

## MISSION IMPOSSIBLE: IF YOU CHOOSE TO ACCEPT MISSION JOIN JUSTICE LEAGUE I'M POSSIBLE HEPBURN

In 2017, an estimated 20.7 million people aged 12 or older needed substance use treatment. Stated another way, about 1 in 13 people aged 12 or older (7.6 percent) needed substance use treatment (Figure 62). About 1.0 million adolescents aged 12 to 17 needed treatment for a substance use problem in the past year, representing 4.1 percent of adolescents, or about 1 in 24 adolescents. About 5.2 million young adults aged 18 to 25 needed treatment for a substance use problem in the past year, representing 15.1 percent of young adults. Stated another way, about 1 in 7 young adults needed substance use treatment. About 14.5 million adults aged 26 or older needed substance use treatment in the past year. This number represents 6.8 percent of adults aged 26 or older, or about 1 in 15 adults in this age group.

**Figure 62. Need for Substance Use Treatment in the Past Year among People Aged 12 or Older, by Age Group: 2017**

Age Group	Number of People (in Millions)	Percent
12 or Older	20.7	7.6
12 to 17	1.0	4.1
18 to 25	5.2	15.1
26 or Older	14.5	6.8

## **ADDICTION PREVENTION & TREATMENT SAVES LIVES**

According to the Food and Drug Administration's standards for effectiveness, there are presently

1. four prevention interventions
2. Eight medications
3. Over a dozen behavioral therapies effective to

Prevent, intervening early and manage substance use disorders

## **OVERVIEW**

- # **Despite effective treatments, magnitude of the addiction related problems continue to grow**
- # Opioid Crisis
- # Marijuana Use Up in Women, Alcohol Binge Drinking, Related Deaths, Disability continue to climb
  
- # **<1:10 with Substance Use Disorders receive treatment**
  
- # **Stigma, MYTHS & Realities limit access to medical treatment for Substance Use Disorders**
- # Remains easier to obtain alcohol, nicotine, heroin than medical treatment for addictions

**STIGMA & MYTHS PREVAIL**

<b>STIGMA</b> NOUN stigmas (plural noun) 1. mark of disgrace associated with a particular circumstance, quality, or person 2. visible sign or characteristic of a disease	<b>MYTH</b> NOUN widely held but false belief or idea
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**STIGMA & MYTHS PREVAIL**

<b>STIGMA</b> NOUN stigmas (plural noun) 1. mark of disgrace associated with a particular circumstance, quality, or person 2. visible sign or characteristic of a disease	1. 60% US Counties have no psychiatrists 2. 16% of 52,000 active psychiatrists have DEAX waiver to prescribe buprenorphine
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**MYTHS PREVAIL**

**MYTH**

**widely held but false belief or idea**

1. Medications for substance use disorder are **NOT** more dangerous than other medical interventions
2. Patients become addicted (defined as compulsive use despite harm) to buprenorphine
3. Abstinence based treatment-detoxification for opioid use disorder are **NOT** more effective than medications and may increase risk for overdose deaths.

**SUD MEDICATIONS ARE NOT MORE DANGEROUS**

LITHIUM	ANTIPSYCHOTICS
Low therapeutic index	Tardive Dyskinesia
Renal Toxicity	Agranulocytosis
Tremors	Metabolic Syndrom
Diabetes Insipidus	

## **MYTH: PATIENTS BECOME ADDICTED TO BUPRENORPHINE**

PHARMCOLOGIC DEPENDENCE ≠ LOSS OF CONTROL

- **Buprenorphine blocks craving\**
- **Medications improve treatment engagement and retention**
- **Use as prescribed does not = Compulsive use despite harm**
- **Improves chances to work + care for self, family, kids**

**MYTH: Abstinence based treatment-detoxification for opioid use disorder is as or more effective than relapse prevention medications.**

1. No data support abstinence only programs prevent relapse in opioid use disorders
2. Patients become addicted (defined as compulsive use despite harm) to buprenorphine
3. Abstinence based treatment-detoxification may reduce tolerance and therefore increase risk for overdose deaths.

