

**DISEASE OF
ADDICTION- IS IT REALLY A
DISEASE?**

CAPTASA Conference

Embassy Suites- Lexington, KY

January 26, 2018

FACULTY DISCLOSURE

- ❖ Dr. Jones has no financial relationships to disclose
- ❖ Dr. Jones is a full time employee of the Kentucky Physicians Health Foundation
- ❖ Dr. Jones will not be speaking about “off label” uses of drugs or devices

EDUCATIONAL NEED/PRACTICE GAP

Many Healthcare Professionals are uncomfortable discussing alcohol and drug use with their patients. Optimal healthcare requires this information for good clinical decisions.

We all need to improve our comfort and skill set in having these discussions. And in recognition of pertinent findings.

AND...

- ❖ Addiction is a common disease- As high as 15% in many studies *
- ❖ It is frequently diagnosed late or not at all
- ❖ A high index of suspicion is necessary
- ❖ It carries a great deal of misunderstanding and stigma

*Usually higher % of those utilizing Health Care services

LEARNING OBJECTIVES

- ❖ Identify the signs and symptoms of Alcoholism and Drug Addiction
- ❖ Use a one question screening tool for Addiction
- ❖ Describe a set of diagnostic criteria for Addiction that works

**THIS PRESENTATION IS
ONLY FOR USE AT THIS
CONFERENCE.**

No other use is authorized.

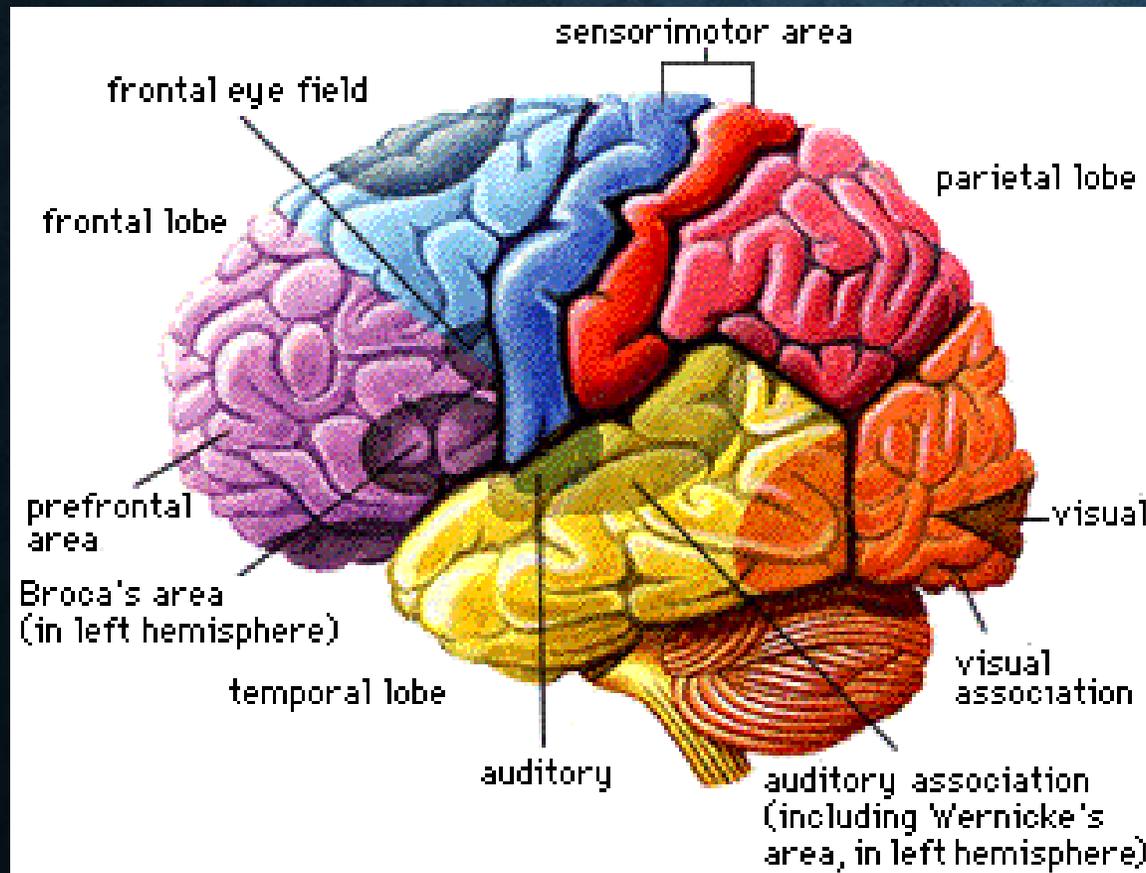
WILLINGWAY'S TREATMENT IS BASED ON THE BELIEF THAT SUBSTANCE ABUSE IS A PRIMARY ILLNESS AND IS A DISEASE THAT AFFECTS THE ENTIRE FAMILY SYSTEM. THIS PHILOSOPHY IS BASED ON FOUR CONCEPTS (TRUTHS) DEVELOPED BY DR. JOHN MOONEY:

- ❖ The full causes of alcoholism and drug addiction are unknown
- ❖ Alcoholism and drug addiction are, at least in part, chemical illnesses
- ❖ There is a relationship between alcoholism and addiction to other drugs
- ❖ Alcoholism and drug addiction are diseases of the total person (body, emotions, mind and soul)

USUAL WAY OF DISCUSSING ADDICTION ISSUES

- ❖ Never ask- Probably the most common way
- ❖ Do you have a drinking or drug problem?
- ❖ How much do you drink?
- ❖ How much/which drugs do you use?

ADDICTION IS A BRAIN DISEASE, NOT A SYMPTOM SECONDARY TO A PSYCHIATRIC DISORDER



Reward Pathway

Median Forebrain

Nucleus Accumbens

Ventral Tegmentum

Dopamine

ADDICTION- IS NOT

- ❖ Is not just a bad habit
- ❖ Is not due to a weak will or a defective character
- ❖ And -It can effect anyone- *no sex, race or socioeconomic group is exempt*

**"ALCOHOLISM IS A DISEASE, BUT
IT'S THE ONLY ONE YOU CAN GET
YELLED AT FOR HAVING. 'DAMN IT,
OTTO, YOU'RE AN ALCOHOLIC.'
'DAMN IT, OTTO, YOU HAVE LUPUS.'
ONE OF THOSE TWO DOESN'T SOUND
RIGHT."**

Mitch Hedberg

*“To write a prescription is
easy, but to come to an
understanding with people
is hard.”*

