Alcohol & Opioid Use Disorders

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IDAHO DEPARTMENT OF HEALTH & WELFARE

Outline

- Review epidemiology of chronic diseases of opioid use disorder (OUD) and alcohol use disorder (AUD)
- Define addiction, recovery, and substance use disorder per DSM
- Discuss role of medications for OUD and AUD
- Dispel myths related to medications for OUD and AUD

--no disclosures or conflicts of interest--

Epidemiology

HEALTH CARE

Drug Overdoses Killed A Record Number Of Americans In 2020, Jumping By Nearly 30%

Updated July 14, 2021 · 6:53 PM ET

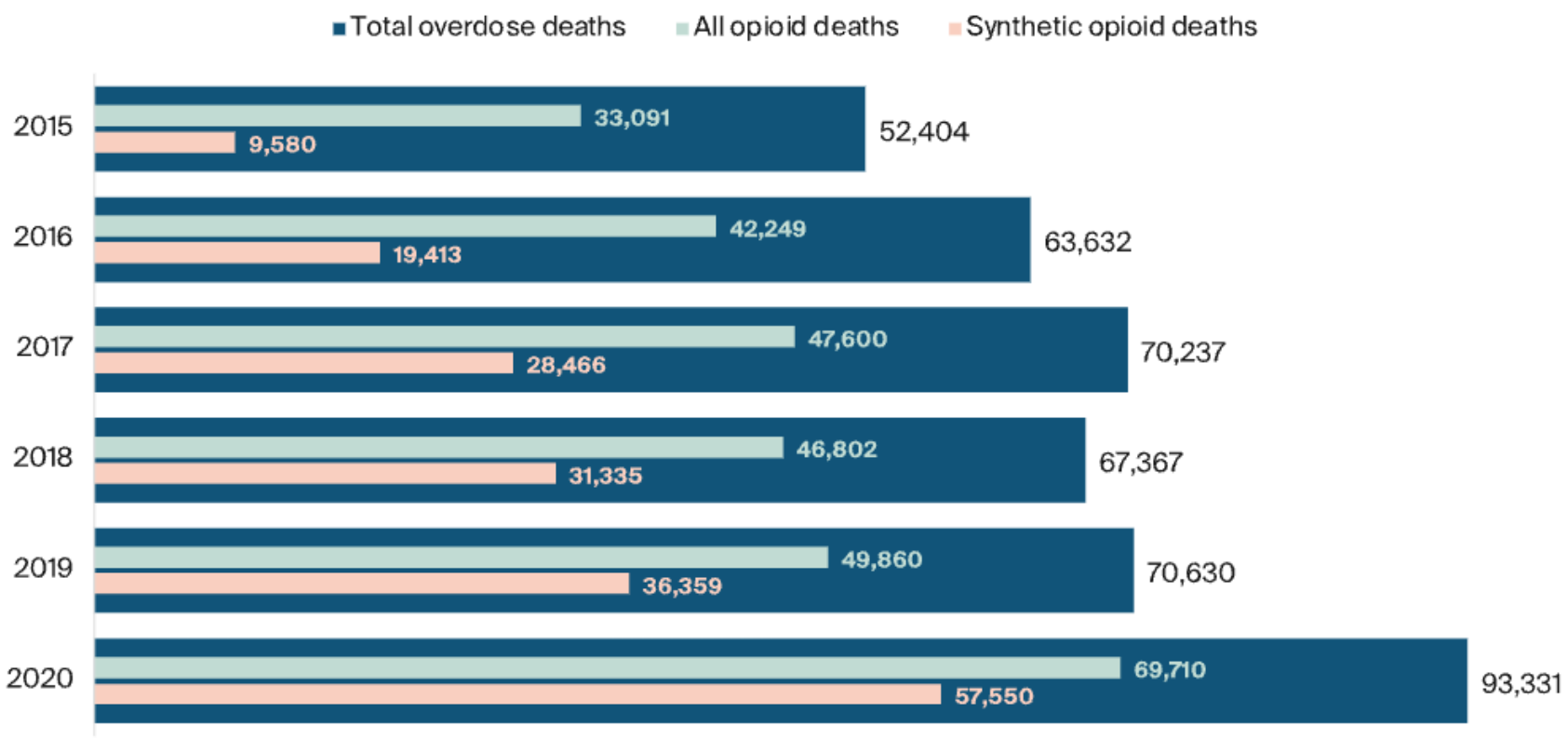
BILL CHAPPELL

Sharon Rivera adjusts flowers at daughter Victoria's grave at Calvary Cemetery in New York City in 2020. Her daughter, 21, died of a drug overdose in 2019. According to new CDC data, drug overdose deaths soared to more than 93,000 last year.

Kathy Willens/AP

Overdose deaths exploded to more than 90,000 in 2020, and synthetic opioids were involved in more than 60 percent of all overdose deaths.

Annual drug overdose deaths



Note: Synthetic opioid deaths exclude those from methadone. Specific drug-class deaths are not mutually exclusive, as some deaths are attributable to multiple drug types.

Data: 2015–2019 — Final data from CDC WONDER; 2020 — National Vital Statistics System, Provisional Drug Overdose Death Counts, Dec. 2020 predicted totals (not final data, subject to change).

Source: Jesse C. Baumgartner and David C. Radley, "The Drug Overdose Mortality Toll in 2020 and Near-Term Actions for Addressing It," *To the Point* (blog), Commonwealth Fund, July 15, 2021, updated Aug. 16, 2021.

https://www.commonwealthfund.org/blog/2021/drug-overdose-toll-2020-and-near-term-actions-addressing-it; https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

