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2018-01-26

## Individualized Treatment and Understanding the Non- Pharmacologic Components that are Part of Recovery

Gerardo Gonzalez MD

*University of Massachusetts Medical School*

*Et al.*

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# Welcome to the Webinar Individualized Treatment and the Non-Pharmacologic Components of Recovery

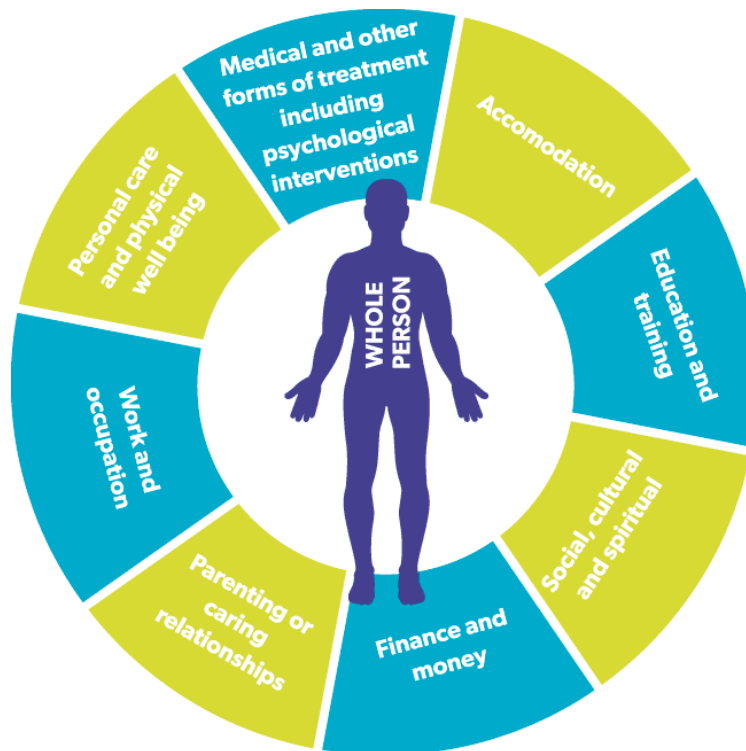
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## 5 Common Myths About Substance Use Disorder

### 1. **“OVERCOMING ADDICTION IS A SIMPLY A MATTER OF WILLPOWER.”**

Prolonged exposure to drugs alters the brain in ways that result in powerful cravings and a compulsion to use. These brain changes make it extremely difficult to quit by sheer force of will.

### 2. **“ADDICTION IS A DISEASE; THERE’S NOTHING YOU CAN DO ABOUT IT.”**

Most experts agree that addiction is a brain disease, but that doesn’t mean you’re helpless to it. The brain changes associated with addiction can be treated and reversed through therapy, medication, exercise, and other treatments.

### 3. **“ADDICTS HAVE TO HIT ROCK BOTTOM BEFORE THEY CAN GET BETTER.”**

Recovery can begin at any point in the addiction process and the earlier, the better. The longer drug abuse continues, the stronger the addiction becomes and the harder it is to treat. Don’t wait to intervene until the addict has lost it all.

### 4. **“YOU CAN’T FORCE SOMEONE INTO TREATMENT; THEY HAVE TO WANT HELP.”**

Treatment doesn’t have to be voluntary to be successful. People who are pressured into treatment by their family, employer, or the legal system are just as likely to benefit as those who choose to enter treatment on their own. As they sober up and their thinking clears, many formerly resistant addicts decide they want to change.

### 5. **“TREATMENT DIDN’T WORK BEFORE, SO THERE’S NO POINT TRYING AGAIN.”**

Recovery from drug addiction is a long process that often involves setbacks. Relapse doesn’t mean that treatment has failed or that you’re a lost cause. Rather, it’s a signal to get back on track, either by going back to treatment or adjusting the treatment approach.

Do any of these myths strike a cord with you? While we are waiting to begin....

If you feel comfortable, share your thoughts about these myths in the chat box.



**U.S. National Library of Medicine**

*National Network of Libraries of Medicine  
New England Region*

## Your Webinar Host



**Susan Halpin**

**[susan.halpin@umassmed.edu](mailto:susan.halpin@umassmed.edu)**

National Network of Libraries of Medicine (NNLM),  
New England Region (NER)  
Education & Outreach Coordinator  
University of Massachusetts  
Medical School  
Worcester, Massachusetts

## Webinar Learning Objectives

- Become familiar with the National Library of Medicine (NLM) and its free, digital resources
- Understand how the NLM provides outreach by the National Network of Libraries of Medicine (NNLM) through comprehensive online resources, training classes and grant funding opportunities.
- Understand the rationale and treatment options for managed withdrawal of a patient with opioid use disorder.
- Understand the rationale and treatment options for Medication Assisted Treatment in a patient with opioid use disorder.
- Understand the non-pharmacologic components that are part of recovery.







The NLM physical library is Bethesda, MD on the NIH campus.

NLM is the largest biomedical library in the world

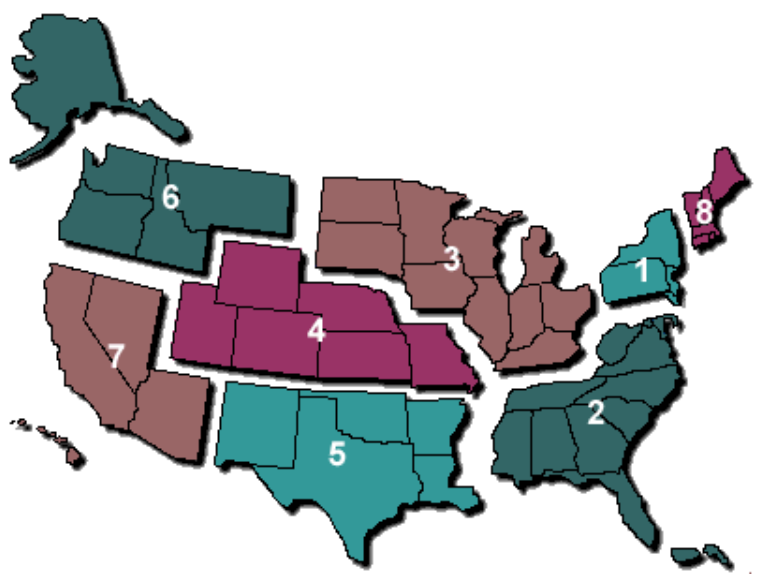
NLM is one of the federal government's largest providers of digital content

The library is open to everyone. All of its resources are **FREE.**

### **NLMs mission**

*Advance the progress of medicine and improve public health by making biomedical information accessible to everyone.*

## NLM Implements Outreach Through the National Network of Libraries of Medicine (NNLM)



- Nationwide network of health sciences libraries, public libraries & information centers
- Each region has a partnership with a regional medical library
- Outreach provided through
  - Free access to online health & medical resources**
  - Free Training & Professional Development**
  - Grant funding opportunities**



# U.S. National Library of Medicine

National Network of Libraries of Medicine  
New England Region

## National Network of Libraries of Medicine (NNLM)

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National Network of Libraries of Medicine

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**NNLM in Your Community: Philadelphia, PA**

NER's Library Fellow and Graphic Medicine Specialist discussed educational outreach on the value of comics and NER's Graphic Medicine Book Club Kits initiative at the 2017 MEDstudio@JEFF collaboration with Design Philadelphia.

Learn More

84.1 million people —  
more than 1 out of 3 adults  
— have prediabetes

9 **OUT OF 10** don't know they have prediabetes

**National Network of Libraries of Medicine**

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**U.S. National Library of Medicine**

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New England Region*

## Introducing Your Webinar Presenters



**Dr. Gerardo Gonzalez, MD**

Medical Director, Washburn House, Worcester, MA

Director of the Division of Addiction Psychiatry  
& Associate Professor of Psychiatry, University of  
Massachusetts Medical School



**Lindsey Silva, RN, MSN**

Director of Quality and Compliance, Washburn House, Worcester, MA



# **Individualized Treatment and Understanding the Non-Pharmacologic Components that are Part of Recovery**

**Gerardo Gonzalez, MD  
Lindsey Silva, MSN, RN**

# Presenters

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## **Gerardo Gonzalez, MD**

Director of the Division of Addiction Psychiatry and Associate Professor of Psychiatry, University of Massachusetts Medical School  
Medical Director, Washburn House, Worcester, MA

## **Lindsey Silva, RN, MSN**

Director of Quality and Compliance, Washburn House, Worcester, MA

# Disclosures

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- We have no financial conflicts to disclose
- We will review evidence based off-label use of medications

# Outline

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# Outline

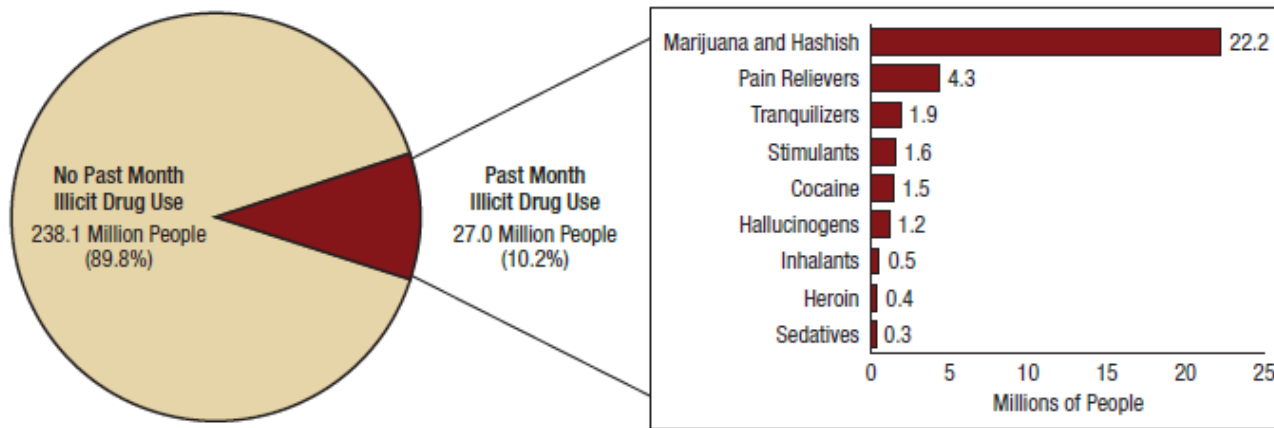
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- **Epidemiology**
- **Preventive efforts**
- **Treatment**
- **Longitudinal outcomes**
- **Recovery elements**
- **Conclusions**

