrugsOver30

User-creator content organized into to topic-based boards (subreddits), where content is shared within the community of interest (sobriety, relapse, etc.)

Reddit

Welcome to [r/opiates!](#)

[r/opiates Manifesto](#)

The Wiki

- [Withdrawal Survival Guide](#)
- [Legal Advice](#)
- [Suboxone FAQs](#)
- [FAQs](#)
- [Drug Tests](#)
- [More Drug Tests](#)
- [Fun Stuff!](#)

Fent/Fake Pill Warnings

- [Identifying Fake Pills](#)
- [Opiate Pill Weights](#)

Dosing Information

- [Bioavailability of Various Opioids](#)
- [Routes of Administration](#)
- [Potentiate Opiates, and Dealing with Opiate Side Effects](#)
- [Opioid Comparison Chart](#)
- [Opioid Dosage Calculator](#)
- [Drug Detection Times](#)

reddit page/group

subreddits

The Bernese Method of Induction

(Note: this method may not be recommended for beginners, as it takes precise dosing and accurate planning - as well as knowing how your body responds to bupe. It would be easy for a beginner bupe user to royally mess this method up). For those that struggle to wait the 24+ hour period of sickness before they can take sub, there is a method available that if done right will make the transition much smoother, called the Bernese Method.

This method is the use of bupe alongside your full agonist opiate for a short period, taking the bupe in micro amounts that gradually increase while your dose of full agonist gradually decreases. What this does is allows bupe to start binding to your receptors and creating a buildup, but due to the low amount and the full agonist taken on top of it you won't experience PWD while this happens. As your system begins to have bupe built up on your receptors, it makes dropping off your full agonist and all the way onto a higher dose of the bupe essentially painless.

An example of how this is done: In this example we're looking at a 5 day schedule, with bupe increasing in very small amounts while your full agonist will decrease by 20% each day. If your full agonist is heroin, I highly suggest you switch to a pharmaceutical opioid if possible during this period. In the following example, I will be referring to someone using this method to come off a 100mg per day oxycodone habit. Here is how this would be done:

Starting point: 0mg bupe / 100mg oxy

Day 1: 0.125mg bupe / 80mg oxy



Day 2: 0.25mg bupe / 60mg oxy

Day 3: 0.5mg bupe / 40mg oxy

Day 4: 0.75mg bupe / 20mg oxy

Day 5: 1mg bupe / 0mg oxy. Then on day 5 here now that the user has dropped the full agonist and switched entirely to bupe, they may begin the regular induction process mentioned in induction section above to increase their bupe dose higher until they stabilize on a dose.

Reddit

 **r/OpiatesRecovery** · Posted by  695 2 days ago

Going from Methadone To Subutex

Hello!

I have been considering changing from Methadone to Subutex or (Buvidal) which is the Swedish name for the Injection version of Subutex.

My dose is right now 100mg everyday, i visit the clinic once a month and I feel great on Methadone but the extreme sweating and weight gain is becoming an issue. I have dealt with the sweating now using Oxybutnin and it works good I guess.

So the main problem is the weigt gaining and I have only been on Methadone for 8 months and im worried about the next coming years considering I have put on lots of weight only on 8 months...












Has anyone here gone from Methadone to Subutex and how did you go? Here in Sweden you take small doses of Subutex for 14 days "sneaking" in it to the receptors and the doctors say I should not have to be home due to any withdraws and I can be at work as normal, sounds 2 good 2 be true...

Thinking about trying heroin


Hi I'm 30 years old I'm a Artist and I live in New York City I've never tried heroin before but have been sober from alcohol for two weeks now and have been attending AA. What does it feel like to try heroin for the first time I'm really tempted to walk down town to a drug dealer on the street and buy a bag and try snorting a little bit to see what it's like please just give me your honest opinions on how it effects your body and mind

41 Comments · Share · Save · Hide · Report · 67% Upvoted

What are your thoughts?


B *i*           

Sort By: Best · Search comments

 · 1 mo. ago

Thanks all I guess I won't try it I just wanted to see what it was like I guess

19 · Reply · Share · ...

 · 1 mo. ago

Just do LSD. Hard drugs are a waste of time. Psychedelics will actually help you, "harm reduction" aside. Read.


12 · Reply · Share · ...