~Franz Kafka

A Country Doctor, 1919



**ADDICTION- IS IT NATURE
OR NURTURE?**

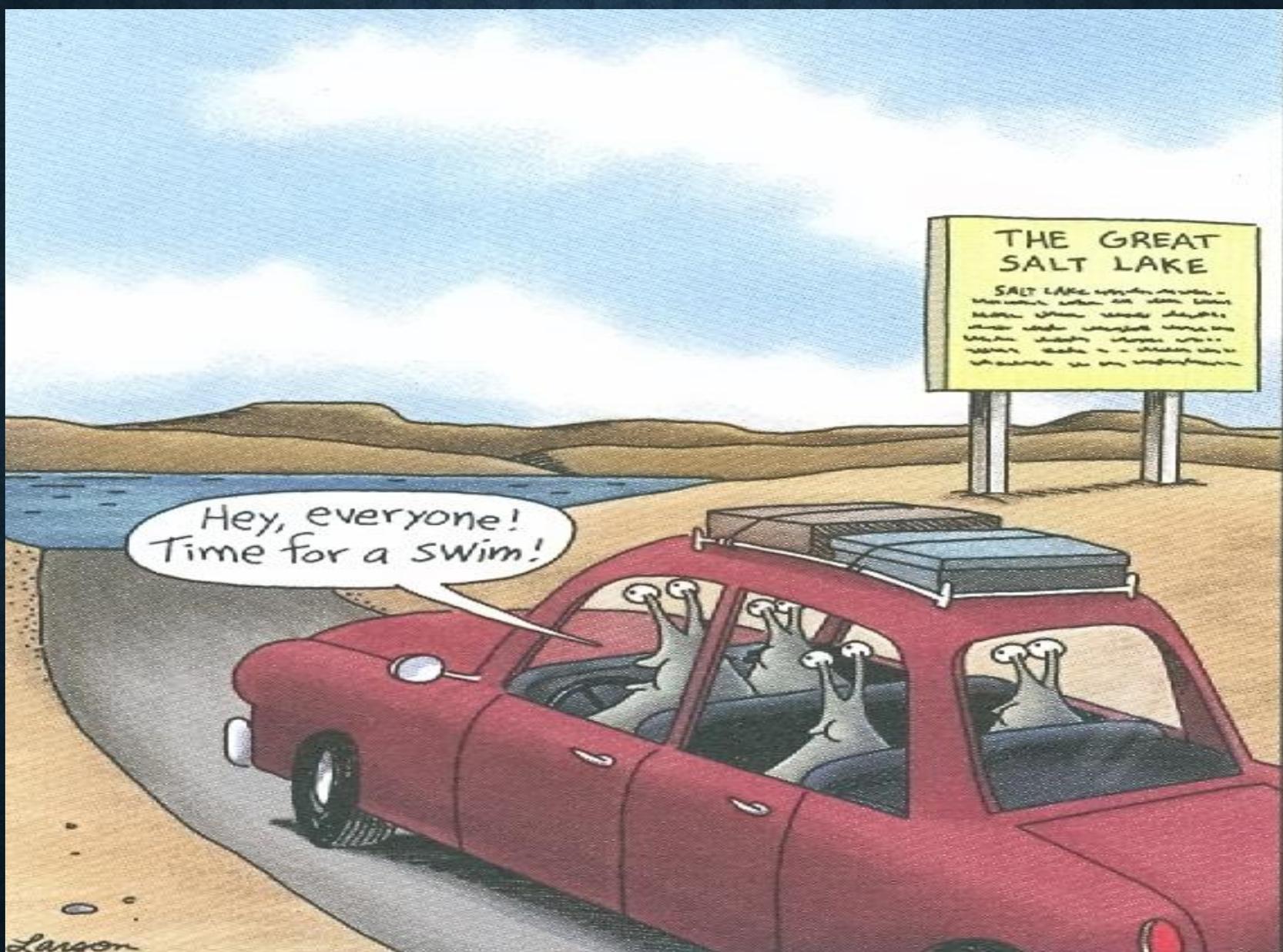
YES

THE PRIMARY RISK FACTORS FOR ADDICTION

❖ Inheritance

❖ Age of first use

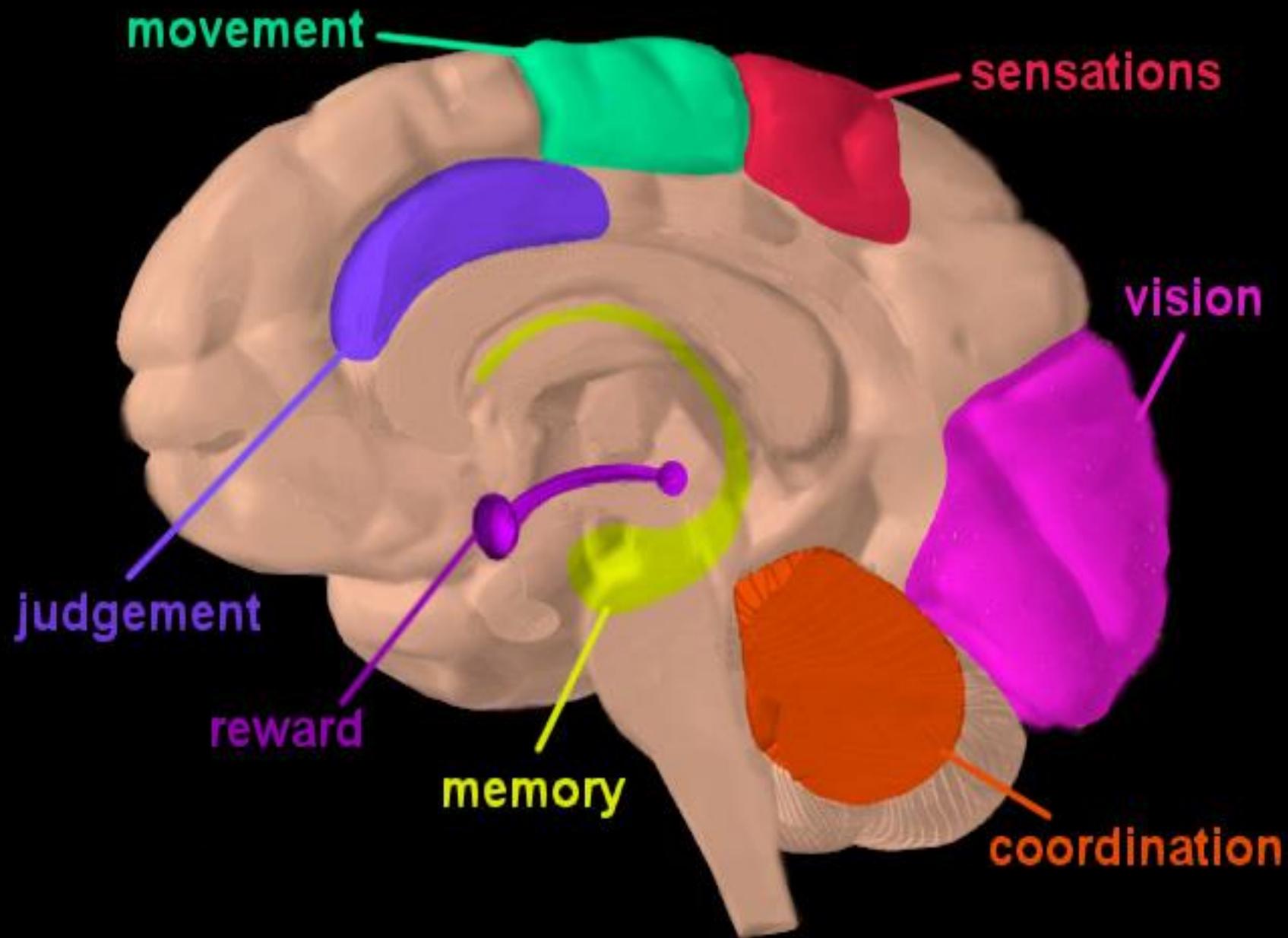
**❖ Availability of addictive
substances**