DOPP Idaho Dashboard

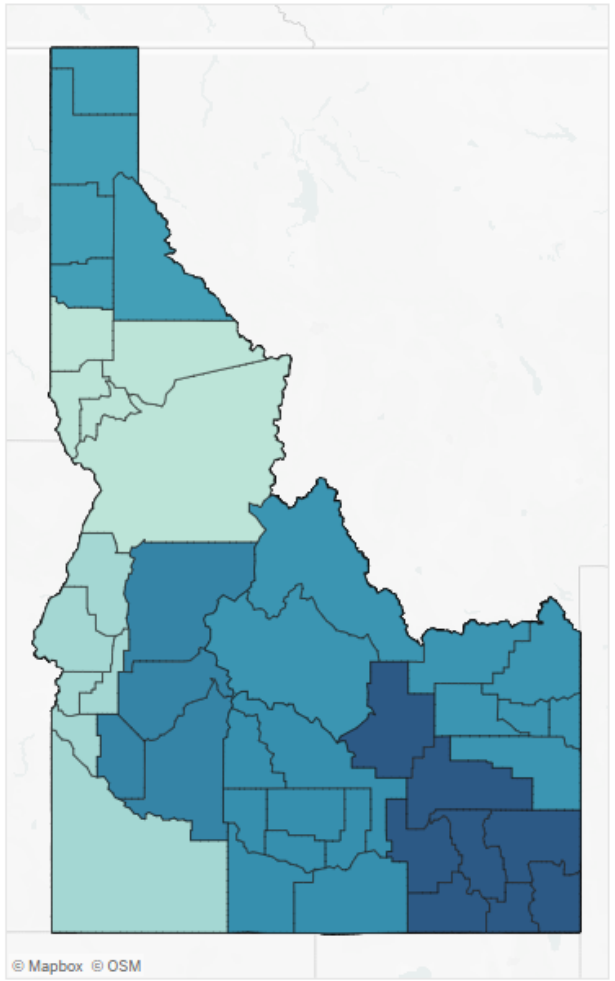
DRUG OVERDOSE PREVENTION PROGRAM

Home Page

DHW DIVISION OF PUBLIC HEALTH

Any Drug-Related Overdose Death

The rate of drug-related overdose deaths among Idaho's seven public health districts range from 8.2 to 20.4 deaths per 100,000 residents.

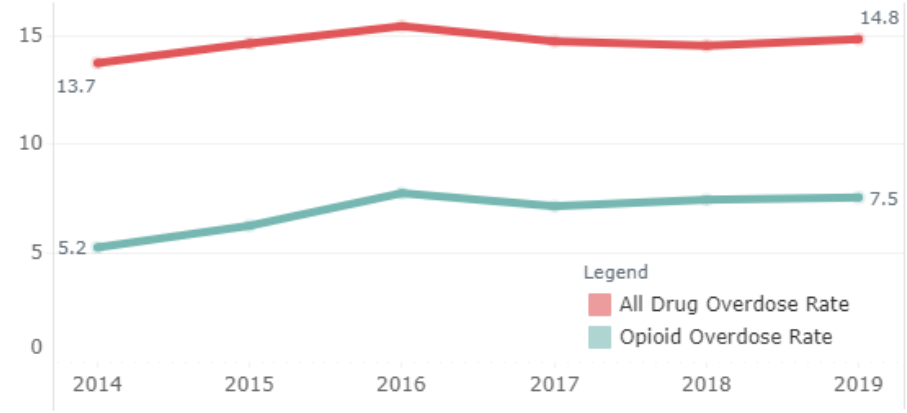


Above is a map displaying the 2019 Crude Rate of all drug-related overdose deaths by place of residence per 100,000 Idaho residents in each of Idaho's seven public health districts.

Drug Overdose Deaths

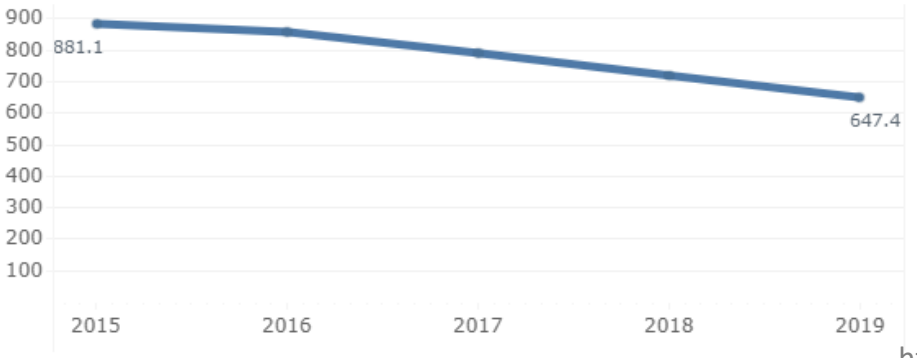
Select Number or Rate of Overdose Deaths: Drug Overdose Rate

The **rate** of overdose deaths among Idaho residents has **increased** from **2014** to **2019**



Opioid Prescriptions (excluding buprenorphine)

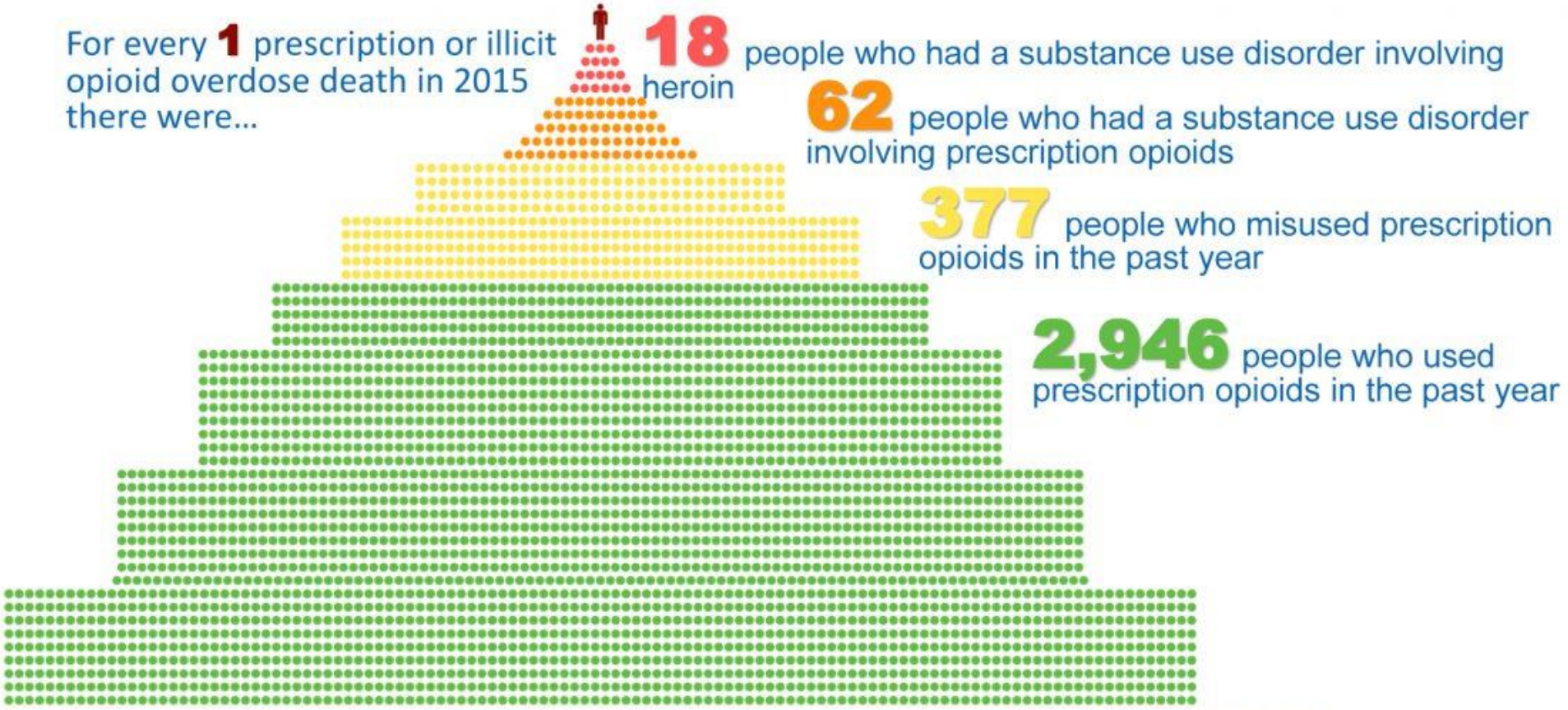
The **rate** of opioid prescriptions (per 1,000 residents) has **decreased** from **2015** to **2019**



