

Changing Face of the Addicted

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Goal(s) of Treatment Have Changed



Abstinence?



- Put disease into remission
- To identify & address barriers to long term recovery
- To promote the best state of wellness at any given time
- To promote the best possible chance for long term recovery

Wellness/Recovery ASAM/SAMHSA

Process of change through which the individual improves his health and wellness, live a self directed life and strive to reach their full potential.

- Health
- Home
- Purpose
- Community



Wellness



Abstinence from all drugs that pathologically stimulate the reward pathways is to be considered an optimal component of wellness (recovery).

Depending on biopsychosocial and/or economics, drugs such as buprenorphine might be necessary for a period of time and sometimes indefinitely to support the best state of wellness.



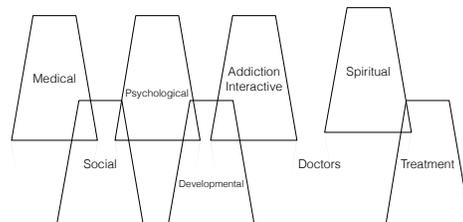
Wellness - "and"



Abstinence from the pursuit of any behaviors that pathologically affect the reward area is to be considered an optimal component of wellness (recovery).



Obstacles to Wellness



Physical Problems



Older Patients

- Baby boomers - living longer
- Complicating medical issues
 - end of life issues
 - end stage diseases - renal, liver, cardiac
 - more chronic pain issues
- Residue of many years of benzos
- Medications given that might trigger relapse - ex: alcoholic who needs hip surgery



Head Trauma

- Every year, at least 1.7 million TBIs
 - 10 and 20% of Iraq veterans, or 150,000 and 300,000 service members have some level of TBI.
 - A history of substance abuse predicts increased disability, poorer prognosis, and delayed recovery.
 - When combined with difficulties in psychosocial adjustment and coping skills, these impairments may increase the risk for chronic substance abuse in a subset of TBI patients.
 - Associated with increase PTSD
- An Update on Substance Use and Treatment following Traumatic Brain Injury
David P. Grahm - Aston L. Canton
Article first published online: 23 OCT 2008



Fetal Alcohol Syndrome

- The Institute of Medicine says, "Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus."
- Dysfunctional families, trauma, neglect, chaos
- Lifelong learning and behavioral problems
- screen for ?

Cognitive Issues

- concrete directions
- Poor concentration, distractibility
- consider that they may have difficulty abstracting
- difficulty switching gears
- take longer time to make decisions
- Not remembering consequences or events
- difficulty connecting consequences with use
- difficulty forecasting their future
- may have difficulty noticing things on one side or the other

Management

- help them see the benefit now - not in the future
- reduce clutter, distractions
- avoid multi-tasking with client, help break down tasks
- note taking
- avoid abstract or metaphors

Chronic Pain

Chronic Pain

- Increase with Baby Boomers
- Prevalence of chronic pain continues to rise in US - 100 million Americans with chronic pain (Tsang, 2008)
- Chronic pain complicates the efforts of many individuals with substance use disorders to enter and sustain recovery. (Passik, 2006)
- 20% Caron's admissions have chronic pain that impacts their recovery

Role of Opioids in Chronic Non-cancer Pain

- Many pain practitioners maintain that the majority of individuals with chronic pain can be managed safely and with minimal risk of addiction on opioids.

(Portney 1996, Savage, 1999, Harden 2002, Fishbain 2008)



Cochrane Review Long Term Efficacy of Opioids in Chronic Pain

- There was only weak evidence that opioids for longer than 6 months provided significant relief.



Cochrane Review 2011

Chronic Pain

- more complex patients requiring more prolonged detox
- need for programs that have multiple modalities to detox and get into pain recovery

Chronic Pain Management

- Staff understands chronic pain - empathy, empathy, empathy
- Specialized team - docs, rehab specialists
- Need modalities - alternative to meds
 - acupuncture, massage, yoga, conditioning
- Poly pharmacy

Discharge

- High relapse risk unless someone can keep momentum of alternative interventions
- High likelihood will be placed back on opioids and benzodiazepines if encounters a "pain specialist."

