

It's More Than an Opioid Epidemic, It's an ADDICTION Epidemic: The Big Picture of Addiction

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Our government and the pharmaceutical industry are focused on opioids when we know that's only part of the problem. The media gives a twisted and biased representation of legitimate treatment. Let's join our voices to impact all of addiction - the thousands who die, inadequate rates for public funded treatment that limits availability, and taking a stand for what works.

● 47,055 Overdose deaths in 2014*

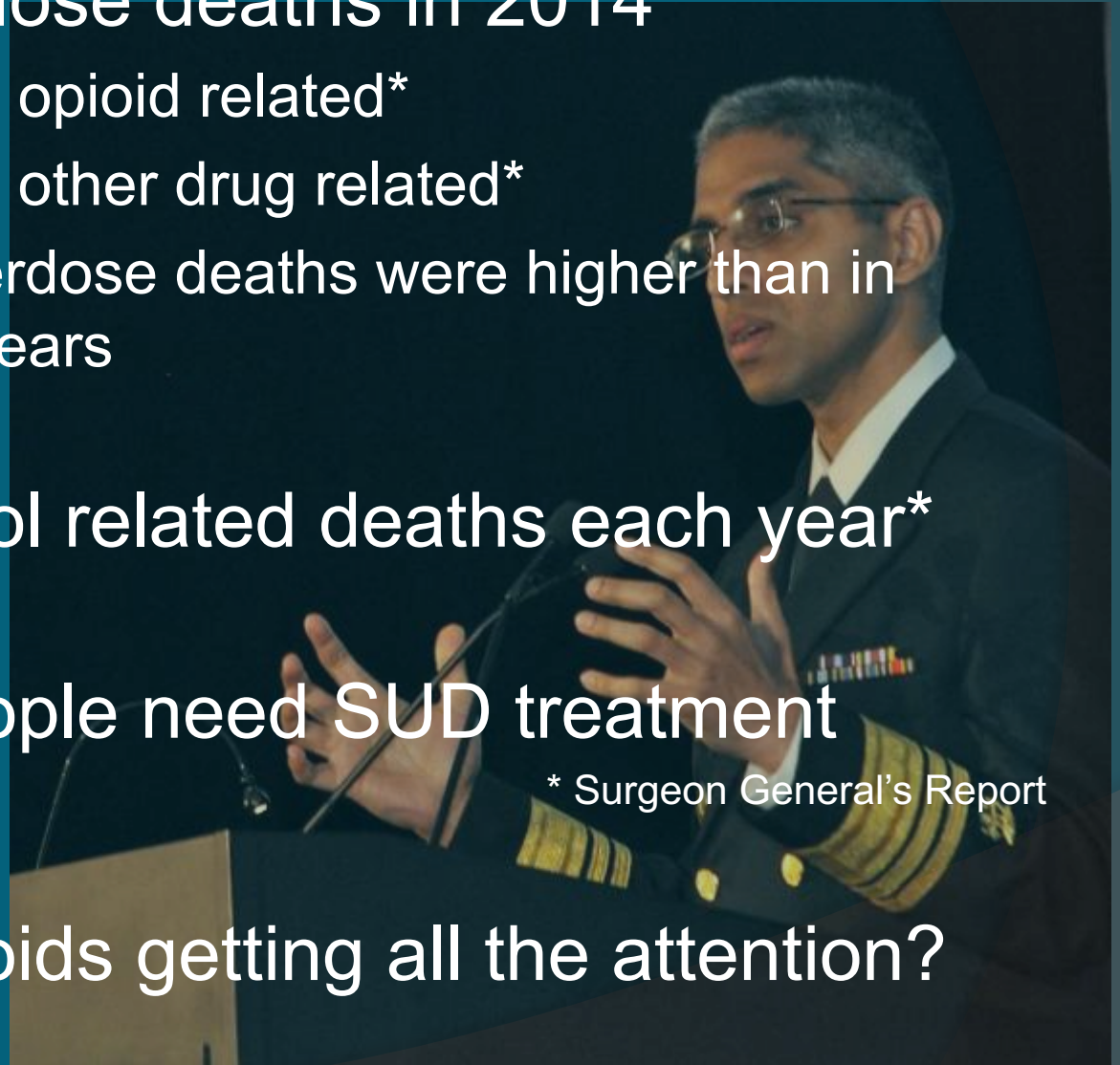
- 28,647 were opioid related*
- 18,408 were other drug related*
- Cocaine overdose deaths were higher than in previous 6 years

● 88,000 alcohol related deaths each year*

● 23 million people need SUD treatment

* Surgeon General's Report

So why are opioids getting all the attention?





