



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



School of Medicine



Principles of Addiction

Definitions, Public Health, and Treatment

May 2010

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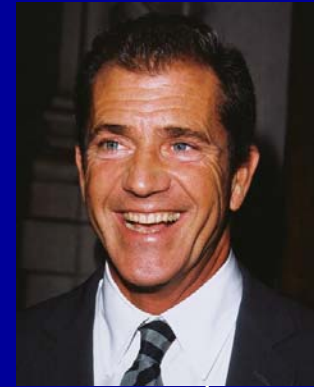
Professor of Medicine and Public Health

Boston University Schools of Medicine and Public Health

**Ray
Charles**



Mel Gibson



Betty Ford



**Tatum
O'Neal**

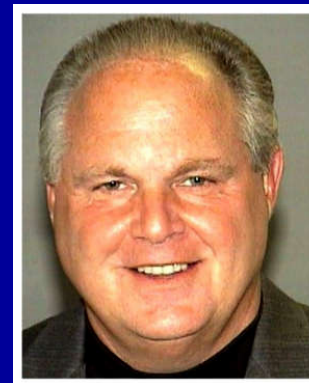


?

**Franklin D
Roosevelt**



**Rush
Limbaugh**



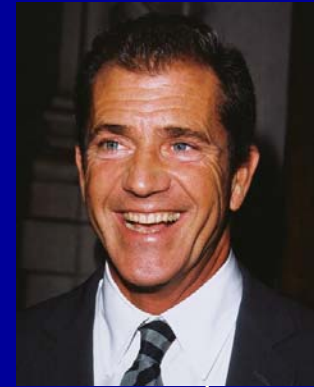
**Darryl
Strawberry**



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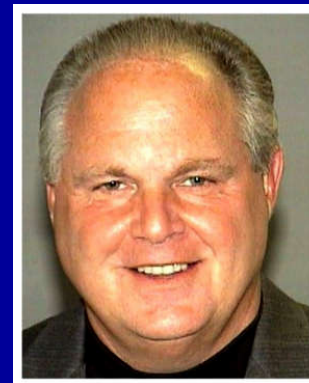


Addiction

**Franklin D
Roosevelt**



**Rush
Limbaugh**



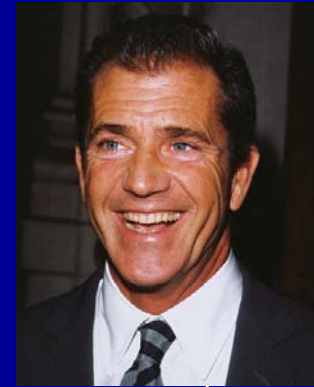
**Darryl
Strawberry**



Heroin



Alcohol



Alcohol



Addiction

Heroin



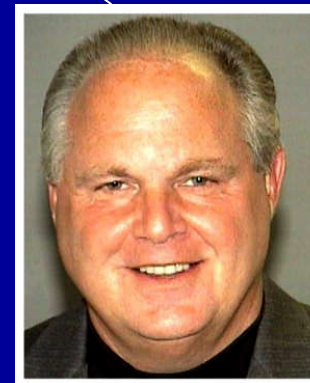
Tobacco



Cocaine



**Prescription
Opioids**



Overview

Addiction is a chronic, relapsing, brain disease

- Definitions
- Public health perspective
- Treatment principles



Case Presentation

(12/99)

- Mr. CB, 42 y/o male, presented to ED with chief complaint “belly pain.”
- Moderately severe mid-abdominal pain increasing over 3 weeks



-42 y/o male

Hospitalization

(11/99) 1 month prior to current admission

- Addiction
 - Injection drug use (IDU) for 10 years
 - Heroin withdrawal symptoms
 - Vague alcohol use
- Endocarditis
 - LVEF 75%, mitral valve vegetation
 - Antibiotics for 6 weeks
- Abdominal pain onset during hospitalization
 - CT abd & KUB unremarkable
 - Dx: constipation
 - Rx: laxatives & manual disimpaction

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-42 y/o male

-11/99
endocarditis

-LVEF 75%

-12/99-c/c-
"abd pain"

Initial Evaluation

(12/99)

