Alcohol Use Disorders

NAMI SWOH

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Disclosures

• NONE
Disclaimers

Many of the views expressed in this presentation are solely the speaker’s and do not necessarily represent:

- Lindner Center of HOPE
- University of Cincinnati
- American Board of Addiction Medicine
- American Society of Addiction Medicine
- Substance Abuse Mental Health Services Administration
Objectives

After this activity, each participant will have a better understanding of:

• Proper clinical terms describing alcohol use disorders (AUDs) and other substance use disorders (SUDs)
• Chronic Disease Model of AUDs and similarities to other chronic diseases like DM and asthma
• Medication-Assisted Treatment (MAT) for AUDs
• FDA approved evidenced based medications for AUDs
• Factors considered when formulating a treatment plan
Terminology

- Chronic Disease Model
- Derogatory language only perpetuates stigma
- Alcohol Use Disorder – mild, moderate or severe
  - Classification based on # of criteria
- Tolerance
- Withdrawal
- Dependence
- Addiction
# The Power of Language

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict</td>
<td>Pt with a substance use disorder</td>
</tr>
<tr>
<td>Addicted to _</td>
<td>Has a ___ use disorder</td>
</tr>
<tr>
<td>Addiction</td>
<td>Substance use disorder</td>
</tr>
<tr>
<td>Alcoholic</td>
<td>Pt with an alcohol use disorder</td>
</tr>
<tr>
<td>Clean</td>
<td>Neg; Free of illicit substances</td>
</tr>
<tr>
<td>Dirty</td>
<td>Pos; Active use</td>
</tr>
<tr>
<td>Drug habit</td>
<td>Substance use disorder</td>
</tr>
<tr>
<td>Drug Seeker</td>
<td>Relief seeking</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Alcoholic/Drunk</td>
<td>Pt/person with AUD</td>
</tr>
<tr>
<td>Clean/Sober</td>
<td>Abstinent</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Medication Asstd Treatment</td>
</tr>
<tr>
<td>Pain Seeker</td>
<td>Relief / Treatment Seeking</td>
</tr>
<tr>
<td>Recreational</td>
<td>Non-medical use</td>
</tr>
<tr>
<td>Reformed</td>
<td>In remission</td>
</tr>
<tr>
<td>Recovered</td>
<td>In remission</td>
</tr>
<tr>
<td>Alcohol Abuser</td>
<td>Pt/person with AUD</td>
</tr>
</tbody>
</table>

The Power of Language
Alcohol Use Disorder Criteria

11 total criteria

- Loss of control – 4 criteria
- Impairment – 3 criteria
- Risky/Dangerous Use – 2 criteria
- Physiologic – 2 criteria
- Severity based on number of criteria
  - Mild: 2-3
  - Moderate: 4-5
  - Severe: 6 or more
Alcohol Use Disorder Criteria

Loss of control

1. Alcohol taken in larger amounts or over a longer period than intended.
2. A persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time spent obtaining and using alcohol or recovering from its effects.
4. Craving or a strong desire or urge to use alcohol.
Alcohol Use Disorder Criteria

Loss of control questions

1. Had times when you ended up drinking more or longer than you intended?
2. More than once wanted to cut down or stop drinking, or tried to but couldn’t?
3. Spent a lot of time drinking? Or being sick or getting over other after effects?
4. Wanted a drink so badly you couldn’t think of anything else?
Alcohol Use Disorder Criteria

Impairment

5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational or recreational activities are given up or reduced because of alcohol use.
Alcohol Use Disorder Criteria

Impairment questions

5. Found that drinking or being sick from drinking often interfered with taking care of your home of family? Caused job troubles? Or school problems?
6. Continued to drink even though it was causing trouble with your family or friends?
7. Given up or cut back on activities that were important or interesting to you or gave you pleasure, in order to drink?
Alcohol Use Disorder Criteria

Risky/Dangerous use

8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use continued despite knowledge of having a persistent or recurrent physical or psychological problem likely caused or exacerbated by alcohol.
Alcohol Use Disorder Criteria

Risky/Dangerous use questions

8. More than once gotten in situations while or after drinking that increased chances of getting hurt? (e.g. driving, swimming, machinery, dangerous are, unprotected sex, etc.)

