

Greetings!

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Objectives

- Overview and review of addiction as a **neurobiological disorder** and **chronic health condition**
- Key barriers to **accessing** treatment
- Understand **what works** to address the epidemic and why would a solution be underutilized?
- Review of a **plan to reduce opioid overdose death** and impact the way we treat substance use disorders for the **future**



National Opioid Overdose Epidemic as of 2016

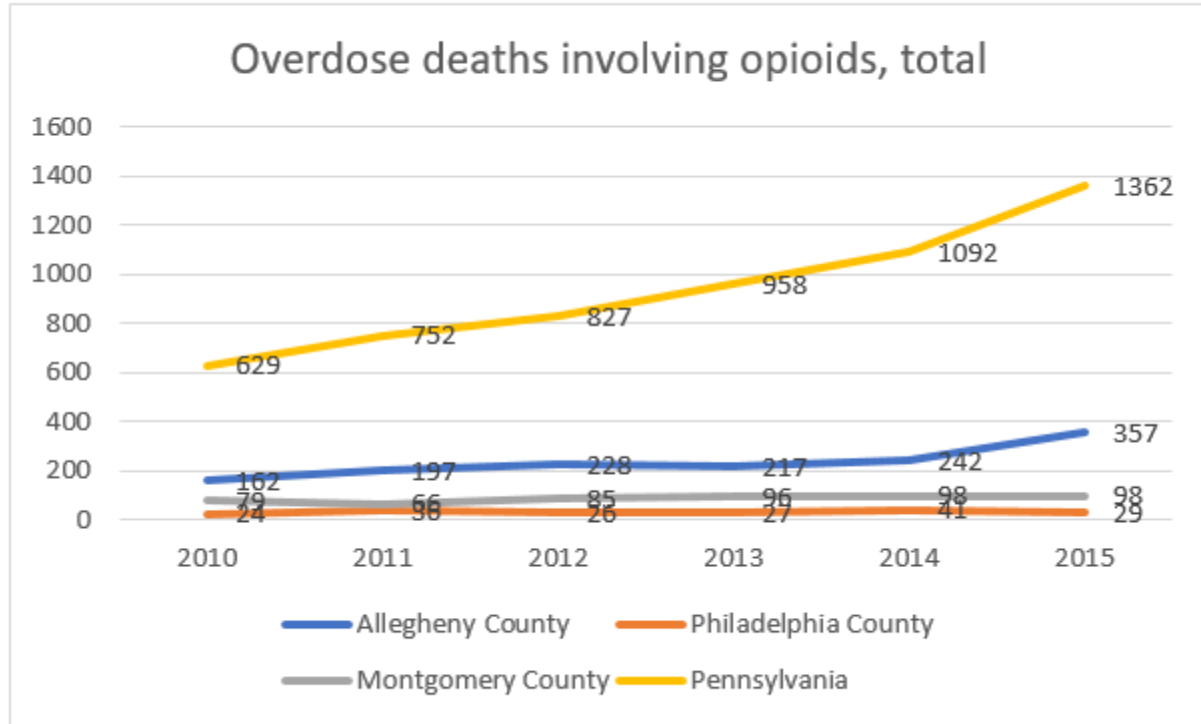
- Drug overdose is the leading cause of accidental death in the US, with **64,070 drug overdoses** in 2016 (**21%** increase from 2015)
- 53,332 have been linked to opioids of some type (an increase of 61% from 2015)
- In 2016 an estimated **21 million people aged 12 or older needed** treatment for a substance use disorder
- Only 3.8 million people aged 12 or older received treatment

https://www.cdc.gov/nchs/data/health_policy/monthly-drug-overdose-death-estimates.pdf

Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

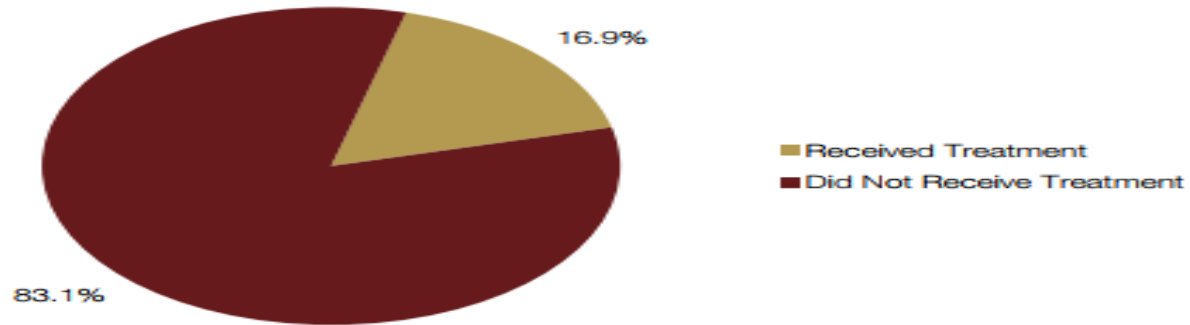


Insert PA and Philly Statistics



Past-Year Illicit Drug Use Treatment Among Individuals Aged 12 or Older with Illicit Drug Dependence or Abuse in Pennsylvania (2009–2013)²

Pennsylvania's percentage of treatment for illicit drug use among individuals aged 12 or older with drug dependence or abuse was similar to the national percentage in 2009–2013.



