Managing Addiction as a Chronic Disease

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Learning Objectives

When you leave this session we would like you to...

- appreciate the concept of "Addiction as Disorder"
- apply reflective practice when you interface with a patient/client with addiction
- understand how to access treatment for individuals with addiction

Disclosures Jill Robertson

• NSHA – Central Zone

No other disclosures

Disclosures – Dr. Hickcox

- NSHA Central Zone
- Blue Smartie Consulting Instructor
- UCB Canada: Consultant
- AbbVie Canada: Educational grant, research funding
- Innomar Solutions: Infusion Clinic Supervision



"Pretest"

When I say "Addict", what is the first image, word or thought that comes into you head?

Recent Headlines

Police target booze-fuelled problems at Dalhousie

EVAN WEBSTER

Published September 6, 2015 - 8:19pm

Teens Use E-Cigarettes to 'Vape' Pot

by Stephanie Pappas, Live Science Contributor | September 07, 2015 12:01am ET

New study finds fentanyl deaths on the rise in Canada

Ottawa treatment clinic had patient, 12, addicted to painkiller drug

CBC News Posted: Aug 11, 2015 7:34 PM ET | Last Updated: Aug 12, 2015 6:32 AM ET



by Wendy Glauser, Joshua Tepper & Mike Tierney SEPTEMBER 3, 2015 Glee's Cory Monteith, Philip Seymour Hoffman Rob Ford, Prince

Addiction in NS

- 12.9% of Nova Scotians used an illicit drug in the past year (2nd highest among Canadian provinces),
- 44% used at any point in their life (3rd highest among Canadian provinces)
- 18.3% of Nova Scotians who drink alcohol exceed the LRDG
- Fiscal Revenue from Alcohol in NS in 2006 was \$224M
- Direct and Indirect Social Costs of Alcohol in 2006 was \$493M
- NSLC has transitioned from a commission to a corporation

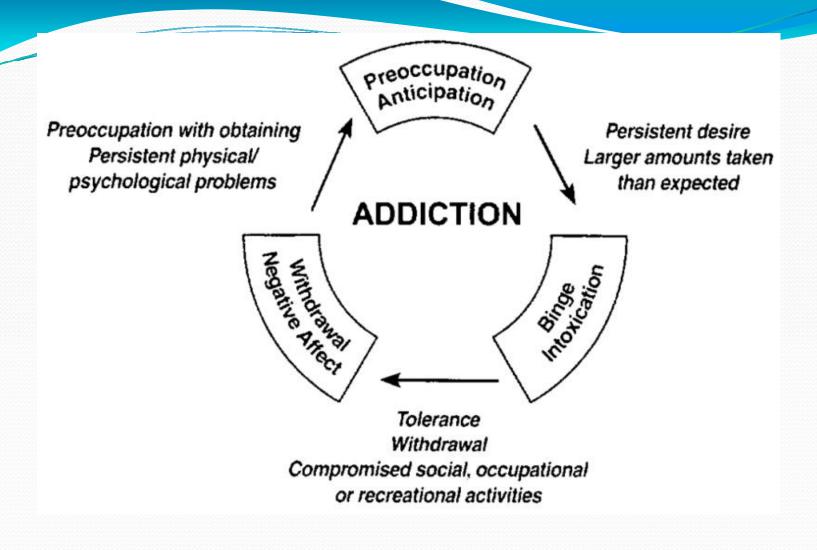
Canadian Alcohol and Drug Use Monitoring Survey 2012 NS Alcohol Indicators Report 2011

Fundamental Concepts

- 1. Addiction is a chronic brain disease
- 2. There is effective treatment for addiction
- 3. All of society benefits when addiction is treated

Spectrum of Substance Use

- Low risk use
- Harmful use
- Abuse
 - use despite negative consequences
- Addiction
 - loss of control
 - disease, not a choice
- ? Therapeutic Use



• Koob & Simon, J Drug Issues. 2009 Jan; 39(1): 115-132.

 Managing patients with Substance Use Disorders

• A "reluctant" role?

- How do clinicians think under conditions of 'high complexity' and/or 'uncertainty' especially when time and information may be limited?
- Are clinicians prone to 'bias'? Do we believe that patients with illnesses that are in some way precipitated or perpetuated by their own behaviour less deserving of care?

Attitudes to the patient with an addiction

Patients will be.....