9. Continued to drink even though it caused depression or anxiety or another health problem? Or after a blackout?
Alcohol Use Disorder Criteria

Physiologic dependence (both criteria)

10. Tolerance as defined by:
   a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
   b. A markedly diminished effect with continued use of same amount of alcohol.

11. Withdrawal as manifested by:
   a. Characteristic withdrawal syndrome for alcohol.
   b. Alcohol or a closely related substance (e.g. benzo) taken to relieve or avoid withdrawal symptoms.
Alcohol Use Disorder Criteria

Physiologic dependence questions

10. Tolerance:
Had to drink much more than before to get effect you want? Or usual number drinks had much less effect than before?

11. Withdrawal:
Found when effects of alcohol wearing off, you had withdrawal symptoms like insomnia, tremulousness, restlessness, nausea, sweating, palpitations or a seizure? Or perceived things that were not there (hallucinations)?
### What's Your Drinking Pattern?

<table>
<thead>
<tr>
<th>Based on the following limits—number of drinks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>On any DAY—Never more than 4 (men) or 3 (women)</td>
</tr>
<tr>
<td>– and –</td>
</tr>
<tr>
<td>In a typical WEEK—No more than 14 (men) or 7 (women):</td>
</tr>
</tbody>
</table>

#### How Common is This Pattern?

<table>
<thead>
<tr>
<th>Percentage of U.S. adults aged 18 or older*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined prevalence of alcohol abuse and dependence</td>
</tr>
</tbody>
</table>

#### How Common Are Alcohol Disorders in Drinkers with This Pattern?

<table>
<thead>
<tr>
<th>Never exceed the daily or weekly limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2 out of 3 people in this group abstain or drink fewer than 12 drinks a year)</td>
</tr>
<tr>
<td>fewer than 1 in 100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exceed only the daily limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(More than 8 out of 10 in this group exceed the daily limit less than once a week)</td>
</tr>
<tr>
<td>1 in 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exceed both daily and weekly limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8 out of 10 in this group exceed the daily limit once a week or more)</td>
</tr>
<tr>
<td>almost 1 in 2</td>
</tr>
</tbody>
</table>
Alcohol Use in the United States

- Prevalence of Drinking:
  - In 2014, 87.6% of people ages 18 or older reported that they drank alcohol at some point in their lifetime.
  - 71.0% reported that they drank in the past year.
  - 56.9% reported that they drank in the past month.

- Prevalence of Binge Drinking and Heavy Drinking:
  - In 2014, 24.7% of people ages 18 or older reported that they engaged in binge drinking in the past month.
  - 6.7% reported that they engaged in heavy drinking in the past month.
Alcohol Use in the United States

• Adults (ages 18+):
  • 16.3 million adults ages 18 and older (6.8% of this age group) had AUD in 2014. Includes 10.6 million men (9.2% of men in this age group) and 5.7 million women (4.6% of women in this age group).
  • About 1.5 million adults received treatment for an AUD at a specialized facility in 2014 (8.9% of adults who needed treatment). Includes 1.1 million men (9.8% of men in need) and 431,000 women (7.4% of women who needed treatment).

Alcohol Facts and Statistics – NIAAA, January 2016
Alcohol Use in the United States

• Youth (ages 12–17):
  • In 2014, an estimated 679,000 adolescents ages 12–17 (2.7% of this age group) had an AUD.
  • This number includes 367,000 females (3.0% of females in this age group) and 311,000 males (2.5% of males in this age group).
  • An estimated 55,000 adolescents (18,000 males and 37,000 females) received treatment for an alcohol problem in a specialized facility in 2014.

Alcohol Facts and Statistics – NIAAA, January 2016
Alcohol-Related Deaths in the US

• Nearly 88,000 people (approximately 62,000 men and 26,000 women) die from alcohol-related causes annually, making alcohol the fourth leading preventable cause of death in the United States.