SLUG VACATION DISASTERS

A VERY COMMON ILLNESS

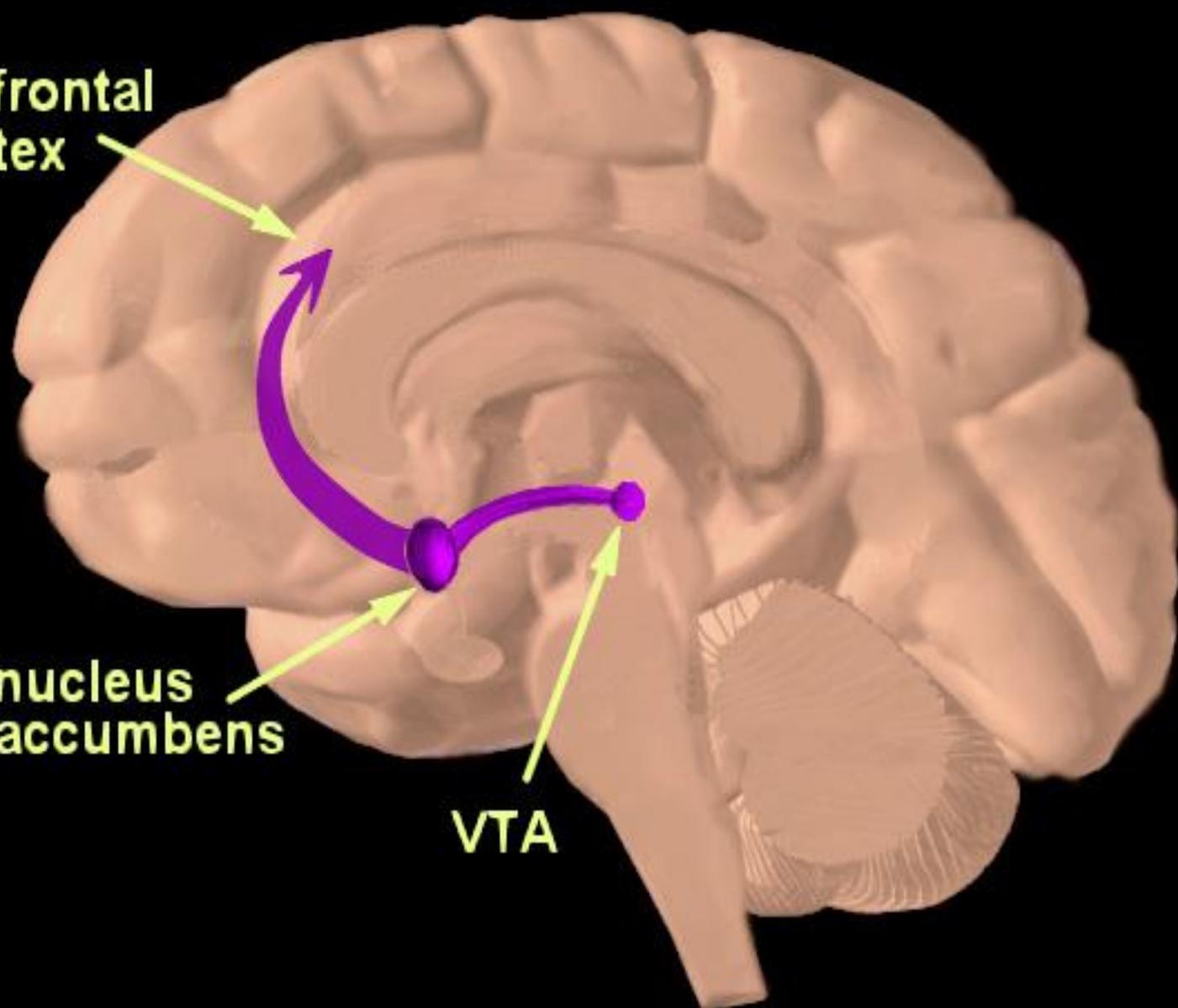
- ❖ About 15% of the population will meet criteria at some point
- ❖ Use before 15 years old increases risk-
earlier use more risk
- ❖ Close relative with Addiction increases risk
- closer the relative the higher the risk