- Demanding
- Dishonest
- Manipulative
- Aggressive

- How do clinicians think under conditions of 'high complexity' and/or 'uncertainty'
- Heuristics or 'Cognitive Shortcuts'
- Reduce the <u>time</u> and <u>cognitive effort</u> required to make a decision
- Useful when time and information are limited
- Foundation of all mature medical thinking but prone to bias or cognitive error

Transplant Team Decisions

- Ambulatory/Inpatient settings
- Inadequate time/resources to manage addiction
- High Cognitive Effort
- Decisions complex with inherent uncertainty

Fundamental Attribution Error (FAE)

- "The tendency to attribute someone's behaviour to their dispositional qualities rather than to environmental or situational factors" (Ross 1977)
- In Medicine, FAE is the tendency to be judgemental and blame patients inappropriately for their illnesses.

- Classically, it occurs when patients present with symptoms that are in some way precipitated or perpetuated by their own behaviour.
- Has implications for the type and level of care given.....
- Diminishes patient's feelings of empowerment and subsequent treatment outcomes
- Health professionals are less involved and have a more task oriented approach, resulting in less engagement and diminished empathy.

Avoiding Cognitive Error

- Acknowledge it exists
- Be aware that 'feelings' about the patient affect clinical decision making.

Training and Education

Medical students/Residents

Evidence based clinical practice guidelines

- Support structures
- Joint management/shared care
- Effective supports/access to specialized consultation

Addiction is a multidimensional Disorder

- Biological
- Psychiatric/Psychological
- Social
- "Spiritual"

Addiction as a <u>Biopsychosocial Disorder</u>

- Changed Thinking in Addiction
- Old Assumptions
 - Alcohol/Drug addiction is moral failing or character flaw
 - Lazy, dishonest etc.

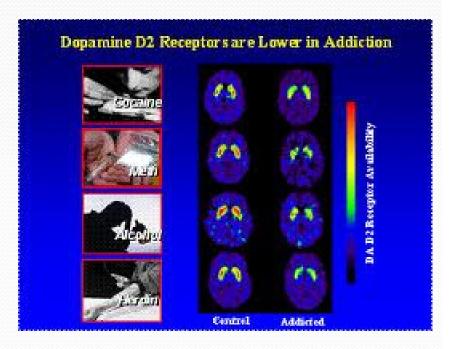
Paradigm Shift

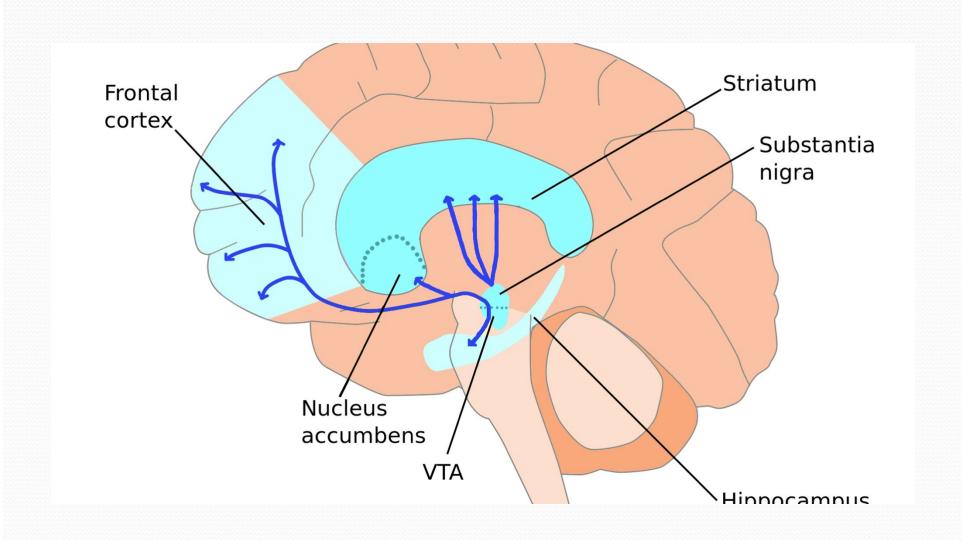
Old Assumptions

- Drug addiction is moral failing or character flaw
- Lazy, dishonest etc.

New Understandings

- Nora Volkow, Addiction Psychiatrist
- Director of NIDA
- PET scan evidence of chronic, reproduceable changes in function