Addiction Interactive Disorders



Addiction Interactive Disorders

Addiction Interaction

- Internet, gambling, gaming more accessible
- Untreated results in relapse
- Previously avoided

Interferes with Treatment Behaviors (ex: Sexual)

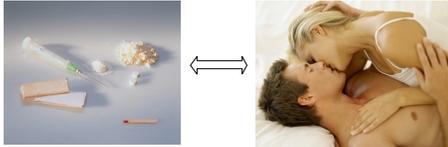
- "Flirting"
- Patients acting out with one another
- Continuing to engage in active sexually impulsive activities
- Take advantage of others (predator)



AA & Sex

- "Is it a common enough issue." pg 68 Alcoholics Anonymous
- "Now about sex.... Many of us need an overhauling there." pg. 68 Alcoholics Anonymous
- "We all have sex problems." pg 69 Alcoholics Anonymous

Interactive



Filling the Void



Fusion



SAST-R Results by Unit

Unit	At Risk (SAST-R score 6+)	
	N	%
Overall (N=606)	137	22.6
Caron Relapse (N=206)	35	17.0
Caron Extended (N=141)	55	39.0

- Extended Care showed a significantly higher frequency of at risk individuals than both Primary and Relapse

Issues

- If not here, where, when?
- AA and sponsor?
- How do you formulate an adequate discharge plan without knowing the barriers to recovery?



Caron (before - addiction interactive disorders)

- Comprehensive assessments (trauma, pain, gambling, eating)
- Multiple therapies
 - 12 step facilitation
 - Motivational enhancement
 - CBT
 - DBT
 - Prolonged exposure
 - Mindfulness
 - Psychotherapy
- Group disclosure
- Specialized trauma and seeking safety groups

Added

- 26 counselors & psychologist CSAT certified
- Sexual screening, comprehensive assessment
- Triage of sexual issues
- Clinical supervision includes AID issues
- Lecture to all patients on AID
- Referral connections to CSAT community

Benefits of Specialized Treatment

- Improved skills to identify sex issues & bring into the light
- Counselors more comfortable
- Normalize feelings, reduce shame
- More comprehensive evaluation
- Better discharge planning including family



Social

- economics
- family support
- environment
- cultural

Social

Co-Occurring

Increase Co-Occurring Disorders



- Most patients at Caron were on psychotropics at time of admission
- Estimates that 40-80% might have co-occurring
- Studies reveal Doctors with SA disorders have more co-occurring

Sicker?

- Result of creating "disease" via DSM IV/V
- How many variations of Bipolar?
- Greater than 50% patients on psychotropics - even adolescents & young adults

Burden

- sorting it out - limited time for observation, carry the diagnoses forever
- hard to detach patients from the diagnosis and the need for a medication
- are these psychotropics safe?

SSRI's

- suicide
- mania
- Anxiety
- amotivational syndrome
- impaired memories
- disconnect from feelings

Adapting

- more psychological support
- full time psychiatrists
- importance of ongoing followup at time of discharge
- avoid carrying on the diagnosis

Developmental

Developmental

- less cohesive families, higher divorce rates
- family dysfunction
- more permissive drug environments
- demand for more stimulation



Axis II Disorders

- More developmental trauma
- sexual/physical trauma
- more acting out (disrespectful)
- cutting, eating disorders
- Associated with relapse - physician studies

Adapt

- role with the resistance
- view "cutting" as expected
- intensive family restructuring
- trauma issues explored & treated - no longer wait
 - prolonged exposure therapy
 - trauma groups
 - SMACK group

Violence

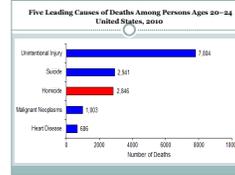
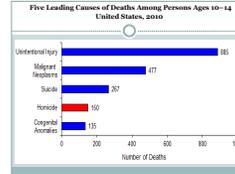
Factors that increase the risk of youth engaging in violence

- Prior History of Violence
- Drug, Alcohol, or Tobacco use
- Association w/ delinquent peers
- Poor family functioning
- Poor school grades
- Poverty in the community

