

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

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Sentinel Syndromes

Create an increased risk of

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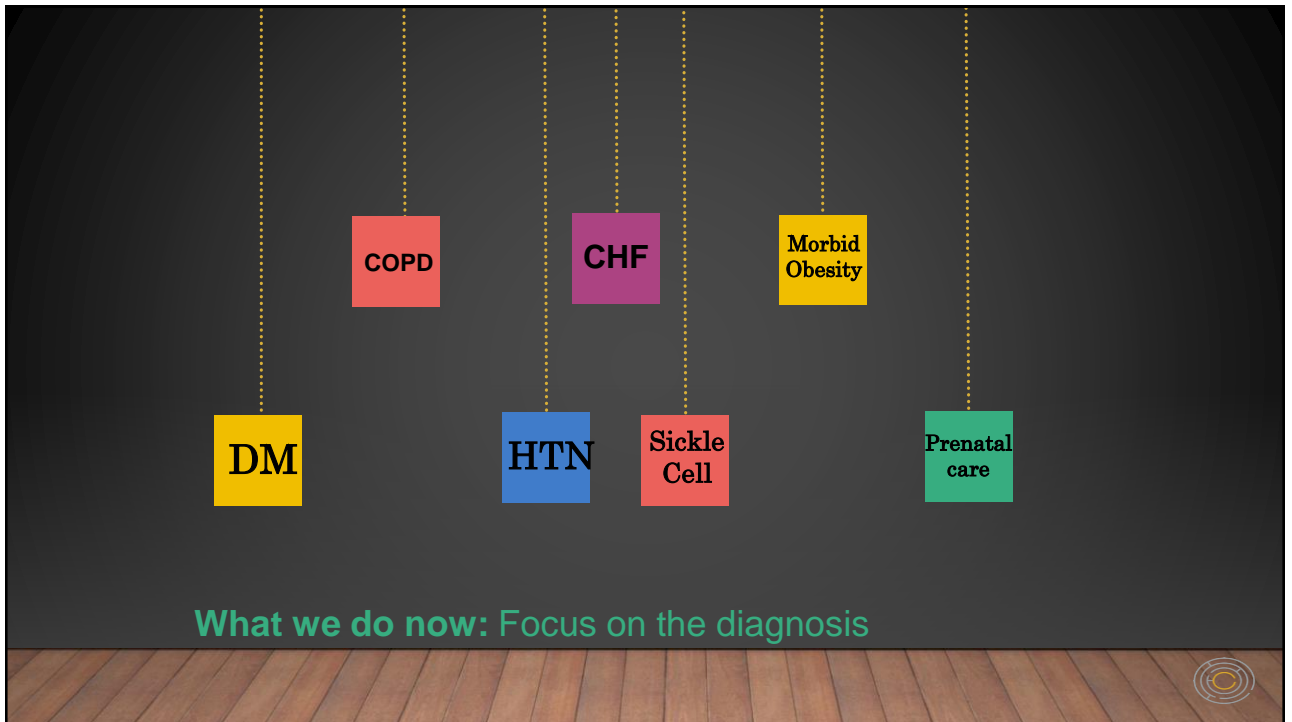
Homelessness & Incarceration

Inconsistent Transportation

Unpredictable Communication

Lack of Care Coordination





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.”

