Addicted, Alone, Forgotten, and Ashamed

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When you were young did you dream of being addicted?

Addiction is a disease. A disease that can be treated.
Overdose Deaths per 100,000

Centers for Disease Control and Prevention and the National Center for Health Statistics

1999
Overdose Deaths per 100,000

Centers for Disease Control and Prevention and the National Center for Health Statistics
DRUG OVERDOSES NOW TAKE MORE LIVES EVERY YEAR THAN TRAFFIC ACCIDENTS

PRESIDENT OBAMA'S BUDGET CALLS FOR NEW $1.1 BILLION INVESTMENT TO EXPAND TREATMENT

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics [NCHS]. Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015.
Worrisome Trends and Associations

OPR = Opioid Pain Relievers

OPR Sales kg/10,000
OPR Overdose Deaths/100,000
OPR Treatment Admissions/10,000
NAS NICU Admissions/1,000

Year
Rate

1999 2001 2003 2005 2007 2009 2011 2013

MMWR Nov 4, 2011
How We Got Here....

- 1803: Morphine first extracted from opium
- 1853: NY heroin epidemic
- 1898:
- 1950s-70s: Opioid therapy contraindicated by addiction risk
- 1995:
- 1996:
- 2010:
- 2012:
- 2014:
- 2015: Gov. Patrick declares public health epidemic

- Heroin: Opioid analgesics account for 17% of all ED visits. Heroin accounts for 10.5% of all ED visits.
- US: Enough opioid prescriptions for every adult to have a bottle of pills.
- MA: 71 prescriptions per 100 people.
Fentanyl deaths on the rise

PERCENT OF OPIOID DEATHS WITH SPECIFIC DRUG PRESENT
Massachusetts, 2014-16

SOURCE: Massachusetts Department of Public Health
Clamp down on prescription opioids since 2009

Poor access to effective medication

Jail, prison, detox and drug-free treatment → loss of tolerance

Recurrent disease

Cheap, street heroin, pills of high & varied potency

Overdose
The Addiction Crisis
Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

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Contributed by Angus Deaton, September 17, 2015 (sent for review August 22, 2015; reviewed by David Cutler, Jon Skinner, and David Weir)

This paper documents a marked increase in the all-cause mortality of middle-aged white non-Hispanic men and women in the United States between 1999 and 2013. This change reversed decades of progress in the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE). The comparison is similar for other Organisation for Economic Co-operation and Development countries.
>129 People Die From Drug Overdoses Each Day in The United States: One Person Every 11 Seconds.
80% of individuals who reported that they began using heroin in the past year had previous prescription opioid misuse.
Opioid Misuse Risk

Known Risk Factors

- Young age (less than 45 years)
- Personal history of substance use disorder
  - Illicit, prescription, alcohol, nicotine
- Family history of substance use disorder
- Legal history
  - DUI, incarceration
- Mental health problems
- History of sexual abuse

Good Predictors for Prescription Opioid Misuse

Ives J, et al. *BMC Health Serv Res*. 2006
Opioids in Perspective

• The efficacy and safety of chronic opioid therapy for chronic pain has been inadequately studied*

• Opioid prescribing needs to be more selective and conservative

• Opioids for chronic pain...
  ▪ help some patients
  ▪ harm some patients
  ▪ are only one tool for managing severe chronic pain
  ▪ are indicated only when alternative safer treatment options are inadequate

Dowell D et al. JAMA 2016
Manchikanti L et al. Pain Physician 2011
Addiction Involves Multiple Factors

- Biology/Genes
- Environment

Brain Mechanisms

Addiction
State without Stigma...
End The Stigma...

| Research tells us that addiction is a **Disease** like any other, that its roots are **Genetic**, **Biological**, and **Environmental**. But rather than treating it like the disease that it is, society treats addiction like a moral failure or even a crime. |