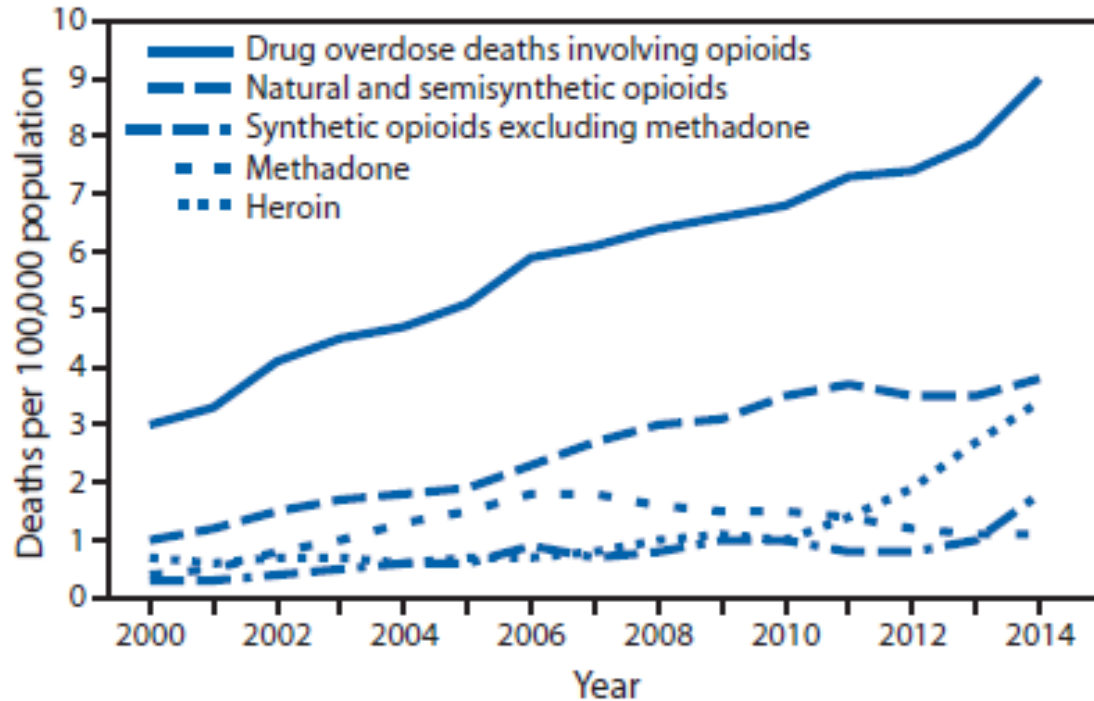
# Epidemiology

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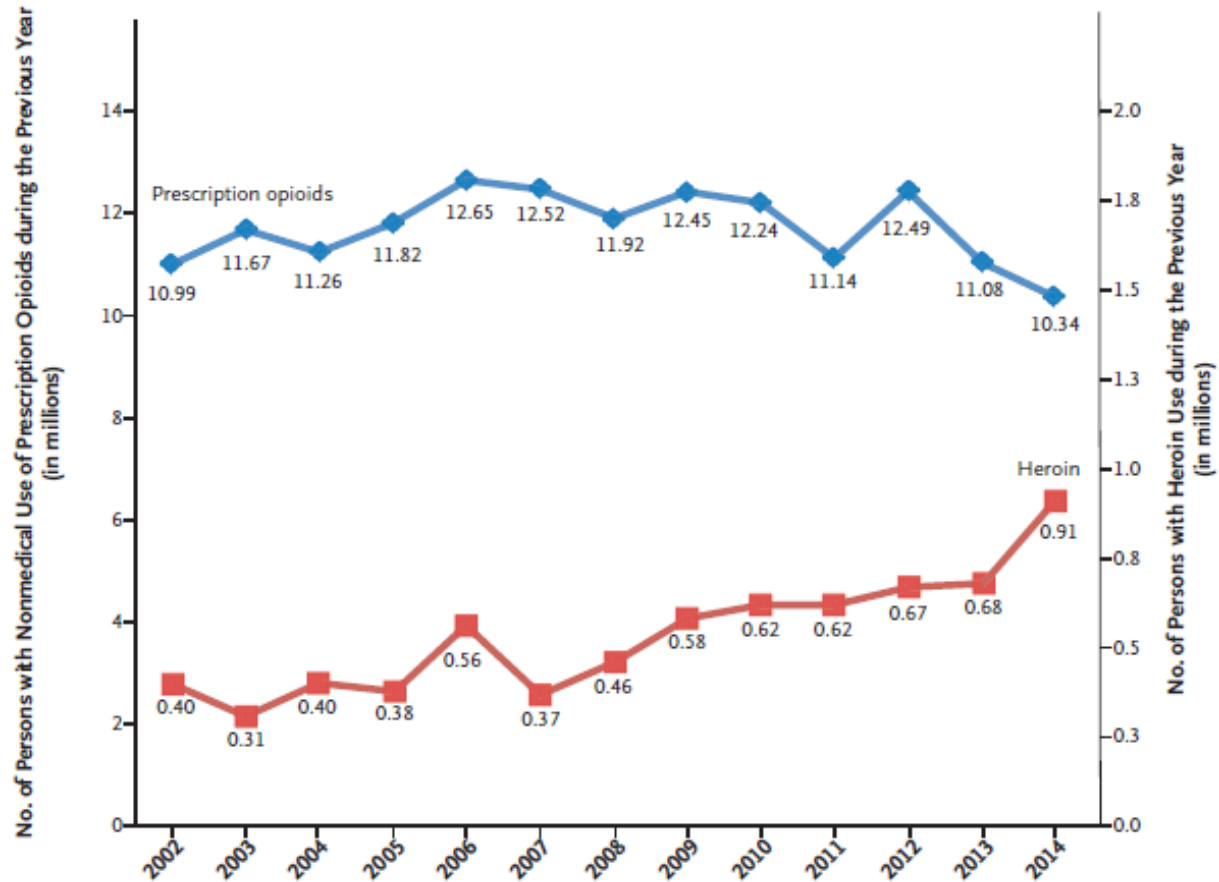
NSDUH, 2014