This line graph displays the change in opioid prescribing rate (excluding buprenorphine) per 1,000 Idaho residents.

https://www.gethealthy.dhw.idaho.gov/drug-overdose-dashboard

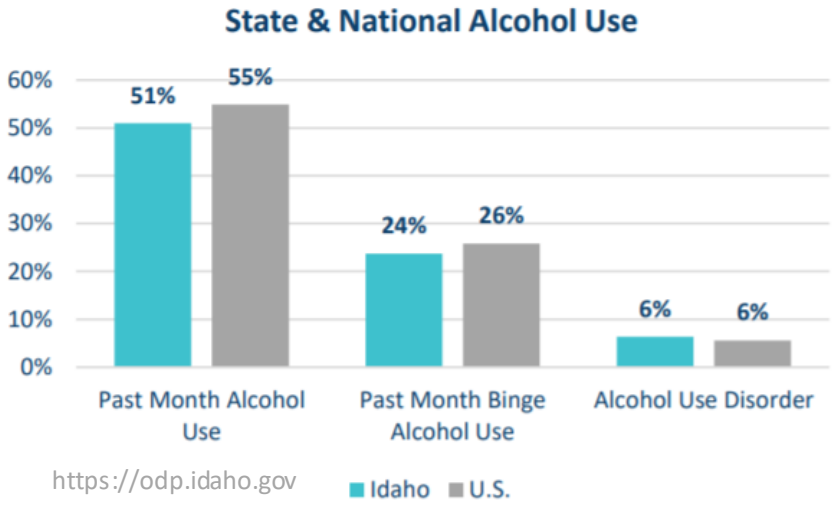
CDC's Unique Work In Action:
Overdose Deaths are the Tip of the Iceberg

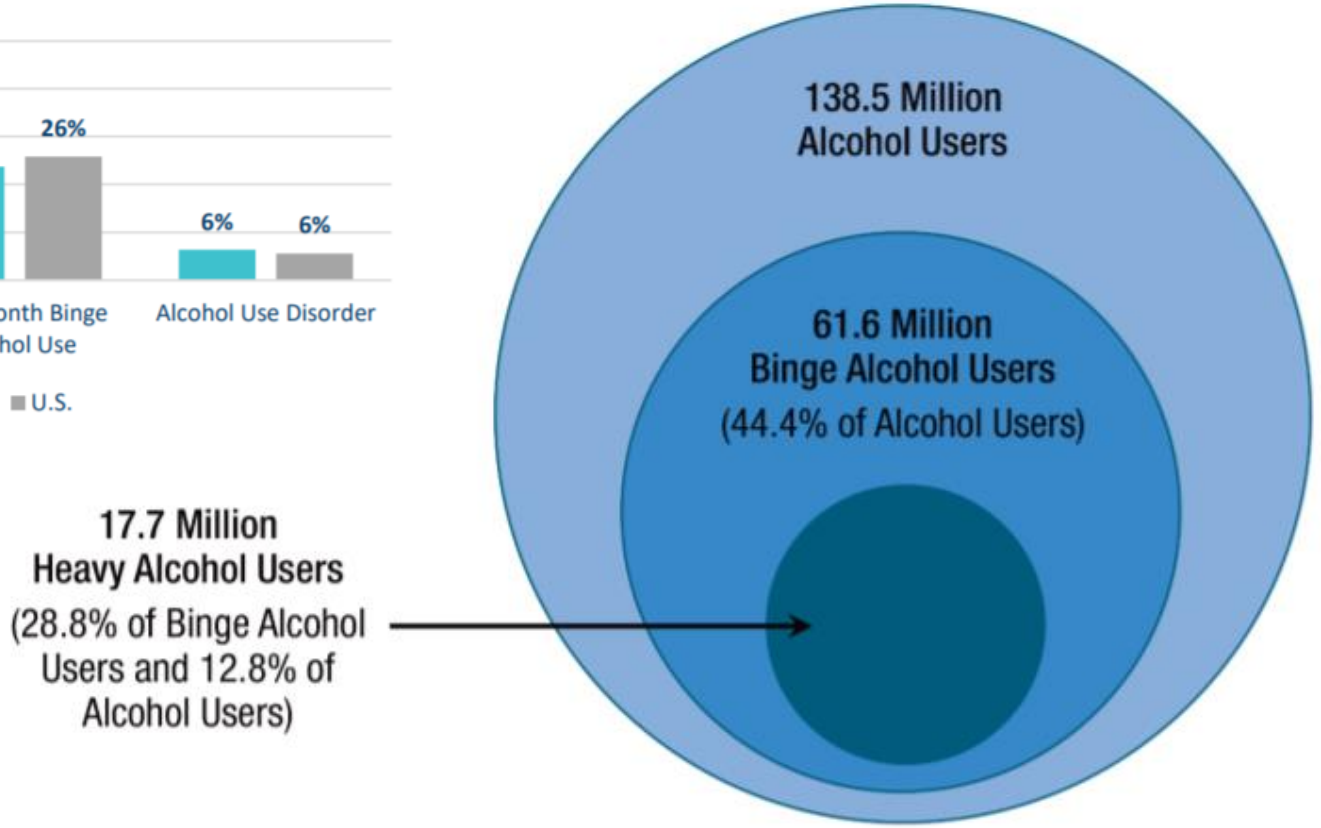


Results from the 2015 National Survey on Drug Use and Health: Detailed Tables https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm#tab1-23a

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.

