

# **DO NO HARM**

## **OPIOID DEPENDENCE:**

### **A Clinician's perspective**

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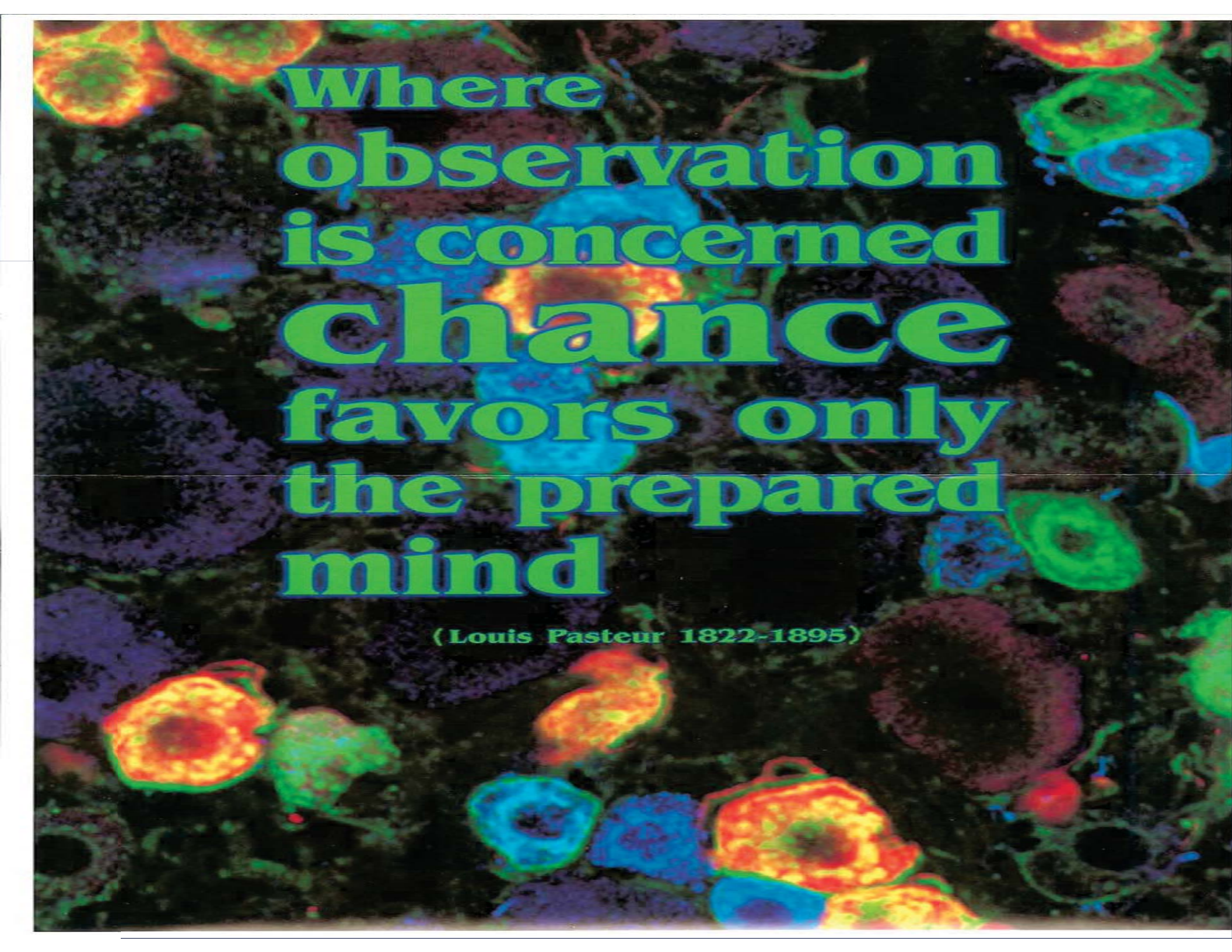
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**Where  
observation  
is concerned  
chance  
favors only  
the prepared  
mind**

**(Louis Pasteur 1822-1895)**



## **SUBSTANCE USE DISORDERS DEFINITION**

- Addiction is a complex, multifaceted and multi-determined illness that is biopsychosocial as well as spiritual nature. There are elements of genetic predispositions and environmental influences. Historically, the paths and progression of psychoactive substance use to addiction occurred over extended periods of time. However, the usual pathways and progression have been turned upside down with the influx of high potency heroin and the dramatic rise in the prescribing of opioid-based pain medications.
- The onset of addiction is rapid, the consequences severe and at this point in time epidemic.
- An important characteristic of substance use disorders is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders.