• In 2014, alcohol-impaired driving fatalities accounted for 9,967 deaths (31% of overall driving fatalities).

Alcohol Facts and Statistics – NIAAA, January 2016
Economic Burden in the United States

• In 2010, alcohol misuse problems cost the United States $249.0 billion

• Three-quarters of the total cost of alcohol misuse is related to binge drinking

Alcohol Facts and Statistics – NIAAA, January 2016
Alcohol and College Students in the US

Prevalence of Drinking in 2014:

• 59.8% of full-time college students ages 18–22 drank alcohol in the past month compared with 51.5% of other persons of the same age.

• 37.9% of college students ages 18–22 engaged in binge drinking (5 or more drinks on an occasion) in the past month compared with 33.5% of other persons of the same age.

• 12.2% of college students ages 18–22 engaged in heavy drinking (5 or more drinks on an occasion on 5 or more occasions per month) in the past month compared with 9.5% of other persons of the same age.

Alcohol Facts and Statistics – NIAAA, January 2016
Alcohol and College Students in the US

Consequences — Researchers estimate that each year:

- 1,825 college students between ages of 18 and 24 die from alcohol-related unintentional injuries, including motor-vehicle crashes.
- 696,000 students between the ages of 18 and 24 assaulted by another student who has been drinking.
- 97,000 students between the ages of 18 and 24 report alcohol-related sexual assault or date rape.
- Roughly 20% of college students meet the criteria for AUD.
- About 1 in 4 college students report academic consequences from drinking, including missing class, falling behind in class, doing poorly on exams or papers, and receiving lower grades overall.
Alcohol Use in the United States

Alcohol and Pregnancy:

- The prevalence of Fetal Alcohol Syndrome (FAS) in the United States was estimated by the Institute of Medicine in 1996 to be between 0.5 and 3.0 cases per 1,000.

- More recent reports from specific U.S. sites report the prevalence of FAS to be 2 to 7 cases per 1,000 and the prevalence of Fetal Alcohol Spectrum Disorders (FASD) to be as high as 20 to 50 cases per 1,000.

Alcohol Facts and Statistics – NIAAA, January 2016
Alcohol Use in the United States

Alcohol and the Human Body:

• In 2013, of the 72,559 liver disease deaths among individuals aged 12 and older, 45.8% involved alcohol.
• Males, 48.5% of the 46,568 liver disease deaths involved alcohol.
• Females, 41.8% of the 25,991 liver disease deaths involved alcohol.
• Among all cirrhosis deaths in 2011, 48.0% were alcohol related.
• The proportion of alcohol-related cirrhosis was highest (72.7%) among decedents ages 25–34, followed by decedents aged 35–44, at 70.3%.
• In 2009, alcohol-related liver disease was the primary cause of almost 1 in 3 liver transplants in the United States.
• Drinking alcohol increases the risk of cancers of the mouth, esophagus, pharynx, larynx, liver, and breast.

Alcohol Facts and Statistics – NIAAA, January 2016
Natural Course of AUD

- Study course of male alcohol abuse from age 20 to age 70–80 years.
- A prospective multi-disciplinary follow-up of two community cohorts of adolescent males from 1940 until the present.
- 268 former Harvard undergraduates (college sample) and 456 non-delinquent, socially disadvantaged Boston adolescents (core city sample).
- Cohorts followed since adolescence by repeated interview, questionnaires and physical examination. The college cohort has been followed until age 80 and the younger core city cohort until age 70. At some point during their lives, 54 (20%) of the college men and 140 (31%) of the core city men met criteria for alcohol abuse. Outcome categories were mortality, continued alcohol abuse and stable remission.
- These socially divergent cohorts resembled each other in four respects.
  - First, by age 70 chronic alcohol dependence rare; due both to death and to stable abstinence.
  - By age 70, 54% of the 72 successfully followed alcohol-dependent core city men had died, 32% were abstinent, 1% were controlled drinkers and only 12% were known to be still abusing alcohol.
  - By age 70, 58% of the 19 successfully followed college alcohol-dependent men had died, 21% were abstinent, 10.5% were controlled drinkers and only 10.5% were known to be still abusing alcohol.
  - Secondly, in both samples alcohol abuse could persist for decades without remission, death or progression to dependence.
  - Thirdly, among both samples prior alcohol dependence and AA attendance were the two best predictors of sustained abstinence.
  - Fourthly, few life-time symptoms of alcohol abuse were best predictor of sustained return to controlled drinking.