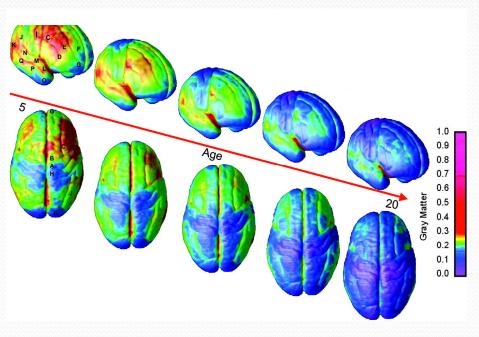


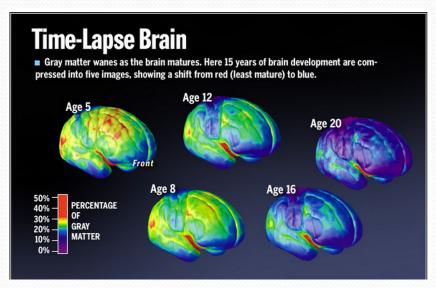
Vulnerability to Addiction

- "Well functioning" Mesolimbic dopamine systems, opioid systems, GABA systems, frontal cortex protects against addiction.
- Dysfunction of these systems comes from epigenetics, genetics, early life experiences, stressful life events, mental illness
- Dysfunction = vulnerability
- Addiction = greater dysfunction in these systems

ADOLESCENT NEUROBIOLOGY

- Still developing well into mid-20s
- Differential maturation of different parts of the brain
- Limbic system –Emotion,Sensation Seeking Earlier

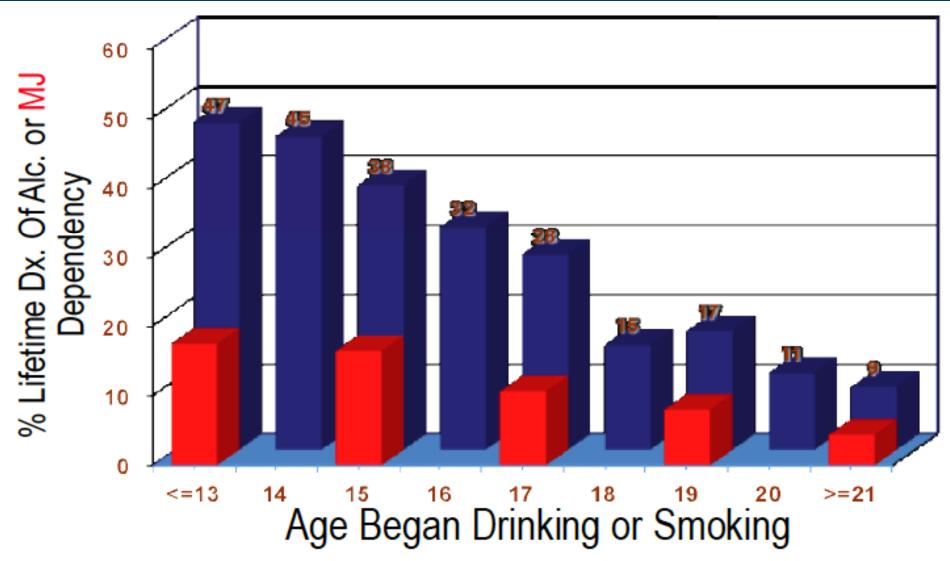




 Frontal Cortex –Executive Function, Risk Analysis – Later

PNAS 101:8174-79, 2004

Age of SU onset linked to later risk of SUD



Hingson RW et al. Arch Pediatr Adolesc Med. 2006;160(7):739-746. Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings). Rockville, MD.

Drugs do not cause addiction

Addiction develops
in the "at risk" population
in the right setting
with the right drug and route

Addiction as a Biopsychosocial Disorder

- Co-morbid psychiatric disorders in opioid addiction
 - Psychosis 8%
 - Major Depressive Disorder 19 50%
 - Anxiety disorders 26%
 - Personality disorders 48%
 - Sleep disorders 84%

Addiction as a Biopsychosocial Disorder

- Poverty
- Unemployment
- Homelessness
- Social isolation
- Family breakup
- Criminal activity, multiple incarcerations
- Involvement in sex trade
- Marginalization and discrimination



Addiction as a Biopsychosocial Spiritual Disorder

- Loss of meaning and purpose
- Loss of values
- Loss of relationship with self
- Loss of relationship with humanity



"I just stick to the facts. If you want caring and compassion, I'll refer you to our nurse

Addiction

- Starting substance use is a choice
- Starting addiction treatment is a choice
- Addiction is not a choice
- Brain changes as a consequence of drug use are not a choice

The Reality of Opioid Addiction...

The Reality of Opioid Addiction...



Addictions...

- Are a set of neurocognitive disorders with genetic, psychosocial and environmental factors influencing its course.
- can lead to end-organ damage.
- can be progressive, relapsing and fatal, but can also be in remission.

How do treatment outcomes compare?

Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses	
Percentage of Patien	ts Who Relapse
Type 1 Diabetes	30 to 50%
Drug Addiction	40 to 60%
Hypertension	50 to 70%
Asthma	50 to 70%

Chronic Illness Relapse Rates (after diagnosis, treatment and stabilization)

"Post-test"