# DSM-5

## The 3 C's

- CONTROL
- COMPULSION
- CONSEQUENCES

# SUBSTANCE USE DISORDERS

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## **SUBSTANCE USE DISORDERS DEFINITION**

Definition: American Society of Addiction Medicine – ASAM: The ASAM Criteria, 3rd Edition, 2013.

- Addiction is a primary, chronic disease of the brain reward, motivation, memory, and related circuitry. Dysfunction in the 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 and behavioral control, craving, diminish 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 in remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.



# Substance Related Disorders Are Divided Into Two Groups:

## 1. SUBSTANCE USE DISORDERS

- Substance Abuse
- Substance Dependence

## 2. SUBSTANCE-INDUCED DISORDERS

- Substance Intoxication
- Substance Withdrawal
- Substance-Induced Delirium
- Substance-Induced Persisting Dementia
- Substance-Induced Persisting Amnesic Disorder
- Substance-Induced Psychotic Disorder
- Substance-Induced Mood Disorder
- Substance-Induced Anxiety Disorder
- Substance-Induced Sexual Dysfunction
- Substance-Induced Sleep Disorder

# DSM-5

## Diagnostic Criteria

- Opioid taken in larger amounts or over longer period than intended.
- There is a persistent desire or unsuccessful effort to cut down or control opioid use.
- The great deal of time spent in activities necessary to obtain the opioid use the opioid or recover from its effects.
- Craving, or strong desire or urge to use opioids.
- Recurrent or viewer use resulting in a failure to fulfill major role obligations at work school, or home.
- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- Important social, occupational or recreational activities are given up or reduced because of opioid use.



# DSM-5

## Diagnostic Criteria Cont'

- Recurrent opioid use in situations in which it is physically hazardous.
- Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem it is likely to have been caused or exacerbated by the substance.

**TOLERANCE**, as defined by either of the following:

- I need for markedly increased amounts of opioids to achieve intoxication or desired effect.
- Opioids (were closely related substance) are taken to relieve or avoid withdrawal symptoms.

**Withdrawal**, as manifested by either of the following:

- The characteristic opioid withdrawal syndrome.
- Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

## DEFINITIONAL PRAGMATISM

What makes problems, is one. That is, if one's alcohol and/or other drug use causes or perpetuates negative consequences, interferes with important life domains and such doesn't otherwise exist or occur in the absence of the use; And yet, in the face of the evidence, continues to engage in the use behavior – DUH!

One's belief regarding the presence or absence of problematic substance use is profoundly influenced by context, reference group, perceived functionality among a host of internal dynamics, personal experiences & family histories.

Addiction is well characterized and understood as a DISEASE OF DENIAL!

# Substance Use, Abuse & Dependence

In 2012, an estimated 22.2 million persons aged 12 or older (8.5 percent) were classified with substance dependence or abuse in the past year based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). Of these:

2.8 million were classified with dependence or abuse of both alcohol and illicit drugs,

4.5 million had dependence or abuse of illicit drugs but not alcohol,

14.9 million had dependence or abuse of alcohol but not illicit drugs.