 **r/opiates** · Posted by  5 hours ago

What to do with leftover?

I was shooting up and the rush was so strong I decided to stop and now I have 1/3 of my syringe still full. How can I store it so it doesn't to bad?

9 Comments · Share · Save · Hide · Report · 100% Upvoted

 · 2 days ago

It's awesome that it's not mandatory for you to go daily to be dosed. In USA, it's a daily activity with some leniency with program compliance. (Maybe 2x a week)

When I was on methadone I gained a good bit of weight during my first year but seemed to level out towards my first year. I was able to start losing weight with some relatively easy awareness & minor activity (Seemed that females got hit the hardest with the weight gain, not sure why)

I'm 6 months on suboxone & once again battling that initial weight gain & hot flash sweats.... Staying overhydrated, has helped tremendously with sweats and headaches.

I've known people that LOVE Subutex & have heard some of the annoying side effects are minimized.. Having said that, if you feel good on Methadone & it's not a huge chore for you to get your prescription , be cautious on wanting to switch. There's also some tradeoff regardless of the MAT.



YouTube

Vehicle for established peer recovery organizations

- ◆ AA, NA, GA
- ◆ SMART Recovery

The social media elements of YouTube are central and growing

- ◆ Comments serve as a forum
- ◆ Individual creators can respond via their own content

YouTube algorithm reinforces similar content and opinions

YouTube

Positive aspects

- ◆ Creators can link to videos they find helpful
- ◆ Those videos can serve as an entry point to peer support
- ◆ Patients get exposure to other peer led options

Negative aspects

- ◆ Diversity of opinion may lead to advice that isn't evidence based
- ◆ “Dog piling,” shaming, and disrespectful attitudes are possible

YouTube



Lady Libra 4 months ago (edited)

Naltrexone saved my life!!! I struggled for about 10 years and now I have been sober 12 years!!!! 🎉

👍 8 🗨️ Reply

Insiders+ ACCESS - NALTREXONE

SMART Recovery
18.7K subscribers

Subscribe

👍 52 🗨️



Joshua Klecka 10 days ago

I crashed my car because I thought I would drink on naltrexone 🤦 it did not reduce number of drinks I took

👍 🗨️ Reply



Facebook & Instagram

Facebook groups serve as online peer support groups

- ◆ groups are **private**
 - ◆ users must request admission
 - ◆ users membership in the group is not disclosed anywhere else on facebook
- ◆ groups have a **set of guidelines** regarding content and expected behavior
- ◆ groups are **peer monitored** by 'admin'

Facebook & Instagram

< ☰ Narcotics Anonymous... 🔍

Narcotics Anonymous Recovery Group >

🔒 Private group · 94.8K members

Join group

About

Welcome! We are a group of addicts whose primary goal is to recover from the disease of addiction. Whether you have one d... [See More](#)

🔒 **Private**
Only members can see who's in the group and what they post.

👁️ **Visible**
Anyone can find this group.

🕒 **History**
Group created on December 7, 2016. Name last changed on April 29, 2017.

< ☰ ALCOHOLICS & ADDI... 🔍

ALCOHOLICS & ADDICTS RECOVERY GROUP >

🔒 Private group · 78.7K members

Join group

About

ABOUT THE ALCOHOLICS & ADDICTS RECOVE... [See More](#)

🔒 **Private**
Only members can see who's in the group and what they post.

👁️ **Visible**
Anyone can find this group.

🕒 **History**
Group created on March 30, 2013

About this group

Welcome! We are a group of addicts whose primary goal is to recover from the disease of addiction. Whether you have one day clean, ten years clean or simply a desire to get clean you are welcome here. For added support to our members we have a group chatroom that everyone is welcome and encouraged to join. Thank you for giving us the privilege of being a part of your recovery journey!

