

What is addiction and what can businesses do about it?

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What addiction is not

- It is not a social problem (not solely)
- It is not a criminal justice problem (not solely)
- It is not a psychological problem (not solely)
- It is not a moral problem (not solely)
- Surprisingly, it is not about drugs (it is about brains)



Defining Addiction

**Addiction is a bio psycho
social spiritual problem.**

The biology of addiction, including the genetics, are insufficiently emphasized, and largely misunderstood.



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.”



Definition of Addiction

American Society of Addiction Medicine, April 2011

ASAM definition (continued)

“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.”

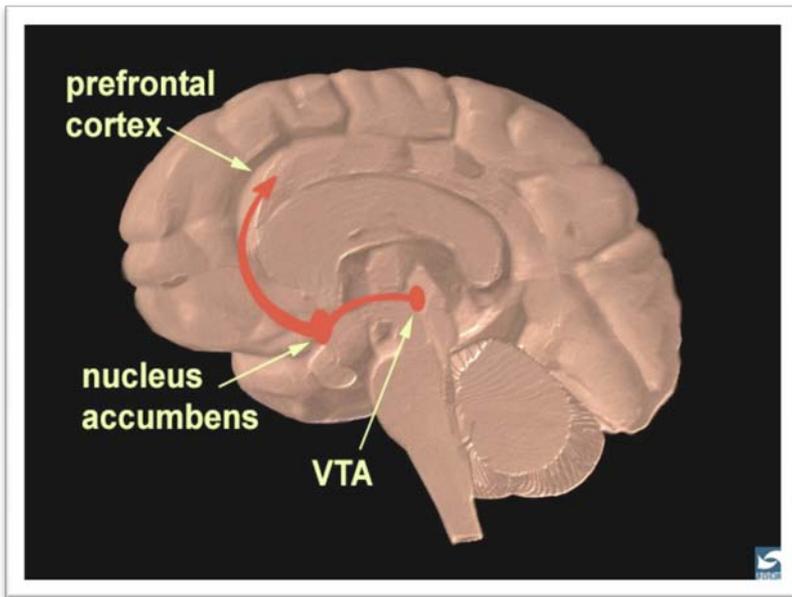


Definition of Addiction
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New understandings about addiction

- Addiction is a disease of the brain.
- Dopamine in the VTA and the Nucleus Accumbens is important in drug reward (the 'Reward Pathway' of the Median Forebrain Bundle, etc.)
- BUT we now understand that the Nucleus Accumbens is where **REWARD HAPPENS**, whereas **ADDICTION** resides in connections among the Nucleus Accumbens, the Orbito-Frontal Cortex (OFC), the hippocampus, and the amygdala

The reward pathway



Three key points about addiction

1. Addiction is used despite adverse consequences, returning to use after periods of abstinence even with previous life catastrophes, inability to consistently control use, cognitive preoccupation, plus conscious and unconscious craving.
2. Addiction involves memory, judgment, “executive functions” of planning and deciding to defer gratification.
3. The site of acute action for euphorants is the nucleus accumbens (an oversimplification).

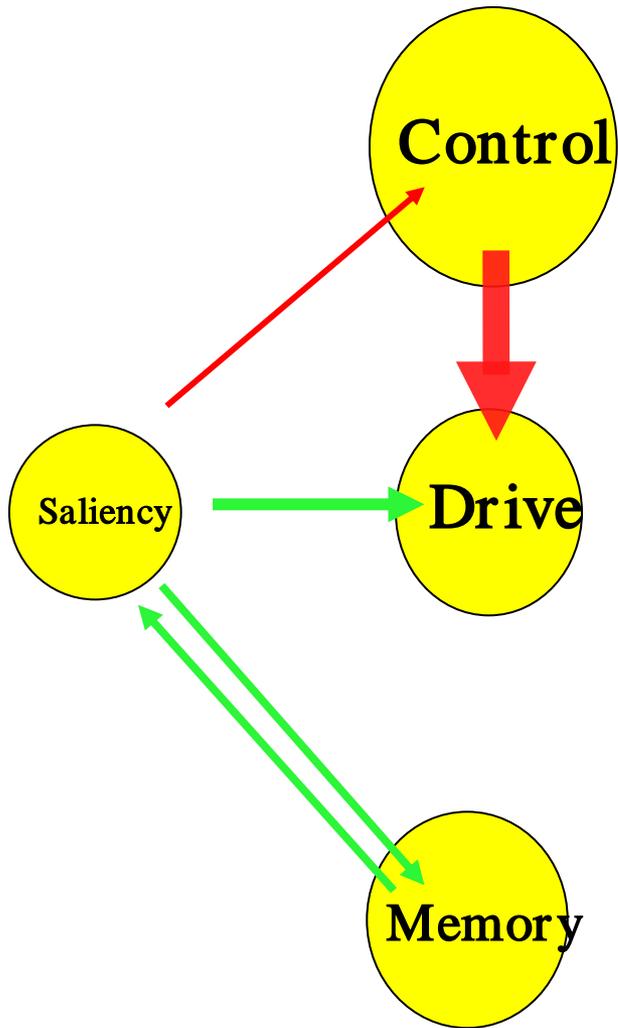
Where addiction 'resides'