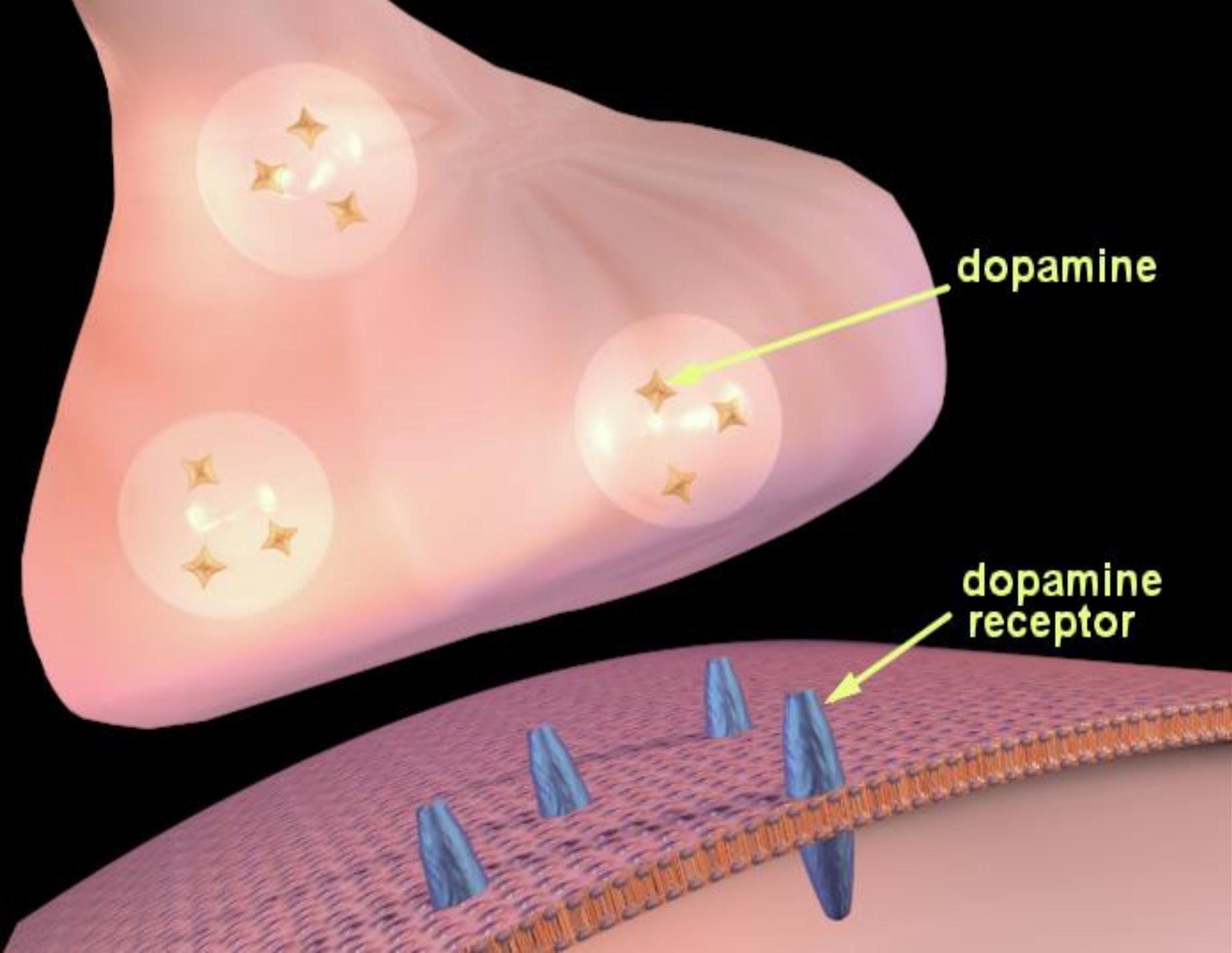


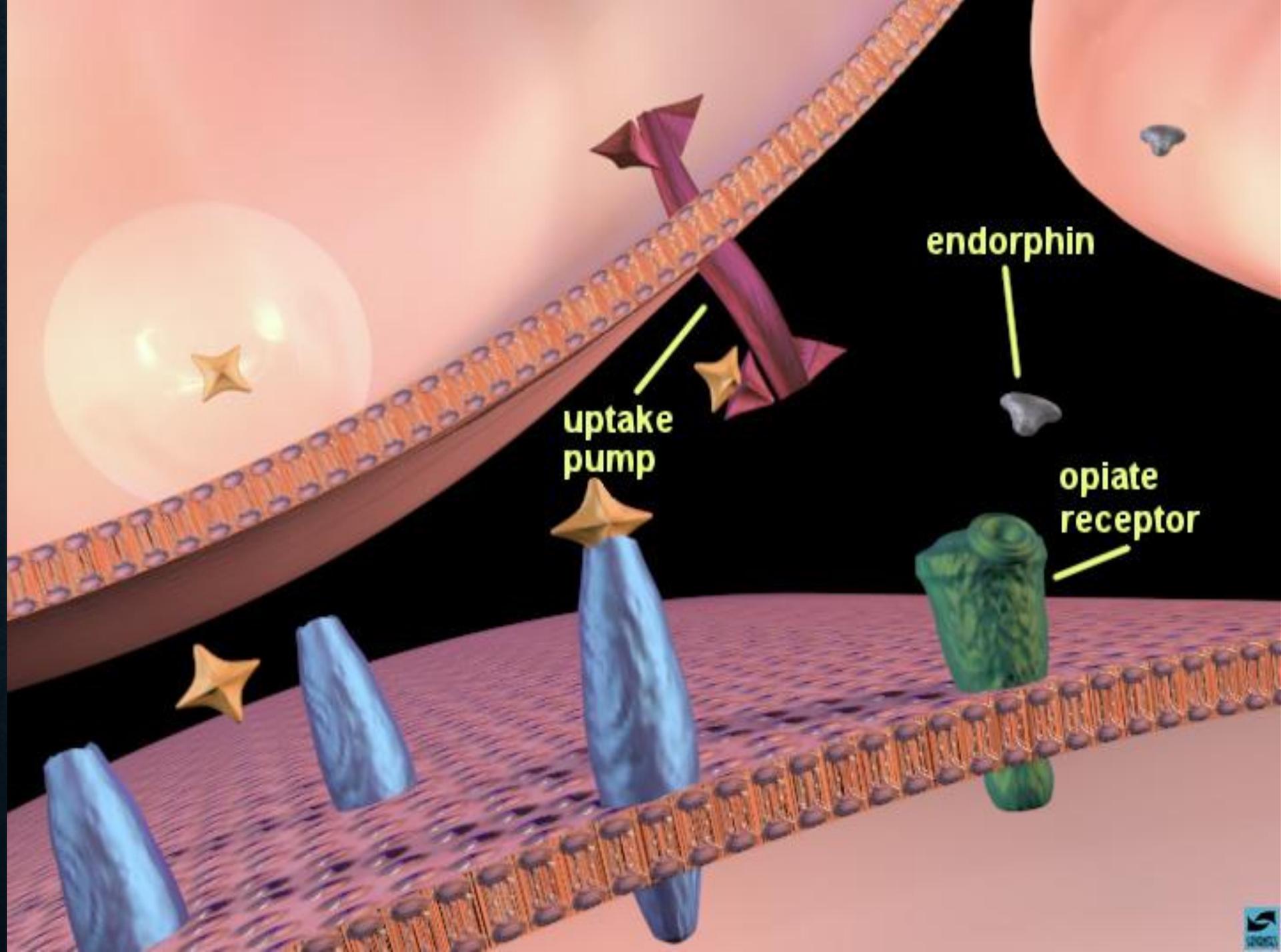
prefrontal cortex

nucleus accumbens

VTA







PRIMARY DRUGS OF ADDICTION

- ❖ Alcohol- the most common**
- ❖ Opioids- prescribed or un-prescribed**
- ❖ Benzodiazepines/ Z-drugs – even the new ones
(the older sedatives are seldom seen much now)**
- ❖ Cannabis- even if it is legal**
- ❖ Cocaine**
- ❖ Amphetamines (includes methylphenidate,
prodrugs and modafinil)**

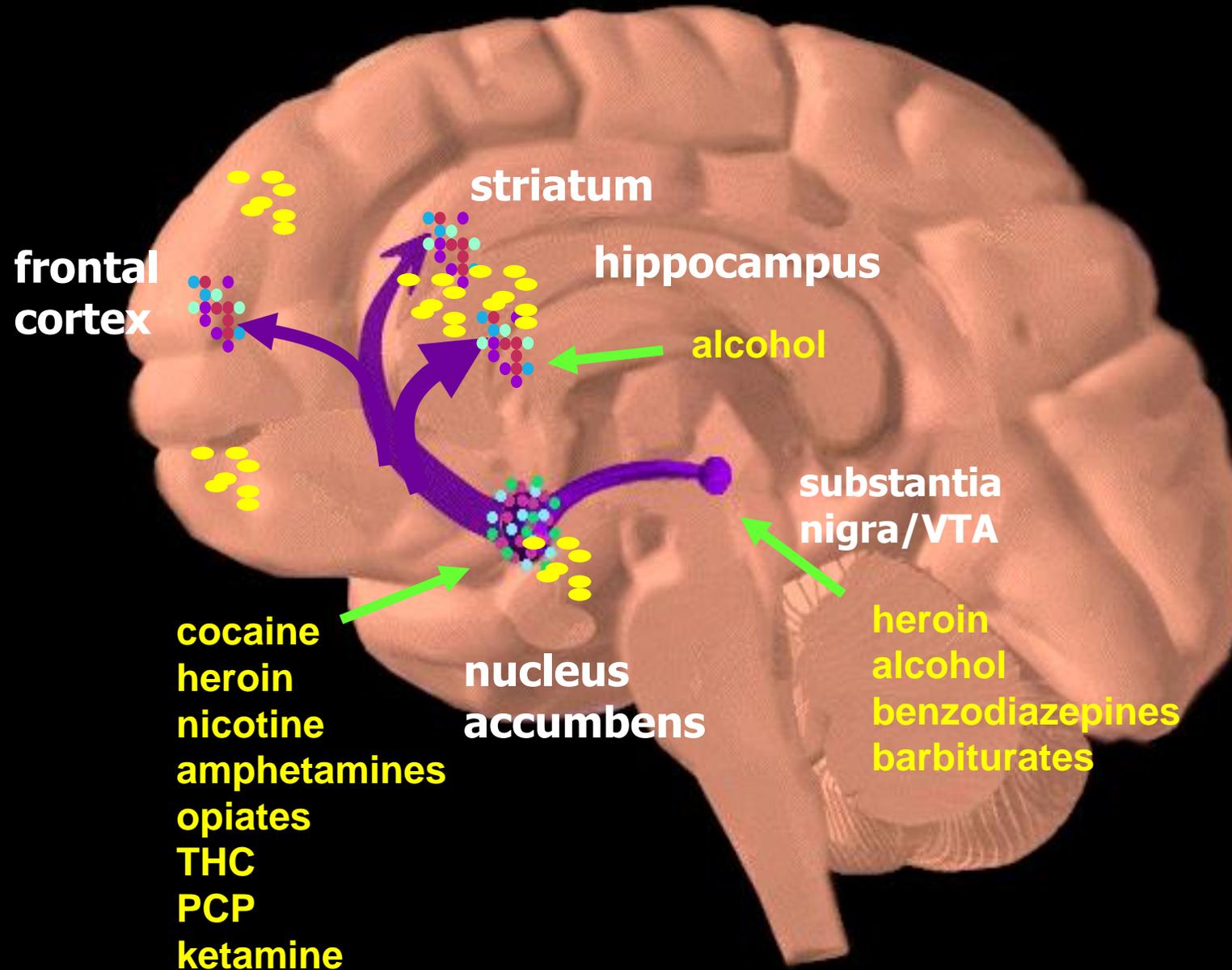
THE WILLINGWAY DRUG RULE

When old drugs become addictive, they are replaced with new non-addictive drugs.
When the new drugs become addictive, they are replaced by new non-addictive drugs.