Vaillant, George E, A 60-year follow-up of alcoholic men, Addiction, 2003, 98, pp. 1043–1051
Methadone 40 year follow up
Take a Deep Breath
Chronic Model of Disease

• Role of genetics
  • Pharmacodynamics / Pharmacokinetics

• Risk factors
  • #1 – Family hx
  • Childhood / other trauma
  • Co-occurring disorders
  • TBI
  • Early / childhood use
Low frequency genetic variants in the mu-opioid receptor (OPRM1) affect risk for addiction to heroin and cocaine

Toni-Kim Clarke\(^a\), Richard C. Crist\(^a\), Kyle M. Kampman\(^b\), Charles A. Dackis\(^b\), Helen M. Pettinati\(^b\), Charles P. O’Brien\(^b\), David W. Oslin\(^b,c\), Thomas N. Ferraro\(^a\), Falk W. Lohoff\(^a\), and Wade H. Berrettini\(^a\)

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\(^c\)VA Medical Center, Philadelphia, Pennsylvania, USA
Single Nucleotide Polymorphism
Low frequency genetic variants in the mu-opioid receptor (OPRM1) affect risk for addiction to heroin and cocaine.
Low frequency genetic variants in the mu-opioid receptor (*OPRM1*) affect risk for addiction to heroin and cocaine.

“Results revealed an *association* between (SNP) rs62638690 and cocaine and heroin addiction in European Americans.”
Chronic Model of Disease

Table 1

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paternal alcoholic twin</td>
<td>Paternal nonalc. with</td>
<td>Paternal nonalc. with</td>
<td>Both twins nonalc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MZ alc. co-twin</td>
<td>DZ alc. co-twin</td>
<td></td>
</tr>
<tr>
<td>Offspring genetic risk</td>
<td>High</td>
<td>High</td>
<td>Moderate</td>
<td>Low</td>
</tr>
<tr>
<td>Offspring environmental risk</td>
<td>High</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>


J Haber, T Jacob, AC Heath, Paternal alcoholism and offspring conduct disorder: Evidence for the 'common genes' hypothesis, Twin Research and Human Genetics, April 2005, Vol 8, No 2, pp. 120–131
Figure 1
Percent offspring with two or more conduct disorder symptoms by group.
Note elevation of groups 1 and 2.

J Haber, T Jacob, AC Heath, Paternal alcoholism and offspring conduct disorder: Evidence for the 'common genes' hypothesis, Twin Research and Human Genetics, April 2005, Vol 8, No 2, pp. 120–131
Chronic Model of Disease

• Trauma
  • Not necessary for development of AUD/SUD
  • Does increase risk
• Without adequate treatment
  • No major or lasting headway can be made with AUD
• Makes treatment of trauma absolutely essential
• Must be integrated into treatment
  • CBT, Trauma Groups, Seeking Safety, etc.
DOCTOR'S LIFE BECOMES MOVIE
DR. OMALU PLAYED BY WILL SMITH
Traumatic Brain Injury

- Caused by sudden blow or jolt to head
- Accident, blast, fall, fight
- Does not require direct contact to head
- Brain injury resulting in symptoms
- Loss or alteration of consciousness
- Post-traumatic amnesia
- Neurologic deficit
- Longer duration symptoms = more severe injury
Chronic Model of Disease

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol are 2x more likely
- Marijuana are 3x more likely
- Cocaine are 15x more likely
- Rx Opioid Painkillers are 40x more likely

...more likely to be addicted to heroin.

Isn’t It Funny?