## Drug overdose deaths involving opioids by type of opioid United States, 2000–2014

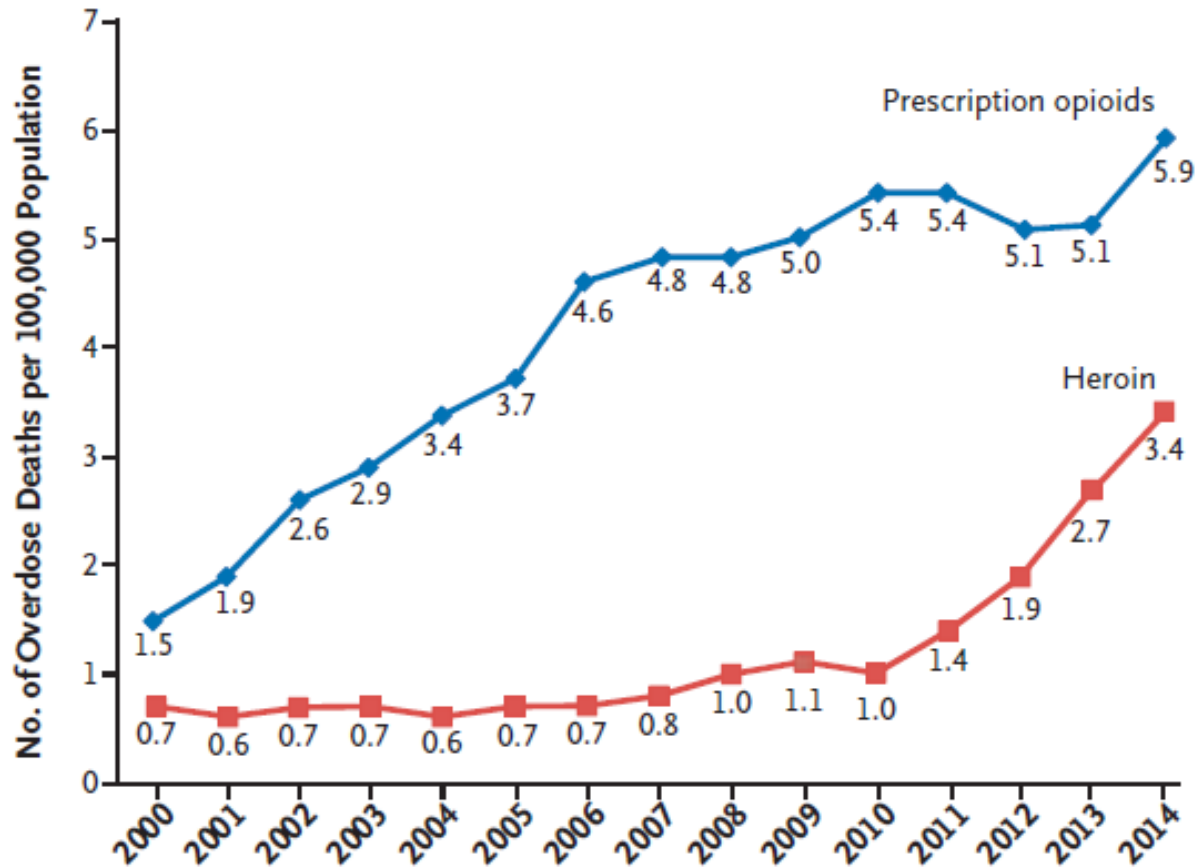


CDC, 2016

# Prescription Opioids and Heroin use during the Previous Year United States, 2000–2014.



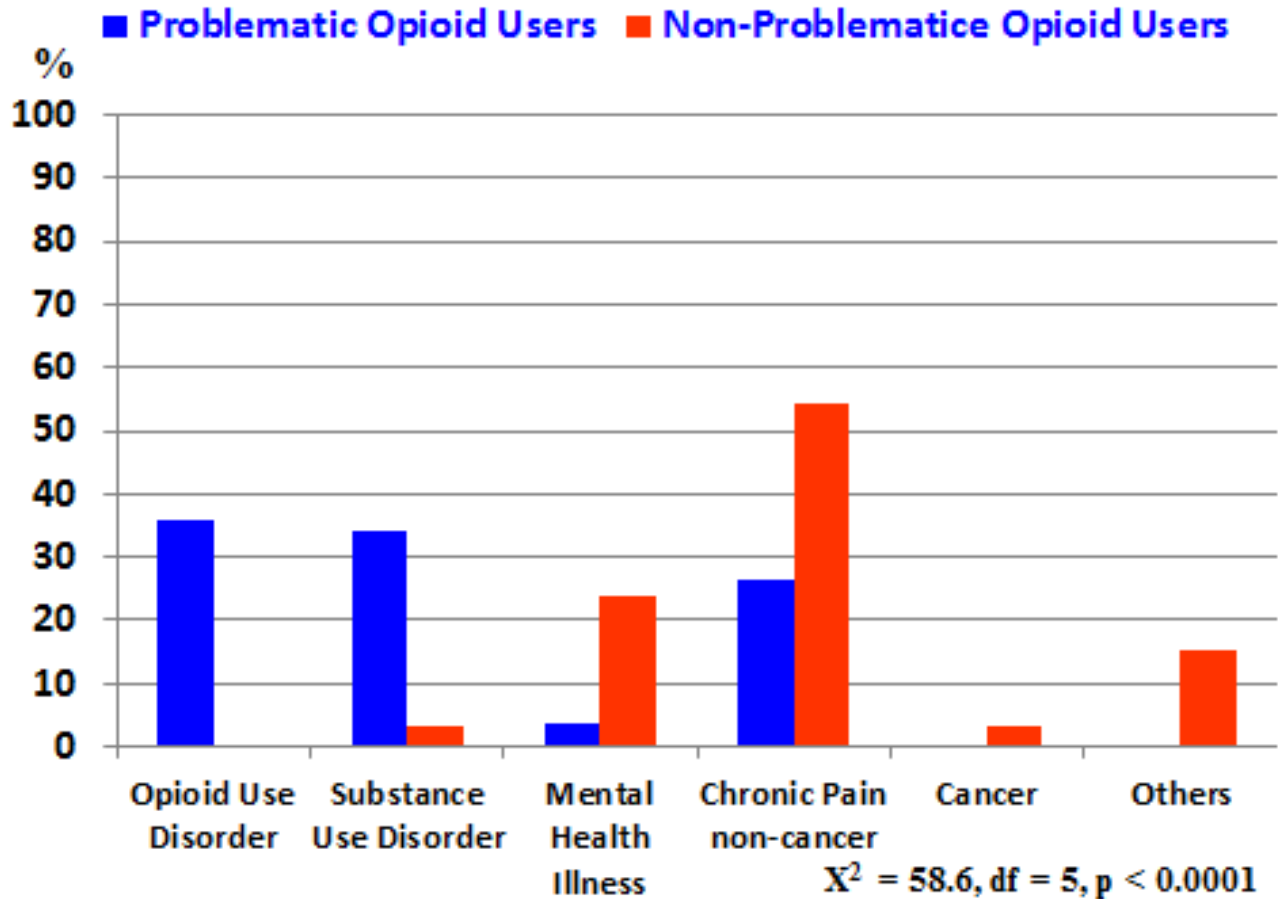
## Prescription Opioids and Heroin Drug Poisoning United States, 2000–2014.