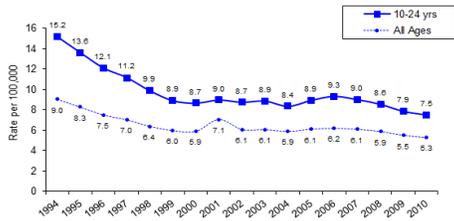
Illicit Drugs That Cause Aggression

- PCP (Phencyclidine)
- Cocaine
- Methamphetamine
- MDMA (Ecstasy)
- "Bath Salts"
- Marijuana with high THC concentrations/Hashish
- Synthetic Cannabinoids (K2, Spice)

Violence

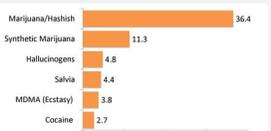


Trends in Homicide Rates, United States, 1994-2010

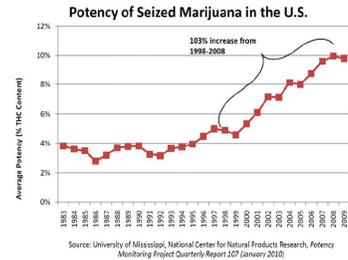


More Toxic Drugs

Past-Year Use of Illicit Drugs by High School Seniors (percent)



More Toxic Drugs



Bath Salts



Bath Salts

- mechanism of action of mephedrone, methylene, and MDPV - similar structure to amphetamines
- increase extracellular levels of the monoamine neuro- transmitters dopamine, norepinephrine, and serotonin (5-HT) via facilitation of extracellular release and reuptake inhibition

(Cozzi et al., 1999; Nagai et al., 2007; Baumann et al., 2012; Kehr et al., 2011; Kelly, 2011; Sogawa et al., 2011; Baumann et al., 2013; Cameron et al., 2012).

Bath Salts treatment

- most nonpsychiatric symptoms are self-limited and resolve in 1 to several days
- Psychosis possibly secondary to these agents has been reported to persist longer.
- 25% of patients warranted admission to critical care.

CDC, 2011; Spiller et al., 2011

K2/Spice

- "Spice" refers to a wide variety of herbal mixtures that produce experiences similar to marijuana (cannabis)



Spice Case

Case 1

A 16-year-old girl, transferred from an outside hospital for altered mental status, was refusing to speak after being out with her boyfriend. The patient presented awake with her eyes open, but was not responding to verbal or painful stimuli. The boyfriend reported that they had been smoking marijuana containing "K2." At the outside hospital, the results of a complete blood cell count, basic metabolic panel, and head computed tomography were normal. A urine toxicology screen was positive for THC. She was transferred to our emergency department (ED) for additional management.

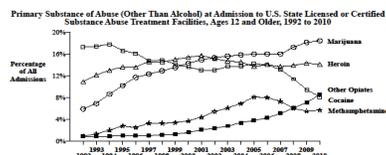
On arrival, the patient was noted to be catatonic. She was lying supine on the stretcher with her eyes open. Her heart rate was 105 beats per minute, her respiratory rate was 18 breaths per minute, and her blood pressure was 118/73 mm Hg. Her skin was warm, and her pupils were equal, round, and reactive to light. Her conjunctivae were normal. She was noted to have vertical nystagmus. Her oral mucosa was moist, and the results of her cardiac, abdominal, and pulmonary examinations were normal except for sinus tachycardia. Her upper extremities had normal tone, but her lower extremities were slightly rigid and flexed. She was unresponsive to verbal and painful stimuli, including a sternal rub, a supraorbicular pinch, and application of pressure to her finger nails.

She was treated with a single dose of 50 mg of intravenous (IV) diphenhydramine, after which she began to move her lips in an apparent attempt to speak. She was then treated with lorazepam 2 mg IV twice. At that point, the patient began to speak slowly. She was observed overnight, during which time she slowly recovered her motor and verbal functions. In the morning, she was able to eat and ambulate and was discharged from the hospital.

Rise of the Young Opioid Addict

Rx Opioids

- In fact, the National Institute on Drug Abuse's (NIDA) Monitoring the Future (MTF) survey found that about 1 in 12 high school seniors reported past-year nonmedical use of the prescription pain reliever Vicodin
- in 2010, and 1 in 20 reported abusing OxyContin—making these medications among the most commonly abused drugs by adolescents.



