THE ADDICTION TREATMENT ECOSYSTEM

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DISCLOSURES

• Salary - Health Management Associates
• Grants - CA DHCS, NIDA
• No Pharma
• No Device
• No investments
Genetic Predisposition + Inherited Epigenetics

Early Life Trauma

Decreased Buffer
  • Decreased Safety
  • No authentic healing relationships

Leads to increased risk of

Sentinel Syndromes

- Addiction
- Mental Health Condition
- Chronic Pain
- Cognitive Impairment
Sentinel Syndromes
Create an increased risk of

Homelessness & Incarceration

Addiction  Mental Health Condition  Chronic Pain  Cognitive Impairment

Inconsistent Transportation  Unpredictable Communication  Lack of Care Coordination
What we do now: Focus on the diagnosis

PAIN VS SUFFERING

“If you are distressed by anything external, the pain is not due to the thing itself, but to your estimate of it: and this you have the power to revoke at any moment.”

— Marcus Aurelius, Meditations
CONFOUNDING ISSUES

• Early Life Trauma
• Superimposed Mental Illness
• Social Instability
• Familial Predisposition
• The Current Health Care System

WHAT IS OUR GOAL?

• Pain
  • Get rid of all your pain?
  • Make you forget you have pain?
  • Decrease your pain and improve your function!
• Addiction
  • Get rid of all cravings and pure abstinence?
  • Cover up the real issues with meds forever?
  • Get you in remission/recovery and improve your function!
PAIN TREATMENT CAN OVERLAP WITH SUFFERING

- Opioids
- α2δ (alpha2delta) modulators (gabapentin, pregabalin)
- SNRI's
- Tricyclic's
COMMON PAIN BEHAVIORS

• Lack of emotional regulation
• Medication “issues”
• Physical characteristics

EMOTIONAL REGULATION

• Rapid escalation or changes in mood
  - Emotions going from 0 to 100 quickly, without much awareness or control.
  - This may be anger, crying, anxiety etc.
  - Low emotional distress tolerance
  - Irrational thinking or behaviors
  - Excuses Excuses Excuses
• Remember behavior is a symptom. Do not take it personally

• Notice any similarities?
SURVIVAL

FOOD

WATER

DOPAMINE

Methamphetamine

Heroin

Marijuana

Baseline

Best Day Ever

1/24/2019
BEHAVIOR

Lack of Dopamine  Survival Mode

Craving  Primal Action

DSM-5 DIAGNOSIS OF OUD

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>Summarized DSM-5 diagnostic categories and criteria for opioid use disorder</th>
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<tbody>
<tr>
<td>Category</td>
<td>Criteria</td>
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<tr>
<td>Impaired control</td>
<td>- Opioids used in larger amounts or for longer than intended</td>
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<td>- Unsuccessful efforts or desire to cut back or control opioid use</td>
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<td>- Excessive amount of time spent obtaining, using, or recovering from opioids</td>
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<td>- Craving to use opioids</td>
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<td>Social impairment</td>
<td>- Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use</td>
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<td>- Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems</td>
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<td>- Reduced or given up important social, occupational, or recreational activities because of opioid use</td>
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<td>Risky use</td>
<td>- Opioid use in physically hazardous situations</td>
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<td>- Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use</td>
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<td>Pharmacological properties</td>
<td>- Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount</td>
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<td>- Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal</td>
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CRAVING
• A direct, or indirect force pulling someone towards a substance or behavior

BEHAVIOR
Diagnosis based in the description of behavior
Aberrant behavior should be expected
Therefore behavior is a symptom not a frustration
Since lack of dopamine is the basis for driving the behavior, Augmentation of Dopamine makes sense. Buprenorphine and Methadone safely increase dopamine, allowing for stabilization of craving. This allows for behavioral therapy to be effective.

Identify → Treat → Support → Follow

Prevention
Needles
Naloxone
Fentanyl ID

MAT
Bup
Methadone

Correct level
of care
Syndrome of Addiction

Payment Models
Clinic structure
Social Determinants & Prevention
Data collection & evaluation
Screening & referral
Outpatient treatment (1)
IOP (2)
Residential Detox (3)
Medically Managed Detox (4)

IMPLEMENTATION

Capacity
Competency
Consistency
Compensation
EMERGENCY DEPARTMENT ISSUES

• Screening
  • First you have to ask
  • Use standard screening
  • Using accurate diagnosis

• Intervention
  • Post OD Reversal
  • Upon Discharge

• Gaps
  • Knowledge
  • Internal Support
  • Data tracking

• Barriers
  • Stigma
  • Time

INPATIENT HOSPITAL ISSUES

• Screening
  • Acute withdrawal
  • Continuum/ASAM Criteria

• Treatment
  • Induction on MAT
  • Continue treatment
  • Maximize non-opioid treatment for pain

• Gaps
  • Knowledge
  • Order sets
  • Medical staff personality

• Barriers
  • Stigma
  • Behavioral issues
GOVERNMENTAL ISSUES

• Payment
  • Not paying at parity
  • Delays of access (i.e. prior auth)
• Licensing
  • Cumbersome and not matched to levels of care
  • No predictable enforcement
• NIMBY
  • Little support for variance or treatment programs
  • Municipalities pushing facilities away
  • Major paperwork and legal costs to start a program

CONCLUSIONS

• Stop treading water and start to swim
• It is all about implementation and optimization
• Don’t be your own worst enemy
• We are all about to be sued for not doing our jobs, so we better get on it!