Current, Binge, and Heavy Alcohol Use: Among People Aged 12 or Older; 2020



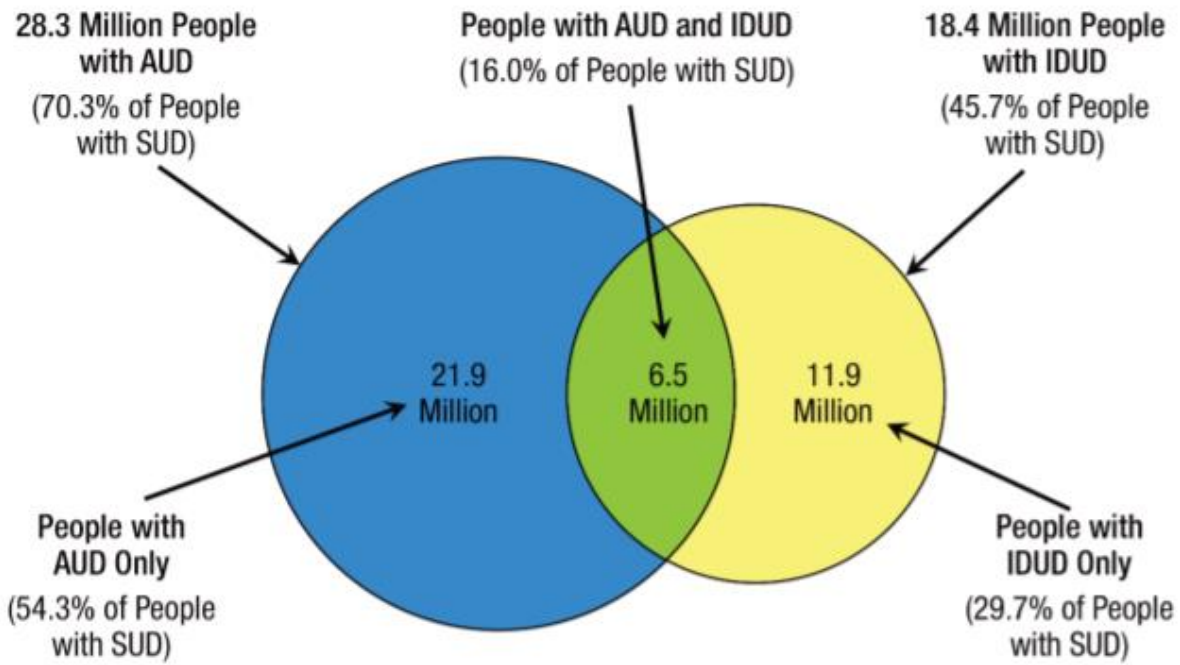


Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

SAMHSA
Substance Abuse and Mental Health Services Administration


12 ounces
5% ABV beer
8 ounces
7% ABV malt liquor
5 ounces
12% ABV wine
(examples: gin, rum, vodka, whiskey)
1.5 ounces
40% ABV (80 proof) distilled spirits
DRINKING IN MODERATION:
1 drink or less in a day for women
2 drinks or less in a day for men
or nondrinking

Alcohol Use Disorder (AUD) and Illicit Drug Use Disorder (IDUD) in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2020



40.3 Million People Aged 12 or Older with Past Year SUD


More than 95,000 people die
from excessive alcohol use
in the U.S. each year
cdc.gov/alcohol

There are **261** **deaths each day** in the U.S. due to excessive alcohol use.

cdc.gov/alcohol

190 deaths/day in 2020

Definitions

What is Addiction?

- “a primary, **chronic disease** of brain reward, motivation, memory and related circuitry…
- …pathologically pursuing reward and/or relief of withdrawal symptoms by substance use…
- …Without treatment or engagement in recovery, addiction is progressive and **can result in disability or death.”**

ASAM American Society *of* Addiction Medicine

What is Recovery?

- “a process of **sustained action** that addresses the biological, psychological, social and spiritual disturbances…
- …aims to improve the quality of life…
- …is the consistent **pursuit** of abstinence.”

ASAM American Society *of* Addiction Medicine

What is Substance Use Disorder?

SUD is the chronic disease of addiction to X	
Criterion	**Severity**
• Use in larger amounts or for longer periods of time than intended • Unsuccessful efforts to cut down or quit • Excessive time spent using the drug • Intense desire/urge for drug (craving)	0-1: No diagnosis 2-3: Mild SUD **4-5: Moderate SUD** **6+: Severe SUD**
• Failure to fulfill major obligations • Continued use despite social/interpersonal problems • Activities/hobbies reduced given use	
• Recurrent use in physically hazardous situations • Recurrent use despite physical or psychological problems caused by or worsened by use	
• Tolerance • Withdrawal	

