

Addictions and Their Treatment: An Evidence Based Approach

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Objectives

1. Define addiction and substance use disorder
2. Review related terminology
3. Summarize current trends in SUD epidemiology and delivery of treatment services
4. Examine Medication-Assisted Treatment (MAT) as an evidence-based treatment option for SUDs

First things first: what is addiction?

- A **chronic brain disease** that has the potential for both recurrence (relapse) and recovery (remission)
- Associated with **uncontrolled** or compulsive use of one or more substances
- The most severe form of **Substance Use Disorder (SUD)**

Okay, so what then is SUD?

- A **medical illness** caused by repeated misuse of a substance or substances
- Develops gradually over time
- Leads to **brain changes**

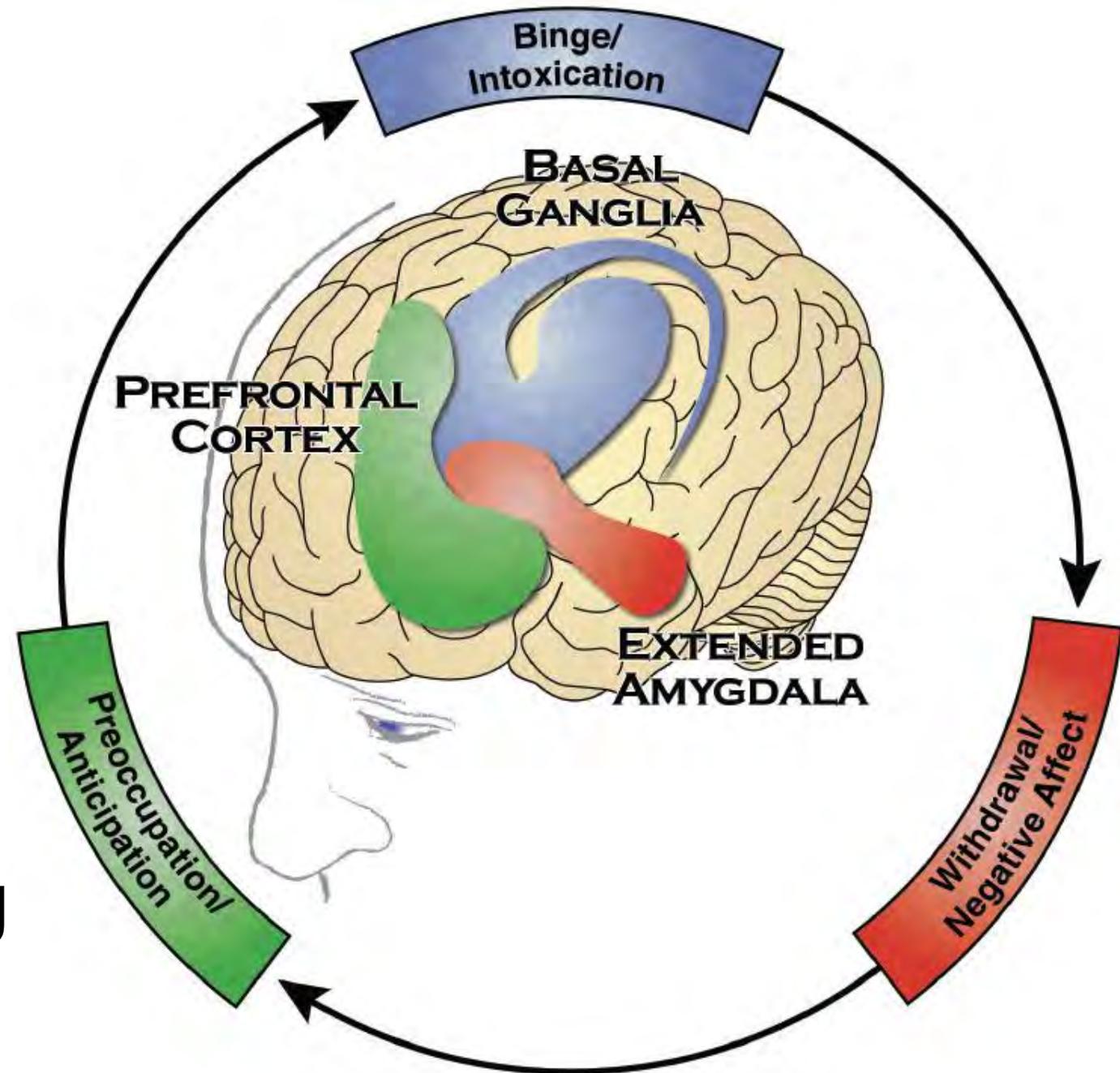
...and substance misuse?

- Use of any substance in a way that can cause harm to the individual or those around them

SUD-related **brain changes** result in impaired **executive function**

This causes problems with:

- **self control**
- **decision-making**



Continuum

**Substance
Use**

**Substance
Misuse**

**Substance
Use Disorder**

Addiction

Addiction: what is it not?