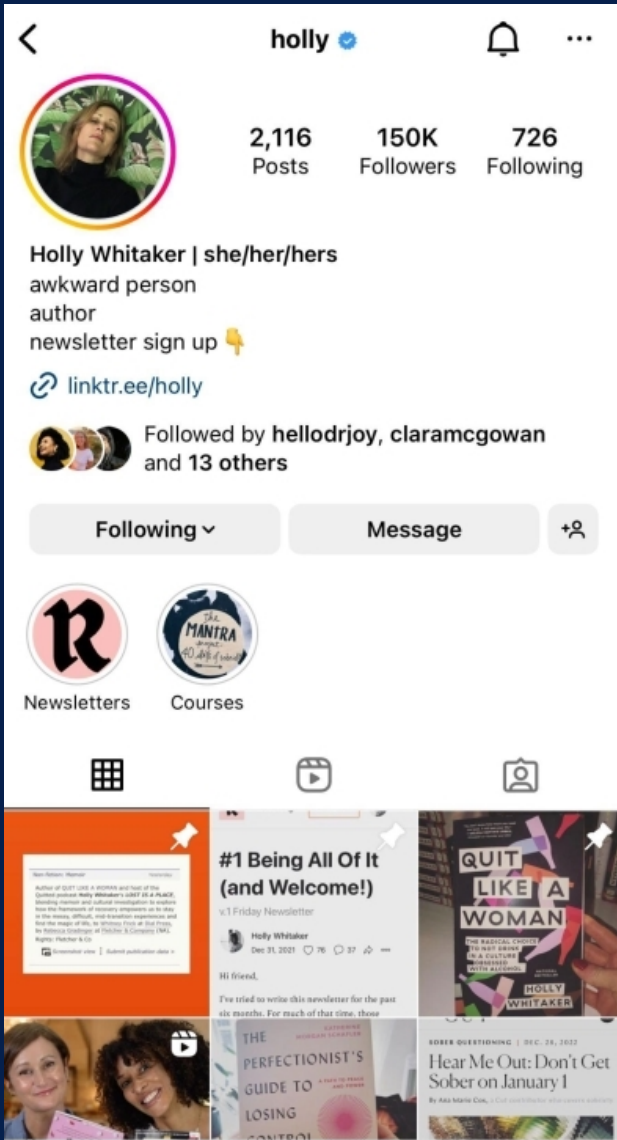
- 1) Our primary purpose is to help the addict still suffering. Please keep posts recovery related.
- 2) The only desire for NA membership is a desire to stop using. All are welcome here provided they are addicts. Note that we do not allow friends and family or addicts nor do we allow requests to survey or research our community.
- 3) We do not allow discussion of substances, including medically assisted therapy. Refer to Bulletin 29.
- 4) We do not allow medical advice of any kind. Please refrain from requesting or suggesting medication or other treatments. Please refer to the "In Times of Illness" pamphlet.
- 5) NA is a distinct, unique fellowship – while we have a cooperative relationship with other fellowships, we are separate from them. Please do not discuss other 12 step fellowships in this group (i.e. AA, Celebrate Recovery, etc)
- 6) Please do not post videos of any kind.
- 7) Photos – clothing worn should be "meeting appropriate". We do not allow shirtless or overly revealing photos. We do not allow photos of children. These rules are in place to keep the group safe.
😬 When commenting on clean time photos, please refrain from using references to appearance. We also ask that you do not message and friend request fellow members without their consent. We encourage the men to stick with the men and the women to stick with the women when possible.
- 9) NA is a spiritual, but not religious program. We do not allow religious material in this group. Please keep sharing on spirituality general.
- 10) We do not allow links to other sites – this includes hashtags and links embedded in images, so as not to mislead our members and have them believe we are affiliated with outside enterprises.
- 11) We have a zero tolerance policy on bigotry, homophobia and sexism. [See less](#)