## WHAT HAPPENS WHEN PSYCHIATRY & MEDICAL PRACTICE ARE NOT IN SYNC WITH SCIENCE

### WHAT'S WORKING

Naloxone for opioid overdose reversal to prevent death

Medical alcohol detoxification to prevent DTs, death

Thiamine to prevent Wernicke-Korsakoff

### WHAT'S NOT WORKING

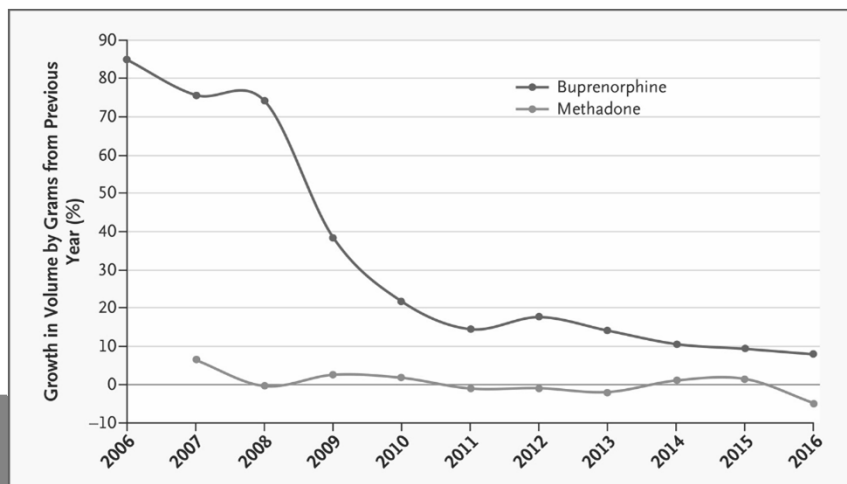
Relapse Prevention Medications

3- Alcohol Use Disorder

3- Opioid Relapse Prevention Medication Use Has Gone Down

3- Nicotine Dependence

## Annual Change in Buprenorphine and Methadone Volume Dispensed in the United States, 2006–2016.



SE WAKEMAN, ML BARNETT. N ENGL J MED 2018;379:1-4.



## SUD RELAPSE PREVENTION MEDICATION OUTCOMES ARE SIMILAR TO OTHER CHRONIC DISEASE MEDICATIONS

- 30 days of insulin treatment doesn't cure diabetes
- Blood pressure medications only work if person continues to take them
- Although three medications are FDA approved for opioid use disorder,
  - <30% of addiction treatment programs offer medications
  - <50% eligible patients ever receive medications

Myths and Realities of Opioid Use Disorder Treatment.		
Myth	Reality	Possible Policy Response
Buprenorphine treatment is more dangerous than other chronic disease management.	Buprenorphine treatment is simpler than many other routine treatments in primary care, such as titrating insulin or starting anticoagulation. But physicians receive little training in it.	Amend federal buprenorphine-treatment eligibility requirements to include training completed during medical school and require training during medical school or residency. Add competency questions to U.S. Medical Licensing Examination and other licensing exams.
Use of buprenorphine is simply a "replacement" addiction.	Addiction is defined as compulsively using a drug despite harm. Taking a prescribed medication to manage a chronic illness does not meet that definition.	Public health campaign to reduce stigma associated with addiction treatment, similar to past campaigns (e.g., HIV) that provided education and challenged common myths.
Detoxification for opioid use disorder is effective.	There are no data showing that detoxification programs are effective at treating opioid use disorder. In fact, these interventions may increase the likelihood of overdose death by eliminating tolerance.	Advocacy from professional physician organizations to educate federal and state agencies and policymakers about evidence-based treatment and the lack of evidence for short-term "detoxification" treatment.
Prescribing buprenorphine is time consuming and burdensome.	Treating patients with buprenorphine can be uniquely rewarding. In-office inductions and intensive behavioral therapy are not required for effective treatment.	Develop and disseminate protocols for primary care settings that emphasize out-of-office induction and treatment.
Reducing opioid prescribing alone will reduce overdose deaths.	Despite decreasing opioid prescribing, overdose mortality has increased. Patients with opioid use disorder may shift to the illicit drug market, where the risk of overdose is higher.	Develop a national system of virtual consultation for physicians to reach addiction and pain specialists who can support treatment of patients with suspected opioid use disorder.

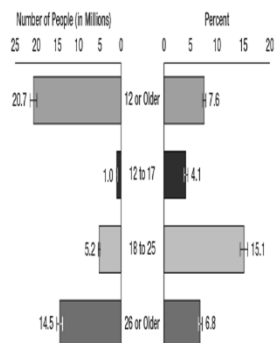
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## IF YOU CHOOSE TO ACCEPT MISSION JOIN JUSTICE LEAGUE CREATE A TEAM

In 2017, an estimated 20.7 million people aged 12 or older needed substance use treatment. Stated another way, about 1 in 13 people aged 12 or older (7.6 percent) needed substance use treatment (Figure 62). About 1.0 million adolescents aged 12 to 17 needed treatment for a substance use problem in the past year, representing 4.1 percent of adolescents, or about 1 in 24 adolescents. About 5.2 million young adults aged 18 to 25 needed treatment for a substance use problem in the past year, representing 15.1 percent of young adults. Stated another way, about 1 in 7 young adults needed substance use treatment. About 14.5 million adults aged 26 or older needed substance use treatment in the past year. This number represents 6.8 percent of adults aged 26 or older, or about 1 in 15 adults in this age group.



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### #RESPECT = SPECIAL POWERS MEDICATIONS ASSIST TREATMENT (MAT)

- #R recovery skills improve with relapse prevention medications
- #E empathy, family, friends, sponsors, peers and communities enhance treatment engagement
- #S Self-Help + Groups + 1:1 Interventions –help build recovery skills
- #P Prevent withdrawal, relapse and overdose with FDA approved medications
- #E Educate self & others how established medical treatments improve remission
- #C Clinical health emphasis reduces medical complications and overdose deaths
- #T Treat Addictions Save Lives



## #POWER OF MEDICATIONS TO ASSIST TREATMENTS

#**P**revent Relapse, Decrease Cravings & Withdrawal, Prevent Overdose and Death with medications

#**O**verdose reversal saves lives temporarily but limits referrals ≠ relapse prevention treatment

#**W**ithdrawal medications reduce symptoms ≠ prevent relapse/overdose and improve engagement

#**E**mpathy, Educate, Engage family, friends, peers, others to support access to medical treatment

#**R**ecovery improves with relapse prevention medications