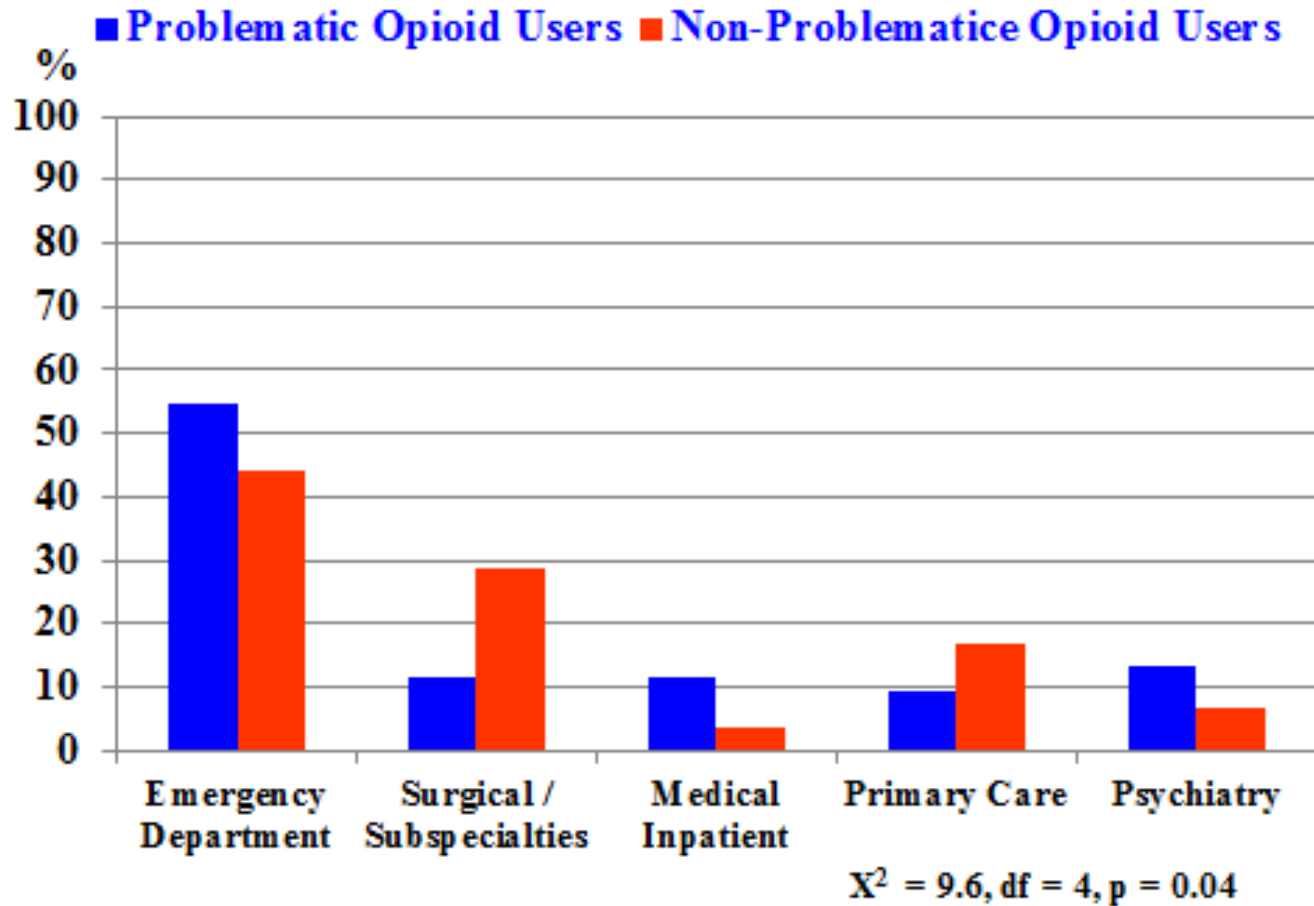
Comptom, 2016



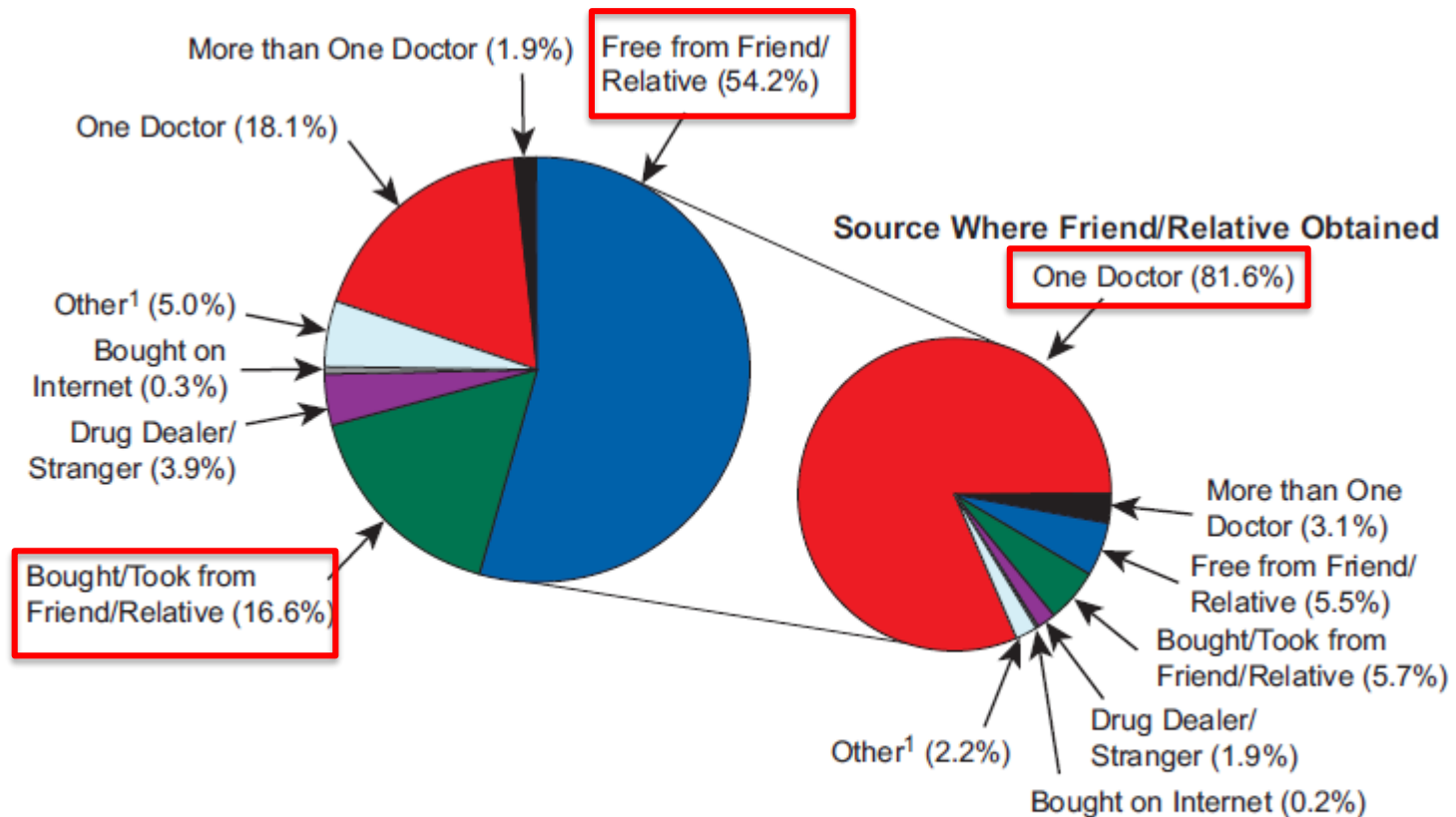
# Main medical diagnosis UMMC Worcester MA: 2008-2012



# Last treating services UMMC Worcester MA: 2008-2012



# Source Where Pain Killers Were Obtained Age 12 or Older: 2010-2011



Note: The percentages do not add to 100 percent due to rounding.

<sup>1</sup>The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."



**ADDICTION**

FAVORITA

09722

46360

Lady Ann

67



# Substance use disorders (DSM-5)

---

- ***Neuroadaptation:***

  - Tolerance

  - Withdrawal

- ***Cognitive distortion:***

  - Importance of substance use

  - Subjective awareness of decrease control

  - Craving or a strong desire or urge to use

- ***Behavioral dyscontrol:***

  - Obtaining, using and recovering

  - Use despite knowledge of problems

  - Using more and longer than intended



# Substance use disorders (DSM-5)

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# Preventive efforts

---

# Preventive efforts

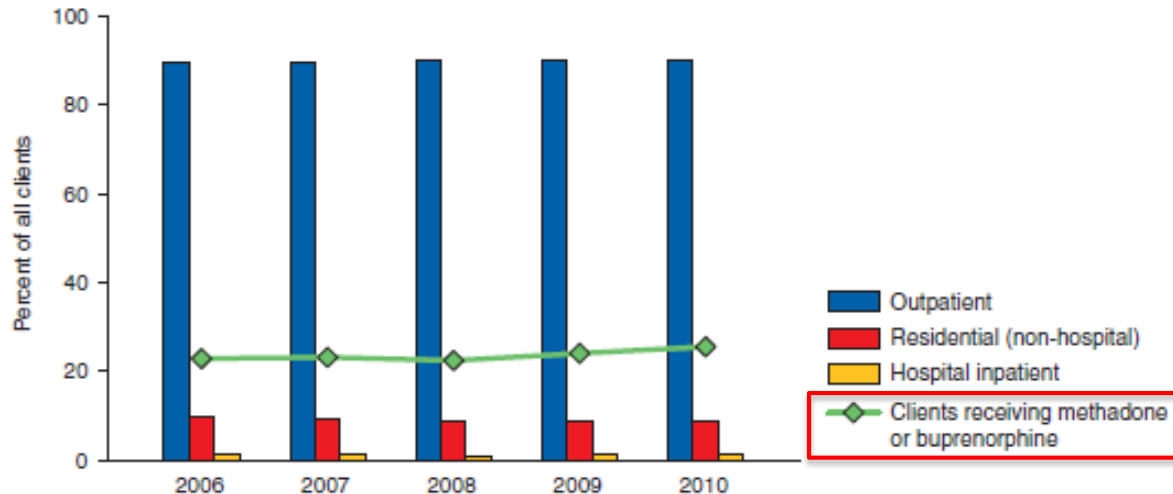
---

- Education of medical and nursing students on universal precautions with controlled substances
- Prescription guidelines for practicing physicians and dentists on safe pain management
- Prescription monitoring program (PMP)
- Safe storage of opioid analgesics (locked box)
- Appropriate disposal of unused opioid analgesics
- Naloxone rescue kits available (standing orders)

# Treatment

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## Patients in Treatment, by type of care received: 2006-2010



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, National Survey of Substance Abuse Treatment Services (N-SSATS), 2006-2010.

- The proportion of all clients receiving methadone was 22 to 25 percent between 2006 and 2010.
- The proportion of clients receiving buprenorphine was 1 percent or less from 2006 to 2008, but increased to 2 percent in 2009 and 2010.

# Substance use disorder treatment services

---

1. Detoxification / stabilization units (ATS)
2. Inpatient acute hospitalization
3. Nonhospital residential rehabilitation (CSS)
4. Partial hospital day Program (PHP)  
Intensive outpatient program (IOP)
5. Outpatient treatment / office-based



# Substance use disorder treatment services

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# Psychosocial treatments

---

1. Drug Counseling
2. Motivational Enhancement Therapy
3. Relapse prevention
4. Cognitive Behavioral Therapy
5. Mindfulness base treatment
6. Contingency Management
7. Twelve Steps facilitation
8. Self-help groups







# Use of Medications

---

# Managed withdrawal (ATS)

---

- Reduction of the intensity of opioid withdrawal
- 1 or 2 attempts are reasonable
- Should be considered initial step in recovery
- Efficacy alone is very low ( less 20%)
- Efficacy improves with IOP or PHP
- ATS is not necessary to start MAT



# Managed withdrawal (ATS)

---

- Clonidine protocol → Naltrexone (IM)
- Buprenorphine protocol
- Methadone protocol

# Managed withdrawal (ATS)

---

- Joint selection of protocol is helpful for engagement
- Motivation enhancement for treatment is needed
- Challenges include wide variation of motivation for treatment and risk of use while on the unit.

# Medication assisted treatment (MAT)

---

- Outpatient settings
- Suppress opioid withdrawal symptoms
- Suppress craving for opioids
- Stop opioid use and relapse
- Adjust daily dose to avoid sedation

# Medication assisted treatment (MAT)

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- Naltrexone (PO and IM)
- Buprenorphine + Naloxone
- Methadone