Facebook & Instagram

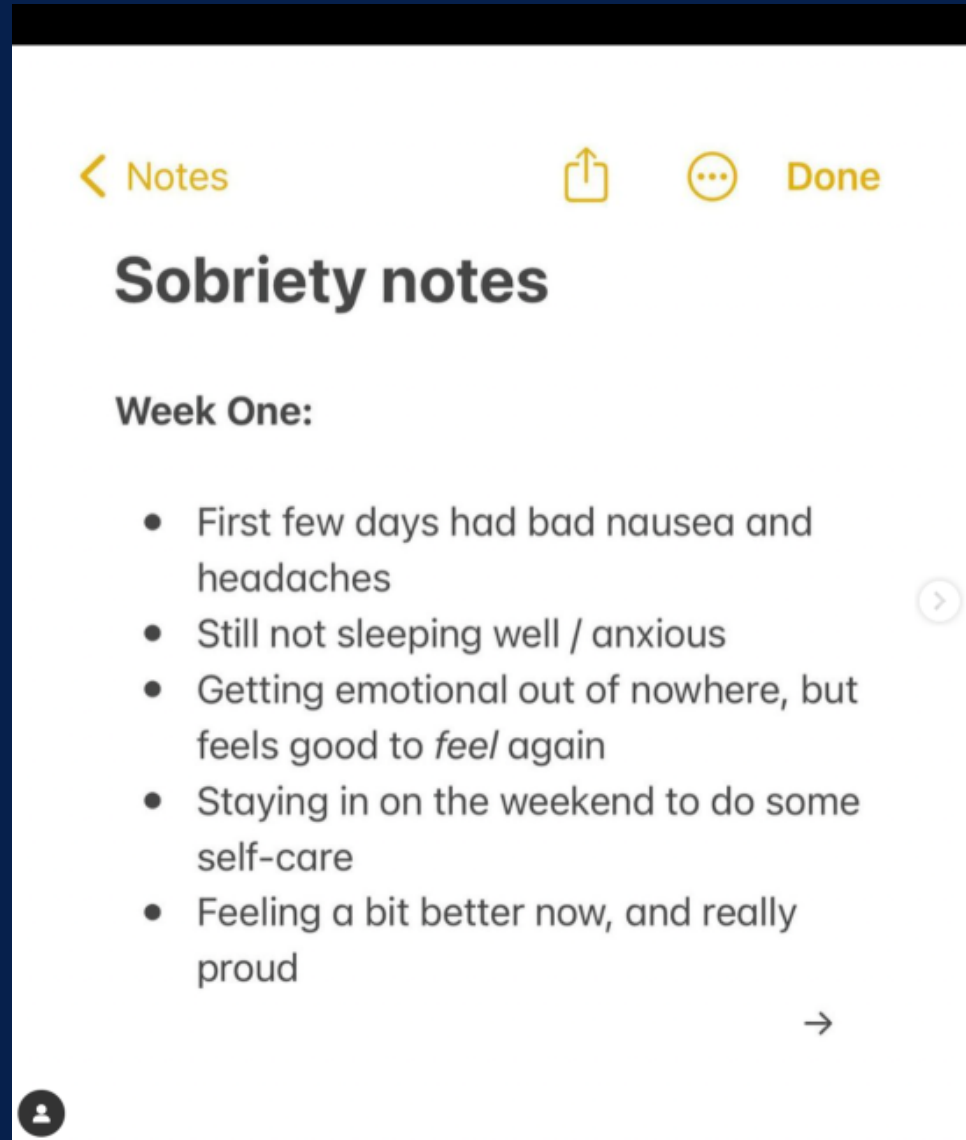
Instagram pages are created by organizations or individual ‘influencer’

- ◆ Each Instagram posts introduces a topic to followers
- ◆ Comments under each post create dialogue
- ◆ Most popular pages are public