Medication Assisted Treatment

Medication for Addiction Treatment

Tobacco

- Nicotine Replacement
- Bupropion
- Varenicline

Alcohol

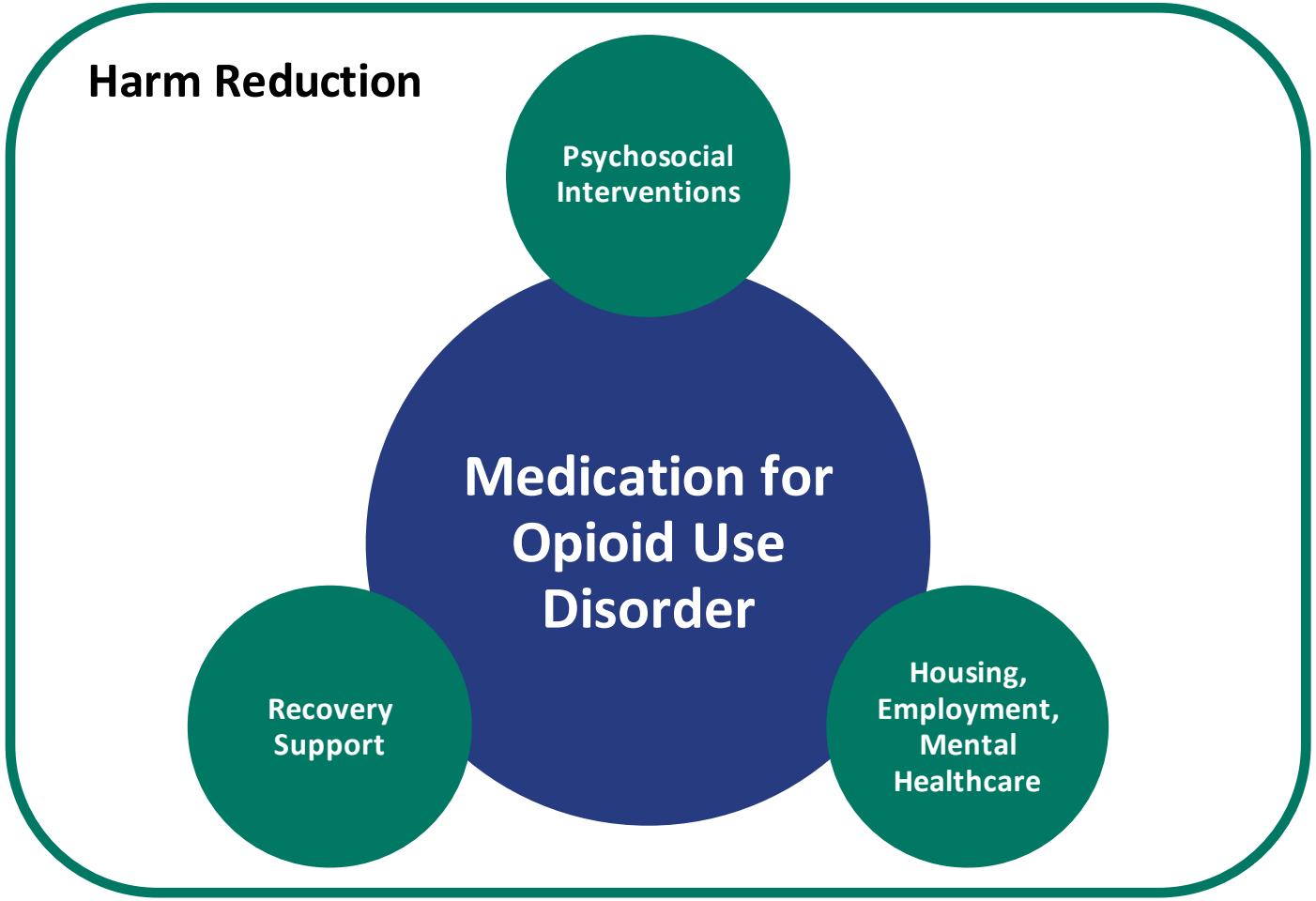
- Naltrexone
- Acamprosate
- Disulfiram

Opioid

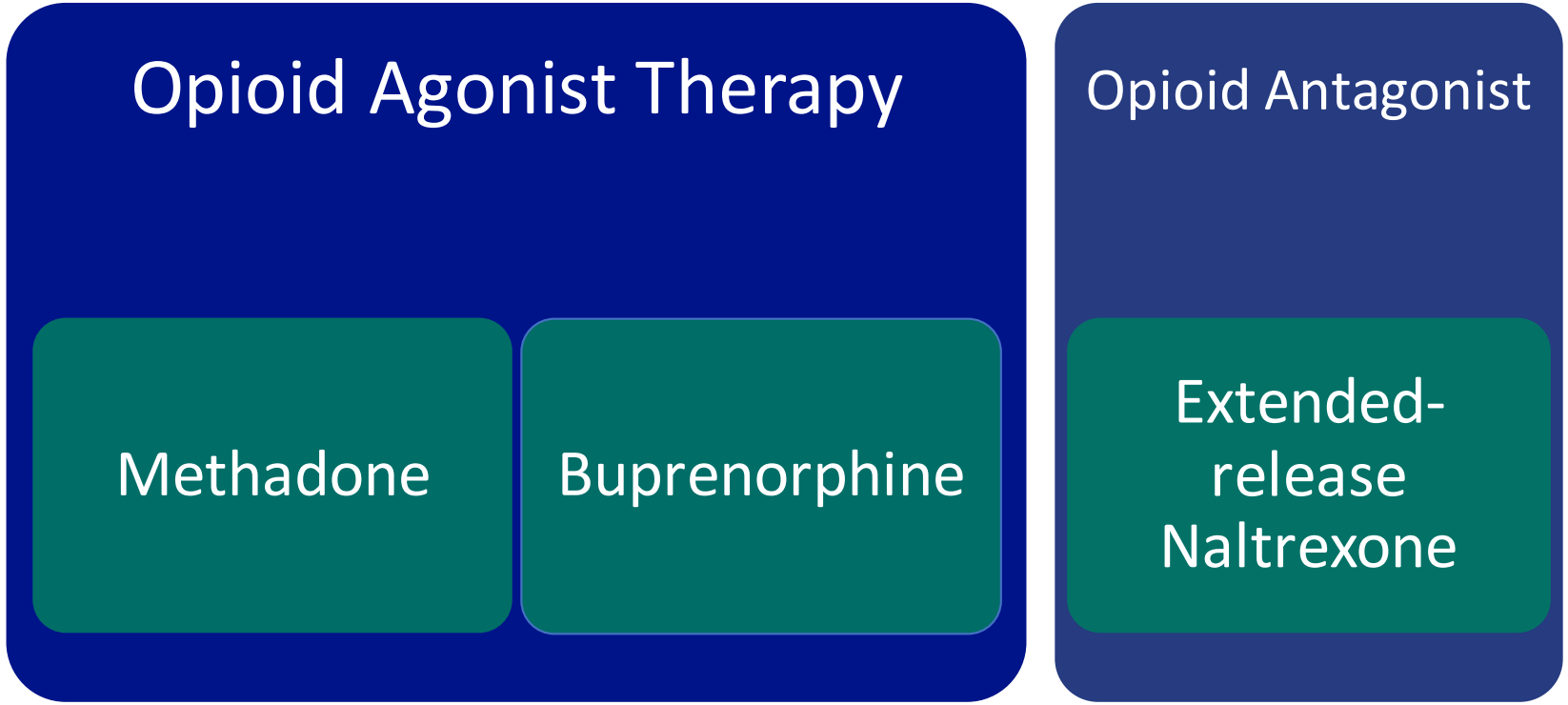
- Methadone
- Buprenorphine
- Naltrexone