You are a newly diagnosed with DM. Your MD has Rx a medication regimen for you. Also met with a DM educator and nutritionist. MD is expecting you to improve your blood sugars.

You are going to see him again in about 6 weeks.
Isn’t It Funny?

Its 6 weeks later and you’re back at MDs office. Apprehensive, blood sugar log not too good. MD reviews it and says: (pick only one)

A. “I know it’s tough, but you can do it.”
B. “What do you think you could improve upon?”
C. “Were my instructions not clear enough?”
D. “Get out of my clinic!”, firing you from practice.
Chronic Disease Model

Percentage of Patients Who Relapse

- **TYPE I DIABETES**: 30 to 50%
- **DRUG ADDICTION**: 40 to 60%
- **HYPERTENSION**: 50 to 70%
- **ASTHMA**: 50 to 70%

Relapse rates for drug-addicted patients are compared with those suffering from diabetes, hypertension, and asthma. Relapse is common and similar across these illnesses (as is adherence to medication). Thus, drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention.

Questions

• (For discussion: Addiction ~ Substance Use Disorder)
• What must be present to have dependence?
• Aren’t dependence and addiction the same?
• Is it possible to have dependence w/o addiction?
• To have addiction without dependence?
• What about tolerance & withdrawal?
Answers

• Tolerance
  • Same amount of substance insufficient
  • Greater amount to achieve previous effect

• Withdrawal
  • Characteristic sequelae after discontinuation
  • Typically opposite effects of substance activity
    • Classic examples: alcohol & opioids
    • Atypical example: cannabis
  • Using similar substance to relieve symptoms
Answers

- In order to have dependence:
  - MUST have both tolerance AND withdrawal
  - Physiologic symptomatology
- So it IS possible to have dependence WITHOUT ‘Addiction’ / Substance Use Disorder
  - Examples: caffeine; hospice & chronic pain pts
- So what makes the difference between having only dependence but not an ‘addiction’?
Answers

• The LOSS OF CONTROL & Aberrant Behavior

• So
Dependence ≠ ‘Addiction’/Substance Use DisO

• BUT
Dependence + Aberrant Behavior = SUD
Isn’t It Funny?

- Caffeine
- Clonidine
- Anorexia and Bulimia
- UDS
Isn’t It Funny?

After months of diet and exercise without any wt loss, PC MD refers you for bariatric surgery. You make an appt with surgeon. At appt he says:

A. “I’d like for you to get medical clearance first.”
B. “Before surgery, you need to lose 100 lbs.”
C. “We should get a cardiac evaluation first.”
D. “How’s your mood? Surgeries can be trying.”
Isn’t It Funny?

You have cancer and have just completed chemotherapy. It appears you didn’t respond. You’re oncologist says:

A. “Let’s repeat chemo and see what happens.”
B. “There are other agents we can try.”
C. “Let’s get some input from surgical oncology.”
D. “I’m sending you to LLUMC for proton therapy.”
Detox & “Drug-free” Approach

• Traditional model
• Detox without subsequent medication support
  • Effective for small subgroup: high motivation & stable
    (Flynn et al., 2003; Van den Brink and Hassen, 2006)
• Otherwise without medications
  • Up to 90% of detox’d pts relapse in first 1-2 mos
    (Weiss et al., 2011; Smyth et al. 2010)
  • Of those relapse – some will die of OD
    (Kakko et al., 2003)
Detox & “Drug-free” Approach

How many times should you go to rehab?

- Reasons given for failure:
  - ‘You weren’t ready yet’
  - ‘You didn’t take it seriously enough’
  - ‘You didn’t engage in treatment’
  - ‘You hadn’t hit rock bottom’
  - ‘You really didn’t want it’

- In what other life aspect would you repeat?
- Could it be the treatment was insufficient?
- What’s the definition of insanity?
FDA Approved Medications for AUD

• Acamprosate calcium is indicated for maintenance of abstinence from alcohol in patients dependent on alcohol who are abstinent at treatment initiation.
• Disulfiram is an aid in the management of selected patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage.
• Oral naltrexone (naltrexone hydrochloride tablet) is indicated for the treatment of alcohol dependence.
• Extended-release injectable naltrexone is indicated for the treatment of alcohol dependence in patients who have been able to abstain from alcohol in an outpatient setting.