Facebook & Instagram

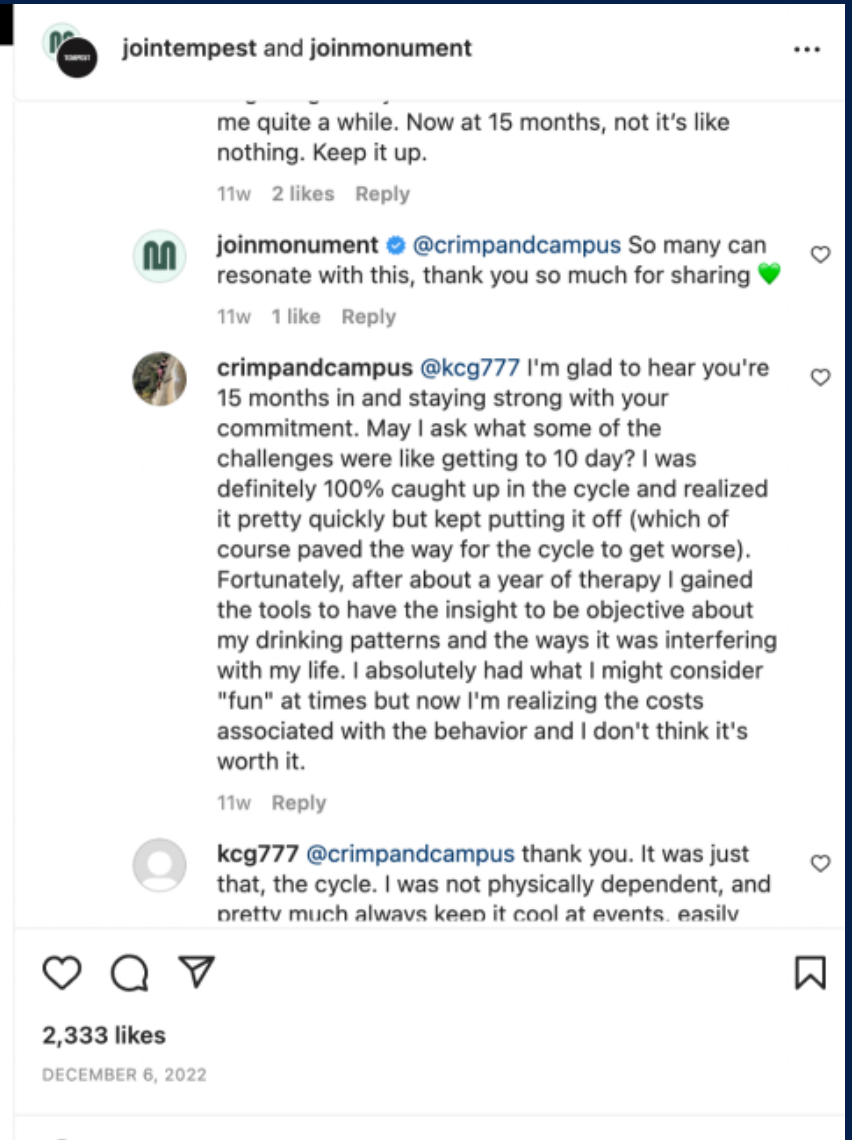


Facebook profile page for Holly Whitaker. The profile picture shows a woman with long hair. The bio reads: "Holly Whitaker | she/her/hers awkward person author newsletter sign up". A link "linktr.ee/holly" is provided. Below the bio, it says "Followed by helldrjoy, claramcgowan and 13 others". There are buttons for "Following", "Message", "Newsletters", and "Courses". At the bottom, there is a grid of featured content including a newsletter titled "#1 Being All Of It (and Welcome!)" and a book cover for "QUIT LIKE A WOMAN".



Instagram Notes for "Sobriety notes". The title is "Sobriety notes" and the content is "Week One:" followed by a bulleted list of experiences. The list includes: "First few days had bad nausea and headaches", "Still not sleeping well / anxious", "Getting emotional out of nowhere, but feels good to *feel* again", "Staying in on the weekend to do some self-care", and "Feeling a bit better now, and really proud". There are navigation icons for back, share, and done.

- First few days had bad nausea and headaches
- Still not sleeping well / anxious
- Getting emotional out of nowhere, but feels good to *feel* again
- Staying in on the weekend to do some self-care
- Feeling a bit better now, and really proud



Instagram post by jointempest and joinmonument. The post text reads: "me quite a while. Now at 15 months, not it's like nothing. Keep it up." The post has 2,333 likes and was posted on December 6, 2022. There are three comments from users joinmonument, crimpandcampus, and kcg777. The comments are: "So many can resonate with this, thank you so much for sharing", "I'm glad to hear you're 15 months in and staying strong with your commitment. May I ask what some of the challenges were like getting to 10 day? I was definitely 100% caught up in the cycle and realized it pretty quickly but kept putting it off (which of course paved the way for the cycle to get worse). Fortunately, after about a year of therapy I gained the tools to have the insight to be objective about my drinking patterns and the ways it was interfering with my life. I absolutely had what I might consider 'fun' at times but now I'm realizing the costs associated with the behavior and I don't think it's worth it.", and "thank you. It was just that, the cycle. I was not physically dependent, and prettv much always keep it cool at events. easily".

me quite a while. Now at 15 months, not it's like nothing. Keep it up.