- Back when Buprenorphine was just Buprenorphine
- 2002 FDA approval
- “in yrs prior to Suboxone’s approval, Reckitt Benckiser lobbied Congress ...” – waivers for office based tx of opioid dependence (10, 100, now 275)

- Adapt Pharma - seeking to require Naloxone Rx to accompany every opioid prescription written
- ↑ 40K to 247M/yr (2015)
- CVS - \$140.99
- Walgreens - \$150.99
- \$5.6 M/yr - \$34.8 B/yr

MEDICATION-ASSISTED TREATMENT (MAT)



Office of National Drug Control Policy



ASAM American Society of
Addiction Medicine

July 6, 2016

**Proposed patient
limit raised to 275.
ASAM applauds
important action to
help close addiction
treatment gap.**

“The Obama Administration announced today that it will raise the limit on the number of patients with opioid addiction that certain physicians can treat with buprenorphine to 275. ASAM applauds this long-overdue policy change ...”

Digging deeper into the “opioid epidemic”

- “When the weight of depression was too great, Christina drank. But when a friend told her about Oxycodone a doctor-prescribed opioid that might make her feel better, Christine simply told her doctor that she had back pain and walked out of the office with a prescription. Oxycodone helped, but it was expensive and her doctor eventually asked questions. Christine did what thousands of others do: she turned to a cheaper, and more affordable solution: heroin.”

Digging deeper into the “opioid epidemic”

- “Over-prescription of powerful opioid pain relievers beginning in the 1990s led to a rapid escalation of use and misuse of these substances by a broad demographic of men and women across the country.”

Surgeon General's Report

- In 2012, 259M opioid prescriptions – a bottle of pills for every adult in US
- US has 4.6% of world population
 - consumes 75% of rx meds - 99% of hydrocodone; 81% oxy



Digging deeper into the “opioid epidemic”

- ① “At the heart of our growing addiction problem is the overprescribing of these addictive and potentially deadly medications.” Debra Houry at the CDC

- ② 2.3 – 2.5M people abusing or dependent on opioids; (586K of those heroin)
 - Only 1M are receiving treatment



- “opiate induced constipation” - OIC
- JC attention to pain
- CDC guidelines for prescribing opiates for chronic pain

Digging deeper into the “opioid epidemic”

- ② 220,000 opioid OD deaths since 1999

- 175,000 from rx opioids
- 45,000 from heroin

Andrew Kolodny, MD, Ex Dir PROP

- ② Adults 45 – 54 yo – highest death rates from opioid OD

Agency for HC Research & Quality

- ② Use of methadone in pain treatment is associated with disproportionately high # of OD deaths

Centers for Disease Control

Digging deeper into the “opioid epidemic”

- “An analysis of thousands of individuals entering treatment for the first time for opioid abuse found that most patients who first received opioids from a prescription had an extensive history of prior use of psychoactive substances.”

- online article in *Addictive Behaviors*, Theodore Cicero, PhD, et al; reported in ADAW, Nov 14, 2016

- 2010 – 2015; 9,500 individuals
- On average had used 4 of 10 drugs (avg 4.55)
- Exclude nicotine, ETOH & mj – 70% had used 1 or more of other drugs (stimulant classes highest)
- “Pain patients were rarely drug naïve prior to receiving their first opioid prescription.”