NOTE: While the focus of this analysis is on treatment admissions for drugs other than alcohol, it should be noted that admissions for the primary abuse of alcohol decreased over the period from 25.9% in 1992 to 10.0% in 2010.

SOURCE: Adapted by CEASAR from the Office of Applied Studies, SAMHSA, Treatment Episode Dates (TEDS) Highlights—2010: National Admissions to Substance Abuse Treatment Services, 2012. Available online at <http://www.samhsa.gov/data/2k13/TEDS2010/TEDS201009Web.pdf>.

Treatment of Opioid Abuse

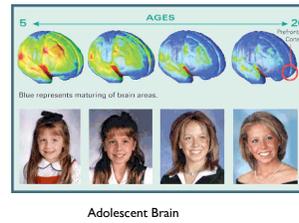
- Annual admission rates to treatment facilities for prescription opioid abuse increased by greater than 500 % from 1998 to 2008
- 5-year period revealed that the number of admissions related to controlled-release oxycodone increased from 3.8% in 2000 to 55% in 2004.

Suboxone - the Answer?

- overdose deaths exceed accidents
- demand for harm reduction - Suboxone

Early Use?

Potential Problems of Opioid Maintenance

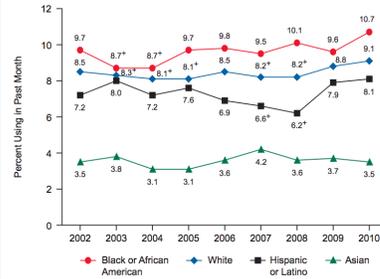


Earlier drug use increases risk

- Individuals who begin drinking before age 15 are 4 times more likely to develop alcohol dependence during their lifetimes than those who begin drinking at age 21.
(Grant & Dawson 1997, Journal of Substance Abuse 9:109-110)
- Over and above the genetic risk!



Figure 2.10 Past Month Illicit Drug Use among Persons Aged 12 or Older, by Race/Ethnicity: 2002-2010



* Difference between this estimate and the 2010 estimate is statistically significant at the .05 level.
 Note: Sample sizes for American Indians or Alaska Natives and for persons of two or more races were too small for reliable trend presentation for these groups. Due to low precision, estimates for Native Hawaiians or Other Pacific Islanders are not shown.

New Brain Understanding

New ASAM Definition

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and **spiritual** manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

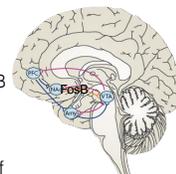
Plasticity of the Brain

- Make new nerve connections
- New memories
- Change chemistry, receptors and neurotransmitters
- Change gene expression (epigenetics)

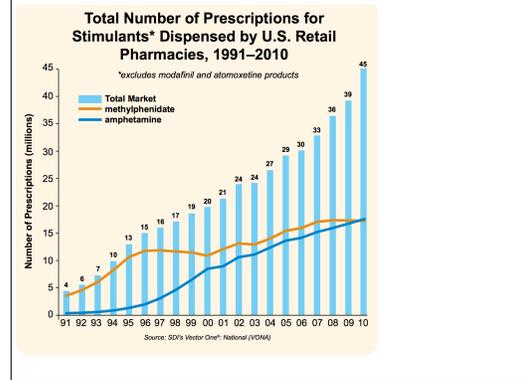


Δ Fos B

- Δ Fos B is the result of new gene expression
- Acute Drug - transient rise of FOS B in nucleus accumbens and other areas
- Chronic Drug use - accumulation of FOS B in nucleus accumbens



Psychostimulants & Attention Deficit



Attention deficit

- 5% have ADHD
- Recent data from the Centers for Disease Control and Prevention showed that 15 percent of high-school-age children had been diagnosed with the disorder and that the number of children taking medication for it had soared to 3.5 million, up from 600,000 in 1990.
- Advertising
 - The F.D.A. has cited every major A.D.H.D. drug, for false and misleading advertising since 2000, some of them multiple times
 - comic book in which superheroes tell children that "Medicines may make it easier to pay attention and control your behavior!"
 - Adderall cannot only unleash a child's innate intelligence but make the child more amenable to chores like taking out the garbage.
- Prominent doctors get paid by drug companies

Attention Deficit

- now adults have it - many with hx of substance use
- detaching them from diagnosis is difficult