In Pennsylvania, among individuals aged 12 or older with illicit drug dependence or abuse, about 53,000 individuals (16.9%) per year in 2009–2013 received treatment for their illicit drug use within the year prior to being surveyed.

Origins of Opioid Crisis

- **Opioids Myth: Non-Addictive**

- Porter and Jick letter published in New England Journal of Medicine in 1980; frequently cited in marketing of new synthetic opioids
- OxyContin brought to market in 1996

- **History of Untreated Pain**

- Pain was left untreated even for terminally-ill cancer patients
- Doctors were weary of prescribing opioid medications

- **Pain As 5th vital sign**

- National initiative rolled out in the late 90s

- **Emergence of Pill Mills**

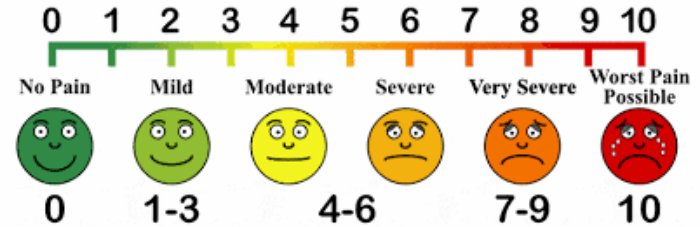
- Unrestricted prescribing of pain medications
- Unlike legitimate pain clinics, pill mills see greater numbers of patients, write more prescription, and do less medical exams. Most are cash-only.

- **Greater availability of heroin**

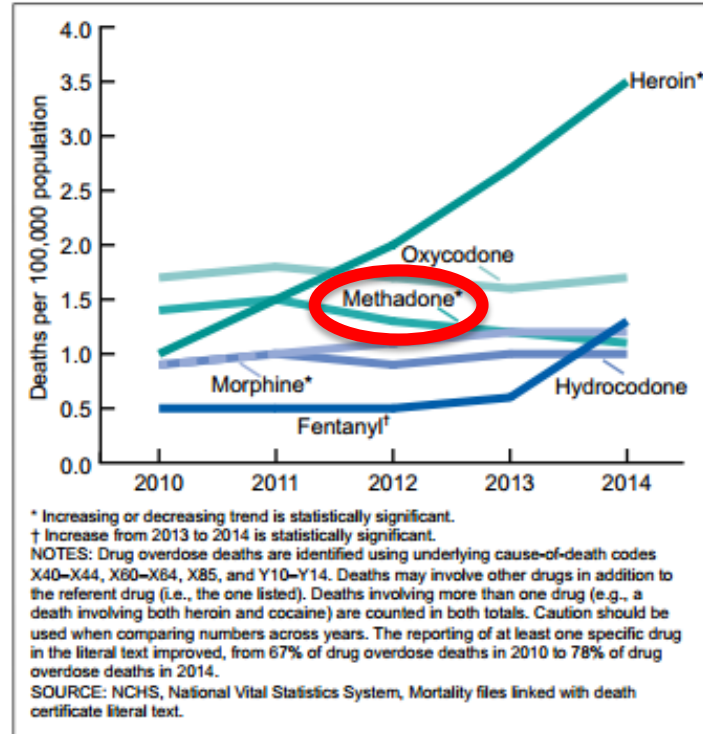
- Larger, cheaper supply and more potent than prescription painkillers

- **Leading Cause of Accidental Death**

- [Starting in 2008](#), drug overdoses became the leading cause of injury death in the United States surpassing car accidents and firearms



Overdose Deaths



Conclusion: Rising rate of overdose deaths is driven largely by Heroin and Fentanyl

Figure 1. Age-adjusted rates for drug overdose deaths involving selected opioids: United States, 2010–2014

Warner et al. *National Vital Statistics Report*, 2016;65(10).

Barriers to Care

- We know there is a need
- We know there is treatment
- Why are we in an epidemic?



Stigma

- Stigma is defined as an **attribute, behavior, or condition** that is socially discrediting.
 - No other conditions are more stigmatized than addiction.
- Stigma is influenced by two main factors: cause and controllability.
 - **Cause:** to the extent people believe an individual is ***not responsible*** for the attribute, behavior, or condition (i.e., “It’s not their fault”), stigma is diminished.
 - **Controllability,** to the extent that people believe that the attribute, behavior, or condition is ***beyond the individual’s personal control*** (i.e., “they can’t help it”), stigma is lessened.
- Continued stigma is due to the fact that many people still perceive addiction as a “choice” and that addicted individuals really can control it (**“why can’t they just stop?”**).