HHS 3-fold approach to combating opioid epidemic

Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

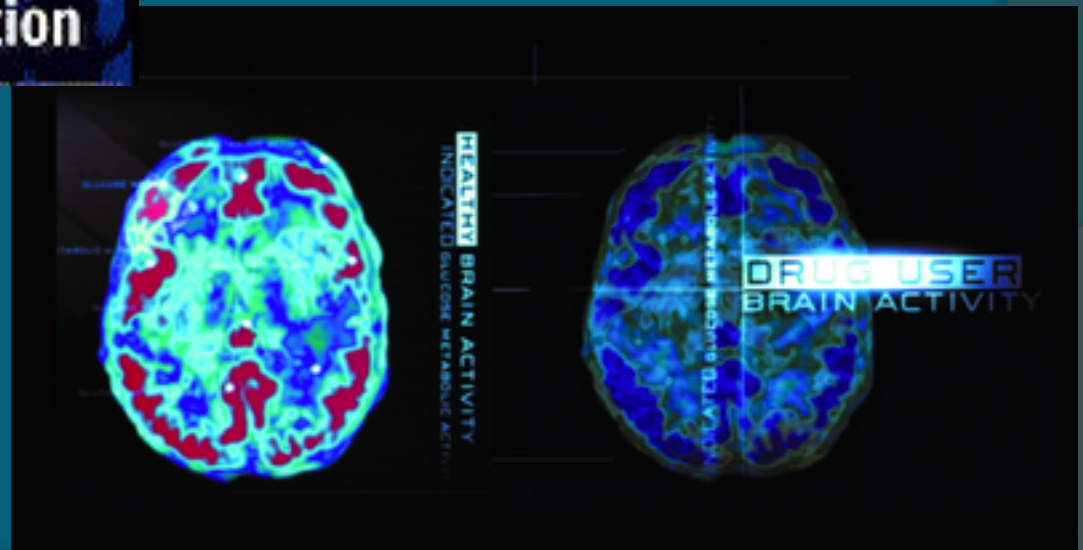
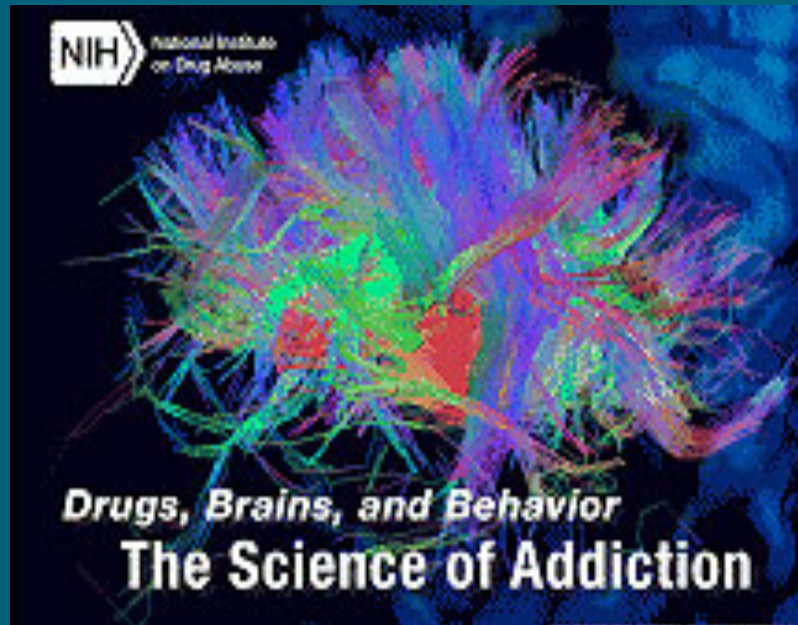


REVERSE Heroin Overdose

Expand the use of naloxone.

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

Addiction is a brain disease ...







Cigna CEO David M. Cordani

Wall Street Journal, June 6, 2016

“The current approach to substance-use disorder treatment, however, is based largely on the Alcoholics Anonymous 12-step model, which *doesn't* take into account that 40% to 60% of substance abuse is attributable to a person's **genetic makeup**. We need to look beyond support groups to more **comprehensive care solutions** that include **therapy, medication and family support.**”

THE HUFFINGTON POST

POLITICS

Addiction Treatment Industry Worried Lax Ethics Could Spell Its Doom

Even as the opioid epidemic means business is booming.

“many ... worried aloud how the industry’s lax ethical standards would look in the new glare.”

“only hinted at the internal tensions and external pressures reshaping a troubled industry.”

THE HUFFINGTON POST

- “The system operates largely unmoved by the findings of medical science.”
- “Addicts experience a hodgepodge of drill-instructor tough love, and self-help lectures, and dull nights in front of a television.”
- 2012 study concluded U.S. treatment system is in need of a “significant overhaul” and questioned whether the country’s “**low levels of care**” that addiction patients usually do receive constitutes a form of medical malpractice.”
 - (Nat Ctr on Add & SA at Columbia University)
- Those with “a strong 12-step orientation” tended to hold research-supported approaches in low regard.

“US treatment system is in need of a significant overhaul.”

⦿ Texas State Contracted Rates

- Inpatient Detox \$180
- Ambulatory Detox \$85
- Residential \$85
- Supportive Residential \$41
- Outpatient \$18/hr group counseling
- Outpatient \$17/hr group education
- Outpatient \$58/hr individual



⦿ La Quinta Rates

- La Quinta Downtown - \$129
- La Quinta Inn & Suites Austin Airport - \$119
- La Quinta South - \$169
- La Quinta at the Domain - \$115



⦿ Biggest workforce shortage issue is low pay!

- ⦿ Communicate
- ⦿ Participate
- ⦿ Advocate
- ⦿ Collaborate



“When we are silent we allow others to define us.”