<table>
<thead>
<tr>
<th>Stigma:</th>
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<td><strong>Self</strong>: Shame, devalued, flawed</td>
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<td><strong>Social</strong>: blame, “moral failing”</td>
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<tr>
<td><strong>Structural</strong>: Institutional rules, polices, practices</td>
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<tr>
<td>• Denied evidence based treatment, treatment bias</td>
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Addiction: Is A Disease....
Addiction: the Disease

- **1956**: American Medical Association
- The illness can be *described*
- The course of the illness is *predictable* and *progressive*
- The disease is *primary* – that is, it is not just a symptom of some other underlying disorder
- It is *permanent*
- It is *terminal*: If left untreated, can lead to morbidity and mortality

Solutions Outpatient Services; Texas Department of State Health Services
Your Brain on Drugs in the 1980’s

this is your brain on drugs.
Acute to chronic opioid use

- Acute use
  - Euphoria
  - Normal
  - Withdrawal
  - Tolerance and Physical Dependence

- Chronic use
Treatment Non Compliance Rates Are Similar for Drug Dependence and Other Chronic Illnesses

Cost of Addiction to Workforce: 2009

- 67% Current Substance Users are Employed
  - 48% Employed Fulltime
  - 19% Employed Part time
  - 13% Unemployed

- Turnover/absenteeism
  - Current substance users twice as likely:
    - 2 or more jobs/year: 12.3 vs. 5.1%

Department of Justice, Washington, DC. 2
Substance Abuse and Mental Health Services Administration [SAMHSA]. 2009 National Survey on Drug Use and Health [NSDUH] (September 2010).
What do We Believe??

Myths & Facts
Common Beliefs about Medication “Assisted” Treatment:
Patients are still addicted

FACT: Addiction is pathologic use of a substance and *may* or *may not* include physical dependence.

✓ Physical dependence on a medication for treatment of a medical problem *does not* mean the person is engaging in pathologic use and other behaviors.
Common Beliefs about Medication Treatment: Those medications are simply a substitute for heroin or other opioids

FACT: The medications are corrective, not curative

- When taken as prescribed, they are safe.
- They allow the person to function normally, not get high.
- They are legally prescribed, not illegally obtained.
- There is a difference between a drug of abuse and a prescribed medication.
Compulsive Drug Use (Addiction)

Voluntary Drug Use
Common Beliefs about Medication Treatment: Providing medication alone is sufficient treatment for opioid addiction

**FACT:** Medication is an important treatment option. However, the *complete* treatment package must include other elements, as well.

- Combining pharmacotherapy with counseling and other ancillary services increases the likelihood of success.
FACT: When taken as prescribed, the person will feel normal, not high.

☑️ Buprenorphine has a ceiling effect resulting in lowered experience of the euphoria felt at higher doses.

☑️ Naltrexone/Vivitrol has non-narcotic effects

☑️ Methadone is highly medically monitored
Partial-Agonist Medication

- Partial-Agonist Therapy: Buprenorphine
  - A synthetic opioid
  - Described as a mixed opioid agonist-antagonist (or partial agonist)
  - Available for use by certified providers outside traditionally licensed opioid treatment programs
  - Nurse practitioners and physicians assistants have just been allowed to treat under CARA Bill
Partial Agonist Activity Levels

At therapeutic levels, act similar to full agonists. But due to its “ceiling” maximum opioid agonist effect is never achieved.
How do we Treat Addiction in the Healthcare Field???
We Wait for the Pyxis Alarm to Sound.....