# Naltrexone

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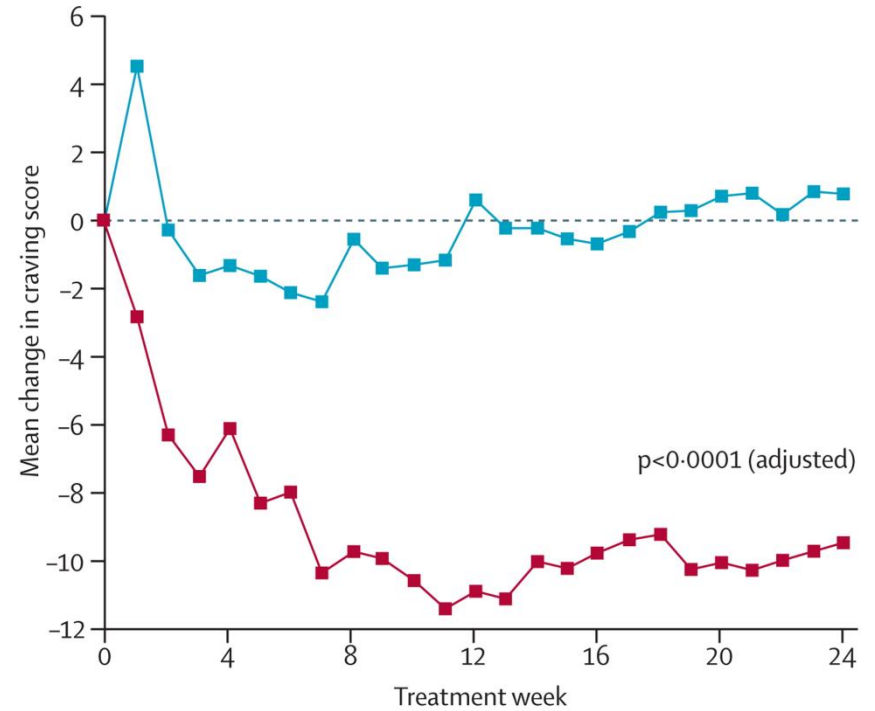
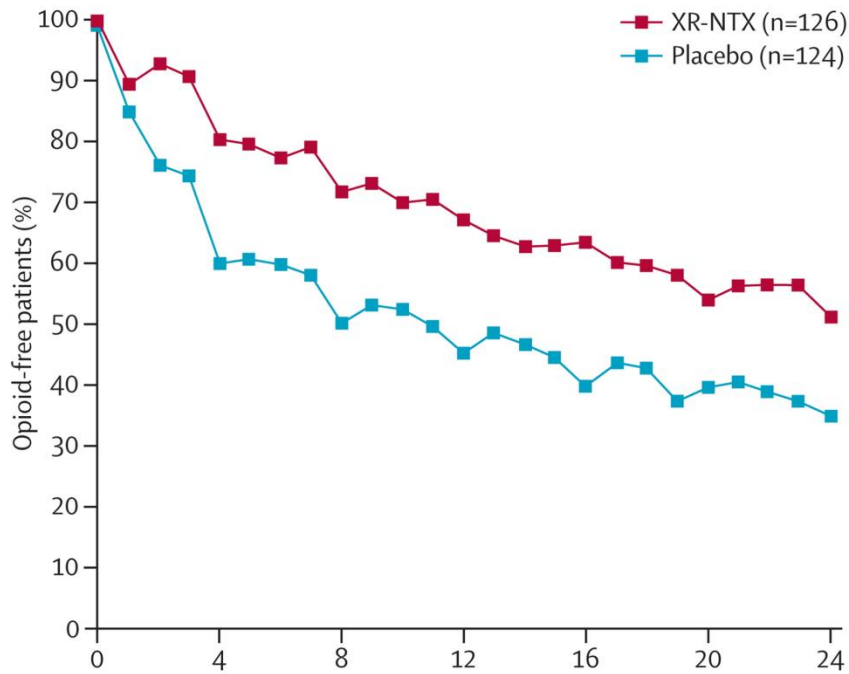
- *Indications:* Severe opioid use disorder
- *Mechanism:* Opiate receptor antagonist
- *Efficacy:* Oral is good in high motivated.
- *Implementation:* 50-100 mg/per day; LFT's
- *Side effects :* nausea, headache, anxiety, OD
- *Compliance:* Improved with naltrexone depot (IM)

(Comer, 2006; Krupitsky, 2011)



# Naltrexone Depot

A



Krupitsky, 2011

# Methadone

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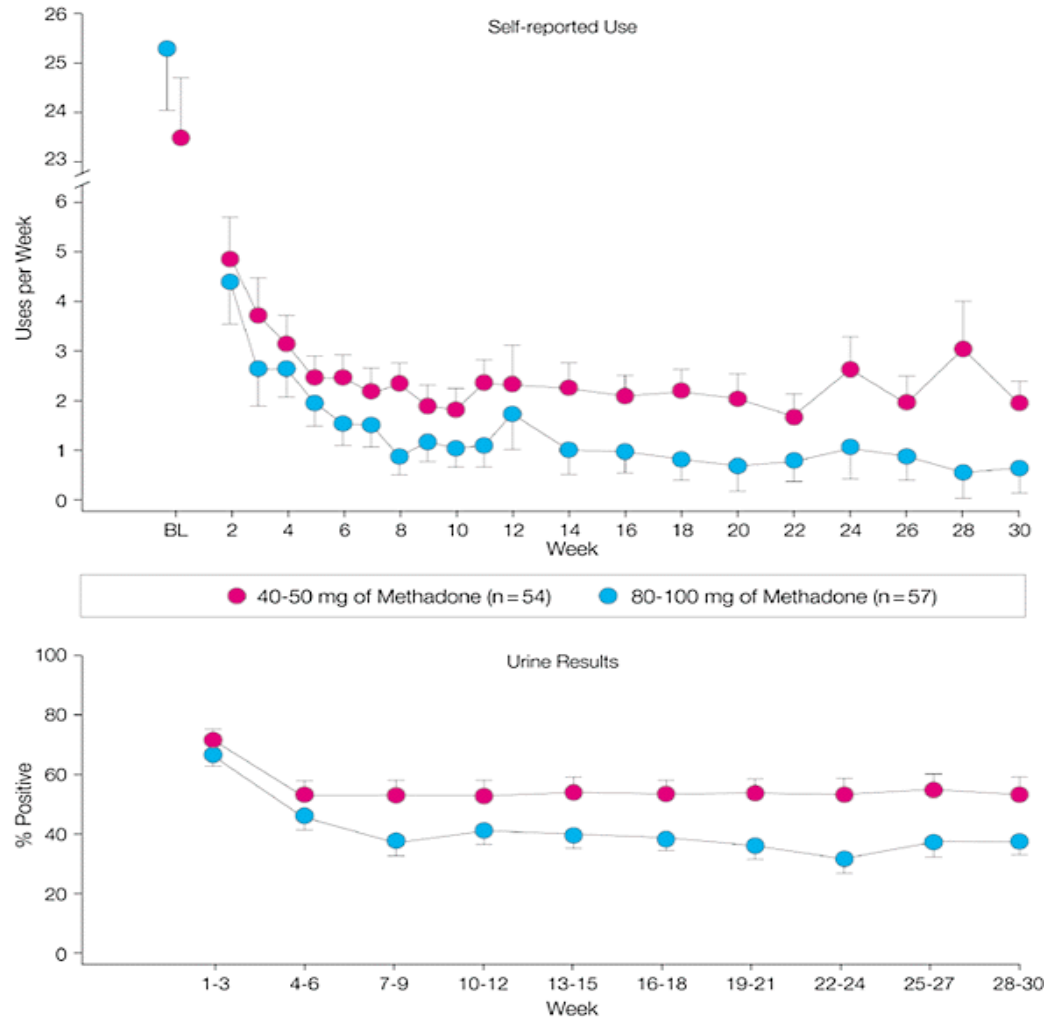
- *Indications:* Severe opiate use disorder
- *Mechanism:* Full opiate receptor agonist.
- *Efficacy:* 70-80 % retention in OTP.
- *Implementation:* Start at 25-30mg and built-up dose until opiate free urines.
- *Side effects :* sedation
- *Interactions:* benzodiazepine – alcohol.

# Metadone

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- Age >18 or 2 documented failures of detox.
- One year history of severe opiate use disorder
- Exceptions:
  - Pregnancy
  - Release from prison