Taylor the Message

- Clinical practices
 - CBT, DBT, MET, Reality Therapy
 - Counselor credentials
- Medically supported treatment
 - Detox meds
 - All relapse prevention meds
 - Physicians and nurses
 - Psychiatrists
- Family programming
- Individualized treatment



Tout Your Credentials

- Licensed facilities & counselors
- Accreditation – JC, CARF
- Association Membership
- ABAM Docs, CARN Nurses
- Training programs
 - Counselor internships
- Quality care designations
- Outcomes data



Research for 12 Step Supported Treatment



- **Project MATCH – (1988)** Funded by NIAAA
 - 12 Step Facilitation Therapy, CBT & MET; 806 clients
 - 12 Step worked as well as CBT & MET
 - 12 Step significant advantage when abstinence is goal
- **Brown University Center for Alc & Add Studies – (1999)**
 - 37 – 39 months after treatment
 - 12 Step Facilitation “may be treatment of choice” for alcoholic with social networks that support drinking
- **Fiorentine & Hillhouse (2000)**
 - “people used 12 Step groups and outpatient treatment as “integrated recovery activities,” not mutually exclusive options. When clients combine treatment and Twelve Step groups, they experience a powerful advantage over using treatment or groups alone.”
 - Fiorentine speculates that “this regular, continuous, and personal affiliation may be one reason why 12 Step membership is more effective than treatment in promoting long-term recovery.” Another reason is that 12 Step philosophy accurately depicts the nature of addiction, particularly the notion of powerlessness over alcohol and other drugs, adds Fiorentine.”
- **NIDA – Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Ed.) (2012)**
 - While the efficacy of 12-step programs (and 12-step facilitation) in treating alcohol dependence has been established, the research on its usefulness for other forms of substance abuse is more preliminary, but the treatment appears promising for helping drug abusers sustain recovery.
- **Moos & Timko – Outcome Research on 12-Step & Other Self-Help Programs; Am Psych Publ Textbook of SUT (2008)**
 - “Sustained attendance at self-help groups (SHGs) is associated with a higher likelihood of abstinence and better substance use outcomes.”





MEDICATION-ASSISTED TREATMENT (MAT)

4 Studies on Retention Rates for MAT

- *International Journal of Neuropsychopharmacology Study*
 - 55.3% of Methd & 48.4% of Buprenorphine patients completed 26 weeks
 - 60% of Methd pts had at least one + UDS in last month, mostly for benzos & opioids. 52% of Bup pts had at least one + UDS in last month, mostly for opioids.
- Australia study (2015) published in *Addiction*
 - 7,183 1st time patients placed on Buprenorphine
 - 44% spent 3+ months in treatment
 - Bup pts had more subsequent treatment episodes than Methd pts
- *Addiction*, 2014 Jan; 109 (1): 79-87.
 - 740 patients on Buprenorphine; 24 weeks
 - 46% treatment completion for Buprenorphine; 74% for Methadone
 - Higher doses had higher completion rates
- 2016 study of 16 – 24 yr olds; 28/56 d tapers; only 1/2 of 53 completed
- “Overall, the results of this study give further evidence that substitution treatment is a safe and effective treatment for drug dependence.”
- “Treatment retention is important predictor of favorable treatment outcomes.”

Retention Rate & SU in Methadone & Buprenorphine Maintenance Therapy

International Journal of Neuropsychopharmacology, 2008, Vol 11, Issue 5

Most frequently named reasons for drop-out from MAT

26 weeks; 18 group sessions; 140 opiate dep pts; primarily heroin; late 20s – early 30s;
2x M to W; average onset 16 yo

(n=64)	<i>n</i>	%
Craving for drugs	31	22
Concomitant use of illicit drugs	31	22
Family/partner influence	23	16
Lack of motivation	20	14
Concomitant use of legal drugs	18	13
Doubt ability to lead drug-free life	16	11
Confident can get along w/o therapy	16	11

(18 group sessions and/or “individually defined combination of activation of resources and coping with social conflicts”)

Restless, Irritable, Discontent

- Biological
 - Psychological
 - Emotions
 - Social
 - Family
 - Educational/Vocational
-
- More than 80% of people who taper off methadone relapse.



MEDICATION Assisted treatment

- “Overreliance on medication that has come with opioid use disorders has led to neglecting other lifestyle changes that are essential to recovery. ‘The public has eliminated the *assisted* and just gone to *medication*’.”