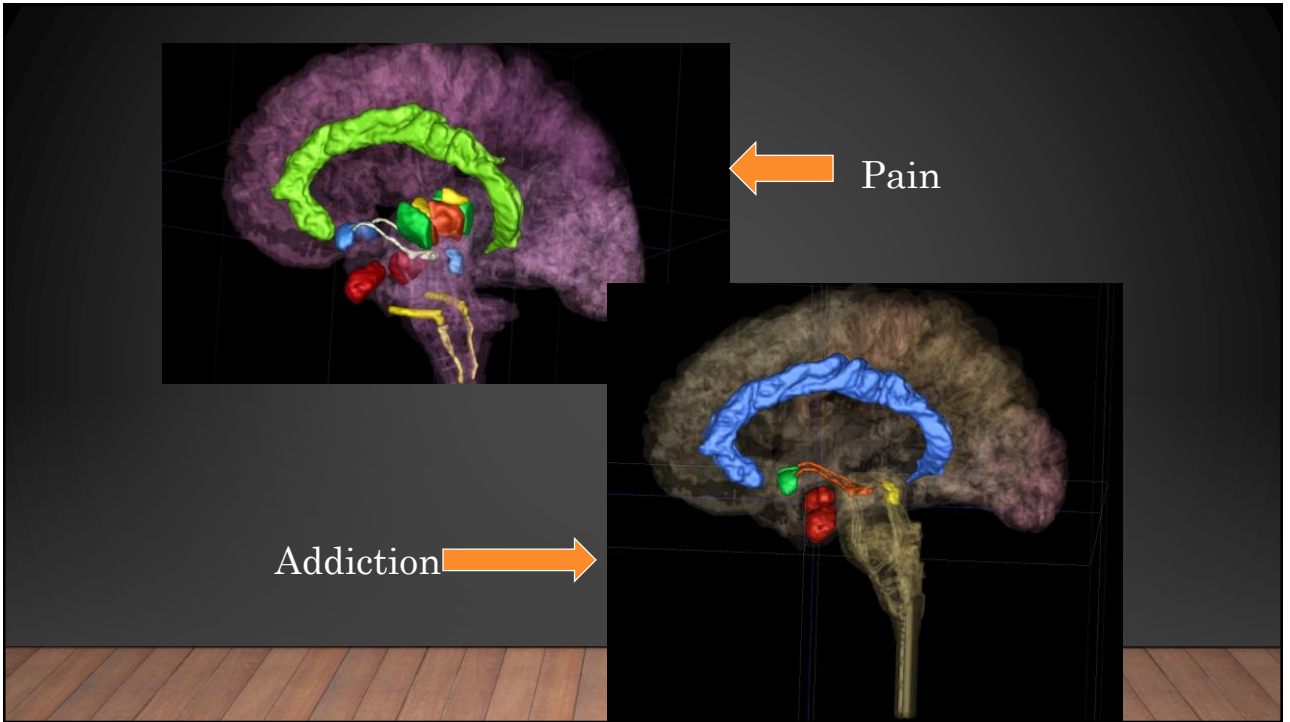
— Marcus Aurelius, Meditations

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
- $\alpha 2\delta$ (alpha2delta) modulators (gabapentin, pregabalin)
- SNRIs
- Tricyclic's