# Substance Use, Abuse & Dependence

The specific illicit drugs with the largest numbers of persons with past year dependence or abuse in 2012 were:

Marijuana (4.3 million)

Marijuana Is The Most Rapidly Increasing Drug of Choice for the Adults Over 50 years Old

Opioid Pain relievers (2.1 million)

Cocaine (1.1 million)

# PRESCRIPTION OPIOID & DEPENDENCE

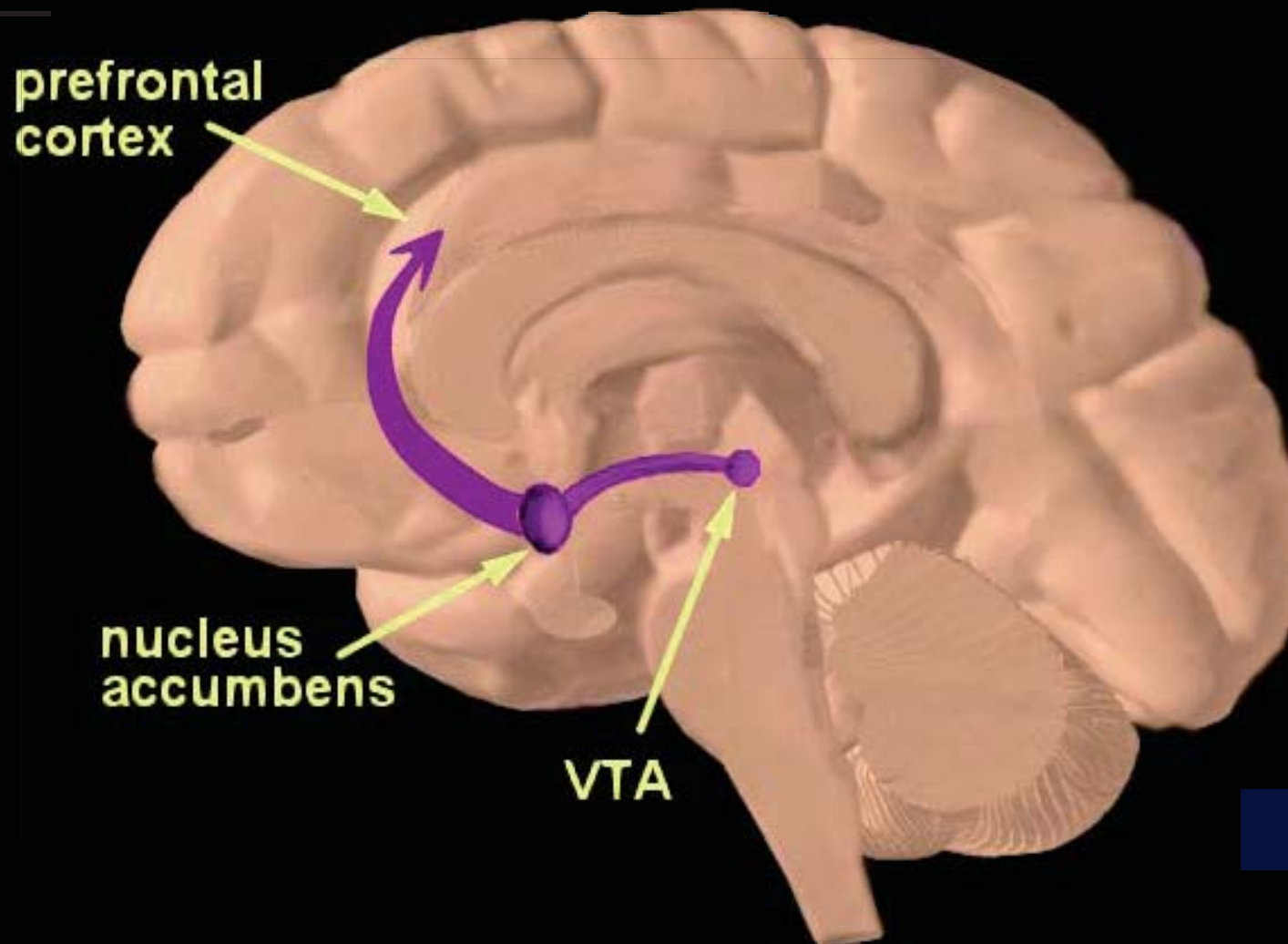
Prescription Opioid Abuse & Dependence/Addiction  
Has grown to EPIDEMIC Proportions in New Jersey.