Addiction 'resides' in multiple brain regions which undergo neuroplasticity with the onset of addiction:

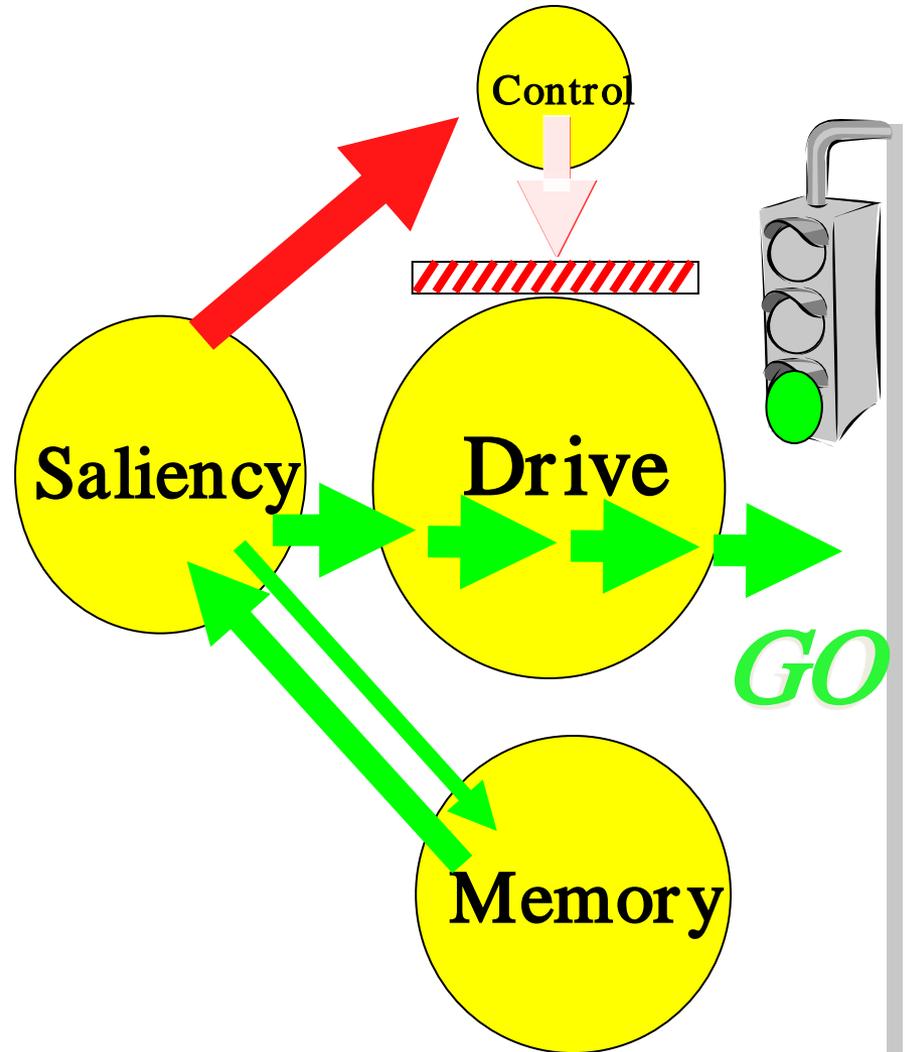
- The **hippocampus** (the seat of memory, and thus of conditioned cues to use)
- The **amygdala** (the seat of motivation and prioritization, and thus of salience)
- The **orbitofrontal cortex** (the seat of judgment, planning, foresight and impulse control)

Brain circuits involved in addiction

The site of action for the chronic, recurrent, relapsing exposure to euphoricants – as is seen in addiction – is the interplay among the *nucleus accumbens*, the *hippocampus* (memory; recalling past experiences), the *amygdala* (motivation, drive, drug hunger/craving; drug seeking/use), and the *frontal lobes* (judgment/evaluation, planning, delay of gratification, inhibition of urges/impulses).



