ADDICTION

When one cookie is never enough

Addiction and The Opioid Crisis

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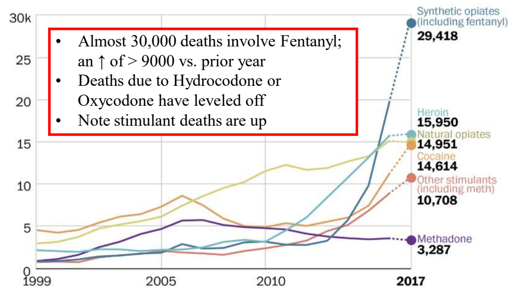
Objectives

1. Describe the ethical imperative of emergency physicians relative to addiction
2. List ways in which Dr. Kleinschmidt has been wrong about addiction in his career
3. Discuss when any emergency physician can use a buprenorphine product

Synthetic opiate deaths continue to surge

Annual overdose deaths involving selected drugs



Note: 2017 figures are provisional. Many overdose deaths involve multiple drugs.
Source: Centers for Disease Control and Prevention

WAPO.ST/WONK

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

NCHS Data Visualization Pilot

NCHS Data Visualization Gallery

…Visualizing the Nation's Health

Drug Poisoning Mortality: United States, 2002–2014

Posted on January 19, 2016 by NCHS

- Deaths are classified using ICD–10. Drug-poisoning deaths are defined as having ICD–10 underlying cause-of-death codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), or Y10–Y14 (undetermined intent).
- Estimates are based on the National Vital Statistics System multiple cause-of-death mortality files.

http://blogs.cdc.gov/nchs-data-visualization/drug-poisoning-mortality/

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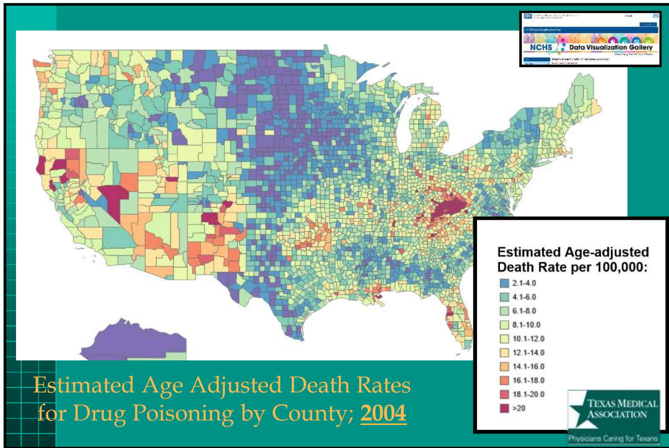
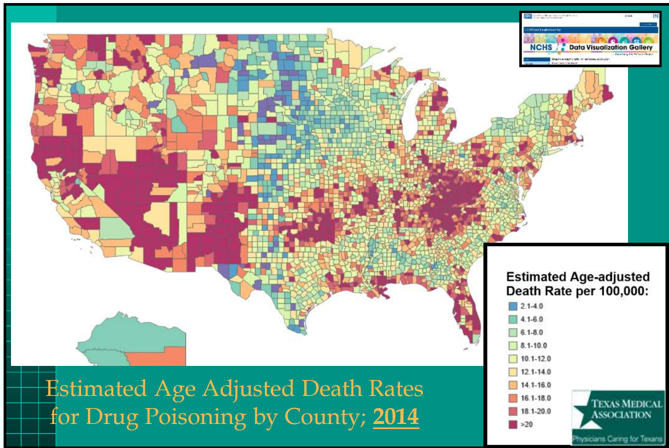




EM and Addiction

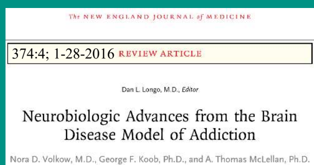
- Learn early in your career about addiction so you won't be wrong about patients with addiction…like Dr. Kleinschmidt has been.
- Important since a misunderstanding can result in less than quality care of these patients

Way #1

It's Willpower; "Why don't you just stop?"

Willpower vs. Brain Disease?

What makes addiction "stick"?


The NEW ENGLAND JOURNAL of MEDICINE

374:4; 1-28-2016 REVIEW ARTICLE

Dan L. Longo, M.D., Editor

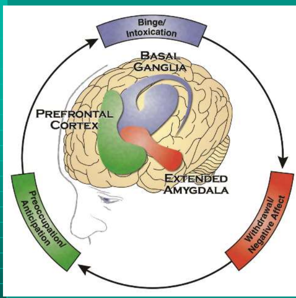
Neurobiologic Advances from the Brain Disease Model of Addiction

Nora D. Volkow, M.D., George F. Koob, Ph.D., and A. Thomas McLellan, Ph.D.

Classic, Long-Held Ideas:

- Addiction is about self-determination and personal responsibility
- It is a voluntary, hedonistic act
- It results from the repetition of voluntary behavior
- If you think of addiction as a brain disease…
  - It excuses personal irresponsibility and criminal acts instead of punishing harmful and often illegal behaviors

Brain Disease



The addiction process involves a three-stage cycle

- Binge/ intoxication
- Withdrawal/negative affect
- Preoccupation/anticipation

This cycle becomes more severe as a person continues substance use and as it produces dramatic changes in brain function that reduce a person's ability to control his or her substance use

Way #2 & #3

Addiction & Physical Dependence are about the same.
AND
Methadone or Buprenorphine – Use of these is simply substituting one drug/addiction for another.