# Methadone dose: illicit opioid use



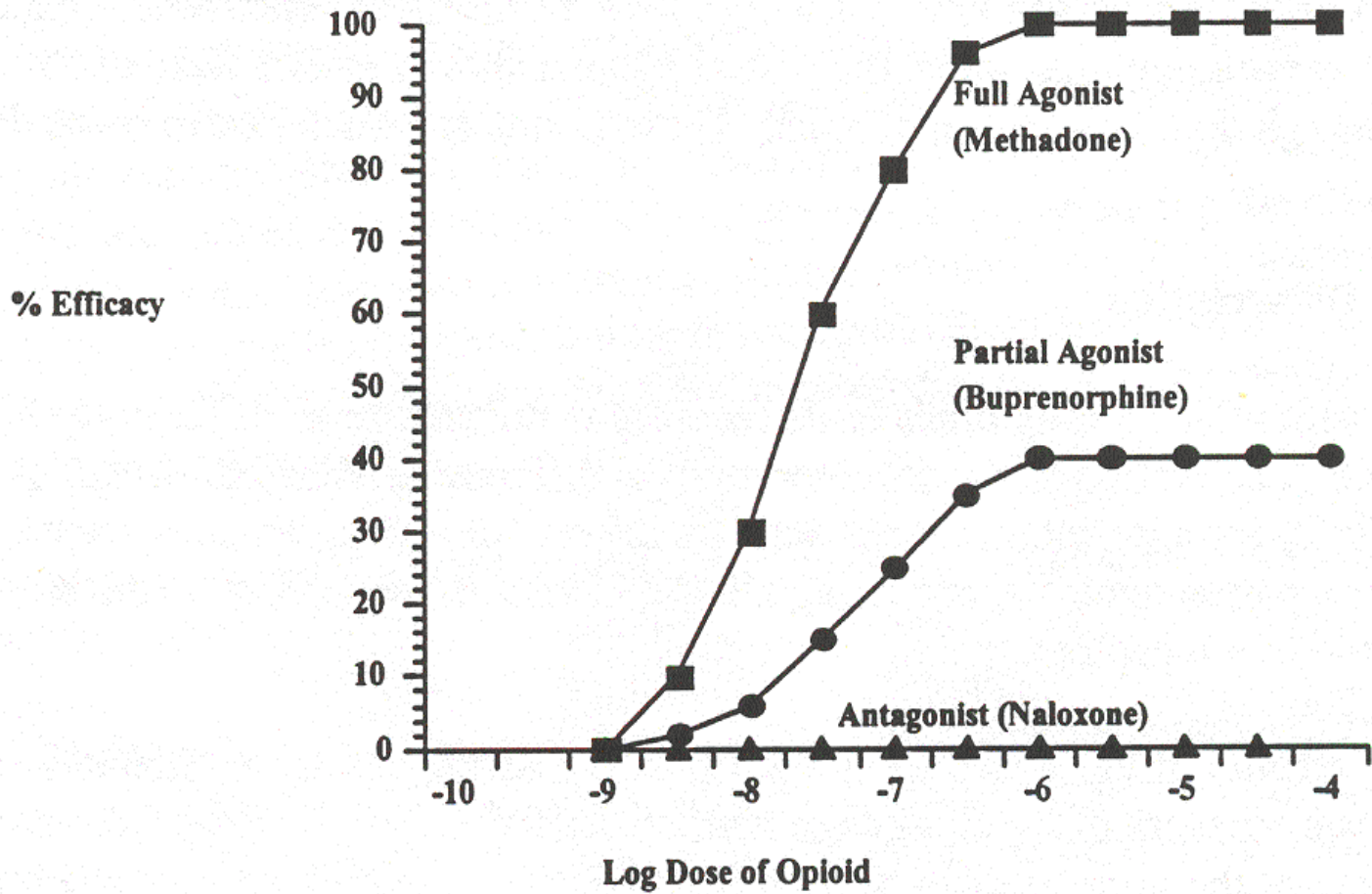
Strain, 1999

# Buprenorphine

---

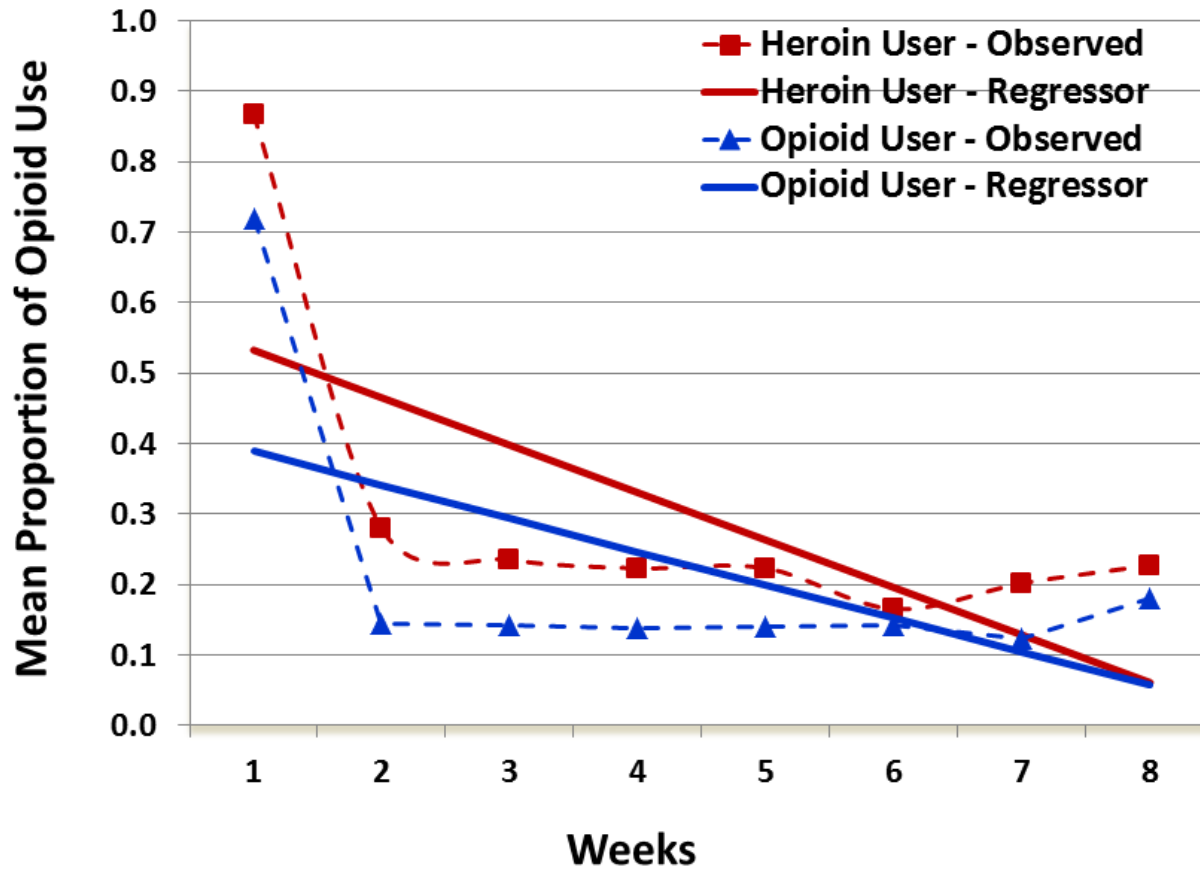
- Partial opiate receptor agonist
- Combination tablet /film (Bup/naloxone)
- Sublingual administration
- High affinity and slow dissociation
- Office based opiate use treatment
- Death associated with IV use and with benzodiazepines



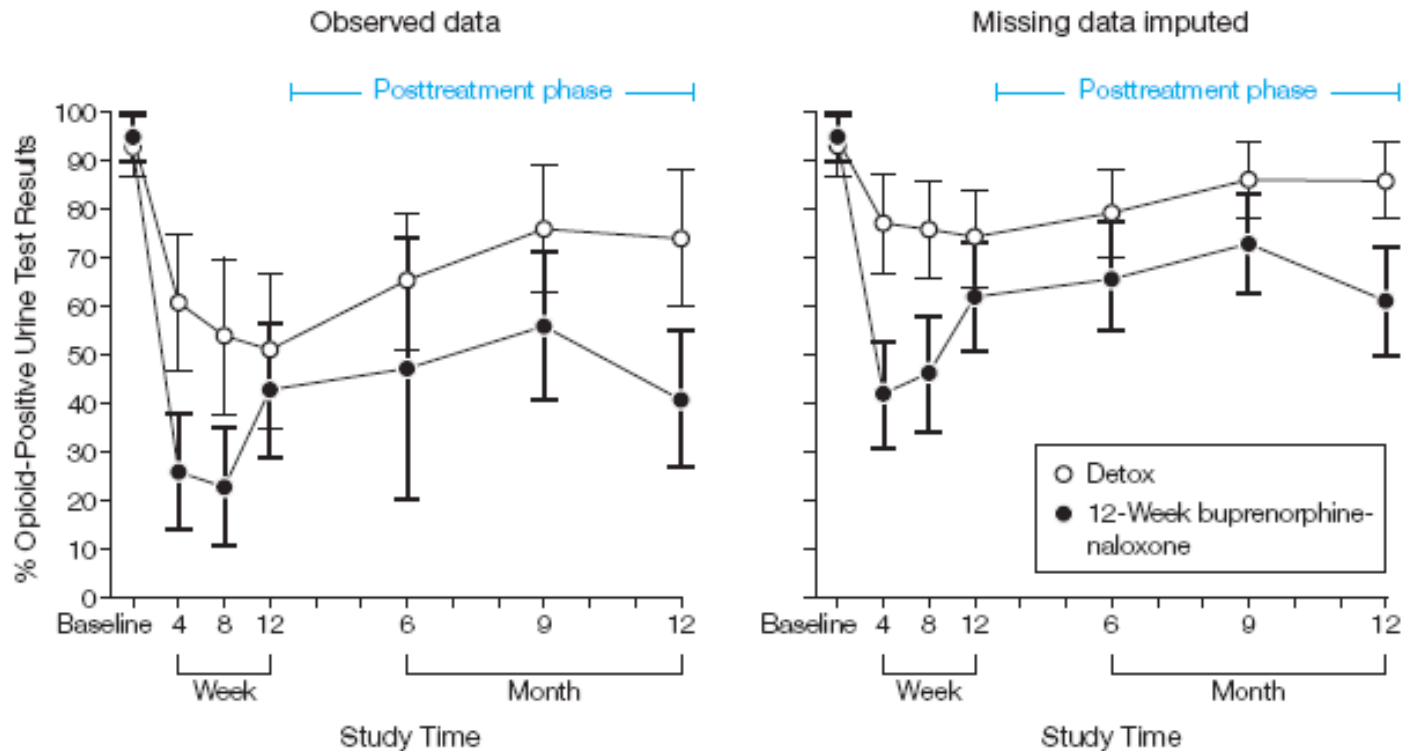


# MAT – Buprenorphine - Naloxone

FIGURE 1.