- ❖ Moral failing
- ❖ Character deficit
- ❖ Bad behavior
- ❖ Poor decision-making
- ❖ Voluntary choice



Society has **judged** substance use throughout time

Historic love-hate relationship with “**booze**” & “**dope**”

The Language of Addiction



The words we choose matter

SAY THIS

Substance Use Disorder
Substance Misuse
Substance Use
Addiction



NOT THAT

Substance Abuse
Replacement therapy
Alcoholic
Drug Abuser
Addict



Commonly used terms explicitly and implicitly convey that patients are at fault for their disease and influence perceptions and judgments¹

¹Botticelli et al. (2016)

Language impacts patient care

Health professionals generally have **negative attitudes** towards patients with SUDs¹

Attitudes and implicit bias repeatedly implicated as drivers of clinician behavior²

- ❖ More likely to **assign blame**
- ❖ Agree with need for **punishment**
- ❖ View a “substance abuser” **less deserving of treatment** than if same person is described as a “patient with a SUD”

Implicit bias in clinical practice

2016 study of ~300 MDs at a brand-name Boston hospital, looking at attitudes and clinical practices¹

- ❖ 38% felt that SUD is different from other chronic diseases because people who use drugs or alcohol are “making a choice”
- ❖ 14% felt that medication treatment using opioid-agonists is “simply replacing one addiction for another”
- ❖ 12% thought someone “using drugs is committing a crime and deserves to be punished”

Impact of bias is universal; it holds true even for highly-trained and experienced health professionals

How common are SUDs?



The infographic features a row of seven stylized human figures holding hands. The central figure is colored red, while the others are grey. To the right, the text '1 in 7 people' is displayed, with the word 'in' inside a red circle. Below this, the text 'will develop a substance use disorder at some point in their lives.' is written in a dark blue font. At the bottom left, the hashtag '#FacingAddiction' is visible in red.

1 in 7
people

will develop a substance use disorder
at some point in their lives.

#FacingAddiction

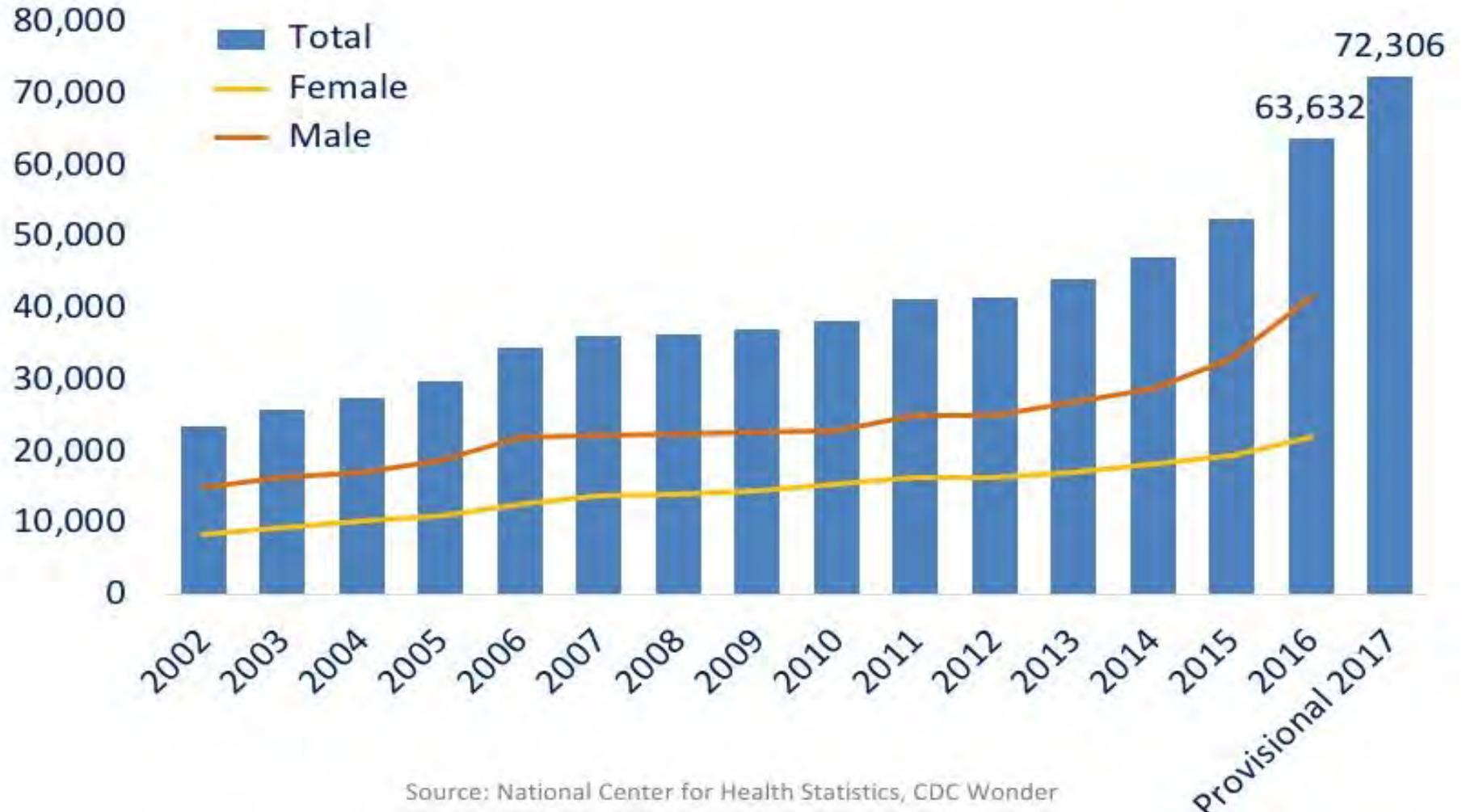
The human costs of untreated addiction

- **2015 CDC report: 52,404 people died** from drug overdose (63% involving opioids)¹
- **2016 CDC report: 64,000 people died** from drug overdose²
- **2017 CDC report: 72,000 people died** from drug overdose (49,000 involving opioids)³