- "Cramping" pain, constipation, poor PO intake
- Intranasal heroin use "to treat abdominal pain" past 10 days
- No recent IDU
- Smoked 10 cigarettes/day

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-42 y/o male
-11/99
endocarditis
-LVEF 75%
-12/99-c/c-
"abd pain"

Physical Exam

- Pleasant male NAD
- P: 95, R: 18, weight: 120 lbs, afebrile
- Nodes: bilateral cervical and axillary adenopathy
- CV: III/VI holosystolic murmur RUSB radiating to axilla
- Abd: tender RLQ and LLQ without rebound
- Rectal: no focal tenderness; stool brown guaiac negative
- WBC: 5.1, Hct: 26, Plts: 267K

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Overview

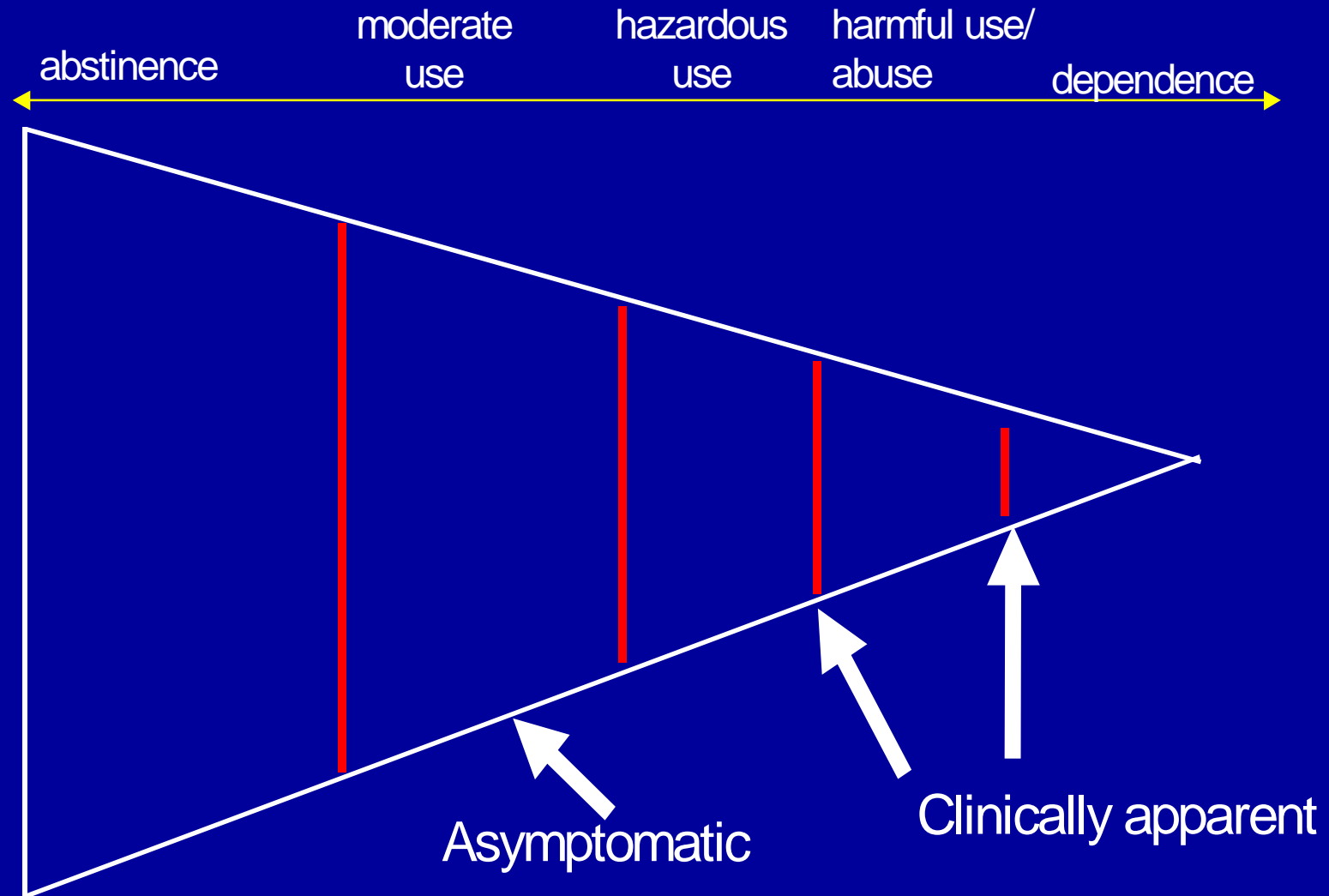
Addiction is a chronic, relapsing, brain disease