Prescription Opioid Abuse & Dependence is the  
Leading Conduit to the EPIDEMIC Resurgence of  
Heroin Addiction in New Jersey.

New Jersey Generally Has the Highest Potency of Heroin in the  
Nation.

Prescription Opioid Abuse & Dependence/Addiction &  
Heroin Addiction is No Longer an Urban Inner City Problem but  
a Middle & Upper Middle & Upper Class Problem.

# Neural Reward System



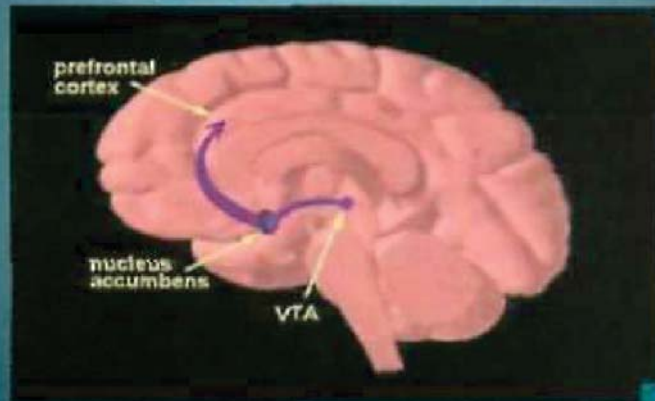
Activation of mesocorticolimbic system



# Neurobiology of Addiction

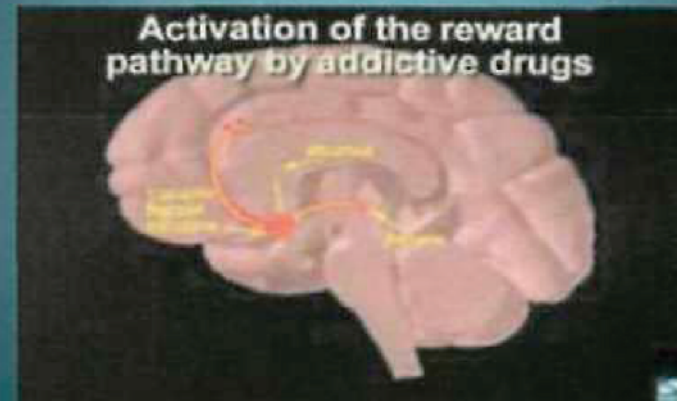
## Neurobiology of Addiction

- The reward pathway



## Neurobiology of Addiction

- This same reward pathway is activated by drugs



# The Memory of Drugs

Front of Brain

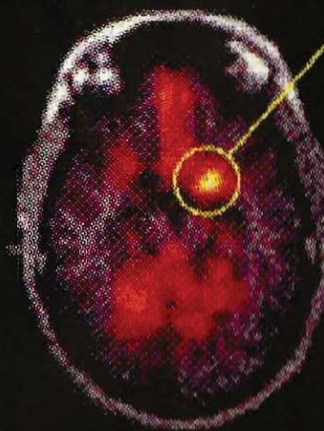
Amygdala  
not lit up



Back of Brain

Nature Video

Amygdala  
activated



Cocaine Video



# TOLERANCE & WITHDRAWAL SYNDROME

## TOLERANCE:

A state of adaptation in which exposure to the drug induces changes that result in a diminution of one or more of the drug's effects over time.

## ADDICTION / DEPENDENCE:

Adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction decreasing blood level of the drug and/or the administration of an antagonist.



# IATROGENIC ADDICTION

## Prescriber Induced

Most often emanates from Rx'd opioids for legitimate care / management of acute pain secondary to medical / dental procedures and/or diagnosed or alleged chronic pain syndromes / disorders without critical oversight and monitoring.

## Physiological Contributors

### Associated with Progressive Increased Tolerance:

Decreased dose related effectiveness = Increased Dose Amt Demand.

Decreased time span of therapeutic of dose effectiveness = More Frequent Dosing of Increased Dose Amt.