Treatment Changes

Remember the Goals

- Remember what the "Goals" are.....
- Best state of wellness

Few Treated

- 23 - 25 million American adults age suffer from substance abuse or dependence
- Over 40 million additional adults meet diagnostic criteria for less severe but still significant "harmful medical use of alcohol or other drugs" (US Drug Control Strategy, 2010)
- Only about 2.3 – 2.5 million of these individuals enter any type of treatment for their condition

Current

- 80% receive only outpatient care
- modal duration of outpatient treatment is only 1 - 3 visits; less than 30% remain actively engaged in outpatient care by 60 days

Effectiveness of Medications

- While research over the past several decades has documented over 64 effective medications, behavioral therapies and other interventions that can be used during treatment
- great majority of addiction treatment programs provide only group counseling and referral to AA – much as they did forty years ago

Cacciola, Meyers & McLellan 2013

Counseling

- Individual counseling works
- **Importantly, there are very few studies that have shown positive effects from group drug counseling.**

Fiorentine R & Anglin DM (1996). More is better: Counseling participation and the effectiveness of outpatient drug treatment. *Journal of Substance Abuse Treatment* 13(4):232-240.
McLellan AT, Woody GE, Luborsky L et al. (1988). Is the counselor an "active ingredient" in substance abuse rehabilitation? *Journal of Nervous and Mental Disease* 176:423-430.
Simpson DD. (2004) A conceptual framework for drug treatment process and outcomes. *J. Substance Abuse Treatment*, 27: 99-121.
Moos RH. (2003) Addictive disorders in context: Principles and puzzles of effective treatment and recovery. *Psychology of Addictive Behaviors*, 17(1), 3-14. McLellan AT. (2002) The outcomes movement in substance abuse treatment: Comments, concerns and criticisms. In J. Sorenson et al. (Editors) *Drug Abuse Treatment Through Collaboration: Practice and Research Partnerships That Work*. Washington, D.C. American Psychological Association Press. 58 – 63.

Medications

- McLellan cites significant advances in medications to assist addiction
- Most clinicians find many meds of limited value
- Many clinicians are concerned about long term use of opioid maintenance drugs uncertain of risks

New Paradigm

- Treating addiction as a chronic disease
- Multiple levels of care necessary
- Integrated treatment models
- Virtual treatment teams
- How we treat physicians
- contingency management

Insurance?

- Accountable Care Act of 2010
- Mental Health and Substance Abuse Parity Act 2010 (See Buck, 2011).
- These two pieces of legislation include provisions requiring (by 2014) essentially all health plans to offer prevention, early intervention and treatment for the full spectrum of "substance use disorders."
- Only the more severe will be treated in "tertiary settings"

Rx For the Right Reasons

- For example, under the CCM model it is not informative to ask "Is naltrexone effective in the treatment of alcohol dependence?" A much more clinically informative question would be "Is naltrexone effective in reducing alcohol craving among well-stabilized patients receiving clinical monitoring and management?"

Limited Research

- It is intuitive that patients with more severe, complex and chronic substance use problems will likely require a greater number and frequency of clinical practices to achieve and sustain these clinical goals; and will likely require a longer period of successful maintenance of these goals prior to transfer to a less intensive stage of care. (McLellan 2013)
- However, even these intuitive assumptions have received very little research attention.

Continuing Care

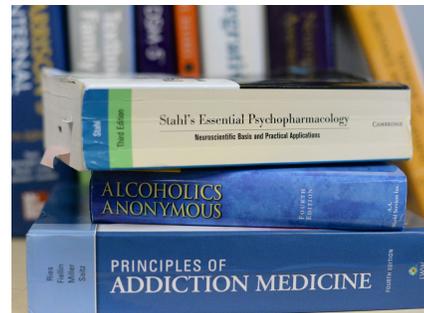
New Paradigm

- treatment continues
- Treatment centers can no longer be the isolated "Box" of treatment
- My First Year recovery - mirrored after contingency management of physicians and drug court systems

The Future

The Future

- who benefits from maintenance drugs?
- what is the long term effects of maintenance drugs?
- What is the most effective level and type of care?
- How useful are the dimensions?
- How do we maintain the momentum of treatment?



the end