STOP



GO

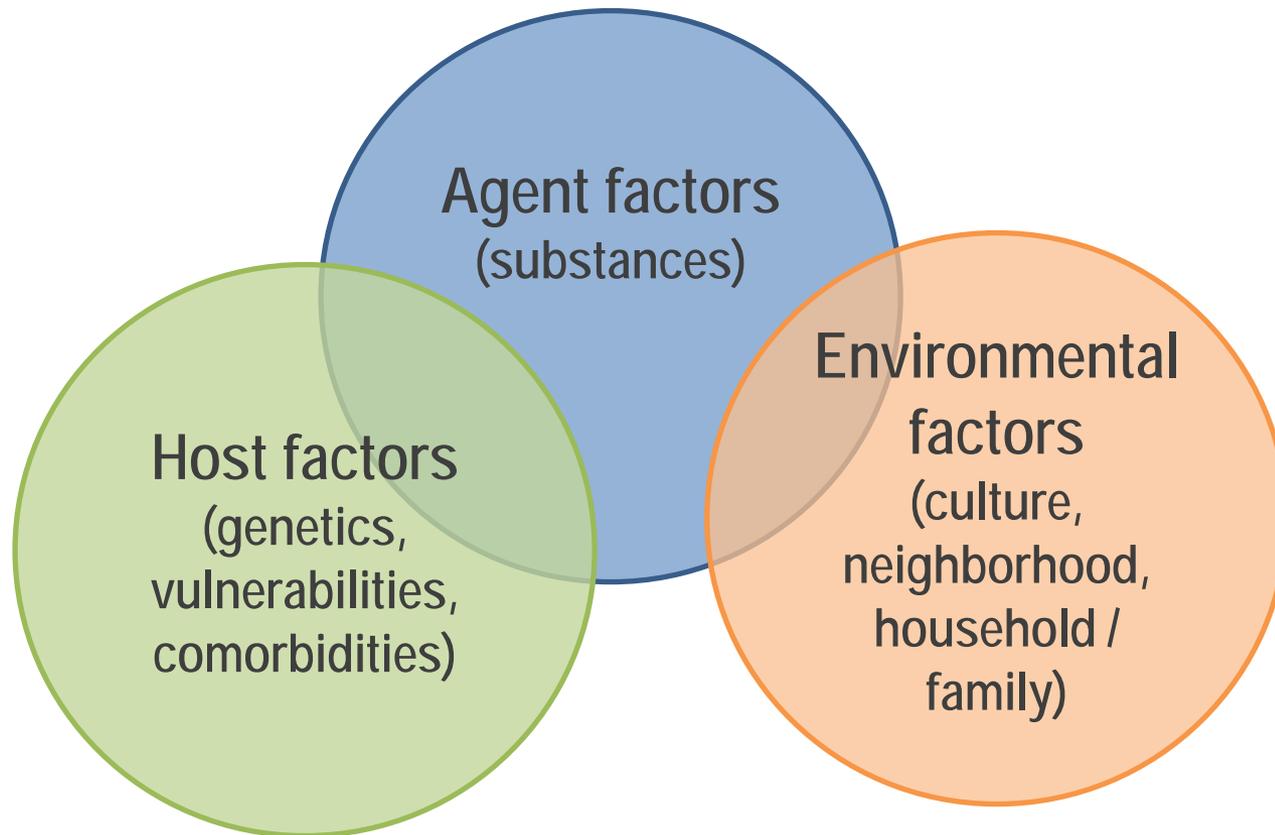
Non Addicted Brain

Addicted Brain



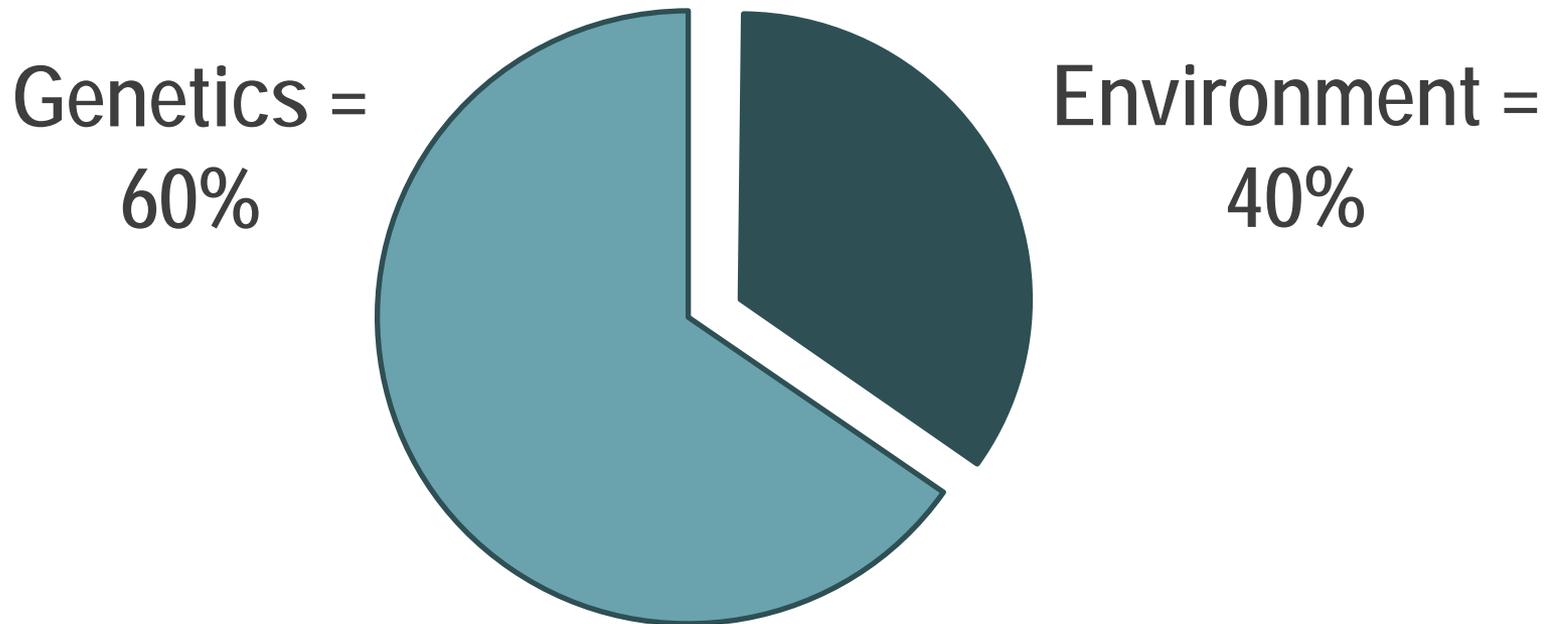
Agent – Host – Environment

Addiction occurs as a result of interactions among:



Variance of risk (Heterogeneous and Polygenic)

And you thought addiction was about drugs!



What we now know about addiction

- It's not about drugs (agents alone); *it's about brains.*
(hosts/vulnerabilities/resiliencies)
- "Drug Control" won't control it by itself.
- We must repair unhealthy brains *and* prevent vulnerable brains from undergoing neuroplasticity into unhealthy brains.
- And we should not ignore the role of communities, relationships, connectedness, values, and "where people find meaning in life."

What is addiction treatment?

“Addiction treatment is the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from alcoholism or from another drug addiction, and which is designed to enable the affected individual to achieve and maintain sobriety, physical, spiritual and mental health, and a maximum functional ability.”



ASAM Public Policy Statement on Treatment for Alcohol and Other Drug Addiction. Adopted by ASAM Board of Directors May 1980; revised 1986, 1997, 2001, 2009, and January 2010.

What is addiction treatment? (continued)

“Addiction treatment services are professional healthcare services, offered to a person diagnosed with addiction, or to that person’s family, by an addiction professional. Addiction professionals providing addiction treatment services are licensed or certified to practice in their local jurisdiction and may be nationally certified by a professional certification body for their professional discipline.”



ASAM Public Policy Statement on Treatment for Alcohol and Other Drug Addiction. Adopted by ASAM Board of Directors May 1980; revised 1986, 1997, 2001, 2009, and January 2010.

The cognitive problem in addiction

- Diminished recognition of significant problems with one's behaviors and interpersonal relationships
- Minimization
- Denial
- Lack of awareness
- Lack of acceptance

The goal:

- Acceptance
- Awareness

"I have a problem, and it is manifested by...." "When I say 'I can handle it' that is not accurate and is something I tell myself to help me not feel so bad about this situation I'm in"

What is addiction recovery?

- A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction
- Aims to improve the quality of life by seeking balance and healing in all aspects of health and wellness, while addressing an individual's consistent pursuit of abstinence, impairment in behavioral control, dealing with cravings, recognizing problems in one's behaviors and interpersonal relationships, and dealing more effectively with emotional responses
- Actions lead to reversal of negative, self-defeating internal processes and behaviors, allowing healing of relationships with self and others. The concepts of acceptance and surrender are also useful in this process.



ASAM Definition of recovery



What is addiction medicine?