Stigma and Discrimination



- Stigma refers to **negative stereotypes**
- Discrimination is the **behavior that results** from the negative stereotype
- Discrimination in this case means treating someone less favorably than someone else because he or she has a disability

Keeping it real with SUD

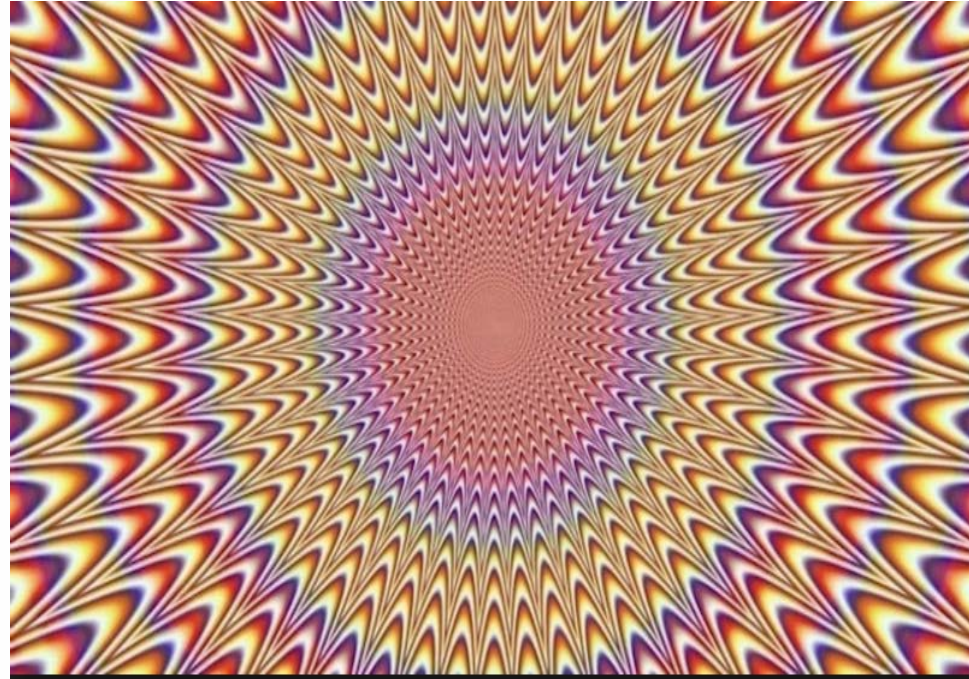
- In fact, approximately **half the risk for addiction** is conferred by genetics.
- Because initial experimentation and use is mostly rewarding with few negative consequences, use continues.
- With repeated exposure and unsuspected by the person using the substance, that individual's ability to **self-regulate impulses** to use the drug increasingly is **impaired**
- Individuals actually are using the **drug against their will**
 - Often unable to honor **their own sincere and genuine desire to abstain or moderate use**
 - Despite the threat of **severe consequences**.
- We now understand - **radical decay in the rational ability to regulate impulses to use substances despite the threat of harm**
 - BECAUSE - **functional and structural changes in the brain affecting the neurocircuitry of impulse control, judgment, reward, memory and motivation**

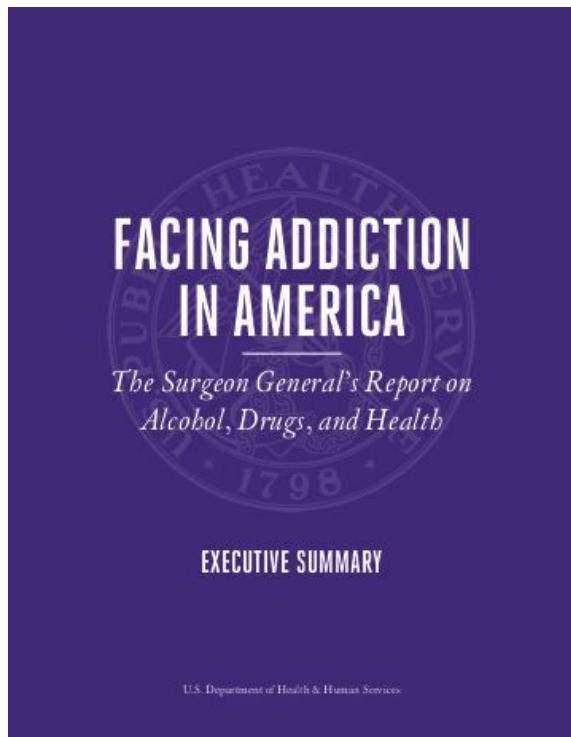


Beliefs



Perceptions





The NEW ENGLAND JOURNAL of MEDICINE

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.



The Pathway 8 Steps to reach a SUD

1. Addictive Substances begin to disrupt the function of the brain circuits that mediate a complex array of functions

Motivation, decision making, memory involved in obtaining natural **rewards such as food and water.**

Normal brain - the **mesolimbic dopamine pathway** allows a person to experience pleasure in response to stimuli such as food and social interactions, and therefore encourages and motivates an individual to seek out these stimuli.