National Overdose Deaths

Number of Deaths Involving All Drugs



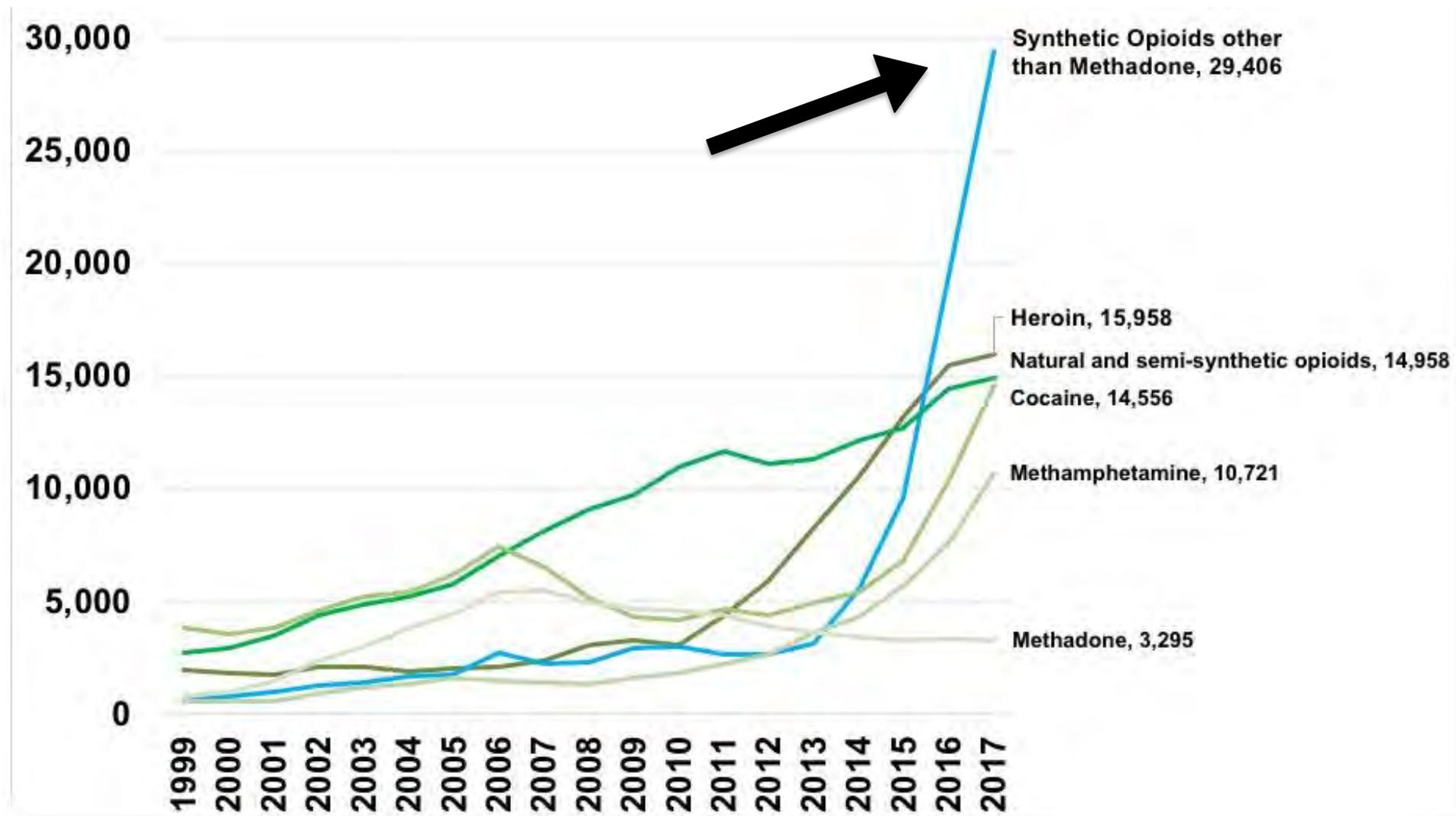
Source: National Center for Health Statistics, CDC Wonder