Medications for OUD

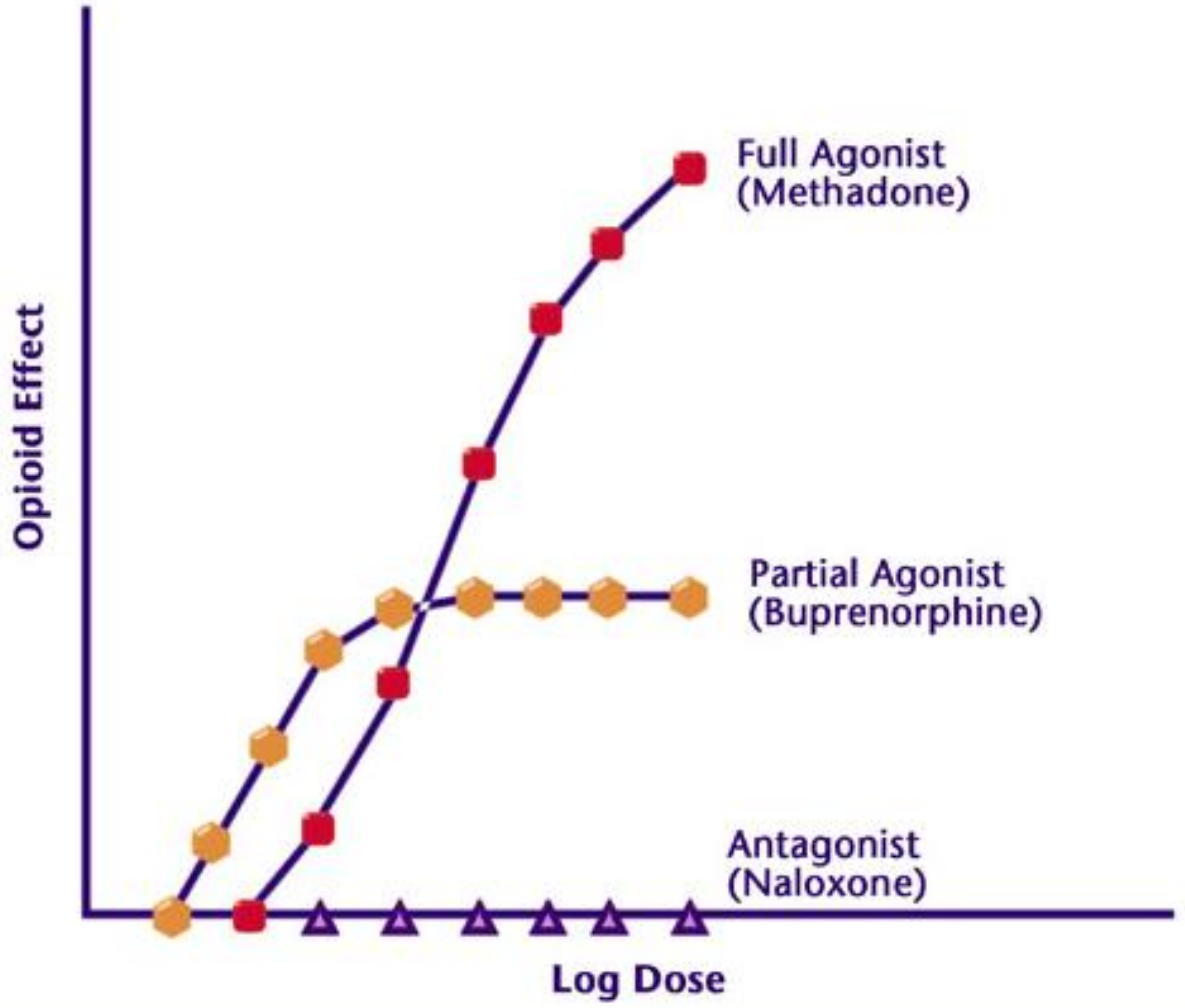
Medications for OUD



Medications for OUD



Medications for OUD



Opioid Antagonist

Extended-release Naltrexone

- Once monthly intramuscular injection
- Blocks intoxicating/reinforcing effects of opioids
- Some interest pre-release
- High rates of return to use, limited evidence
- *Increased risk of overdose after antagonist wears off*
- *No evidence that saves lives*

Binswanger & Glanz Drug Safety 2018; Drake et al. Addiction 2019; Lee et al. NEJM 2016; Lee et al. Lancet 2018; Morgan et al. Drug & Alc Depend 2019; Tanum et al. JAMA Psych 2017; Wakeman et al. JAMA Network Open 2020.

Opioid Agonist Therapy

Opioid Agonist Therapy

- Methadone
- Buprenorphine

Reduce withdrawal symptoms & cravings

→ prevent return to use → allow brain to heal

↓**MORTALITY** ↓ ER/hospital ↓ HIV/HCV ↓ substance use

↓ criminal activity ↑retention in treatment

Amato et al. Cochrane 2011; Cunningham et al. J Subs Abuse Treat 2013; Fiellin et al. NEJM 2006; Fiellin et al. JAMA 2014; Kakko et al. Lancet 2003; Mattick et al. Cochrane 2009; Mayet et al. Cochrane 2010; National Academies of Sciences, Engineering and Medicine 2019; SAMHSA Tip 63; Sordo et al. BMJ 2017; Tsui et al. JAMA 2014; Wakeman et al. JAMA Network Open 2020.

Opioid Agonist Therapy

Methadone	Buprenorphine
Full agonist	**Partial agonist**
Typical dose 80-120mg/d	**Typical dose 16mg/d**
Opioid Treatment Program (daily dosing)	**Office based (prescription)**
Stigma	**Managed like any other chronic illness**
More risky, especially during induction phase	***Protected from overdose (ceiling effect, tight bond)***
Better for patients who need structure, heavier opioid use	**Bound to naloxone to prevent diversion/misuse; injectable & implant also available**

Stock photos

FOR IMMEDIATE RELEASE
April 27, 2021

Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS Releases New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder

In an effort to get evidenced-based treatment to more Americans with opioid use disorder, the Department of Health and Human Services (HHS) is releasing new buprenorphine practice guidelines that among other things, remove a longtime requirement tied to training, which some practitioners have cited as a barrier to treating more people.

Signed by HHS Secretary Xavier Becerra, the *Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder* exempt eligible physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives from federal certification requirements related to training, counseling and other ancillary services that are part of the process for obtaining a waiver to treat up to 30 patients with buprenorphine.

Myth 1

- **Myth:** Medications are a “crutch” and the goal should be for a person to taper off medication as quickly as possible
- **FACT:** Addiction is a chronic disease and requires long-term treatment, just like diabetes or high blood pressure. Many clients may require medications for years to life. There is no one-size-fits-all length of time, or medication dose

Myth 2

- **MYTH:** Taking a medication for opioid use disorder, like methadone or buprenorphine, is just replacing one addiction with another. People who take these medications are not really “drug-free” and are not in recovery.
- **FACT:** There is a difference between physical dependence on a medication and addiction. The disease of addiction involves negative consequences of drug use.