# Treatment of opioid dependent youth



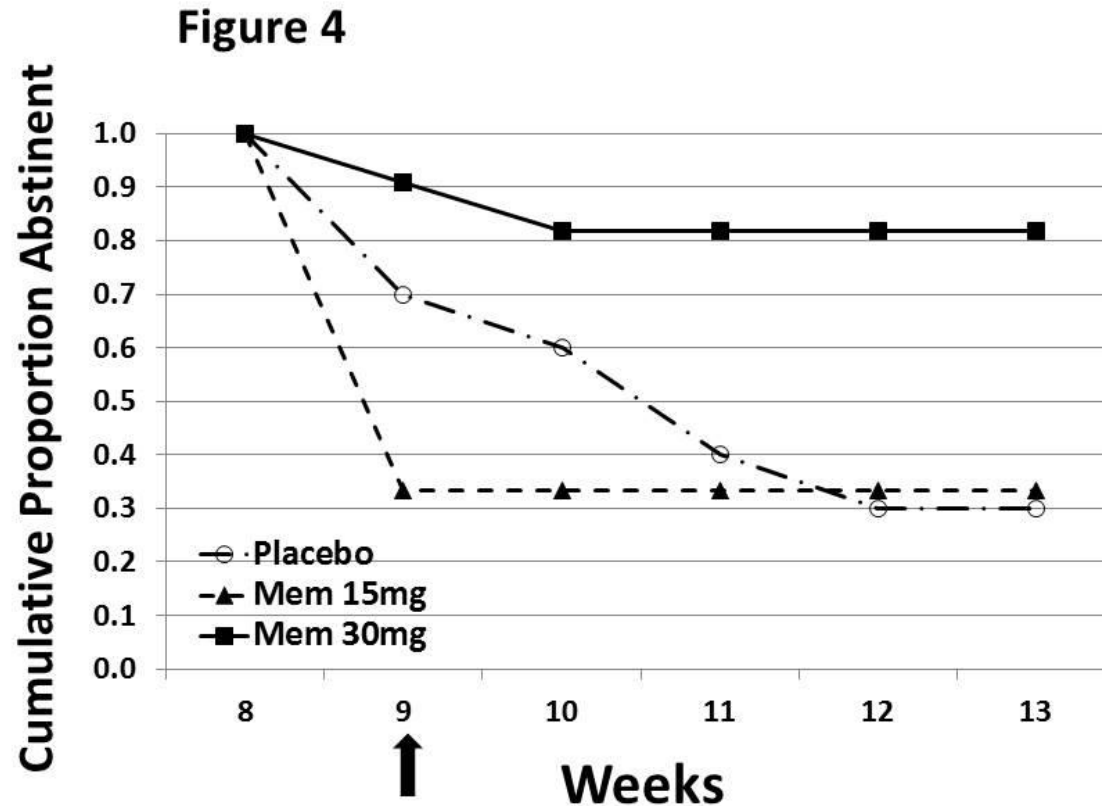
No. of patients	
Detox	78 59 53 53 46 45 42
12-Week <sup>a</sup>	74 58 52 49 47 45 49

Detox indicates detoxification group. Error bars indicate 95% confidence intervals.

<sup>a</sup>12-Week buprenorphine-naloxone group.

# Buprenorphine and Memantine for young adults

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# Long-term outcomes

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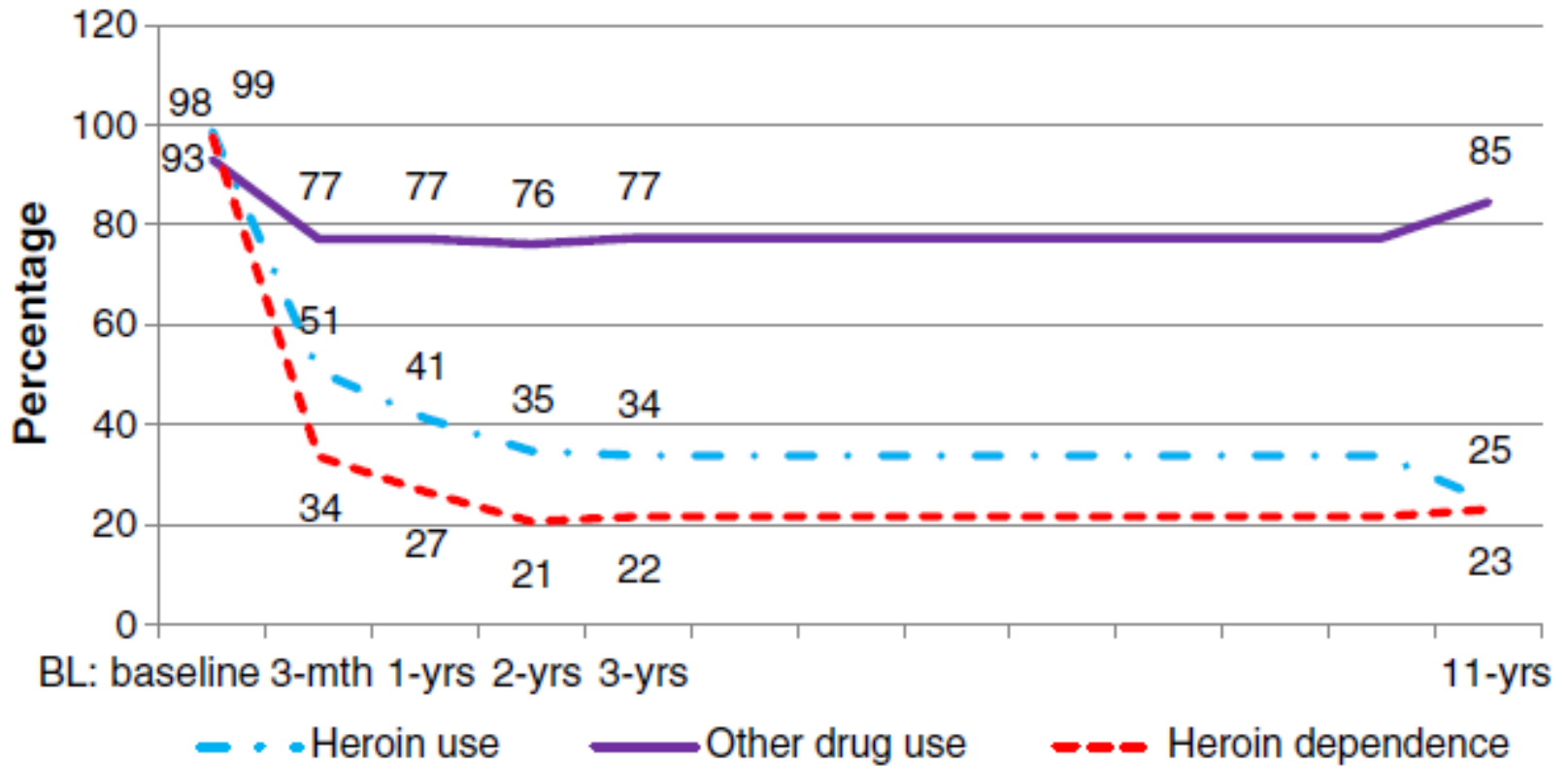


# Long-term outcomes

---

- Reduction of mortality compared to untreated controls (Gronbladh, 1990)
- Decrease IVDU from 81% to 29% vs 82% at 1 year of those who left treatment (Ball and Ross, 1991)
- HIV seroconversion: methadone 3.5% vs active IVDU 22%

# Prevalence of past month heroin use, heroin dependence and other drug use across the 11-year follow-up period



Teesson, 2015

# Comorbid disorders impact

---

Major Depression *	1.96 (1.50 – 2.55)
Antisocial Personality	1.02 (0.70 – 1.32)
Borderline Personality	1.16 (0.91 – 1.48)
PTSD	0.81 (0.63 – 1.05)

# Treatment effect

---

MAT	1.11 (0.90 – 1.38)
Detoxification *	1.52 (1.20 – 1.92)
Residential Rehab *	0.59 (0.46 – 0.76)





# NON-PHARMACOLOGIC COMPONENTS OF RECOVERY

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## ASAM criteria:

- Dimension 1: Acute intoxication/withdrawal potential
- Dimension 2: Biomedical complications
- Dimension 3: Emotional, behavioral or cognitive complications; co-occurring disorders
- Dimension 4: Readiness to change
- Dimension 5: Relapse, Continued use potential
- Dimension 6: Recovery environment

# COMPONENTS OF RECOVERY

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- EBP recognizes that treatment should be individualized based on a comprehensive assessment
- Offering a continuum of care allows for more time to address major life problems requiring continued work from the individual, such as:
  - Homelessness
  - Legal issues
  - Family and interpersonal struggles
  - Education and vocational training
  - Life skills
- Case Management services are critical



# Conclusion

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- Current opioid use epidemic is responsibility of all to help reduce.
- Education and change in prescription practices are key elements in prevention.
- Reduction of diversion and appropriate disposal is important.
- Stabilization treatment alone is not effective
- Medication - assisted treatments are effective.
- There is still need to develop effective short-term treatments.





# Opiate Addiction & Treatment Portal

U.S. Department of Health & Human Services [www.hhs.gov](http://www.hhs.gov)

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## Opiate Addiction and Treatment (Enviro-Health Links)

- Understanding Addiction
- Opioid Overdose
- Opioid Drugs
- Medications to Treat Opioid Addiction
- Opioid Prescribing
- Pregnancy, Opioid Use, and Neonatal Abstinence Syndrome
- Recovery
- Data, Trends, & Statistics
- Topic-related Searches of National Library of Medicine Resources
- Disclaimer

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### Understanding Addiction

- Opioid Crisis (Video) by Dr. Nora Volkow, Director of the National Institute on Drug Abuse  
April 2017 National Rx Drug Abuse and Heroin Summit
- Definition of Addiction  
American Society of Addiction Medicine
- Drugs, Brains, and Behavior: The Science of Addiction  
National Institute of Drug Abuse
- Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health (2016)  
Office of the Surgeon General of the United States
- July Vital Signs – Opioid Prescribing: Where you live matters  
Centers for Disease Control and Prevention
- Opioid Crisis  
National Institute of Drug Abuse
- The Role of Science in Addressing the Opioid Crisis  
Volkow ND, Collins FS. N Engl J Med. 2017 May 31. doi: 10.1056/NEJMs1706626.
- TurnTheTideRx: Surgeon General's Call to End the Opioid Crisis  
Office of the Surgeon General of the United States
- Why Are Drugs So Hard to Quit? (Video)  
National Institute of Drug Abuse
- What is Addiction? - Easy-to-Read material (PDF, 600 KB)  
National Institute of Drug Abuse
- White House Commission on Combating Drug Addiction and the Opioid Crisis

<https://sis.nlm.nih.gov/enviro/addiction.html#a7>



# Handy NLM Tool To Identify a Pill

**Pillbox** rapid identification, reliable information

United States National Library of Medicine National Institutes of Health NLM

Home About FAQ Developer Contact Us

## Identify or Search for a Pill

**Imprint:**   Pill does not have an imprint.

**Shape:**

**Color:**

**Size:**

**Score:**  Unknown  1  2  3  4

**Drug Name or Ingredient(s):**

**Inactive Ingredient(s):**   Find pills WITHOUT this ingredient.

**Label Author:**

**DEA Schedule:**

**Product Code:**  -

Do not search repackaged and relabeled medications.