Scope
of the
problem

Drugs Involved in U.S. Overdose Deaths, 1999 to 2017

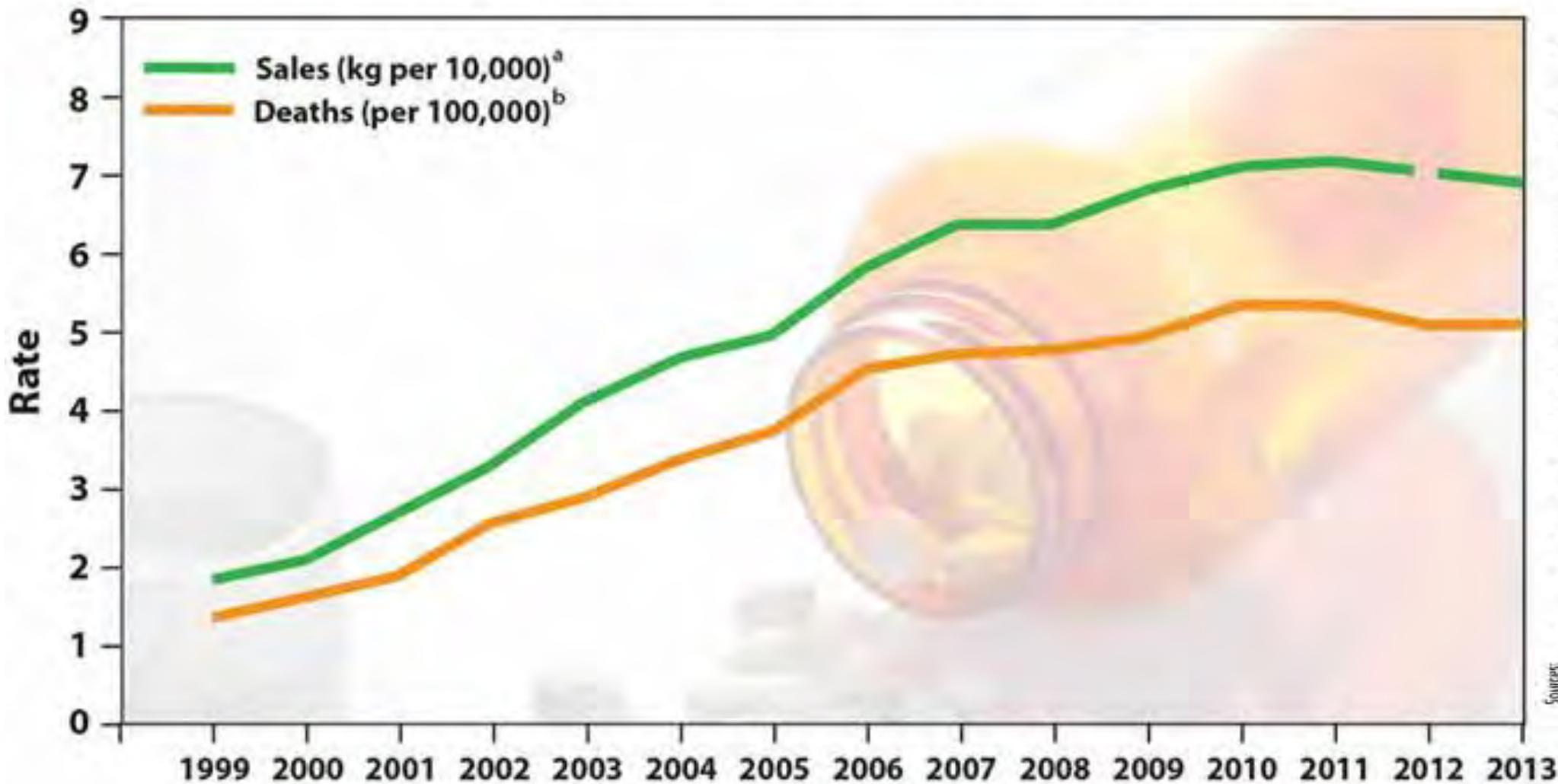
Among the more than **72,000** drug OD deaths estimated in **2017***, sharpest increase was among deaths related to **fentanyl** and its analogs (e.g. **carfentanil**) with nearly **30,000** OD deaths.

Source: CDC WONDER



The Scope of the Problem: Opioids

Prescription Painkiller Sales and Deaths



Sources:
^aAutomation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.
^bCenters for Disease Control and Prevention, National Vital Statistics System mortality data, 2015. Available from URL: <http://www.cdc.gov/nchs/data/hts.html>

The Opioid Epidemic

- **Everyday 91 people die** from opioid overdose (out of 175 daily overdose deaths)
- Since 2001 heroin use has increased **500%**



STUDY FOUND...

21% OF BCBS COMMERCIAL-INSURED MEMBERS FILLED AT LEAST ONE OPIOID PRESCRIPTION IN 2015

493% OPIOID USE DISORDER DIAGNOSES FROM 2010 THROUGH 2016
INCREASE

Opioid pain medication prescriptions

- In 2015, **Nebraska** prescribers wrote **72.8 opioid prescriptions per 100 persons** (1.4 million prescriptions).
- In the same year, the average **U.S. rate** was **70 opioid prescriptions per 100 persons**.

The costs of our attitudes...?



ONLY
1 in 10

people suffering from a substance use disorder receives any type of treatment.

THAT MEANS
90%

of people needing help are not getting it.



Population/Treatment Services	Nebraska	USA
% patients with past year drug-use disorder who did <u>NOT</u> receive treatment	88.8%	85.9%
% patients with past year alcohol use disorder who did <u>NOT</u> receive treatment	93.0%	92.7%

How would we react if only 10% of patients with cancer received treatment?

Traditional approach to addiction treatment



Treatment: traditional approach

- ❖ Based on historical idea that substance use disorder is an **acute** and **curable** condition
 - services are time-limited
 - priority is to remove access to the offending drug
 - abstinence is the only goal
 - e.g., inpatient **detox*** 3-5 days, 28-day **residential**
- * **withdrawal management** by itself is **NOT** an acceptable form of treatment → **90-93% return to substance use**

Self-help & peer recovery support

Alcoholics Anonymous (A.A.) and **Narcotics Anonymous (NA)** are abstinence-only peer support groups historically believed to be the mainstay of addictions treatment