All that and a bag of chips.....

CRINKLE... CRINKLE
people, places, and things
associated with the
reward.



2. Addictive Substances can mimic, interfere (both) the brain's regulation of its natural chemicals - this **CHANGES** the **reward system**.



Cues and Triggers change

3. Connections between **mesolimbic dopamine** and memory circuits enable a person to remember the **people, places, and things** associated with the reward.



Emotions, Survival Instincts and Memory



Photo courtesy of Anna Rose Childress, Ph.D.

4. Addicting substances activate mesolimbic dopamine pathways more powerfully than natural rewards.

- So with repeated use=SUD



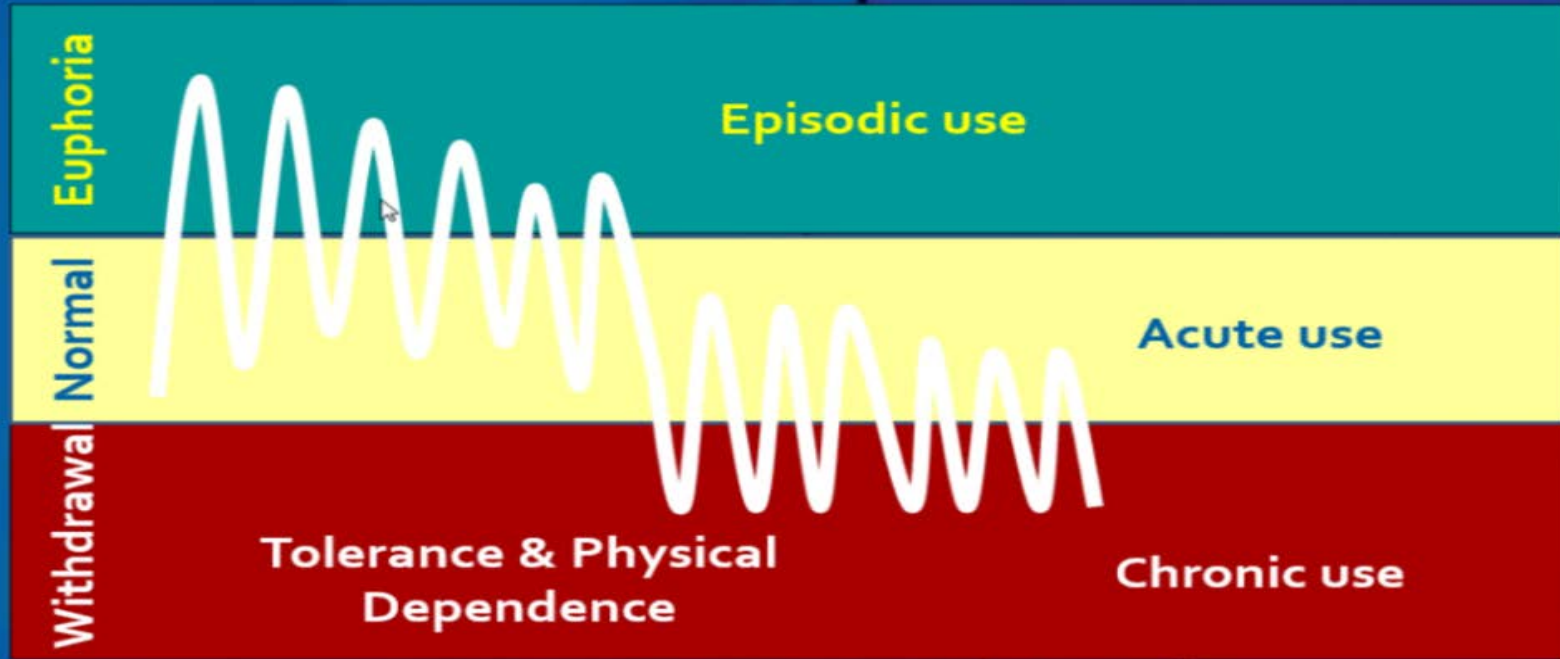
Hijacking



5. In patients with SUD, the mesolimbic pathway responds to cues that addictive substances are available.

...while its response to the drug itself and to natural rewards diminishes.

Natural History of Opioid Use Disorder



From Webinar Michael Bricker: <https://global.gotowebinar.com/join/8972866285037476353/226267876>



Hangry?



r? Feels bad – HANGRY

han-gry

(han-gree) adj.

a state of anger
caused by lack of food;
hunger causing a
negative change
in emotional state.



Stages	OF	HANGRY
 CAUTION "Food sounds so good."	 WARNING "Can't. Words. Melting."	 DANGER "I never liked you."



Addiction is not a moral failing; it is a disease in which essential motivational and self-control systems of the brain are compromised.