### Discover

There's more to a pill than how it looks. What's inside the pill other than the drug? Is it a controlled substance?

### Connect

Learn more than the pill's name. Pillbox links you to the drug label, clinical trials, breastfeeding safety, and more.

### Explore



Pillbox's advanced search app has been retired. A new Pillbox website is in development that has the same features as the advanced search and runs on phones, tablets, and desktop browsers.



# NLM Resources Related to Mental and Behavioral Health

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**Refine by Type**

- All Results (1,908)
- Health Topics (40)
- External Health Links (1,385)
- Drugs and Supplements (11)
- Medical Encyclopedia (38)
- News (14)
- MedlinePlus Magazine (9)
- Multiple Languages (14)
- National Institutes of Health (320)

**Refine by Format**

- All Results (1,908)
- PDF
- Images
- Videos

**Results 1 - 10 of 40 for teen mental health**

- Teen Mental Health** (National Library of Medicine)  
Being a teenager is hard. You're under stress to be liked, do well in school, get along with your family, and make big decisions. You can't avoid most of these ...  
<https://medlineplus.gov/teenmentalhealth.html> - Health Topics
- Mental Disorders** (National Library of Medicine)  
Mental disorders include a wide range of problems, including Anxiety disorders, including panic disorder, obsessive-compulsive disorder, post-traumatic stress ...  
<https://medlineplus.gov/mentaldisorders.html> - Health Topics
- Mental Health** (National Library of Medicine)  
Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel and act as we cope with life. It also helps determine ...  
<https://medlineplus.gov/mentalhealth.html> - Health Topics
- Child Mental Health** (National Library of Medicine)  
It's important to recognize and treat mental illnesses in children early on. Once mental illness develops, it becomes a regular part of your child's behavior. ...  
<https://medlineplus.gov/childmentalhealth.html> - Health Topics
- Teen Violence** (National Library of Medicine)  
Teen violence refers to harmful behaviors that can start early and continue into young adulthood. The young person can be a victim, an offender, or a witness ...  
<https://medlineplus.gov/teenviolence.html> - Health Topics
- Teen Development** (National Library of Medicine)  
Help talk to your parents, school counselor, or health care provider. Center for ...

<https://medlineplus.gov/>

**MentalHealth.gov**  
Let's talk about it.

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Enter keywords here... Search

**Recognize the Warning Signs**  
Do you know the behaviors that might suggest someone is thinking about suicide?  
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Featured Topics

- Eating Disorders  
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Mental Health Experts, Resources

Get Immediate Help →

NATIONAL SUICIDE PREVENTION LIFELINE

<https://mentalhealth.gov/>

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NLM Customer Support

Search Results for **teen mental health**

4,933 results

- Teen Mental Health**  
<https://medlineplus.gov/teenmentalhealth.html>  
Being a teenager is hard. You're under stress to be liked, do well in school, get along with your family, and make big decisions. You can't avoid most of these ...
- Easy-to-Read**  
[https://medlineplus.gov/atl\\_easytoread.html](https://medlineplus.gov/atl_easytoread.html)  
... and Digestive and Kidney Diseases) Also in Spanish **Teen Mental Health** Bipolar Disorder in Children and **Teens** (National Institute ... **Teen Brain**: Still Under Construction (National Institute of **Mental Health**) **Teen Violence** Helping Children and **Adolescents** Cope with Violence ...
- Health Check Tools**  
<https://medlineplus.gov/healthchecktools.html>  
... Prevention) How's Your Self-Esteem? (Quiz) (Nemours Foundation) **Teen Mental Health** How's Your Self-Esteem? (Quiz) (Nemours Foundation) Testicular ...
- American Indian and Alaska Native Health** (CBM 96-6)  
[www.nlm.nih.gov/archive/2004/08/23/pubs/cbm/ainandht.html](http://www.nlm.nih.gov/archive/2004/08/23/pubs/cbm/ainandht.html)  
... Stiffman AR, Davis LE, eds. Ethnic issues in **adolescent mental health**. Newbury Park (CA): Sage, 1990. p. 285-302. ... Stiffman AR, Davis LE, eds. Ethnic issues in **adolescent mental health**. Newbury Park (CA): Sage, 1990. p. 323-38. ...

**Teen Mental Health**  
Mental health affects everyone, including teenagers. Seek help if you (or your teenager) exhibit the following signs  
Learn more »

**Most Recent PubMed Articles**

- Relationship Between Unsupervised Time and Participation in an Emotion Regulation Intervention and Risk Outcomes.
- microRNAs to monitor pain-migraine and drug treatment
- Resilience to Discrimination and Rejection Among Young Sexual Minority Males and Transgender Females: A Qualitative Study on Coping With Minority Stress.

More articles »

<https://www.nlm.nih.gov>

# Graphic Medicine Book Club Kit

NIH NLM>NNLM  
New England Region

[nnlm.gov/ner/kits](http://nnlm.gov/ner/kits)

Graphic medicine is the combination of comics and healthcare. Comics help with understanding illness and health.

How kits work

1. Pick a health comic

These kits are available to any organization in New England for free.



Addiction - AIDS - Aging - Cancer - Epilepsy - Grief - LGBTQ - Mental Health - OCD - Veterans

2. You receive a kit in the mail

Kits include:

6 Graphic Novels  
Discussion guides with questions  
Valuable NLM resources on the selected topic

3. Read and learn together!

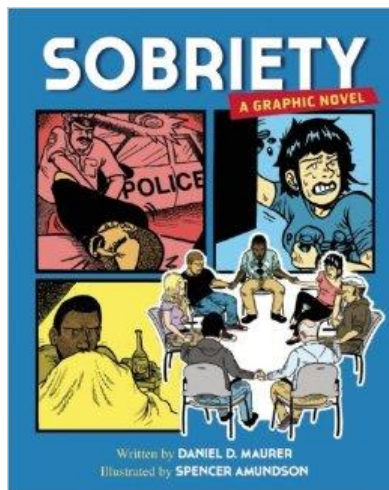


Questions?

Matthew.Noel@umassmed.edu  
Graphic Medicine Specialist



Offering programming on addiction and recovery? Consider borrowing one of our Graphic Medicine Book Club Kits featuring *Sobriety: A Graphic Novel!*



From the publisher...  
“Through rich illustration and narrative, *Sobriety: A Graphic Novel* offers an inside look into recovery from the perspectives of five Twelve Step group members, each with a unique set of addictions, philosophies, struggles, and successes while working the Steps.”

To Request a Kit:

[www.nnlm.gov/ner/kits](http://www.nnlm.gov/ner/kits)

For Questions or Further Information,  
Contact Matthew Noe at  
[Matthew.Noel@umassmed.edu](mailto:Matthew.Noel@umassmed.edu)



## Promotional Items & Printable Handouts

The screenshot shows the NIH Outreach Activities & Resources website. The header includes the U.S. Department of Health & Human Services logo and the URL www.hhs.gov. The main title is "Outreach Activities & Resources" with the subtitle "SPECIALIZED INFORMATION SERVICES". The National Library of Medicine logo is also present. A navigation bar contains links for SIS Home, About Us, A-Z Index, SIS News, and Contact Us. A search bar is located on the right. The main content area displays the breadcrumb "SIS Home > Outreach Activities & Resources > Apps, Badges, Brochures, Fact Sheets, Wallet Cards" and a "Share" button. The section is titled "Promotional Materials" and "Apps, Badges, Brochures, Fact Sheets, and Wallet Cards". A list of categories includes Disaster Information Management Research Center, Environmental Health and Toxicology, Health Information, Health Professionals, HIV/AIDS, Minority Health, Radiation Emergency Medical Management (REMM), Specific Populations, Students and Educators, Wireless Information System for Emergency Responders (WISER), and En español. Under "Disaster Information Management Research Center", there is a sub-section for "Posters, Flyers, and Wallet Cards" with a list of items: 8 1/2 x 11 inch Flyer 2017 (PDF, 2.1 MB), Table Top 8 1/2 x 11 inch Poster - 2015 (PDF, 2.1 MB), Large Poster - 2015 (PDF, 2.9 MB), Disaster and Emergency Apps Flyer - 2016 (PDF, 308 KB), Where To Find Disaster Literature Flyer - 2017 (PDF, 356 KB), and Disaster Health Information Resources Wallet Card - 2013 (PDF, 68 KB).

[https://sis.nlm.nih.gov/outreach/promotional\\_materials.html](https://sis.nlm.nih.gov/outreach/promotional_materials.html)



Thank you all for attending this webinar!

Thank you Dr. Gonzalez and Lindsey for sharing your experience and knowledge!



Please complete the webinar evaluation to receive MLA credit

<http://www.surveygizmo.com/s3/3529624/62b1b6a48e79>

For more information about how you can benefit from NNLM NER outreach contact

Susan Halpin, Education & Outreach Coordinator

[susan.halpin@umassmed.edu](mailto:susan.halpin@umassmed.edu)

*I am planning the next series of webinars about Substance Use Disorder.  
Is there a topic you would like to learn about? Let me know.*