Sandy Dettmann, MD, DABAM, FASAM
Addiction Medicine Specialist

Dettmann CENTER, P.C.

"Addressing the Opioid Epidemic – How to Save a Life"
Juvenile Justice Vision 20/20

June 28, 2018

Mission

- I have made my life, my career, and my passion about caring for and protecting the rights of individuals who have been marginalized, shamed, blamed, and even punished for their ***DISEASES:***
  - Alcoholism
  - Drug addiction/dependence
  - Mental health disease

Opioid Crisis

- Addiction is largely a preventable disease, simply through education.

Opioid Crisis

- **We are in the midst of the largest *man-made* epidemic in the history of the United States.**
- **August 10, 2017 – President Donald Trump "poised" to declare the opioid epidemic a *national crisis*.**
- **October 26, 2017 – President Donald trumps declares the crisis a *public health emergency*.**

June 7, 2017

- Drug overdose becomes the leading cause of death in Americans under the age of 50.

How did this happen?

Shocking!

- **The US represents only 4.4% of the 7.1 billion people in the world.**
  - Yet, we consume ***80-90%*** of the world's opiate supply!

Shocking!

- **Hydrocodone is the #1 prescribed medication in the United States.**

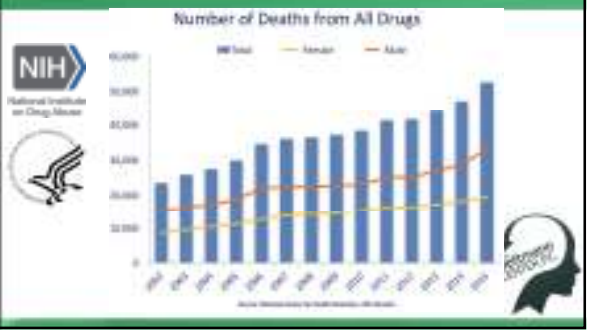
How does this begin?

- **The average age of first illicit drug use in the United States is 12 years.**

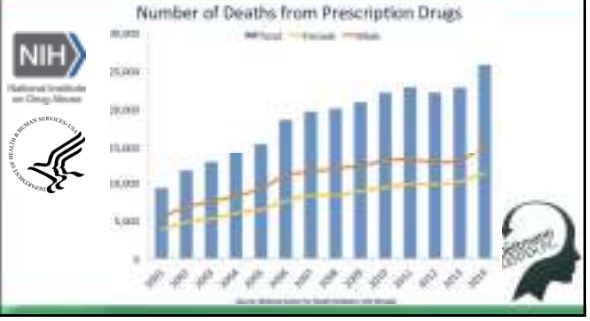
Definition of Addiction

- **Addiction is a primary, chronic *disease* of brain reward, motivation, memory and related circuitry.**
- **Dysfunction in these circuits cause:**
  - Biological
  - Psychological
  - Social
  - Spiritual manifestations
- **Reflected individually by pathological reward pursuit and/or relief by substance use and other behaviors.**

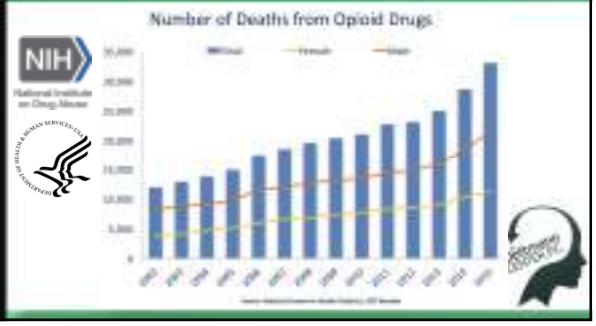
National Statistics



National Statistics



National Statistics

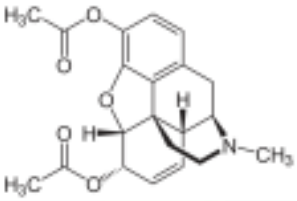


Drug Overdose Deaths

- Consistent rise in overdose deaths since 1999.
- Well over 100 Americans are dying a day from drug overdose. Someone dies every 16 minutes, at least!
- Starting in 2011, overdoses involving heroin have skyrocketed.

Heroin More Deadly?

- Heroin is increasingly being cut with cheaper, synthetic opiates.
  - Fentanyl
  - Carfentanyl



Drug Potencies

- Morphine: 1
- Methadone: 3-4 times the potency of morphine
- Heroin: 4-5 times the potency of morphine
- Fentanyl: 50 times the potency of morphine
- Carfentanyl: at least 10,000 times the potency of morphine!

What is Carfentanyl?

- An analog of the synthetic opioid fentanyl
- Used to sedate elephants
- A few granules the size of grains of table salt can be lethal
- Can be manufactured inexpensively in a lab and cut into heroin

Systemic Disease

- Our *babies* are dying!
- Our *law enforcement officials* are dropping!
- Our *healthcare professionals* are dropping!

Opioid Withdrawal?