Dr. Nora Volkow, NIDA Director



6. Simultaneously, repeated substance use erodes the ability to exert inhibitory control.



7. Over time, substance-related cues become more salient, drug craving becomes more compelling, and the individual is less able to inhibit impulses to use substances even as the “high” experienced is diminished

SMÉAGOL



GOLLUM)



8. This path leads to impairment in substance-related decision making that leads to many of the DSM-5 symptoms of an SUD



Defining Addiction

Addiction is a
primary, chronic
disease

- Biological
 - Psychological
 - Social
- ## Components



Primary Disease - meaning that it's not the result of other causes such as emotional or psychiatric problems.

Chronic Disease - like cardiovascular disease or diabetes it must be treated, managed and monitored over a life-time.

Defining Addiction

Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors

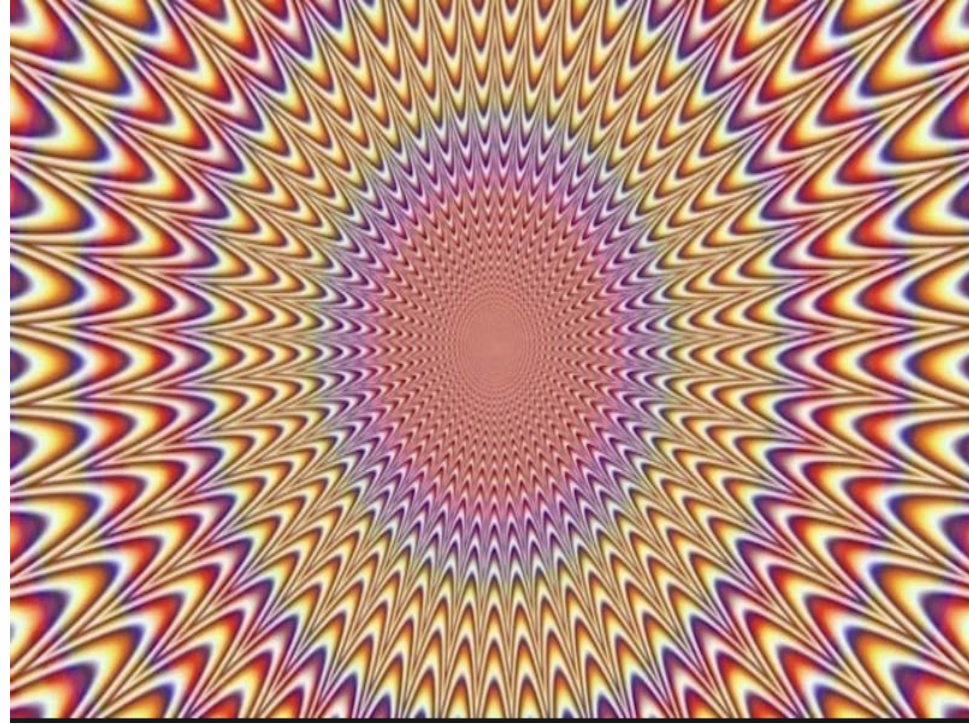
- ASAM



Beliefs



Perceptions



Society's responses to addiction...



Does Addiction Treatment Work?

YES.

What type of treatment?

What type of social supports?

What type of recovery supports?

What type of system?

What type of medication?

How has our definition of addiction changed?

- Addiction was thought of as a **moral failing** or **character defect**
- Drug use: criminal issue vs. health issue
- Language matters: move away from “*addicts*”
 - Scientific research has demonstrated that, whether we are aware of it, the use of certain terms implicitly generate biases that can influence the formation and effectiveness of our social and public health policies in addressing them



Opioid Use Disorder is.....

- not a moral or spiritual failing
- not lack of will or responsibility
- not a character defect
- not an addictive personality type
- does not have personality components such as denial, rationalization, evasion, defensiveness, manipulation, and resistance or any abnormally robust defense mechanisms



How has addiction treatment changed?

- Short-term acute interventions vs. chronic disease management
- DETOX – NO!
- **Relapse** or return to use is a part of the disease, **NOT** a failure
 - Similar to other chronic diseases, addiction often involves cycles of relapse and remission