Myth 2

Addiction

- Escalating use over time
- Loss of control; inability to stop
- Use despite negative consequences
- Unable to fulfill societal obligations

Dependence

- Presence of withdrawal symptoms if substance stopped abruptly

*Methadone and buprenorphine result in physical dependence but **not** addiction.*

Slide credit: Dr. John Giftos, former Clinical Director, SUD Treatment, Correctional Health Services, Rikers Island, NYC Health & Hospitals; current Medical Director for Addiction Medicine & Drug User Health, Project Renewal

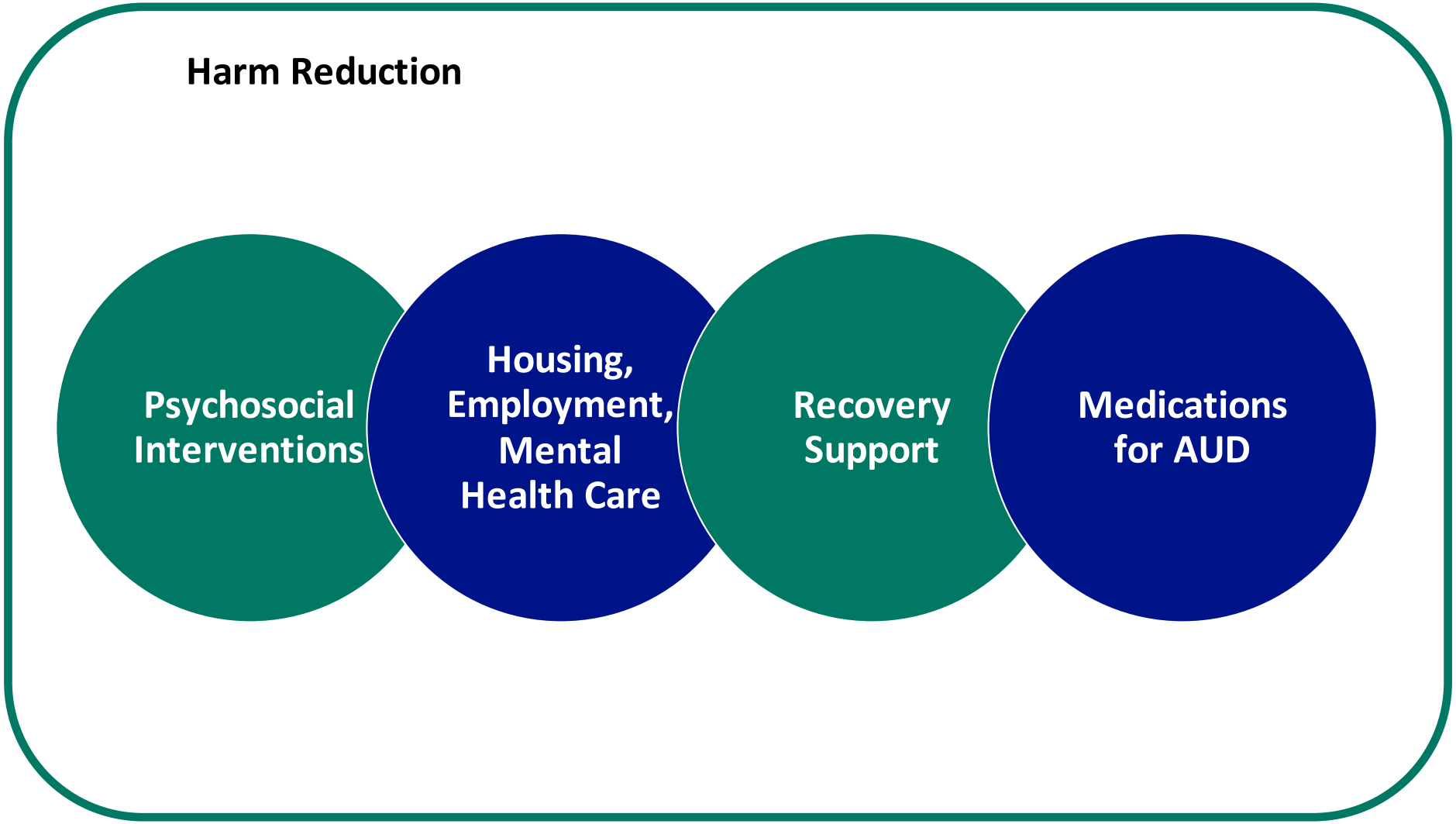
Myth 3

- **MYTH:** Patients with OUD should not be treated with medications unless they are also plugged into counseling.
- **FACT:** Prescribers must have the *ability* to refer patients with OUD to counseling, but patients do not have to go. All patients with OUD do not need counseling; many patients do well with medications alone. Buprenorphine and methadone are life-saving; life-saving medications should not be withheld because someone chooses not to pursue counseling.