HOWEVER

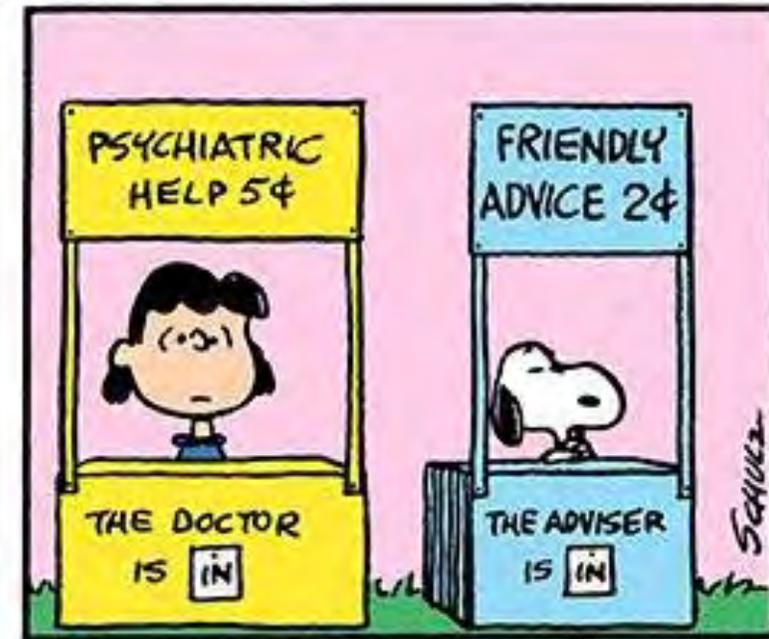
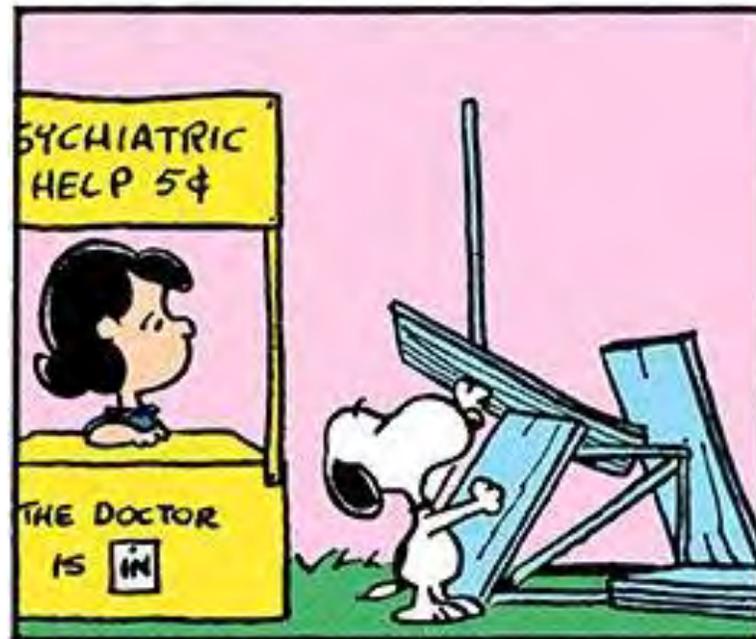
While some individuals may attain and maintain recovery through peer support alone, **12-step groups are NOT treatment** and are considered to be an important supplement to treatment

Co-occurring disorders: common and complex



- ❖ Highest rates of co-occurring SUD in patients with mood, anxiety and personality disorders – **if untreated, psychiatric illness often complicates recovery course of SUD**
- ❖ Prevalence varies from **41.2%² to 78%¹** across studies depending on the diagnostic criteria used and by study methodology

Redefining the treatment paradigm



Today's standard of care: evidence-based treatment

A service or **set of services** that may include:

- **medication**
- counseling and/or behavioral therapy
- other supportive services

Services are designed to enable an individual:

- to **reduce or eliminate** alcohol and/or other drug use
- address associated **physical or mental health problems**
- restore the patient to **maximum functional capacity**

MAT: an evidence-based treatment

Medication Assisted Treatment (MAT) is the use of medications in combination with psychosocial or behavioral therapies as part of an **individualized** approach to treatment of patients with SUDs

MAT is not one-size-fits-all

- ✓ Aim to address a patient's particular substance-use patterns and recovery-related goals
- ✓ Recovery need not include abstinence, though often does

MAT: what it is and what it's not

- ❖ Medication is only **ONE** part of treatment and it alone is insufficient for maintaining recovery
 - ✓ Helps restore balance to brain pathways caused by prolonged substance use
 - ✓ Most effective when used in conjunction with psychosocial interventions, including those provided in regular face-to-face visits with prescribing clinician
 - ✓ **Medication provides a platform to make 'real' treatment possible → to enact change**

FDA approved MAT agents

Opioid Use Disorder (OUD)

- ✓ **Buprenorphine** or buprenorphine/naloxone combo
 - Sublingual tablet or film
 - Subdermal implant (approved 2016)
 - Extended-release monthly injection (approved 2018)
- ✓ **Methadone** (oral)
- ✓ **Naltrexone** (oral, extended-release intramuscular injection)

Alcohol Use Disorder (AUD)