Joseph Garbely, MD, Caron Treatment Centers

- “Medication is part of treatment, but it’s not the whole conversation.” “...most patients come to us on more than one chemical.”

Carlton Kester, Lakeside-Milam Recovery Centers

- “The effectiveness of MAT depends tremendously upon having all the components in place – prescriptions, counseling and drug testing – the whole comprehensive package.”

Richard G. Frank, PhD, HHS Asst Sec for Planning & Evaluation

“We want more for our patients than to just not die.”

Marvin Vintrell, Exec Dir NAATP

- “..a medication that is effective in blocking the rewarding effects of opioid use will not fully address the multiple, complex problems of those with opioid use disorders...”

Surgeon General's Report, pg 1-24

- “It is clear that the best treatment is usually a combination of medication and psychosocial therapies.” “There are lifestyle changes that have to be made, relationship changes, and these changes don't come from a pill.”

Lawrence Westreich, MD, President, Am Academy of Add Psychiatry

**Call on SAMHSA to require data collection of counseling being done with Buprenorphine.
Support outcomes research for treatment.**

Tell the story of RECOVERY!

- We are all in the advocacy business!



- Who do you want to define what you do?



Get to Know Your Legislators

“Our destiny is ruled by people who don’t know what we do!”

- “All politics are local!”
- Attend their events, invite them to yours
- Get them to your facility
- Build relationship with their staff
- Visit/Send emails/Make phone calls
- Respect their time—be selective, prepared & focused
- Follow-up, Follow-up, Follow-up

Grace Davis @ Hayes Caldwell Council

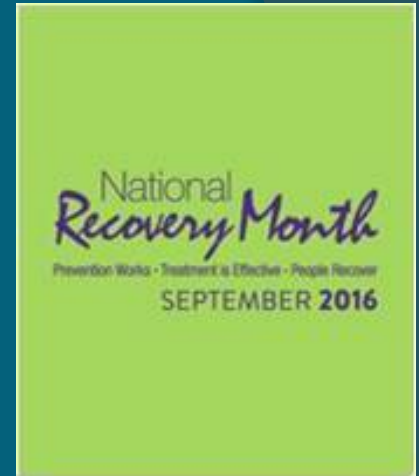


Frame Your Message!

- Bring it home -
 - As a provider
 - As an employer
- Why does it matter
- We are the solution
- We make financial sense
- Singleness of purpose, non-partisan
- Short, simple, strong



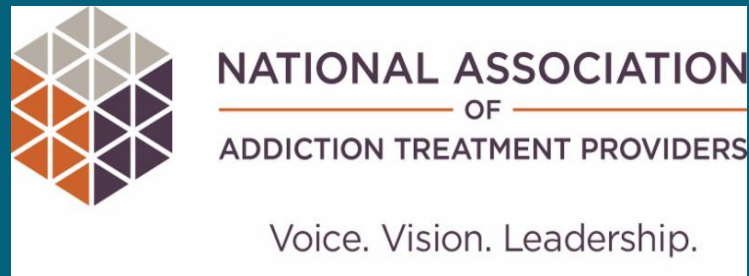
Advocacy – It's More than Just at the Capitol



- Speak Up - Treatment Works! People Recover!
- Offer your expertise
- Community groups
- Regulatory hearings

Pump up the volume!

Who is already working on the issues?



It's a really strange time ...

- ⦿ Surgeon General's Report
- ⦿ “We need to be able to leverage the opioid epidemic to have a better discussion about what addiction looks like in general.”

- Tom Hill, National Council

- ⦿ Addiction treatment is a good investment
 - Treatment as alternative to incarceration
- ⦿ SUD/MH concerns among veterans
- ⦿ Behavioral health integral to overall health

Organize Your Workplace

- ⦿ Do YOU believe this is important?
- ⦿ Who is passionate about this?
- ⦿ Match your efforts to your workplace to keep people enthusiastic
- ⦿ Blog, Facebook, Websites
- ⦿ Make it easy for employees

- ④ We need to ... be willing to credit all options that have merit, and, perhaps hardest of all, criticize and repair our own favored method where limited or flawed.

Marvin Ventrell, Executive Director, NAATP

Parting Thoughts!

- ⦿ What do you emphasize in your marketing?
- ⦿ Is “science” part of your program?
- ⦿ Who are you collaborating with?
- ⦿ Are you partnering with those who encounter OD patients?
- ⦿ Medical students & residents; counselor interns
- ⦿ Are you demanding counseling & UDS w/MAT?
- ⦿ Are you part of the “bigger” recovery movement?



Remember to



Thank You & Good Luck!

Let me know how we can help!

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