Adapted from the *Recovery Book*

by Al Mooney, MD

Dopamine Pathways – Pleasure pathways



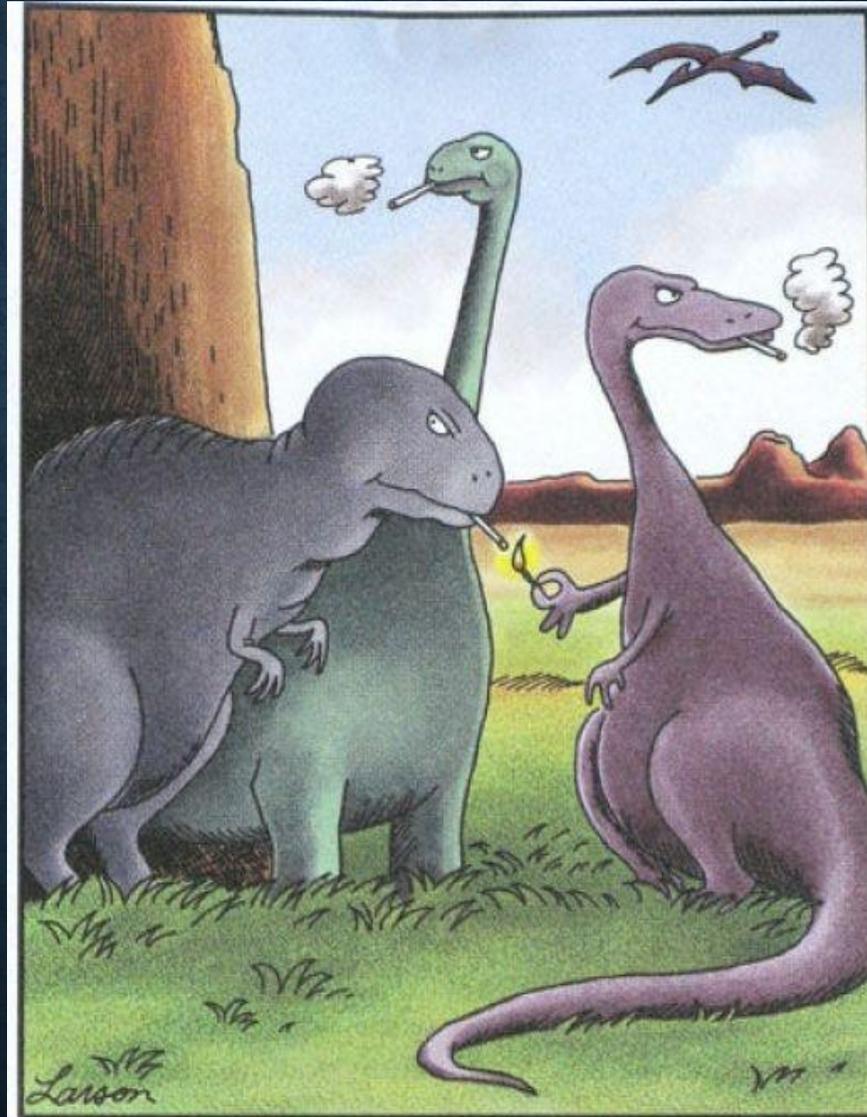
WHAT I DO

- ❖ Ask different questions
- ❖ And in the course of my usual History taking
- ❖ Any hint of judgmental or disapproving attitude and useful conversation is over

WON'T THEY WILL JUST LIE TO ME...

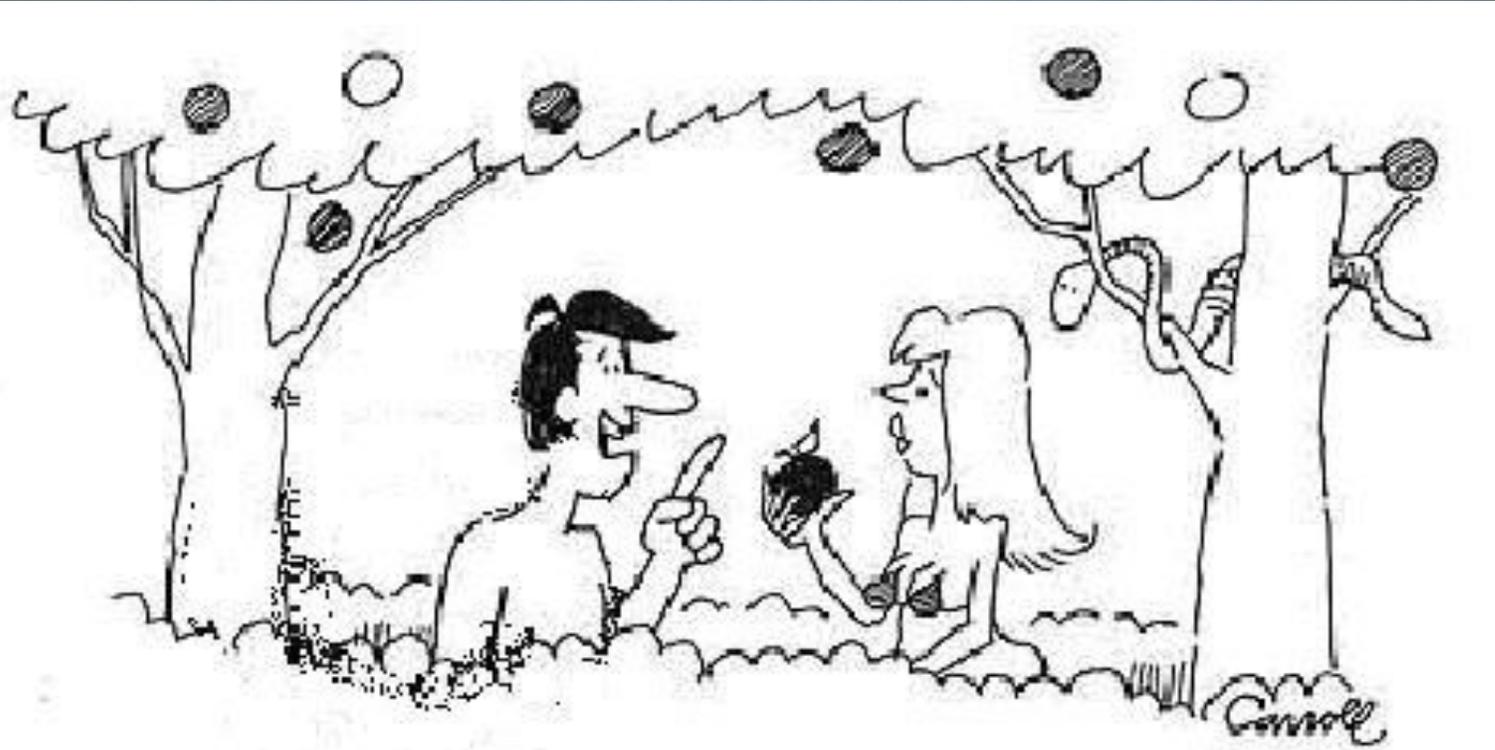
- ❖ Well they can and do sometimes
- ❖ But you'll never know unless you ask
- ❖ You'll get a lot of information either way