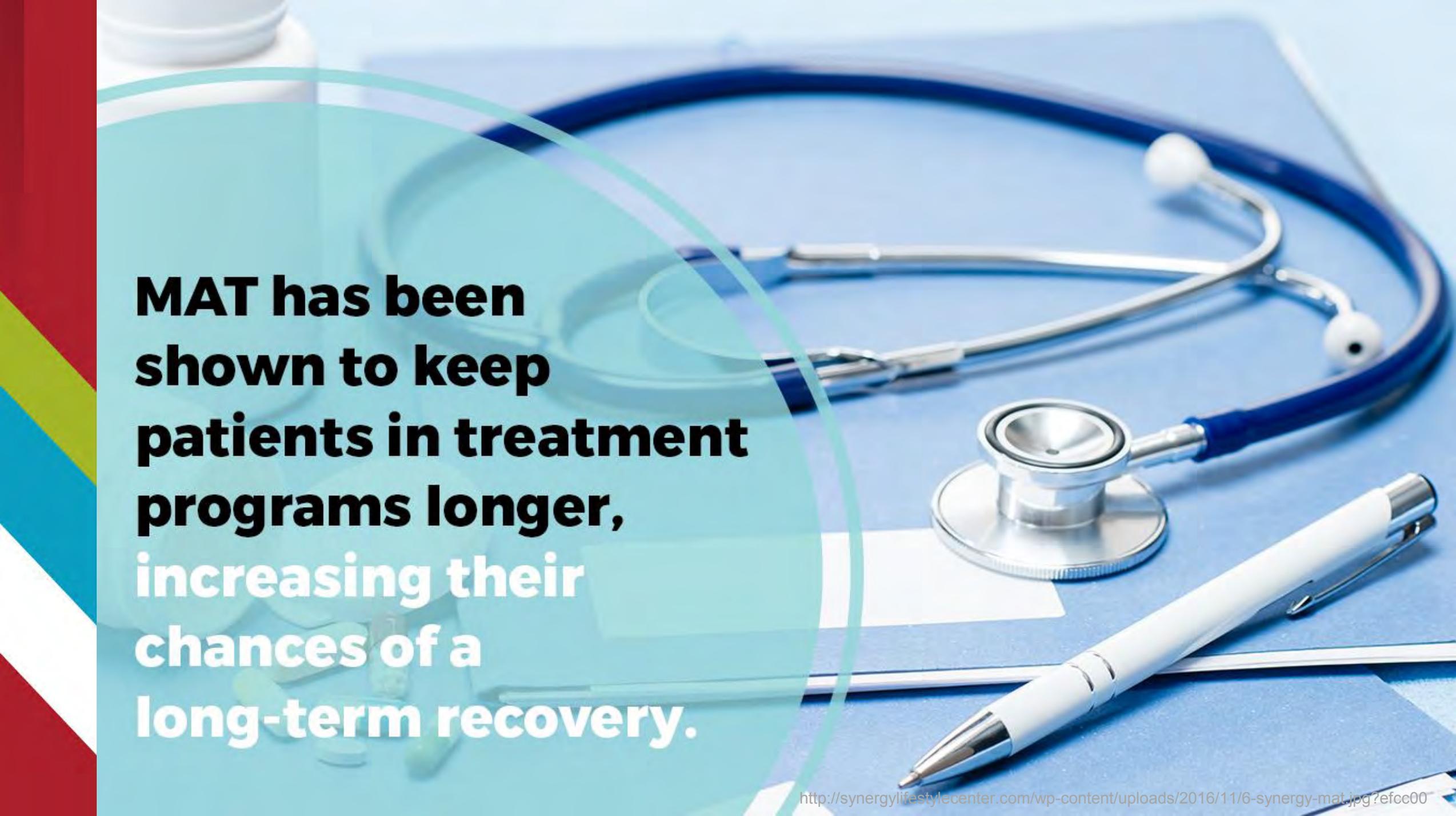
- ✓ Naltrexone (oral, extended-release intramuscular injection)
- ✓ Acamprosate
- ✓ Disulfiram

Federal Regulations of MAT agents

- ❖ **Methadone MAT** is only available through **strictly regulated, federally licensed clinics**
 - ❖ Can't be prescribed for addiction treatment outside of these certified treatment centers
- ❖ **Buprenorphine MAT** is approved for prescribing by MD/DOs and APRNs/PAs who have obtained a **DATA 2000 waiver**
 - ❖ Requires completion of clinician education; certain restrictions apply to the number of patients treated
- ❖ **Naltrexone MAT** **does not require any special license or extra education** and can be prescribed in the office
 - ❖ Not a controlled substance; just like any other medication but highly underutilized

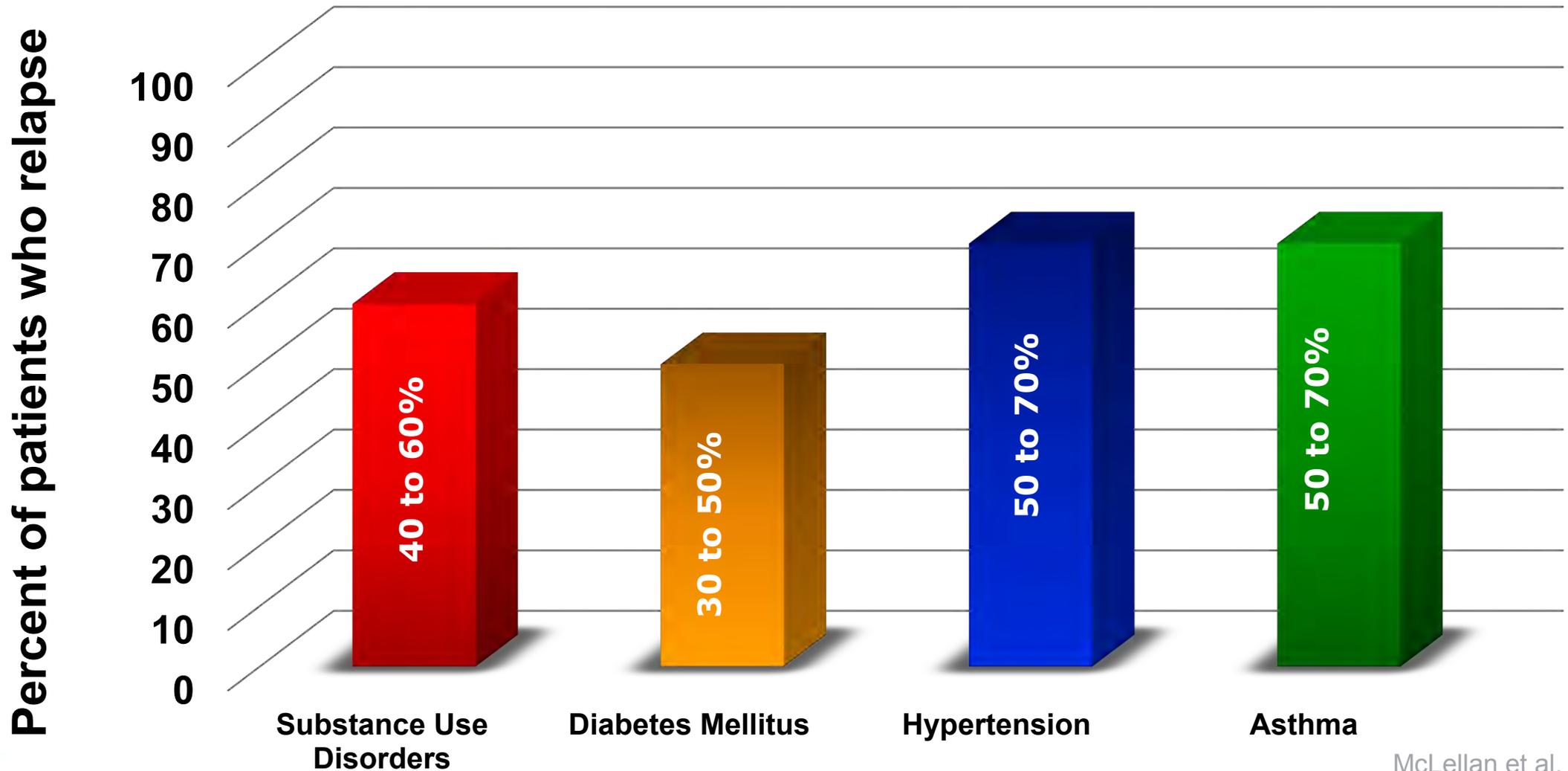
Prescription Drug Monitoring Program (PDMP)