Changed Route of Administration to Heighten Effect & Onset

## **IATROGENIC ADDICTION Cont.**

- Rapidly decreased supply with concomitant demand for Rx renewal.
- Heightened sensitivity of pain receptor pathways.
- Decreased Pain Tolerance Threshold

### **Psychological Contributors**

- Subjective Decreased Pain Tolerance Threshold
- Subjective Perception of Exponential Severity of Pain Sensation.
- Subjective Perception of Withdrawal (Dope Sickness) as Intolerable & Life Threatening.
- Acute Panic & Desperation.
- Fear of Death

# IATROGENIC ADDICTION Cont.

## Behavior

- Lying & Deceitfulness
- 11<sup>th</sup> Hour Attempts to Achieve Rx Refill
- Dr. Shopping
- Pharmacy Shopping (In-State & Out of State)
- Use of Cash
- Medicine Cabinet Shopping
- Internet Pharmacy Shopping
- Attempts to Influence Prescriber as to the Most Effective Drug
- Seeking Out of Funding Streams
- Theft, B & E, Pawning, Rx Forgery, Etc.



# IATROGENIC ADDICTION Cont.

## Behavior

- Threatening of Prescriber
- Transition to Street Heroin (Intranasal)
- Transition to IV Heroin Use

## WORLDVIEW

All who seek to stand in the way, interfere, intervene or in any way pose a risk to "my" continued intimate relationship with "my" most loved, revered and significant relationship will be subjected to the wrath of "my" deepest reptilian instinct for survival!

**RX OPIOID & STREET OPIOID (HEROIN)  
ADDICTION**

**ALL OF THE PRECEDING**

# INTERVENTION STRATEGIES

- It is important to think of intervention & treatment as multi-modal (Biopsychosocial), providing direction & intervention at a variety of levels.
- Develop relationship with specialized & knowledgeable professionals for consultation & collaboration. ASAM Certified MD's, Addiction Psychiatrists and other highly experienced licensed addiction professionals.
- Become familiar with interview techniques & Strategies.
- Become aware of pharmacological testing methodologies & make them a standard of care. "When in doubt, check it out!"
- Never ask, "Do you ever use, take, whatever?" Instead ask, "Tell me the last time you used ...? "Tell how often?." Tell me how much?"



# INTERVENTION STRATEGIES

- Become familiar with currently available & effective medication methodologies, e.g., Oral Naltrexone, Subtext (Buprenorphine) & Suboxone (Buprenorphine with Naltrexone), Vivatrol (Depot Injectable IM Naltrexone – 30 Day)
- Become familiar with the clinical presentation (signs & Symptoms of opioid use.
- Become familiar with overdose prevention methodologies, E.G., NALOXONE.
- Become familiar with ASAM Levels of Care Treatment.
  - Be wary of One-Size-Fits-All Treatment Programs.
  - Evaluation and treatment must be individualized and considerate of expectation of co-occurring & associated disorders as a challenge to a successful outcome thus must be integrated medically, psychiatrically, psychologically, emotionally and spiritually whenever and wherever possible.
- Prescription Monitoring Program (PMP)

## Substance Related Treatments, Cont:

- Drug and Alcohol Education
- Psychopharmacology
- Substance Use Disorder Psychotherapy/Counseling
- Urine, Hair Follicle, Nail Clippings Screenings
- Behavioral Contracting
- Agonist and Antagonist treatments
- Interventions can be with individuals, families and/or group settings.

# Recovery and Self Help for Substance Use Disorders

## 12 Step Mutual Help Programs

- Alcoholics Anonymous
- Narcotics Anonymous
- Al-Anon (for friends & families)
- Nar-Anon
- Alateen (for friends & family members under 19 years of age)
- Families Anonymous

## Alternate Mutual Help

- Smart Recovery



# Where to Get More Information

- Websites:

[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

[www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)

[www.al-anon.org](http://www.al-anon.org)

[www.na.org](http://www.na.org)

[www.niaaa.nih.gov](http://www.niaaa.nih.gov)

[www.nida.nih.gov](http://www.nida.nih.gov)



**The Universe  
is full of  
magical  
things  
patiently  
waiting for  
our wits to  
grow sharper**

**(Eden Phillpotts 1862-1960)**