MOST COMMON 1ST DRUG USED



The real reason dinosaurs became extinct

ALCOHOL CLOSE BEHIND

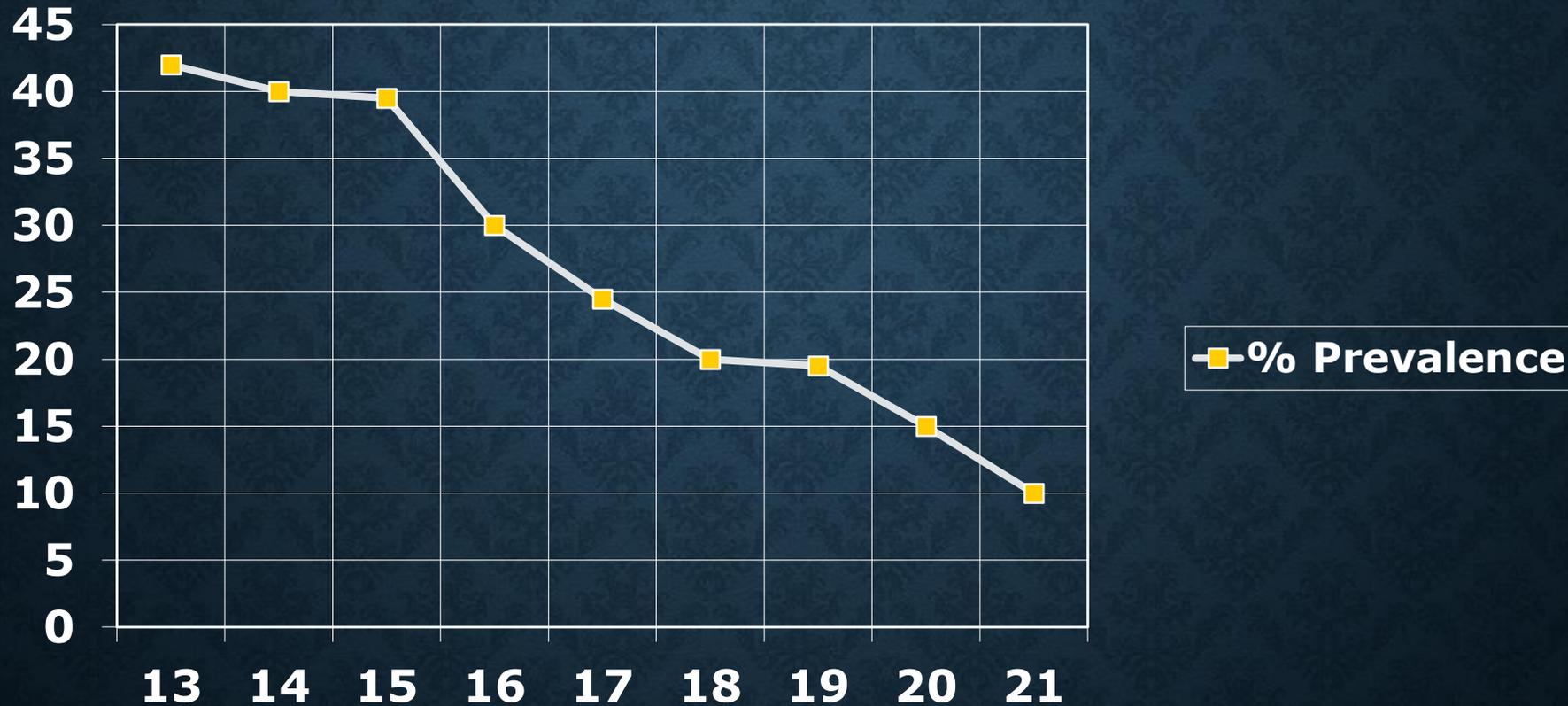


"I HAVE A BETTER IDEA! LET'S SQUEEZE THE APPLE
AND FERMENT THE JUICE!"

CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY-2005

- 17.5% is underage drinking**
- 20.1% is adult problem drinking**
- Combined value to alcohol industry \$48.3 billion or 37.5 % of revenues (50% of alcohol consumed by volume)**

LIFETIME ALCOHOL DEPENDENCE BY AGE OF ONSET OF DRINKING



AGE of Drinking Onset in YEARS

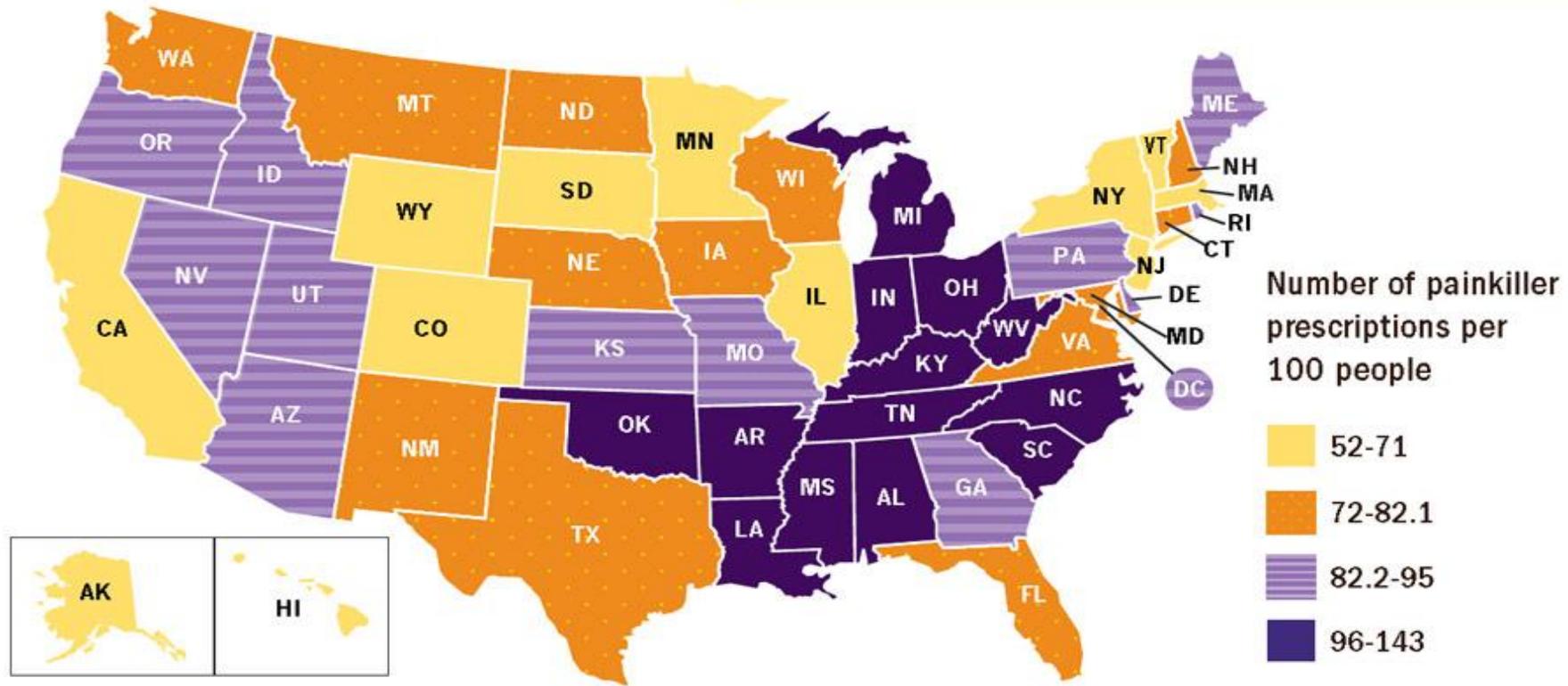
WE'VE BECOME A NATION OF PILL TAKERS



**An Average American Watches
16 Hours Of Drug Ads A Year!**



Some states have more painkiller prescriptions per person than others.



SOURCE: IMS, National Prescription Audit (NPA™), 2012.

CDC Vital signs July 2014, Source: IMS, National Prescription Audit (NPA™), 2012
Cabinet for Health and Family Services

DILBERT / SCOTT ADAMS, scottadams@aol.com

MY PROJECT IS IN
A FLAMING DEATH
SPIRAL, THANKS TO
YOU LAZY, SELFISH
WEASELS.



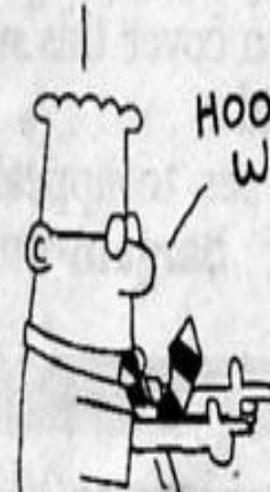
www.dilbert.com scottadams@aol.com

BUT I'M FEELING
TERRIFIC BECAUSE
I'M TAKING MOOD-
ALTERING PRESCRIP-
TION DRUGS!



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I CAN SEE BY YOUR
EXPRESSIONS THAT
MY DOCTOR IS MUCH
BETTER THAN YOURS!



OPIOIDS FOR ALL



DIRECT TO PATIENT ADS WORK!