Medication for the Treatment of Alcohol Use Disorder: A Brief Guide
SAMHSA, 2015
Developing a Treatment Plan
Selecting a Medication

Components of the Treatment Plan

• Steps to achieve the patient’s goal should be outlined in a treatment plan, which should be developed in consultation with the patient and address the following points:
  • Medication and therapies to be employed and their rationale for use
  • Schedules for follow-up office visits and laboratory testing to monitor patient’s progress and health status
  • Reasons for participation in mutual-help groups
  • Involvement of family or significant others in treatment
  • Plan for treating co-occurring medical or psychiatric conditions and other substance use disorders, including smoking
  • Criteria for discontinuing medication or other therapies
  • Referring the patient for a higher level of care, if indicated
MAT & Some Self-help Groups

- Misconception of “not really ‘sober’”
- Fear of criticism or ostracization
- Hide MAT status
- Stop participating or even attending
- Premature taper from MAT
Truth About AA and MAT
Detox & “Drug-free” Approach

What is not widely known is that Dr. Dole was on the board of AA and was a friend of its founder Bill Wilson. Wilson had a great deal of respect for Dole’s development of methadone treatment for heroin addiction.

Wilson was not against the use of effective medications such as methadone to treat people with addiction. He realized that many alcoholics did not respond to AA, dropped out or did not enter the program only to disintegrate or die from the disease. He asked Dole to create a methadone for alcoholism. This encouraged Dole towards the end of his career to conduct alcoholism studies in his laboratory. However, he was unable to find an analogue of alcohol which could be used as a medication.
Detox & “Drug-free” Approach

That the founder of AA, Bill Wilson, accepted methadone as a legitimate medication is in direct contrast to the philosophy of 12 step programs based on AA concepts such as therapeutic communities, Narcotics Anonymous, and local AA groups. Methadone patients have never been allowed to fully participate in 12 step programs or until recently to enter treatment in therapeutic communities since methadone is considered a mood altering drug akin to heroin.
Self-help / Mutual aid

- SMART Recovery / REBT is an effective but under utilized alternative to AA/12-step
- Opioid ODs continue to rise with repetition of ineffective treatments and failed policies
  - Remain significant cause of preventable deaths
- Rehab businesses, public and policy makers cling to ‘irrational beliefs’ about OUD
  - Increases stigma thus increases barriers to effective treatment
  - Simple detoxification is NOT effective in pts with SEVERE OUD
  - Interdiction efforts have failed and continue to fail
- Much confusion, misinformation RE: MAT
- When used as part of multi-modal treatment MAT is effective EB treatment
- Risk Minimized / Safe treatment↑ when
  - In context of therapeutic alliance
  - Monitored closely
  - Managed carefully
  - Dosed judiciously
Isn’t It Funny?

As part of his bucket list, after several failed attempts, a dear friend of yours has recently summited Mount Everest. Since his return, he has been promoting himself as a guide for Mount Everest climbs. Despite having summited just once, given his “experience”, your friend describes himself as “an expert guide, having made the climb myself”. People have been signing up for this next expedition. Your next step is:

A. Recommend this expedition to friends and family
B. Encourage him to further his skill and experience first
C. Suggest he honestly ask himself if his plans are realistic/safe
D. Report him immediately to the appropriate regulatory body
Take a Deep Breath
Role of MAT

• Dominant model remains detox
• Detox w/o subsequent pharmacologic support
  • Decades of evidence show lack of effectiveness
  • (What’s the definition of insanity?)
• Rx to prevent relapse not offered s/p detox
• Treatment goal
  • Misplaced emphasis on becoming “drug-free”
  • No consideration of risk reduction
Detox & “Drug-free” Approach

- Traditional model
- Detox without subsequent medication support
  - Effective for small subgroup: high motivation & stable (Flynn et al., 2003; Van den Brink and Hassen, 2006)
- Otherwise without medications
  - Up to 90% of detox’d pts relapse in first 1-2 mos (Weiss et al., 2011; Smyth et al. 2010)
  - Of those relapse – some will die of OD (Kakko et al., 2003)
Isn’t It Funny?