Welcome MAT

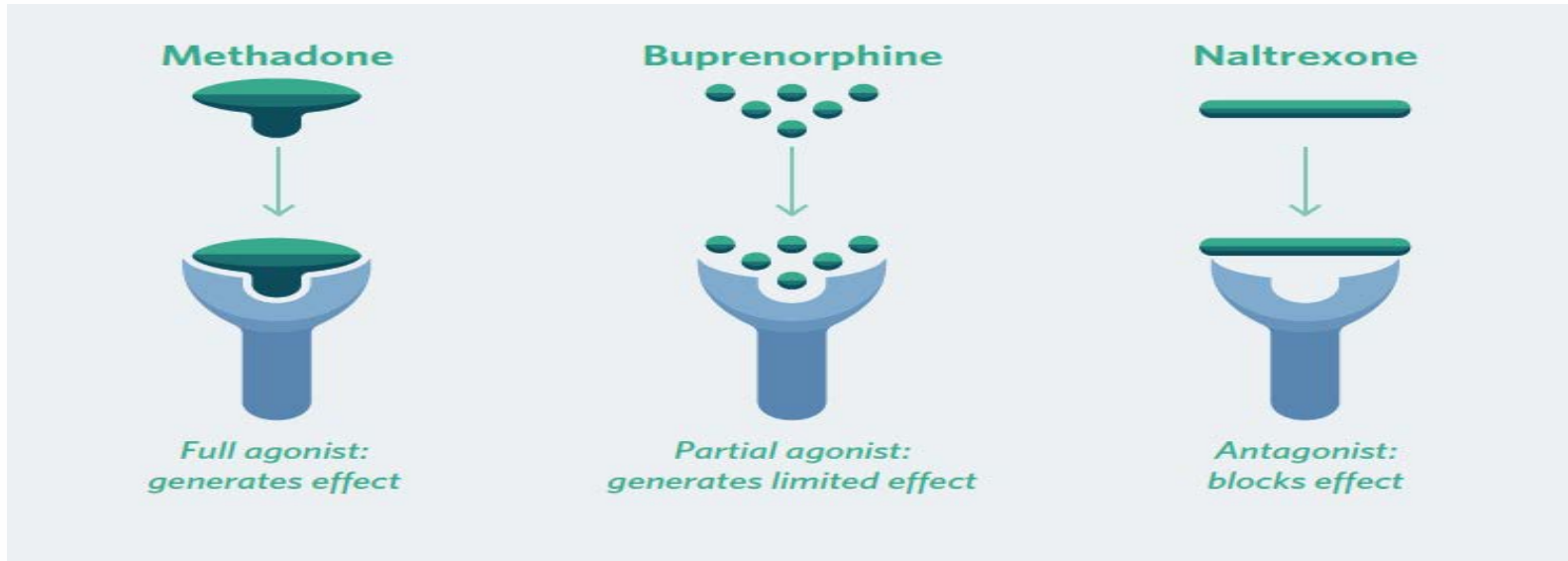
Medications



Recovery
Support

Intensive Psycho, Social
and Behavioral Evidenced
Based

OUD Drugs: Distinct Pharmacology and Roles in Treatment



- **Methadone** is a full agonist. By fully occupying the mu-opioid receptor, methadone lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of other opioid drugs.
- **Buprenorphine** is a partial agonist, meaning it does not completely bind to the mu-opioid receptor. As a result, buprenorphine has a ceiling effect, meaning that its effects will plateau and will not increase even with repeated dosing.
- **Naltrexone** is an opioid antagonist, meaning that it covers, rather than activates, the mu-opioid receptor, effectively blocking the effects of opioids if they are used.

<http://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder>

Medication Assisted Treatment

MAT is “the use of medications, *in combination with counseling* and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.”--SAMHSA

MAT is the **gold standard** for opioid use disorder (OUD) treatment:

- Reduces drug use
- Reduces risk of overdose
- Prevents injection behaviors
- Reduces criminal behavior



The Case for MAT

- MAT is “the use of medications, *in combination with counseling* and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.”--SAMHSA
- Research indicates that methadone and buprenorphine have a strong evidence base supporting their clinical effectiveness. Strong support for Vivitrol.
- MAT is the **gold standard** for opioid use disorder (OUD) treatment:
 - ✓ Reduces overdose death
 - ✓ Reduces risk of overdose
 - ✓ Reduces drug use
 - ✓ Prevents injection behaviors
 - ✓ Reduces criminal behavior

Medications to Treat Opioid Use Disorder

Goals:

- Alleviate signs/symptoms of physical withdrawal
- Feed or block opioid receptors
- Diminish and alleviate drug craving
- Normalize and stabilize perturbed brain neurochemistry

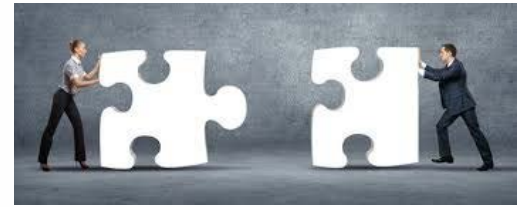


MAT Supports Recovery

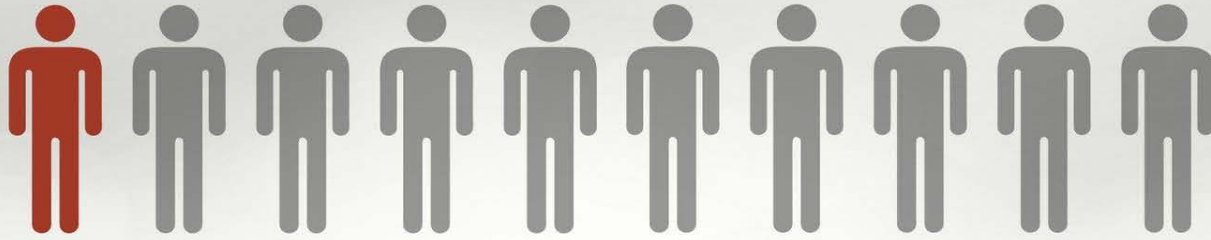
- persistent intentional abstinence from intoxication
- engagement in daily life
- gaining employment
- reestablish family and social ties
- being present in everyday life
- being able to weather the challenges, daily lows and highs of life without using substances as an external coping skills that has negative side effects and consequences