HAVIDOL[®]
(avafynetyne HCl)
20mg tablets and suppositories

WHEN MORE IS NOT ENOUGH

HAVIDOL IS THE FIRST AND ONLY TREATMENT FOR DYSPHORIC SOCIAL
ATTENTION CONSUMPTION DEFICIT ANXIETY DISORDER (DSACDAD)

Use the ZING SELF ASSESSMENT TOOL

 **Take the Quiz**

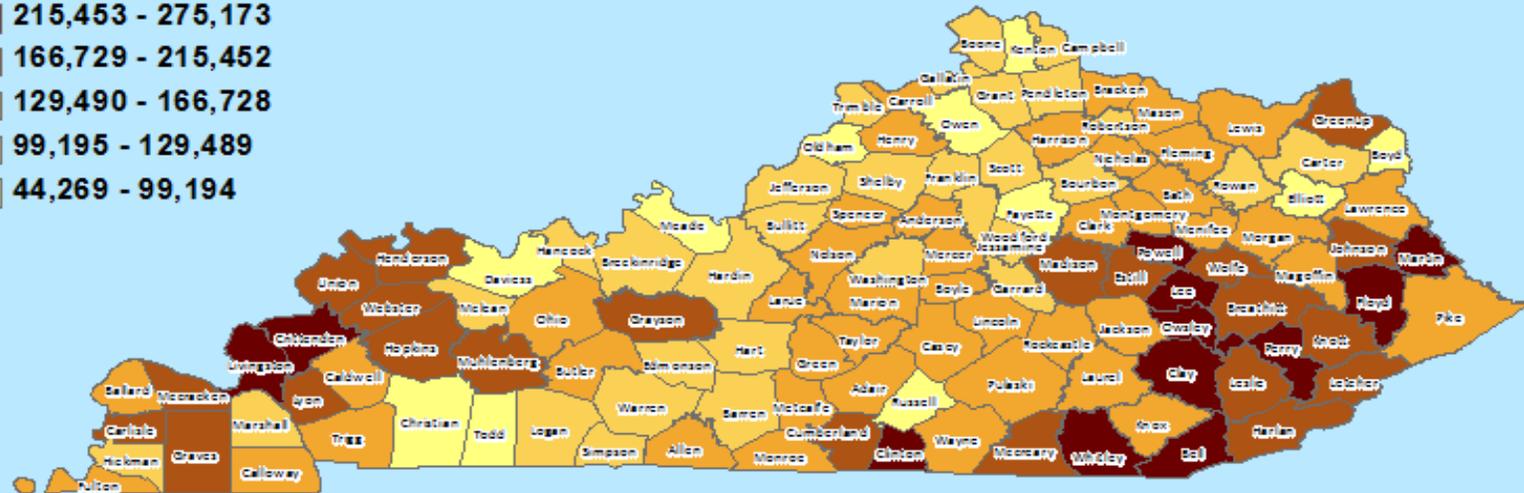
New!
HAVIDOL
gift ideas
in the shop



CONTROLLED SUBSTANCE USAGE 2016

All Controlled Substances Usage Doses per 1000 by Patient Address

Doses per 1000 by Patient Address
CY (Jan 01 - Dec 31) 2016



0 15 30 60 90 120 150
Miles



HOW TO ASK ABOUT IT

- ❖ Don't make a Big Deal out of it. It is very important, but so are many things we routinely discuss with our patients.
- ❖ Include it as part of the overall conversation.
- ❖ Make sure the person understands you are not judging you just need accurate information to care for them.

BEHAVIORS TO WATCH FOR

❖ Risk Taking

❖ Anxiety

❖ Depression

❖ Social Alienation and Isolation

❖ Emotional Avoidance

CAGE-AID: CAGE QUESTIONS ADAPTED TO INCLUDE OTHER DRUGS

- ❖ Have you felt you ought to cut down on your drinking or drug use?
- ❖ Have people annoyed you by criticizing your drinking or drug use?
- ❖ Have you felt bad or guilty about your drinking or drug use?
- ❖ Have you ever had a drink or used drugs first thing in the morning (eye opener) to steady your nerves, get rid of a hangover, or get the day started?



CRAFT QUESTIONS FOR ADOLESCENTS

- Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- Do you ever use alcohol/drugs while you are by yourself, ALONE?
- Do you ever FORGET things you did while using alcohol or drugs?
Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- Have you gotten into TROUBLE while you were using alcohol or drugs?

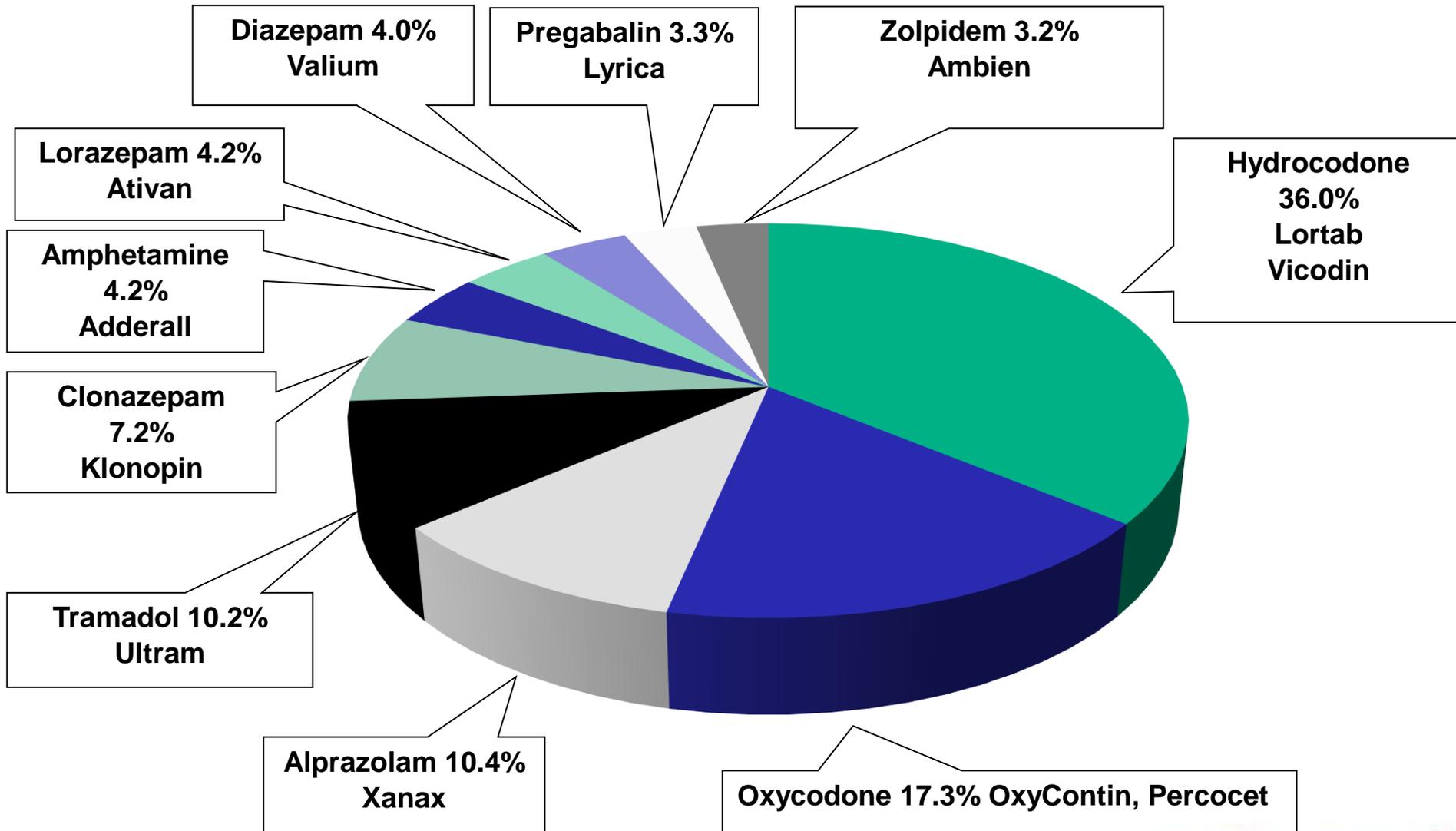
ONE QUESTION SCREENING-ALCOHOL

- ❖ “How many times in the past year have you had X or more drinks in a day?”
- ❖ Where X is 5 for men
- ❖ 4 for women
- ❖ One or more times is a positive screen, indicates need for more in depth evaluation