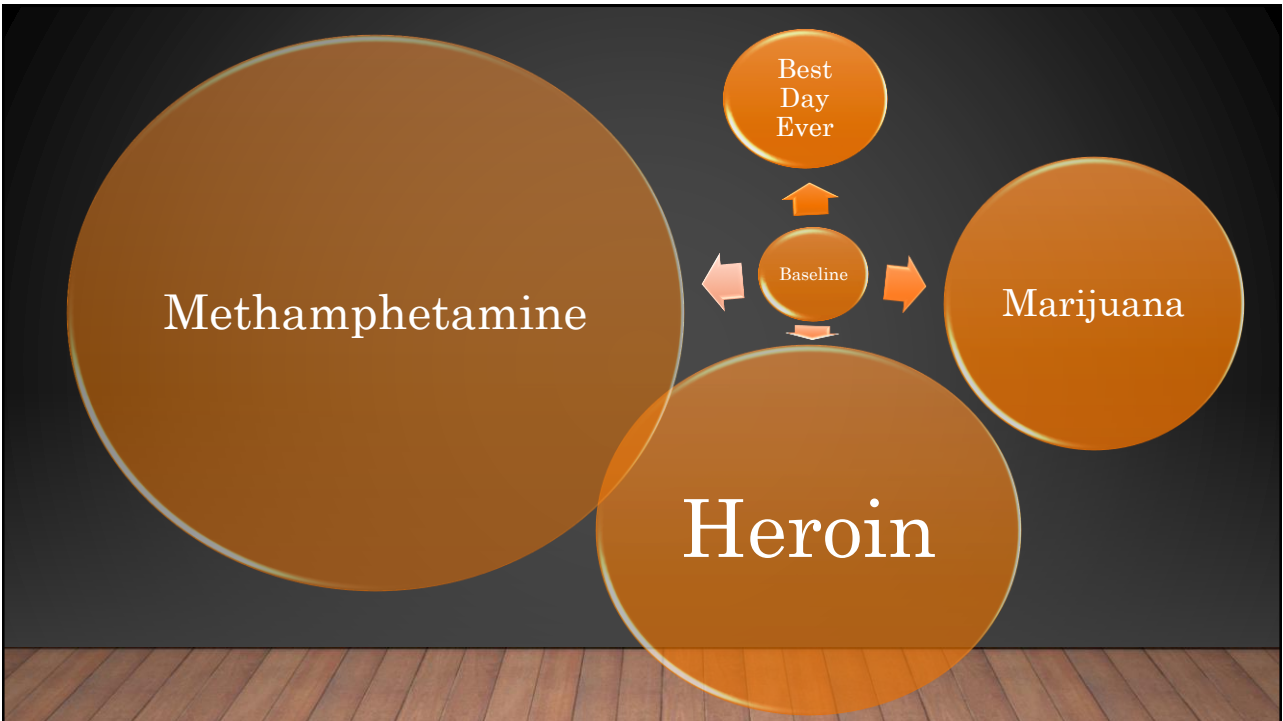
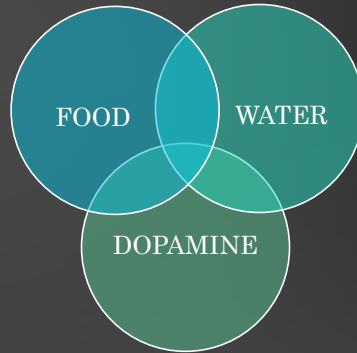
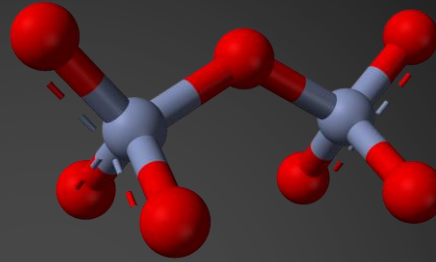
COMMON PAIN BEHAVIORS