The specialty of medicine devoted to diagnosis, treatment, prevention, education, epidemiology, research, and public policy advocacy regarding addiction and other substance-related health conditions

The Scope of Practice of the Addiction Medicine Physician (ABAM)

- Provides medical care within the bio-psycho-social framework for persons with addiction, for the individual with substance-related health conditions, for persons who manifest unhealthy substance use, and for family members whose health and functioning are affected by someone's substance use or addiction.
- Specifically trained in a wide range of prevention, evaluation and treatment modalities addressing substance use and addiction in ambulatory care settings, acute care and long-term care facilities, psychiatric settings, and residential facilities.
- Often offer treatment for patients with addiction or unhealthy substance use who have co-occurring general medical and psychiatric conditions.
- Physicians are certified by ASAM, ABAM, ABPN, or the AOA...and now, by the American Board of Preventive Medicine.

Treatment of addiction

- Psychosocial treatments:
 - Residential, partial hospitalization, intensive outpatient, and general outpatient
 - Cognitive Behavioral Therapy, Motivational Enhancement Therapy, Twelve Step Facilitation Therapy, Contingency Management, and Individual/Group/Family Therapy
- Pharmacological treatments:
 - Medication management as in psychiatric care

What is medication-as-treatment (MAT)

- Medications to treat addiction itself – not just medications to manage withdrawal or to manage co-occurring psychiatric disorders
- Medications treating addiction involving:

Alcohol:

- Antabuse®. (disulfiram)
- Oral naltrexone: ReVia®.
- Long-acting injectable naltrexone: Vivitrol®.
- Acamprosate (Campral®).

Opioids:

- Methadone
- Buprenorphine (Suboxone®, Zubsolv®, Bunavail®, Probuphine®, Sublocade®)

Nicotine:

- Nicotine replacement therapies (“gum,” lozenges, inhalers)
- Zyban® brand of bupropion (same as Wellbutrin®)
- Chantix® brand of varenicline

Levels of care

- Inpatient care/withdrawal management
- Residential care (typically 30-60 days)
- Partial hospitalization (PHP)
- Intensive outpatient (IOP)

Selection of treatment

- ASAM's Certification Program
 - Certified Physician
 - Medications
 - Family involvement
- **Recall:** *Withdrawal Management ("Detox") is not treatment of the primary disease, addiction*
- Local vs. out of town (Florida / Arizona)
- Outcomes (treatment results)

Measurement-based Care

Patients are evaluated weekly or bi-weekly with valid measures:

- Yale Brown Obsessive Compulsive Disorder Scale (Y-BOCS)
- Quick Inventory of Depressive Symptomatology (QIDS-SR),
University of Rhode Island Change Assessment (URICA)
- Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q)
- Additional measures quantify: disability; excessive worry; sensitivity to anxiety; PTSD symptoms; social anxiety.

Five actions employers can take

1. **Occupational Medicine:** have medical services readily available, on-site if possible, to evaluate and return to work as soon as possible with minimal down-time
2. **Focus on functioning,** which can be impaired by both Absenteeism and Presenteeism
3. **Rehab and return to work** vs. “Weed ‘em out” and having to recruit and train a replacement
4. **Use “smart” drug testing;** take no formal disciplinary action on preliminary test results; get confirmatory/definitive testing on all “preliminary” or “presumptive” results
5. **Use Medical Review Officers** (certified MROs)

Drug testing is effective but can be misunderstood or misapplied

- The potential for being detected in pre-employment testing or employment testing has reduced substance use in the workforce.
- Testing should be viewed as a health procedure, not a disciplinary procedure; it should identify workers in need of health services to improve their on-the-job functioning, and should be linked with referral to formal evaluation, and treatment if indicated.

Benefit design

- Parity is the law of the land, but it's under political pressure.
- "Essential Health Benefits" may be tossed aside in the current political environment.
- Services should be medically necessary, but addiction is a chronic disease, and needs long-term management; short-term services only may not yield results and may prove to be a poor investment.
 - At least 90 days of treatment is needed, and 1-2 years of professional follow-up is best
- Payment for detox should be linked to assuring patient assessment and referral: detox should be used to identify addiction and motivate/refer for addiction management, not just stopping the services (and the insurance claims) with withdrawal management.

Don't be pessimistic or biased against addiction treatment

- Treatment *does work* if evidence-based interventions by skilled/certified professionals is are offered.
- Addiction is a chronic disease and *all* chronic diseases go through cycles of relapse and remission; *addiction is no different*.
 - Remember: rates of relapse for addiction are comparable to rates of relapse for other chronic diseases. Relapse and re-admission for treatment are *not* signs of “failure” of the treatment, the treatment system, *or of the patient*.
- This is **Addiction Treatment Week** nationally!

The bottom line: treatment makes a difference

Treat
Addiction

Save
Lives



Thank you!