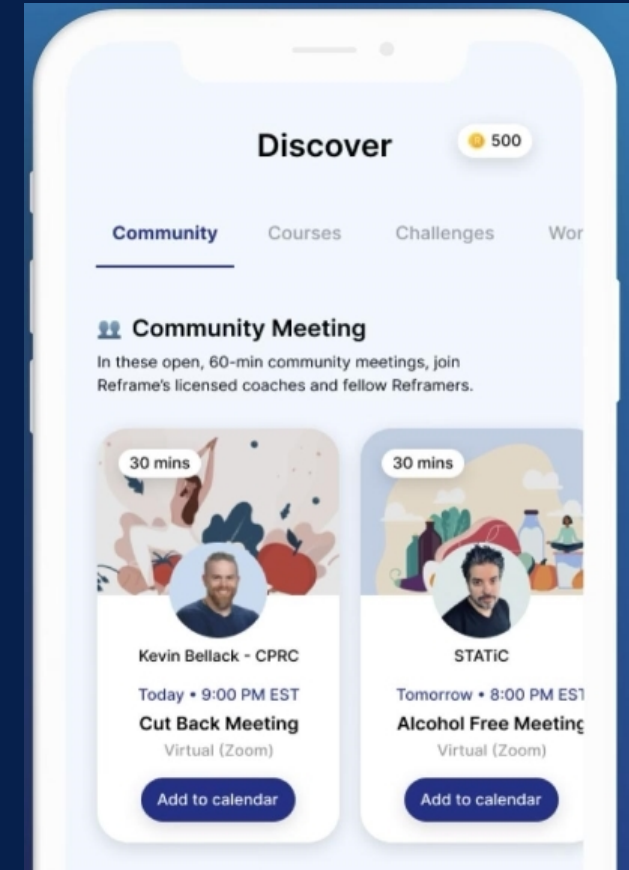
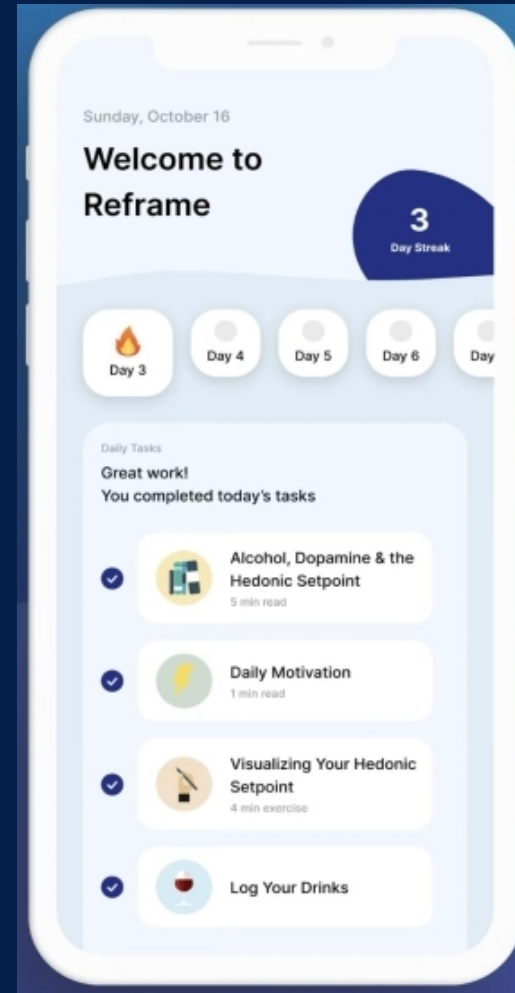
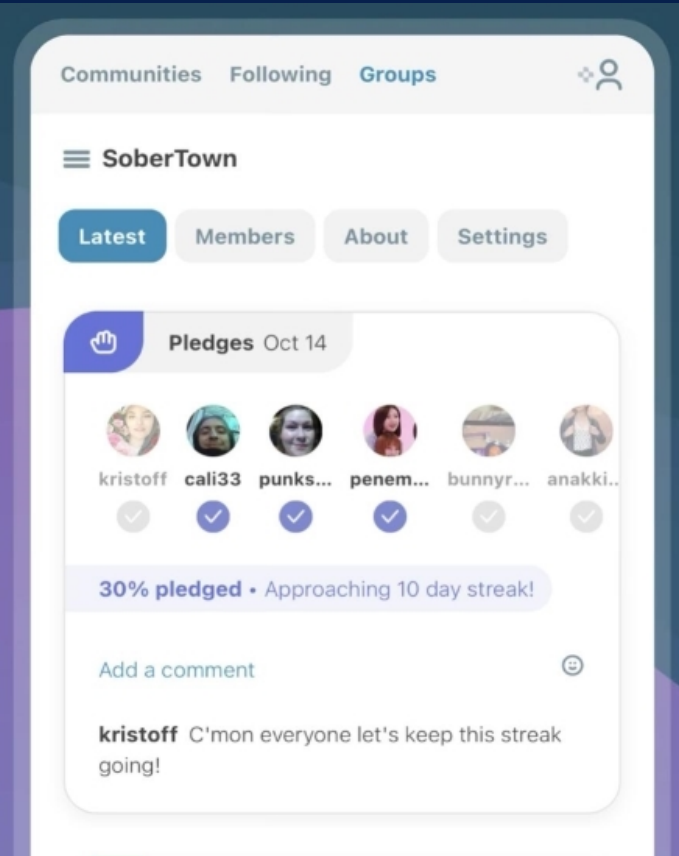
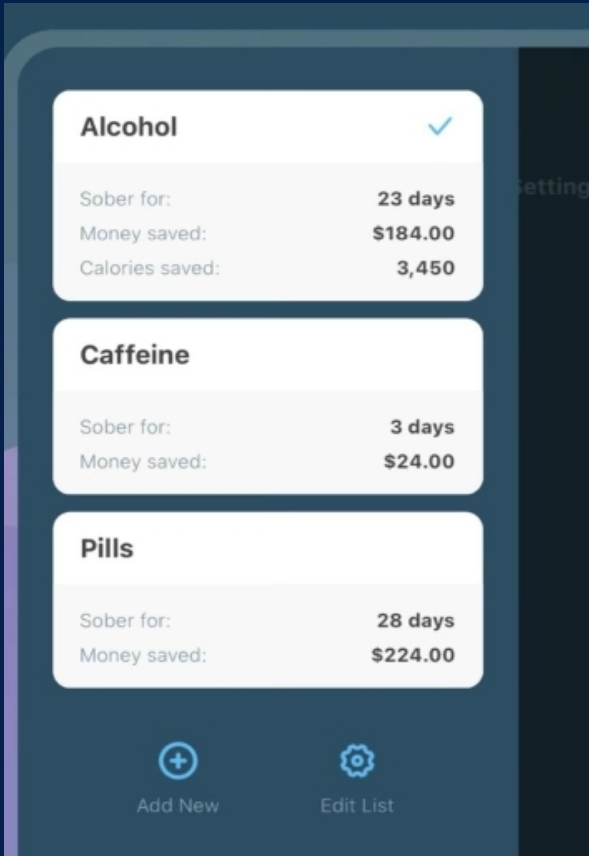
2,333 likes
DECEMBER 6, 2022