- Vomiting
- Diarrhea
- Sweats/chills
- Body aches
- Anxiety
- Runny nose
- Restless legs
- INSOMNIA

A Dose of Reality

- **Public Perception**
  - Addiction is NOT a disease.
  - If it is a disease, it is caused by bad people making bad decisions.
- **Reality**
  - Addiction is a ***BAD*** disease that afflicts ***GOOD*** people.
  - Addiction is an equal opportunity destroyer.

Is the patient responsible?

Addiction IS a disease.

This does not in any way excuse responsibility. Just as with every other disease, diagnosis requires adherence to a treatment plan. Designating addiction as a disease is not a 'free pass.'

In fact, it establishes expectation. Recovery, though difficult, is attainable.

–Sandy Swenson, author of 'The Joey Song'

Truth

- **Calling addiction what it has been scientifically proven to be—a *DISEASE*—does NOT remove responsibility from the afflicted individual to control their disease.**

Diabetes vs. Addiction

Cause and Effect

- **Flu Symptoms**
  - Vomiting
  - Diarrhea
  - Body aches
  - Fever

VS.

- **Addiction Symptoms**
  - Lying/Cheating
  - Stealing
  - Manipulating
  - Committing violent offenses

Hippocratic Oath

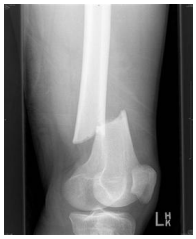
How do you get addicted?

Chemical Dependency vs. Drug Addiction

Opioids for Chronic Pain

- The benefits of opioid therapy for chronic nonmalignant pain beyond 6-8 weeks have not been demonstrated.
- Treatment of chronic malignant pain with opioids is less likely to achieve key outcomes – pain relief, improved quality of life, and functionality.

Is there a place for opiates?



What caused this epidemic?

- While the opioid crisis was caused by the over prescription of pain relievers, doctors did *NOT* intend to harm patients.
- Doctors were duped!
- Over 80% of heroin addicts began their addiction by dependence on prescription opiates.

What caused this epidemic?

Pain
the 5th vital sign™

What caused this epidemic?

Purdue Pharma markets OxyContin as a *non-addictive* drug!

What caused this epidemic?

Patient Satisfaction Scores

PRESS GANEY

How was your Doctor?

What are we doing now?

- We are *marginalizing* people for their *disease.*
- We are *blaming* people for their *disease.*
- We are *shaming* people for their *disease.*
- We are *punishing* people for their *disease.*

What's the evidence?

- Based on preliminary data, it is estimated that deaths from overdose rose over 19% in 2016, from the 52,404 recorded in 2015.
- ? 64,000 in 2016
- ? Over 80,000 in 2017

Clearly, the approach America is taking is *NOT WORKING!*

What is Medication-Assisted

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.

Types of MAT

Generic	Name Brand	Condition Treated
Acamprosate	Campral	Alcohol
Disulfram	Antabuse	Alcohol
Naltrexone	Vivitrol	Alcohol / Opioid
Methadone	Dolophine, Methadose	Opioid
Buprenorphine / Naloxone	Suboxone / Zubsolv / Bunavail	Opioid

MAT for Opioid Dependence

- **Methadone**
- **Suboxone (buprenorphine/naloxone)**
- **Vivitrol (naltrexone)**

Methadone

- Full agonist
- Reduces or extinguishes cravings for opioids
- Typically given in liquid form as a daily dose, under supervision

Methadone

- When used for the treatment of addiction, can only be dispensed in an opioid treatment program certified by SAMHSA.
- In conformance with 42 Code of Federal Regulations, Part 8.

Suboxone

Suboxone (Buprenorphine/Naloxone)

- **Partial agonist**
- **Functions similarly to methadone but has a lower maximal effect**
- **Buprenorphine is almost always combined with naloxone to deter abuse as the naloxone induces withdrawal if the medication is misused by being injected.**
- **Each DEA-waivered physician has a limited number of patients:**
  - First year: 30 patients
  - Subsequent years: 100 patients
  - Board-certified physicians: 275 patients

Sublocade

Sublocade™
(buprenorphine extended-release) injection for subcutaneous use
100mg-300mg

Vivitrol (Naltrexone)

Naltrexone

- Opioid antagonist
- Reduces cravings for opiates
- Blocks the effects of opioids so patients will not experience a "high" from using opioids.
- Opioid dependent patients must stop their drug use at least 7 days prior to beginning naltrexone.

How MAT Meds Work

What MAT is *NOT*

- Methadone is *NOT* the "cure" for opioid dependence.
- Suboxone is *NOT* the "cure" for opioid dependence.
- Vivitrol is *NOT* the "cure" for opioid dependence.

Psychosocial Interventions

Goals:

- Learning to cope, not dope!
- Learning to live life on life's terms

Methods:

- 12-step meetings (at least 3/week)
- Individual therapy
- Group therapy (IOP or RPG)

Why is MAT useful?

MAT controls the physical symptoms of withdrawal and cravings for opiates, allowing psychosocial interventions to be effective.