- ❖ Prescription medication reporting and query program available to all prescribers and dispensers in Nebraska at no cost¹
- ❖ Initially reported schedule II - V prescriptions dispensed in or delivered to Nebraska; as of Jan 2018 includes all prescriptions
- ❖ Allows prescribers to determine if patients have been filling controlled medication prescriptions - safety/quality measure
 - Clinical scenario: Some patients receiving MAT for OUD may have consistently negative urine tests for addictive substances, yet PDMP records indicate recent receipt of opioid prescriptions
 - PDMP can also serve as a therapeutic tool for clinicians to raise concerns about diversion with patients receiving treatment²

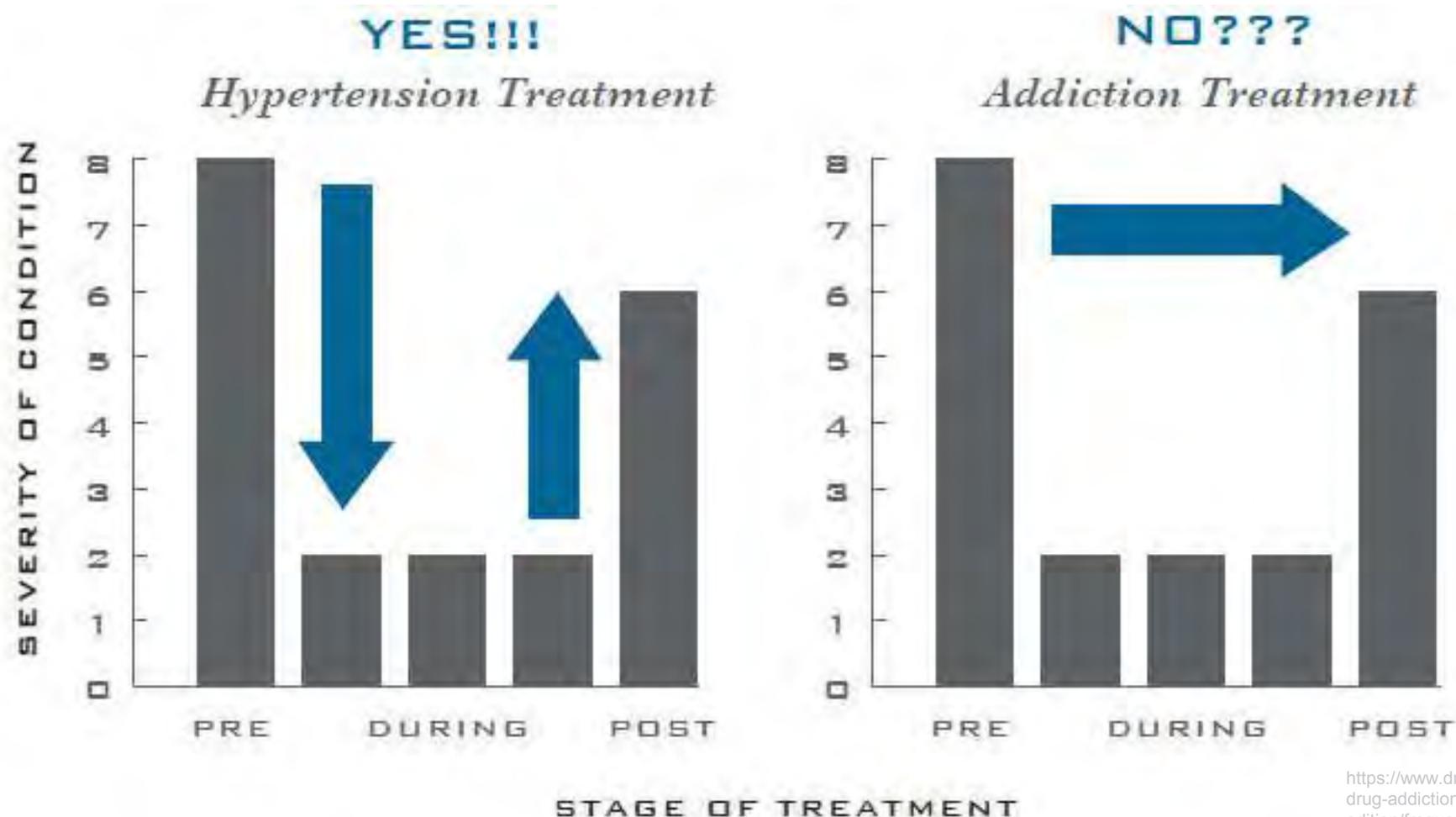
A photograph of medical supplies on a blue surface. A blue stethoscope is coiled in the upper right. A silver pen lies horizontally in the lower right. A white pen lies diagonally across the bottom. A white pill bottle is partially visible in the top left. A teal circular graphic is overlaid on the left side, containing text. The background is a light blue surface with some papers and pills scattered around.