DSM-5 SUD

★= Behavior Issue

Impaired Control

- 1) Using more - longer periods of time than intended, or using larger amounts than intended
- 2) Want to reduce use but can't
- 3) Spend excessive time getting/using/recovering from use ★
- 4) Cravings – intense; hard to think about anything else

Social impairment

- 5) Use despite problems with obligations - work, school or family/social - repeated work absences, poor school performance, neglect of children, fail to meet responsibilities ★
- 6) Use despite interpersonal problems - arguments over substance use, losing friends & family b/c of use ★
- 7) Give up social and recreational activities - less time with their family, or they may stop playing golf with their friends ★

DSM-5 SUD

★ = Behavior Issue

Risky Use – Use…

- 8) in physically dangerous situations -
  Ex - while operating machinery or driving a car ★
- 9) despite it is causing or ↑ physical & psychological problems
  Ex - continues to smoke cigarettes despite having a ★ respiratory disorder such as COPD

Pharmacological indicators

- 10) Tolerance – when you need to ↑ the amount of a substance → the same desired effect or to prevent withdrawal
- 11) Withdrawal – the clinical symptoms that occur after stopping or ↓ the amount of the drug used

Compare and Contrast Treatment of:

Physical Dependence
Vs.
Addiction

My Conversation with patients and providers is the same

And it begins with; " You have two diseases…"

Physical Dependence vs. Addiction

	Physical Dependence	Addiction
Who Affected	Anybody	Small Percent
Disease of	Whole body	The Brain
Longevity	Temporary (Gone after Withdrawal)	Lifetime
Can Lead a Normal Life	Yes	Not when using…
Treatment	Symptomatic; Detoxification	Lifelong – Rehab, Meds

Treatment Options for Opioid Used Disorder

1. Opioid Agonist Therapy [OAT]
   (Methadone or Buprenorphine)
2. Counseling – Support - Education

No treatment	< 5%
Psychosocial support	5%
MAT	60%
MAT + Psychosocial support	> 60%

Detox?

Impact of Methadone Maintenance Treatment

- Reduction death rates (Grondblah, '90)
- Reduction IVDU (Ball & Ross, '91)
- Reduction crime days (Ball & Ross)
- Reduction rate of HIV seroconversion (Bourne, '88; Novick '90,; Metzger '93)
- Reduction relapse to IVDU (Ball & Ross)
- Improved employment, health, & social function

Way #4

The life of an addict is good, with euphoria after euphoria

Opioid Agonist Therapy

ASAM THE REVIEW COURSE IN ADDICTION MEDICINE
Texas Medical Association
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Opioid Agonist Therapy

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Way #5

Relapse reflects lack of Strength/Will of the patient

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Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses

Percentage of Patients Who Relapse

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

McLellan et al. JAMA 2000. 284:1689-1695

- Relapse is common and similar to other chronic diseases
- Addiction is just another chronic illness
- Relapse should serve as a trigger for renewed intervention

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Methadone or Buprenorphine What do ya' know about it?

- How often is it dosed…does frequency have significance?
- Can you give it in the ED or clinic?
- Can an inpatient in the hospital receive it?
- Can you give a prescription for it in the ED or clinic?
- What dangers are associated with it?
- Can any doctor provide this agent?

Treat: Pain
Treat: Withdrawal (WD)
Opioid Maintenance Therapy

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Methadone…what do ya' know about it?

	Pain	WD	Opioid Maint. Rx
How often is it dosed…does frequency have significance?	BID – TID	Mostly BID, can be qd	Mostly qd, can be BID
Can you give it in the ED or a clinic?	Yes	Yes	Yes
Can an inpatient in the hospital receive it?	Yes	Yes	Yes
Can you give a prescription for it in the ED or in a clinic?	Yes	No	No
What dangers are associated with it?	Sedation with aggressive early dosing; QT prolongation		
Can any doctor provide this agent?	Yes	Yes	Ones in a Federally regulated OTP or in a hospital (do confirm pt is in an OTP)

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Buprenorphine…what do ya' know about it?

	Pain	WD	Opioid Maint. Rx
How often is it dosed…does frequency have significance?	TID-QID	Mostly BID, can be qd	Mostly BID, can do qd
Can you give it in the ED or a clinic?	Yes	Yes	Yes
Can an inpatient in the hospital receive it?	Yes	Yes	Yes
Can you give a prescription for it in the ED or in a clinic?	Yes	No	No
What dangers are associated with it?	Sedation; less than with methadone b/c it is a mixed agonist/antagonist		
Can any doctor provide this agent?	Yes	Yes	If doc has an X-waiver or one in a hospital

IV or patch forms can ONLY be used to treat pain

Title 21 Code of Federal Regulations PART 1306 – PRESCRIPTIONS

- A practitioner may administer or dispense directly (but not prescribe) a narcotic drug listed in any schedule to a narcotic dependant person for…maintenance or detoxification treatment… if in DEA compliance
- …is not intended to impose any limitations on a physician… to administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an incidental adjunct to … treatment of conditions other than addiction