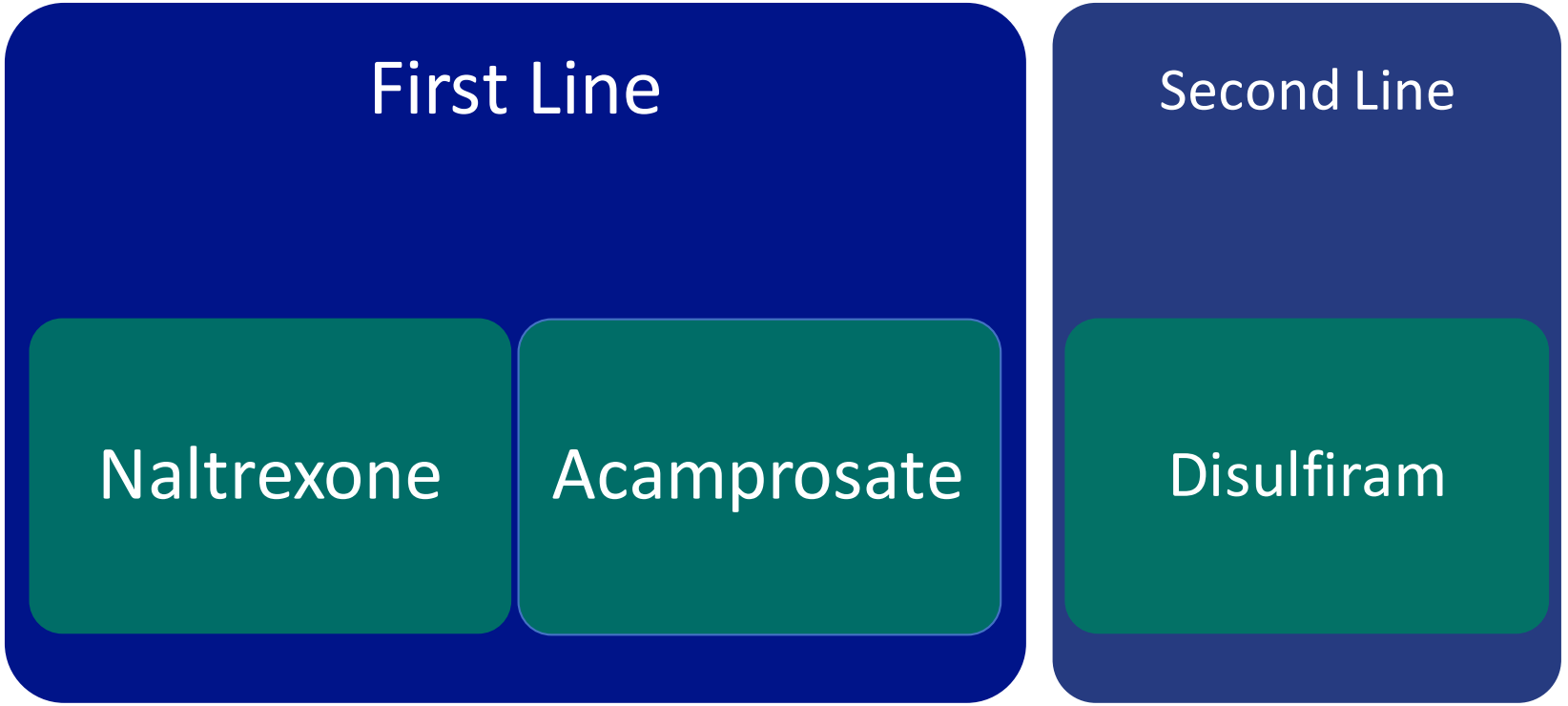
Fiellin et al. NEJM 2006; Amato et al. Cochrane 2011; Martin et al. Annals 2018; Tetrault et al. J Subst Abuse Treat 2012; Wakeman et al. JAMA Open Network 2020

Treatment for Alcohol Use Disorder

Treatment for AUD



Medications for AUD



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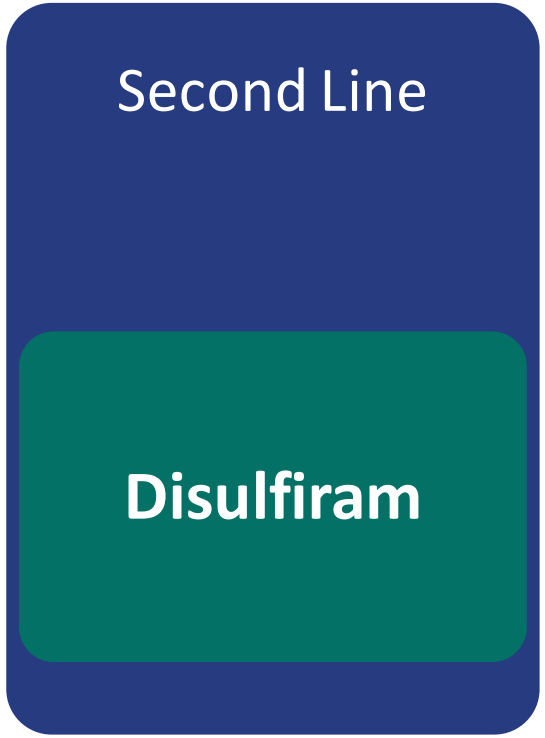

- Mechanism: interferes with breakdown of alcohol metabolite, causing severe physical reaction when alcohol consumed
- Dosing: one tab daily
- Side effects: hepatotoxicity, peripheral neuropathy, metallic taste
- Outcomes: may increase abstinence if motivated and DOT (but poor adherence typical)

Fuller et al. JAMA 1986; Reus et al. Am J Psych 2018; SAMHSA 15-4907 2015.

Medications for AUD

- Mechanism: blocks opioid receptors involved in rewards and craving
  Dosing: one tab daily, or IM monthly
- Side effects: hepatotoxicity, nausea
  Outcome: increase in abstinence, reduction in heavy drinking; possible better outcomes in treatment court

Anton et al. JAMA 2006; Finigan et al. J Subs Abuse Treat 2011; Reus et al. Am J Psych 2018; SAMHSA 15-4907, 2015.

Medications for AUD

- Mechanism: blocks symptoms of protracted withdrawal
- Dosing: two tabs three times daily
- Side effects: diarrhea, tired, rare SI
- Outcome: increase in abstinence

Anton et al JAMA 2006; Mann et al Alcohol Clin Exp Res 2004; Reus et al. Am J Psych 2018; SAMHSA 15-4907, 2015; Srisurapanont & Jarusralsin Int J Neuropsychopharm 2005.

Medications for AUD

- Mechanism: normalizes stress-induced GABA activation
- Dosing: two tabs three times daily
- Side effects: fatigue, insomnia, headache
- Outcome: increase in abstinence
- Other non-FDA approved meds: ondansetron, topiramate

Johnson et al JAMA 2000; Johnson et al JAMA 2007; Mason et al. JAMA Intern Med 2014. .

Myth 1

- **Myth:** Medications are a “crutch” and the goal should be for a person to taper off medication as quickly as possible
- **FACT:** Addiction is a chronic disease and requires long-term treatment, just like diabetes or high blood pressure. Many clients may require medications for years to life. There is no one-size-fits-all length of time, or medication dose.

Myth 2

- **MYTH:** These medications do not guarantee abstinence so are not worth pursuing.
- **FACT:** If these medications can delay a return to use or reduce heavy use, that is a success. Alcohol use disorder is difficult to treat and long and short-term complications are significant.

Summary

Summary

- Opioid overdose epidemic is real and worsening; medications for OUD (specifically methadone and buprenorphine) are life-saving
- Annual deaths from alcohol use disorder exceed all overdose deaths combined, including for 2020; medications for AUD can support abstinence and reduce heavy drinking
- Encourage treatment court participants to talk with their doctor about medications for SUD if not already taking
- Support those who are already taking medications for SUD

Contacts

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