Typical Protocol

- 60 minute evaluation (biopsychosocial)
- 90 minute induction guided by COWS
- Weekly appointments for 1 month
- Biweekly appointments for 2 months
- Subsequent monthly appointments

Typical Protocol (Cont'd)

- Always do urine drug screens
- Always check state PDMPs
- Mandate that the patient has an overdose prevention kit (naloxone)
- Follow liver function

Sink or Swim?

Is MAT Effective?

- Dozens of studies have shown that MAT helps opioid-addicted patients to reduce…
  - Drug use
  - Disease rates
  - Overdose deaths
  - Criminal activity

Is MAT Effective?

- MAT patients experience dramatic improvements while in treatment and for several years afterwards
- Includes decrease in narcotic use, drug dealing, and other criminal behavior as well as increases in marriage and employment

NIDA
NATIONAL INSTITUTE
ON DRUG ABUSE

Loss of Tolerance

1 in 10 opioid overdose deaths occur from a released inmate with the highest risk occurring immediately following release (Persaud 2016)

The study matched release records to coroner reports.

Long-term MAT?

How is the appropriate dose of medication determined and how long should treatment continue?

Prevalence of Drug Courts

- Since 1989, over 3,000 programs have sprung up around the country.
- Over 136,000/year participating in a U. S. drug court program.
- Unfortunately, many drug court participants will *not* receive evidence-based treatment for their opioid use disorders.
- MAT has permeated only *half* of drug courts operating around the country.

Source: Institute for Research, Education, & Training in Addictions; May 9, 2017.

Practicing Medicine from the Bench

"Determining the appropriate level of care for a particular client must always be done by a duly trained and licensed or certified clinician, such as an addiction counselor, social worker, psychologist, or physician. Under no circumstances should a judge or other nonclinical trained criminal justice professional order a higher or lower level of care than has been determined to be necessary by an ASAM placement or comparable assessment (assuming that the indicated level of care is realistically available). To do so would, in essence, be akin to practicing medicine or another clinical specialty without a license."

– The Drug Court Judicial Bench Book, NDCI

Harm of Forced Taper

- Studies show: forced taper increases risk of relapse and death. Because opioid tolerance fades rapidly, one episode of opioid misuse after withdrawal can result in life-threatening or deadly overdose. (ONDCP, Medication-Assisted Treatment for Opioid Addiction, Sept. 2012).
- SAMHSA recommends: never coerce taper
- Tapering off MAT is not a question of "will" or "moral courage."

Myth #1 – MAT just trades one addiction for another

- MAT bridges the biological and behavioral components of addiction
- Research indicates that a combination of medication and behavioral therapies
  - Successfully treat SUDs and help sustain recovery.

Source: http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview

Myth #2 – MAT is only for the short-term

Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT.

Myth #3 – my patient is not "severe enough"

- MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists)
- Can be tailored to fit the unique needs of the patient

Source: https://www.whitehouse.gov/stress/default/files/ondop/recovery/medication_assisted_treatment_9-21-20121

Myth #4 – MAT increases risk for overdose

- MAT helps to prevent overdoses from occurring. Even a single dose of opioids after detoxification can result in a life-threatening or fatal overdose
- Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression.

Source: "Mat Maintenance Treatment and Superior Outcomes"
(Dr. Arthur Williams)

Myth #5 – MAT will disrupt/impede recovery

- MAT has been shown to assist patients in recovery by improving quality of life, level of functioning, and the ability to handle stress
- Above all, MAT helps to reduce mortality while patients begin recovery.

Myth #6 – abstinence is better than MAT

- MAT is evidence-based and is the recommended course of treatment for opioid addiction.
- American Academy of Addiction Psychiatry, AMA, NIDA, SAMHSA, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment

Source: http://www.samhsa.gov/medication-assisted-treatment/training-resources/support-organizations

Myth #7 – MAT is not covered by insurance

- As of May 2013, 31 state FFS programs covered methadone maintenance treatment program provided in outpatient programs
- Four State Medicaid agencies vary as to whether buprenorphine is listed on the Preferred Drug List (PDL), and whether prior authorization is required (a distinction often made based on the specific buprenorphine medication type)
- Extended-release naltrexone is listed on the Medicaid PDL in over 60% of states
- Sources:
  - ASAM (2010)
  - SAMHSA (HHS Division)

What Can be done?

Decrease opioid prescribing.

What Can be Done?

Early referral to pain management specialists.

What Can be Done?

Increasing the availability of the lifesaving opioid overdose reversal agent, naloxone (Narcan).

What Can be Done?

Teaching patients to protect themselves to protect themselves against the actions of physicians.

What Can be Done?

Increased access to effective, evidence-based treatment.

What Can be Done?

Reasonable payment structures

What Can be Done?

Increased QUANTITY time with our children.

Addiction is a Disease, Not a Crime

Marijuana

The Face of Recovery

- https://www.youtube.com/watch?v=SNE8j5d43Ag&feature=youtu.be

Questions? Contact Me at…

- **Cell**: (616) 350-3230
- **E-mail**: thedettmanncenter@gmail.com
- **Office Address**:
  3501 Lake Eastbrook Blvd SE, Ste 100
  Grand Rapids, MI 49546