ONE QUESTION SCREENING-DRUGS

- ❖ **“How many times in the past year have you used a drug to get high?”**
- ❖ **One or more times is a positive screen**

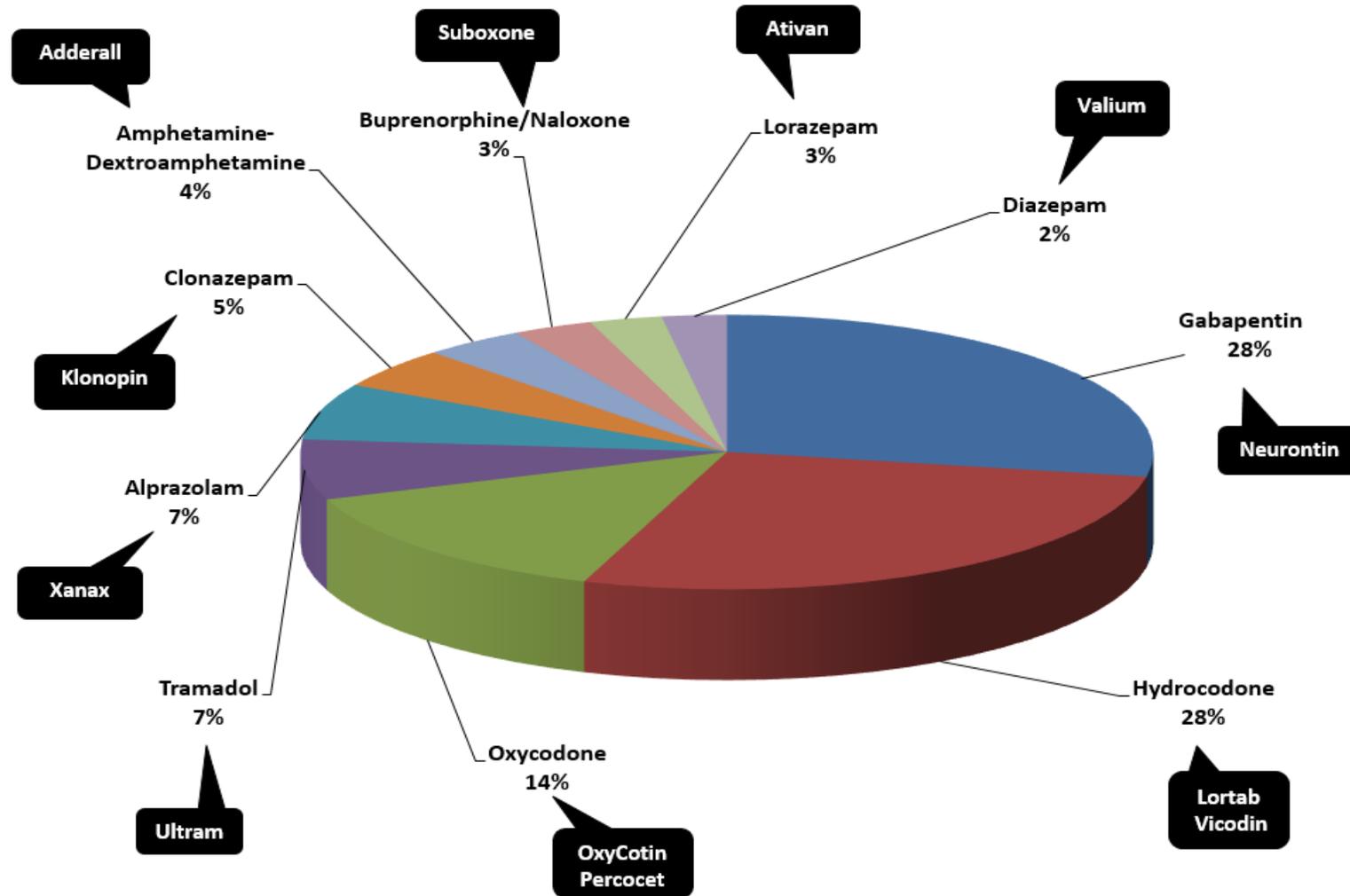
Top Prescribed Controlled Substances by Therapeutic Category based on Number of Doses - 2016



Gabapentin

Kentucky Gabapentin Dispensing	July 2017		August 2017	
	Prescriptions	Doses	Prescriptions	Doses
All Controlled Substances	923,953	58,737,945	977,637	61,641,207
Gabapentin	134,319	13,341,510	144,147	14,387,727
Percent Gabapentin	14.5%	22.7%	14.7%	23.3%

Gabapentin 3Q 2017



Top 10 CS for 2016

Drug Name	Doses	Therapeutic Code
Hydrocodone	171,968,194	6599170210
Oxycodone	82,398,936	6599000220
Alprazolam	49,442,872	5710001000
Tramadol	48,709,622	6510009510
Clonazepam	34,446,073	7210001000
Amphetamine-Dextroamphetamine	20,236,932	6110990210
Lorazepam	19,863,110	5710006000
Diazepam	18,950,522	5710004000
Pregabalin	15,771,033	7260005700
Zolpidem	15,610,424	6020408010
Buprenorphine-Naloxone	15,188,004	6520001020

HOW TO TELL WHO HAS THIS DISEASE

DSM V: DIAGNOSIS OF ADDICTIVE DISEASES

2-3 criteria for mild

4-5 for moderate

6-7 for severe

X=substance involved

- 1. 1. Taking substance X in larger amounts and for longer than intended.**
- 2. 2. Wanting to cut down or quit but not being able to do it.**
- 3. 3. Spending a lot of time obtaining X.**
- 4. 4. Craving or strong desire to use X.**
- 5. 5. Repeatedly unable to carry out major obligations at work, school or home due to X use.**
- 6. 6. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by X use.**
- 7. 7. Stopping or reducing important social, occupational or recreational activities due to X use.**
- 8. 8. Recurrent use of X in physically hazardous situations.**
- 9. 9. Consistent use of X despite acknowledgement of persistent or recurrent physical or psychological difficulties from using X.**
- 10. 10. Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect; or markedly diminished effect with continued use of the same amount. (*)**
- 11. 11. Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal. (*)**

(*) Does not apply for opioids when used appropriately under medical supervision.

SIMPLER SCREENING CRITERIA I USE

- ❖ Use of Alcohol or some other Addictive substance
(Opiates, Sedatives, Amphetamines, Cocaine,
Marijuana)
- ❖ Problems occurring while using these or as a result
of using
- ❖ Continued Use of any Addictive substance after
problems begin

Mark Twain:

**"IT AIN'T WHAT YOU
DON'T KNOW THAT GETS
YOU INTO TROUBLE. IT'S
WHAT YOU KNOW FOR
SURE THAT JUST AIN'T
SO."**

**“THE 12-STEP MODEL OF
RECOVERY IS THE CORE
TECHNOLOGY IN THE SHORT AND
LONG TERM TREATMENT OF
ALCOHOLISM AND ADDICTION...
THE STANDARD OF CARE”**

Garrett O'Connor, MD

CAPTASA 2005

ALCOHOLICS ANONYMOUS, PAGE 64
FROM “HOW IT WORKS”

...for we have been not only mentally and physically ill, we have been spiritually sick. When the spiritual malady is overcome, we straighten out mentally and physically.

WHAT I SEE WORK

- ❖ Abstinence from Alcohol and all other Addictive substances
- ❖ Regular and ongoing participation in some form of psychosocial and spiritual Recovery activities
- ❖ The single most potent therapeutic entity for a person with an Addiction is another person who has Addiction, but who is working on their own Recovery
- ❖ It is a long, think years, process. And quick results don't seem to last as predictably

**THANK YOU TO EACH OF YOU
FOR BEING HERE**



GREG L JONES, MD

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Foundation**

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