You are a pt in a hospital acutely admitted for insert name of deadly condition. Your hospitalist has started a plan of treatment and your are responding. Then CFO comes in and announces that you are being discharged home. You:

A. Start packing your bags to leave.
B. Ask the hospitalist to intervene.
C. Call the pt advocate.
D. Contact a local news team about “an injustice”.

Disparate Treatment

• Compliance comparable to other chronic dz’s
  • DM1, Asthma, HTN
• Requirements for treatment
• Consequences of non-compliance
  • CHF, COPD
• Grounds for dismissal
Disparate Treatment

Imagine for a moment……

- In the ED in atrial fibrillation
- In the OR with severe coronary artery disease
- In the ICU with COPD exacerbation
- On the medical floor with CHF exacerbation
- On the phone for pre-auth for insulin
Chronic Disease Model

Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses

- Drug Addiction: 40 to 60%
- Type I Diabetes: 30 to 50%
- Hypertension: 50 to 70%
- Asthma: 50 to 70%
Disparate Treatment

- SUD’s are the only conditions in which:
  - Pt’s are expected to improve their conditions before being accepted into treatment
  - Non-compliance / lapse are grounds for dismissal
  - Withholding known life saving treatment considered
  - Known life saving treatment withheld or rationed
  - Active disease considered to be a crime problem
  - Pt’s expected to discontinue known effective Rx
  - No/limited insurance coverage for effective treatment
Choice? Free will?

• Coercion:
  • The practice of persuading someone to do something by using force or threats.

• Entrapment:
  • The practice of inducing a person to perform an act that the person would have otherwise been unlikely to commit.

Wikipedia free dictionary
Success Stories

• We don’t hear about them
• When properly treated
• Evidenced Based multi-modal therapies
• In context of therapeutic alliance
• – such pts practically

INDISTINGUASHABLE from general population
References


References

Ohio Department of Health, Unintentional Drug Overdose Death Rates for Ohio Residents by County, 2008-2013.

Ohio Department of Health, 2013 Ohio Drug Overdose Data.


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SAMHSA, Center for Behavioral Health Statistics & Quality, National Survey of Substance Abuse Treatment Services, 2009-13.


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References


Our Most Basic Role - To BELIEVE in our patients….. on THEIR behalf!

René Magritte – *La Clairvoyance* (1936)
OAT Pts Occupations / Fields of Employment

- Teacher
- Electrician
- Plumber
- Social Worker
- Psychologist
- Chauffer
- Drug Counselor
- Computer/IT Tech
- Accountant
- Retail Manager

- Home Security Systems
- Restaurateur
- Fish Dept Manager
- Movie Editor
- PhD Student
- HVAC Tech
- School Principal
- Artist
- Advertising VP
OAT Pts Occupations / Fields of Employment

- Bus Driver*
- Sanitation Driver*
- Con Ed Utility*
- Subway Signal*
- Sales
- Secretarial
- Administrator
- Piano Teacher
- Elevator Repair
- Lawyer

- Physician
- Landscaper
- Car Sales/Repair
- Videographer
- Heavy Equipment
- Contractor
- Entrepreneur
- Musician
- Nurse
- * Safety Sensitive – Employer Aware
Disparate Treatment

“A methadone patient is monitored more closely than a convicted pedophile.”

- Clifford Q Cabansag, MD, 3/2016
Methadone Research Web Guide

December 2006
Role of MAT

- First few weeks s/p detox
  - Highest risk of OD and death
- To pts who want to stop using illicit opioids
  - Imperative to provide agonist or antagonist Rx
- Pts who choose agonist treatment
  - Methadone without withdrawal
  - BUP with at least minimal withdrawal
- Harm reduction – decreases in:
  - High risk behavior
  - Needle use
  - Life chaos