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

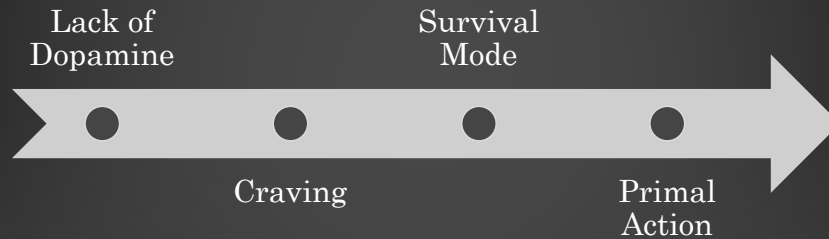
EMOTIONAL REGULATION

- 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



BEHAVIOR



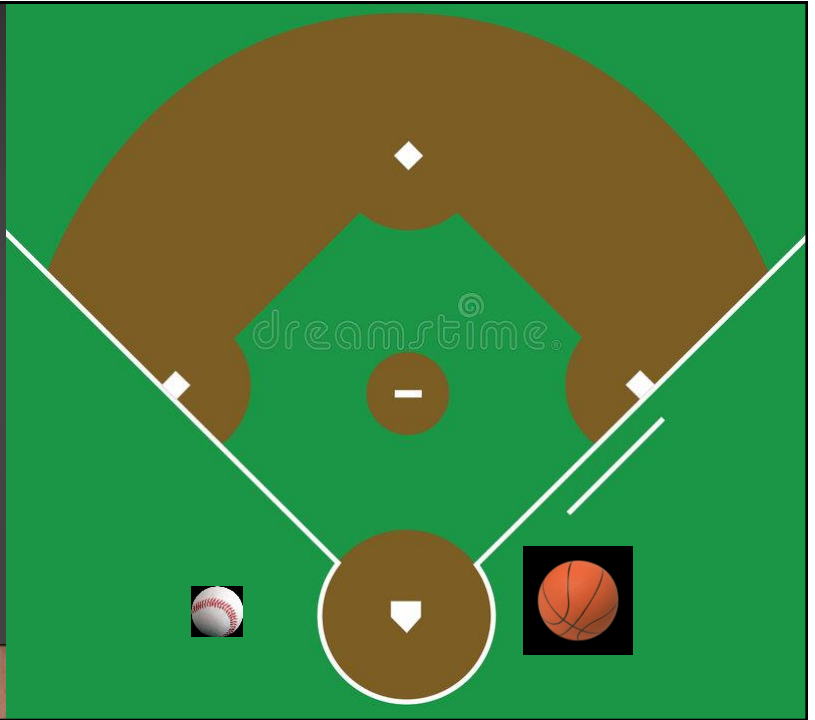
DSM-5 DIAGNOSIS OF OUD

TABLE 1 Summarized DSM-5 diagnostic categories and criteria for opioid use disorder

Category	Criteria
Impaired control	<ul style="list-style-type: none"> • Opioids used in larger amounts or for longer than intended • Unsuccessful efforts or desire to cut back or control opioid use • Excessive amount of time spent obtaining, using, or recovering from opioids • Craving to use opioids
Social impairment	<ul style="list-style-type: none"> • Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use • Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems • Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky use	<ul style="list-style-type: none"> • Opioid use in physically hazardous situations • Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use
Pharmacological properties	<ul style="list-style-type: none"> • Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount • Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal

CRAVING

- A direct, or indirect force pulling someone towards a substance or behavior



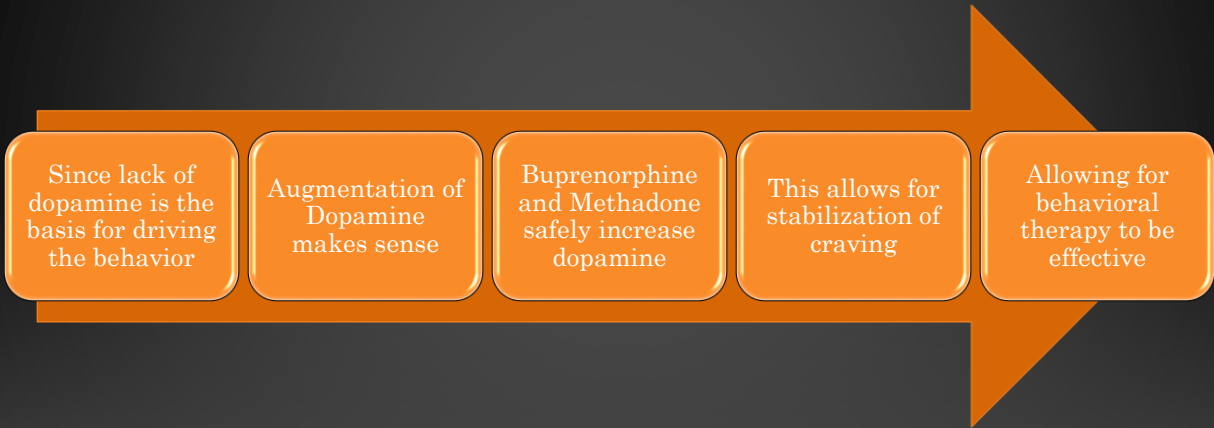
BEHAVIOR

Diagnosis based
in the description
of behavior

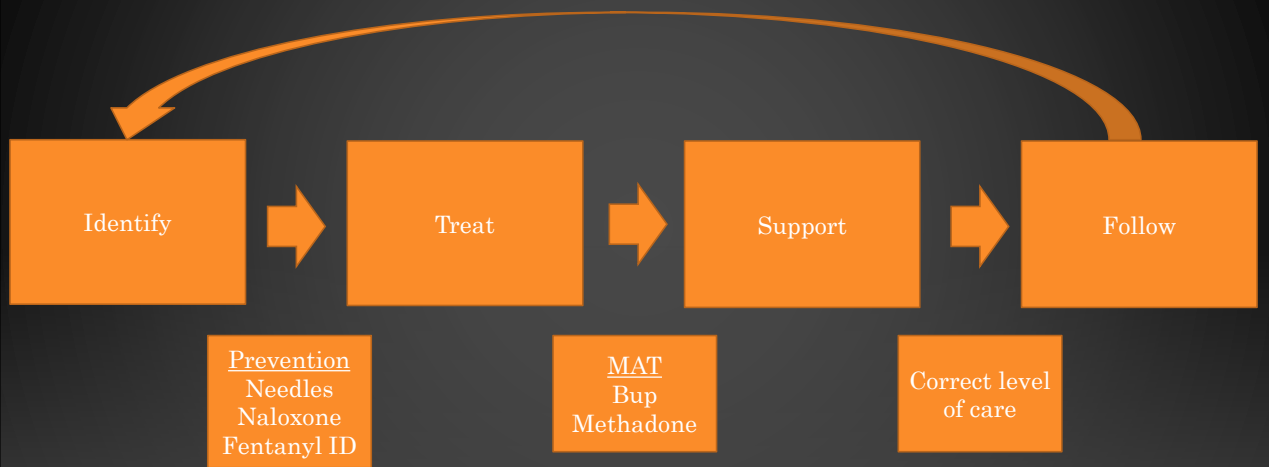
Aberrant
behavior should
be expected

Therefore
behavior is a
symptom not a
frustration

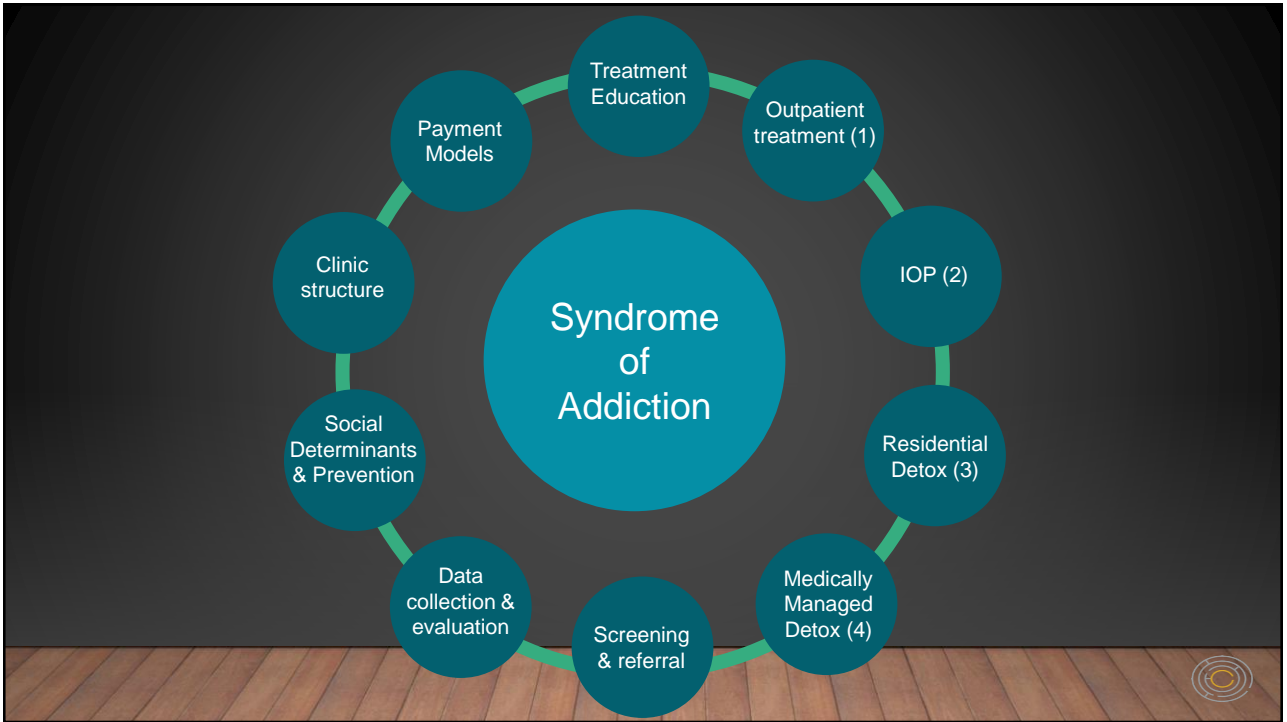
TREATMENTS



THE BASICS







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!