An Unmet Need

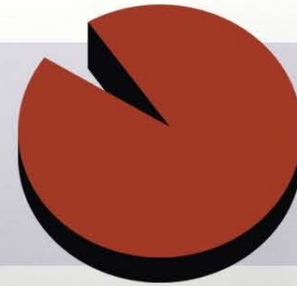


- 20.2 Million People Have SUD
- 2 million had a substance use disorder involving prescription pain relievers and 591,000 had a substance use disorder involving heroin
- 10% to 40% of individuals with addictions receive treatment
- Only a fraction of those that get treatment get MAT
 - 300,000-400,000 people on methadone in a given year
 - 40,000 on buprenorphine
 - 5-10,000 on Naltrexone
- Only **10%** of the people who need to be on MAT for opioid use disorder (OUC) are receiving it
- More than **two-thirds** of U.S. clinics and treatment centers still do not offer MAT medications (Stateline, 2016)



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.



Center for Behavioral Health Statistics and Quality. (2016). Results from the 2015 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.

#FacingAddiction



VERDICT

Bias against MAT is deadly

Leading Cause of Accidental Death

Starting in 2008, drug overdoses became the leading cause of injury death in the United States surpassing car accidents and firearms



Sound Familiar?

- Similar to the 1990s with patients who had suicidal depression and were being judged for taking Prozac



3 P's: Providers, Perceptions, Payment

- **Perceptions:** The perceptions of MAT and its value among patients, practitioners, and institutions
 - Some practitioners do not believe that MAT is more effective than abstinence-based treatment—when patients are treated without medication—despite science-based evidence
- **Providers:** The availability of qualified practitioners and their capacity to meet patient demand for MAT
 - Hiring physicians can be expensive for clinics, especially small centers Physicians receive little education in addiction care & are reluctant to extend their practice to patients with addictions
- **Payment:** The availability and limits of insurance coverage for MAT
 - Few private insurers and state Medicaid programs cover all of the MAT medications approved by the Food and Drug Administration. Other face hurdles such as prior authorization requirements or “fail first” policies.



A plan to reduce opioid overdose death and impact the way we treat substance use disorders for the future



Cascade of Care

The other epidemic

- Chronic
- Relapsing
- Often fatal
- Requires long term medication treatment to be effective
- Integration of Bio-Psycho-Social Supports



- We cut the mortality rate in half. In two years. With lifesaving medications
- We overcame Bias and Discrimination
- We utilized new systems to deliver care



Repurposing The HIV/AIDS Framework

Sequential Staging

- Screening and Detection
- Linkage of Care
- Medication Initiation
- Long Term Retention



HIV Cascade of Care

- Codifying Outcome Measures at each stage
- Targeting Interventions to overcome barriers
- Comparing Effectiveness of interventions across populations and settings



The Cascade

1. Linkage to care among those diagnosed
2. Medication initiation among those entering care
3. Retention for at least six months among those initiating medication
4. Continuous abstinence among those retained
5. Diagnosis among those affected

<http://healthaffairs.org/blog/2017/03/13/to-battle-the-opioid-overdose-epidemic-deploy-the-cascade-of-care-model>