MAT has been shown to keep patients in treatment programs longer, increasing their chances of a long-term recovery.

Treatment comparison with other chronic medical conditions



Why is addiction seen differently? Both require ongoing care



Evidence-based treatment using MAT is effective and cost-effective

- ❖ Medicaid enrollees receiving abstinence-only OUD treatment had 75% higher mortality than those on partial agonist maintenance¹
- ❖ Individuals on federal probation receiving opioid antagonist treatment had 50% lower rate of re-incarceration and 70% lower rate of illicit substance use compared to non-treated²
- ❖ Those engaged in outpatient MAT found to have 17%-27% lower odds of getting arrested since starting the treatment episode – even if there is previous criminal justice involvement³

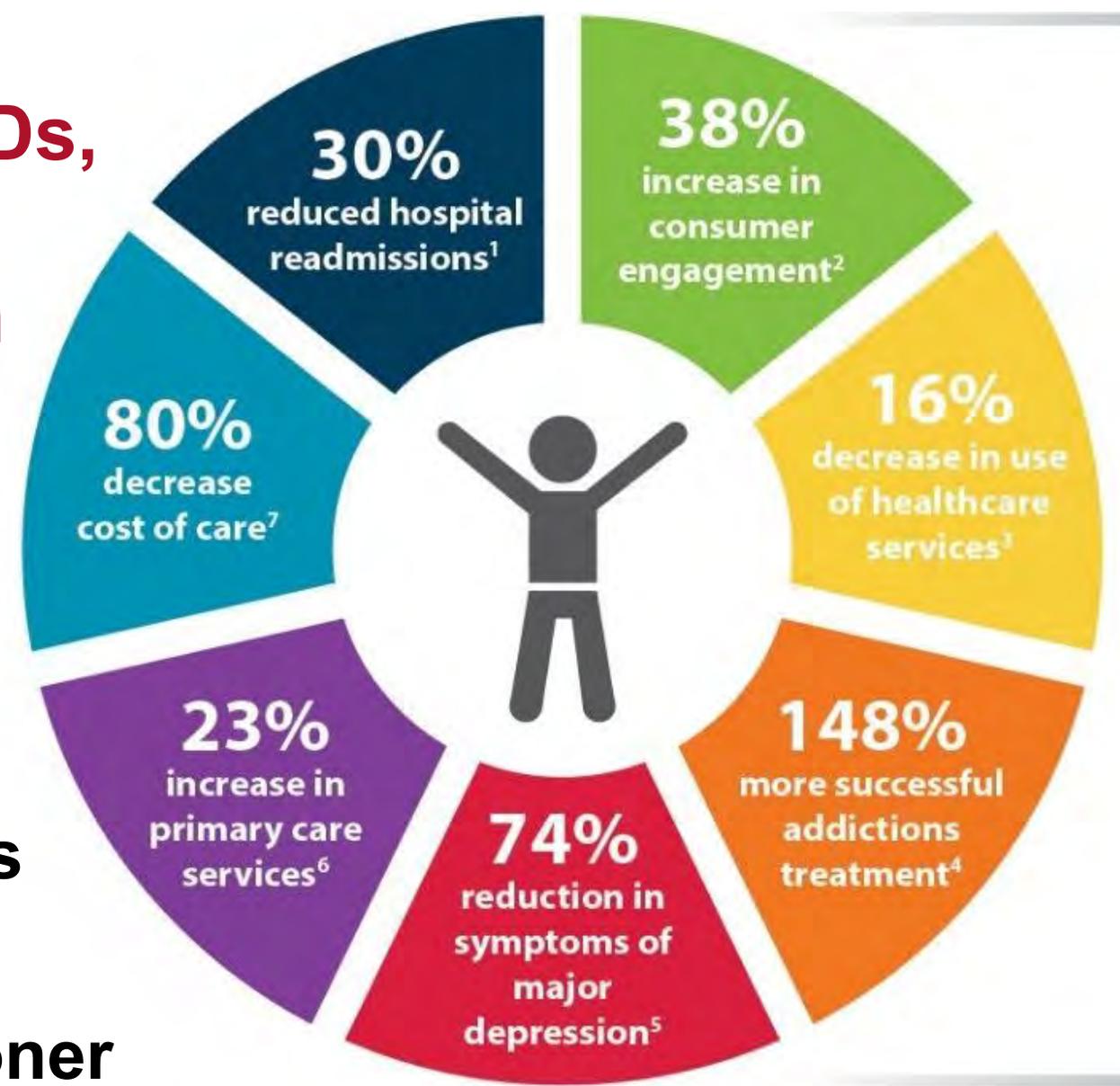
Health System & Societal Impact

- ❖ Substance misuse and substance use disorders **cost the U.S. \$442 billion each year** in healthcare costs, lost productivity and criminal justice costs¹
- ❖ Every **\$1 spent** on SUD treatment **saves \$4 in healthcare** expenditures and **\$7 in criminal justice** costs¹

¹Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health (2016)

Coordinated care for SUDs, psychiatric illness and general primary care can result in:

- Improved clinical and functional outcomes
- Increased care quality
- Reduced healthcare costs
- Enhanced patient satisfaction and practitioner morale



¹Source: New York State Office of Mental Health. ²Source: Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E). ³Source: Robert Wood Johnson Foundation. ⁴Source: Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E). ⁵Source: American Psychological Association. ⁶Source: Robert Wood Johnson Foundation. ⁷Source: Robert Wood Johnson Foundation

Thank you!

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Questions?



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