- In Healthcare we Strive to: Educate, Prevent, and Intervene
- In caring for our own: we wait for the Pyxis Alarm...
  - The Full Code
  - Human Resources, Legal, Security, Nursing, and BORN
Proactive Response: Workplace Education and Engagement

• Mandate education in the workplace
  • Orientation, yearly, and booster sessions

• Integrate addiction education into the environment:
  • Diversion, addiction “disease” stigma, safety, interventions, and reporting

• Normalize, allow for communication, empathy, support

• Open environment
  • Increase self disclosure, staff disclosures
  • Decrease harm, improve outcomes
  • Treats the disease
  • Supports employees, job security
  • Builds alliances
Workplace Reporting

- Open environment that supports reporting
  - Believe in the system, value to the employee and patient care
  - Doesn’t see it as punitive
  - Removes the "cover up" not wanting to get involved
- Removes the Stigma: Social, Structural, Personal
- Engages the employees
- Maintains transparency
- EAP can be of great service: typically under-utilized
Thinking Differently

• Educate all staff
• Normalize the Disease: Talking, accepting, acknowledging, supporting
• Integrate addiction treatment, education, prevention, resources in environment
• Stories, disclosures, personal stories.. Powerful
• Empower staff to Report, to self disclose, to engage in treatment
• Monitored practice is a lot safer than impaired practice
  • Hire employees in Recovery, in discipline programs
  • Don’t Fire staff who get Help
Treating the “Whole” Person
Psycho-social Interventions

• Address:
  • Health
  • Psychological
  • Social issues

• Promotes behavior changes
• Improves Outcomes
• Addressing the route of the addiction: life stressors, mental health, physical, personal, and family issues
How to Treat Opioid Use Disorder in the Professional Practice Setting?

• Length of Treatment

• Evidence based treatment

• What treatment are allowed in professional settings
  • Partial and full agonist treatment often not allowed in practice
  • Is it realistic to expect professional with a Chronic, Relapsing, Brain disease to stay abstinent without agonist medications...?
  • Is it more harmful to require abstinence
  • Does an abstinence model promote more: underground prescribing, treatment, non-disclosure
  • Would the benefit outweigh Risk: long term treatment
  • When do you stop you insulin? When you stop your insulin what happens?
Extended Abstinence is Predictive of Sustained Recovery

Dennis et al, Eval Rev, 2007

After 5 years – if you are sober, you probably will stay that way.

It takes a year of abstinence before less than half relapse.

Dennis et al, Eval Rev, 2007
How Long is Long ENOUGH.... Then WHAT?

• Five years remains the “Gold Standard”
• But then what? “Chronic, Relapsing, Disease”
• Disease Remission: Includes Follow up
  • What chronic, relapsing disease do we stop treating
• Should we think differently here?
  • Routine follow up
  • Random urines several times a year
  • Engagement
Opioid Withdrawal Syndrome

Protracted Symptoms

• Deep muscle aches and pains
• Insomnia, disturbed sleep
• Poor appetite
• Reduced libido, impotence, anorgasmia
• Depressed mood, anhedonia
• Drug craving and obsession
The Physician Health Services Model

• Advocacy Programs
  • Engage and empower their providers
  • “Give Back”
  • Routine follow up
  • Random urine screening
• Promotes public Safety and well being
• Supports the individual and their disease
• Acknowledges ones accomplishments
Opportunity for Change

• Leverage the epidemic
• Acceptance of the disease
  • Ending the Stigma
  • Social
  • Structural
  • Self
  • Removing the shame
• Integration of treatment into medicine
• Advances in Treatment
• Changing our Language
Engage the Nursing Community

- Education on the problem in nursing
  - Implement education across organizations
- Disease education: remove stigma
- Open environment: resources, support
  - Train staff to recognize
  - Empower to support and assist vs. enable, cover
- Offer a HAND UP.....Before Crisis
Opioid Epidemic

• Front and Center: Seize the moment
• Solutions, changes, interventions
• Thinking outside the Box....
• Workplace?? Forgotten
• Healthcare: High Impact, High Liability
• Quality Measures, deliverables: outcomes, evidence based practice
• Need to invest in the workforce First...
• Educate, Identify, Support, Treat
“Our lives begin to end the day we become silent about things that matter”

Martin Luther King Jr.

How do we meet our goals, objectives, metrics without First Caring for our Employees, Families, and community?