Phone Applications

Relapse prevention apps utilize smartphone technology

- ◆ habit tracking and motivational interviewing techniques
- ◆ regular notifications
- ◆ days of sobriety counter
- ◆ educational resources
 - ◆ including emergency contacts
- ◆ motivational posts
- ◆ community/chat forum

Phone Applications



BREAK OUT GROUPS

1. Break into **small groups**
2. All participants will receive a **Scavenger Hunt** list of questions
3. Each small group will be assigned a **platform**
4. Each small group will have **20 minutes** to look through their platform and answer as many questions as they can



Final Takeaways

our patients are already using social media and recovery apps – providers should be familiar with the risks and benefits:

- ◆ Social media and phone applications have huge potential to enhance addiction recovery:
 - ◆ community building & peer support
 - ◆ public health education
 - ◆ increasing access to medical knowledge and resources
 - ◆ habit tracking
- ◆ Social media and phone applications may increase substance use
 - ◆ triggering content
 - ◆ additional social pressure
 - ◆ disseminating dangerous advice
- ◆ more research needs to be conducted to further understand how to maximize benefits and limit risk

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Contact information



Corresponding author:

Amira Athanasios MD

Associate Chief Resident | PGY-3

Pronouns: she/her/hers

Department of Psychiatry

Hackensack Meridian Health

Jersey Shore University Medical Center

1945 NJ-33, Neptune, NJ 07753

Amira.Athanasios@hmhn.org