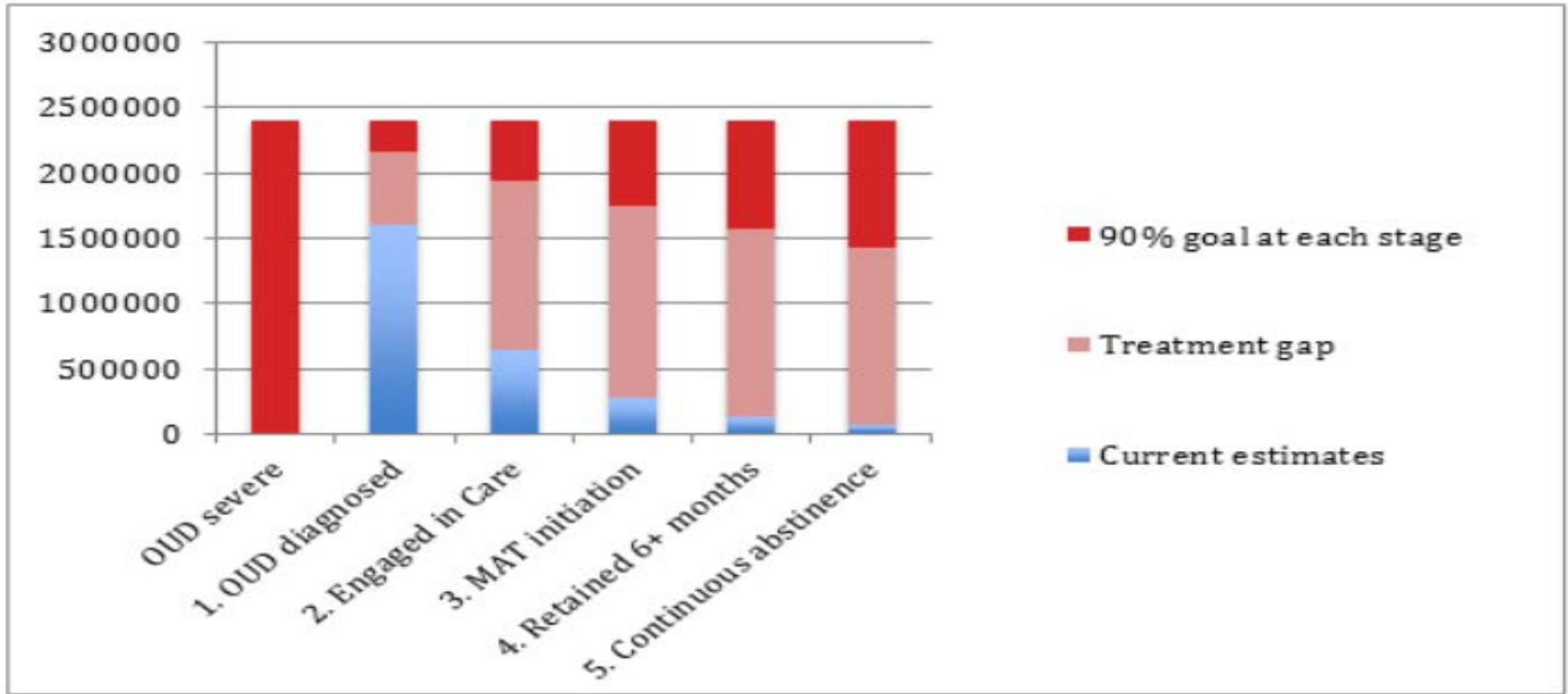


90-90-90

- By 2020, 90% of all people living with HIV will **know their HIV status**.
- By 2020, 90% of all people with diagnosed HIV infection will receive **sustained antiretroviral therapy**.
- By 2020, 90% of all people receiving antiretroviral therapy will have **viral suppression**.



90-90-90



Tools Needed

- Intensive Case Management
- Patient Navigators
- Peers
- Shift to Value Based Care
 - Incentive payments for retention
- Tracking those who fall off the cascade (90%!)



Overcoming Barriers

- **Patient** - facilitate the flow, justice involved,
- **Providers** – MAT, Bias, SBIRT, warm handoffs/collaborative care/case management
- **Policy** - Payment models that incentivize EBP under Medicaid redesign, voucher based payments for medications, contingency mgmt. harm reduction programs naloxone and sterile syringes, telemedicine



Retention in Care

- Motivational Interviewing
- Academic Detailing/Education
- Family Engagement



The Importance Of Quality Metrics

- Just like viral load we can measure outcomes
- Not just about abstinence *only*
- Insures Optimal Performance
- Data is the flashlight



“You never change things by fighting the existing reality.

To change something, build a new model that makes the existing model obsolete.”

— [R. Buckminster Fuller](#)

*Be
Heard.*

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201 Water Street, National Harbor, MD 20745



Resources on Opioid Use

- **Centers for Disease Control and Prevention**
 - [Overdose Data](#)
 - [Guidelines for Prescribing Opioids for Chronic Pain](#)
- **Substance Abuse and Mental Health Services Agency**
 - Data on [Prescription Opioid and Heroin Use](#) from the annual National Survey on Drug Use and Health
 - [Medication-Assisted Treatment](#)
 - Information on certification, oversight, DATA-2000 waivers, legislation, regulation, and more
- **Office on National Drug Control Policy** (*archived website*)
 - [National Drug Control Strategy](#)
 - [Data](#) on Methadone, Buprenorphine treatment and drug poisoning deaths
- **National Institutes on Drug Abuse**
 - [Opioid Epidemic Strategies & Resources](#)



References

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- 2 American Society of Addiction Medicine. (2011). Public Policy Statement: Definition of Addiction. Chevy Chase, MD: American Society of Addiction Medicine. Available at http://www.asam.org/docs/publicpolicy-statements/1definition_of_addiction_long_4-11.pdf?sfvrsn=2.
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- 4 National Institute on Drug Abuse. (2014). Drug Facts: Heroin. Bethesda, MD: National Institute on Drug Abuse. Available at <http://www.drugabuse.gov/publications/drugfacts/heroin>.
- 5 Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:1445–1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm655051e1>



<https://www.thenationalcouncilncil.org/mat/>



EVIDENCE BASE FOR MAT

Want the evidence base for MAT? Check out this [interactive presentation](#) by Arthur Robin Williams, M.D.

RESOURCES FROM THE SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS

WEBINARS

ADDITIONAL RESOURCES



Thank you!

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