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Definitions

- Drug/Alcohol abuse
- Drug/Alcohol dependence
- Addiction

Patterns of Substance Use



DSM IV Criteria: Drug Abuse

1 or more of the following in a year:

- ✓ Recurrent use resulting in failure to fulfill major role obligations
- ✓ Recurrent use in hazardous situations
- ✓ Recurrent drug-related legal problems
- ✓ Continued use despite social or interpersonal problems caused or exacerbated by drugs

DSM IV Criteria: Drug Dependence

3 or more of the following in a year:

- ✓ **Tolerance**

- ✓ **Withdrawal**

- ✓ A great deal of time spent to obtain drugs, use them, or recover from their effects
- ✓ Important activities given up or reduced because of drugs

- ✓ Using more or longer than intended
- ✓ Persistent desire or unsuccessful efforts to cut down or control substance use
- ✓ Use continued despite knowledge of having a persistent or recurrent physical or psychological problem caused or exacerbated by drug use

Addiction

- Characterized by behaviors that include 1 or more of the following:^{*}
 - Loss of control with drug use
 - Compulsive drug use
 - Continued use despite harm
- A condition involving activation of the brain's mesolimbic dopamine system; a common denominator in the acute effects of drugs of abuse[†]

^{*}American Society of Addiction Medicine 2001. www.asam.org/ppol/paindef.htm

[†]Leshner AI. JAMA. 1999; 282:1314-1316. CRIT 2010



-42 y/o male

-11/99
endocarditis

-LVEF 75%

-12/99-c/c-
"abd pain"

Medical Record Review

- Several urgent care and ED visits over past 10 years
- No prior primary care
- No mention of alcohol or drug abuse

Overview

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Estimated leading causes of Disability-Adjusted Life-Years (DALYs) in the US in 1996: Males

Rank	Cause	DALYS	%Total DALYS	Deaths
	All Conditions	18,314,401	100	1,163,569
1	Ischemic heart disease	1,969,256	10.75	286,999
2	Road Traffic Collisions	933,953	5.1	29,105
3	Lung, trachea cancers	812,675	4.44	102,071
4	HIV/AIDS	773,640	4.22	25,307
5	Alcohol abuse/dependence	736,572	4.02	5,231
6	Cerebrovascular disease	673,877	3.68	63,126
7	Homicide and violence	567,322	3.1	17,391
8	Chronic obstructive pulmonary disease	545,350	2.98	52,489
9	Self-inflicted	541,640	2.96	25,647
10	Unipolar major depression	477,040	2.6	12
11	Drug use	467,127	2.55	1,194

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Michaud CM, et al. *JAMA*. 2001;285:535-539

Estimated Leading Causes of Disability-Adjusted Life-Years (DALYS) in the U.S., 1996

		Women		
	All conditions	15 886 327	100	1 151 120
* 1	Ischemic heart disease	1 181 298	7.45	249 315
* 2	Unipolar major depression	1 073 911	6.77	25
* 3	Cerebrovascular disease	836 345	5.27	98 551
* 4	Lung, trachea, and bronchus cancers	549 963	3.47	66 134
5	Osteoarthritis	521 443	3.24	508
6	Breast cancer	514 729	3.21	46 649
* 7	Chronic obstructive pulmonary disease	510 084	3.19	47 576
8	Dementia and other degenerative and hereditary central nervous system disorders	506 858	3.16	29 139
9	Diabetes mellitus	500 932	2.90	34 489
*10	Road traffic collisions	459 489	2.61	14 630
11	Alcohol abuse and dependence	414 792	3.29	1444

Michaud CM, Murray CJL, Bloom BR. JAMA 2001; 285(5):535-539.

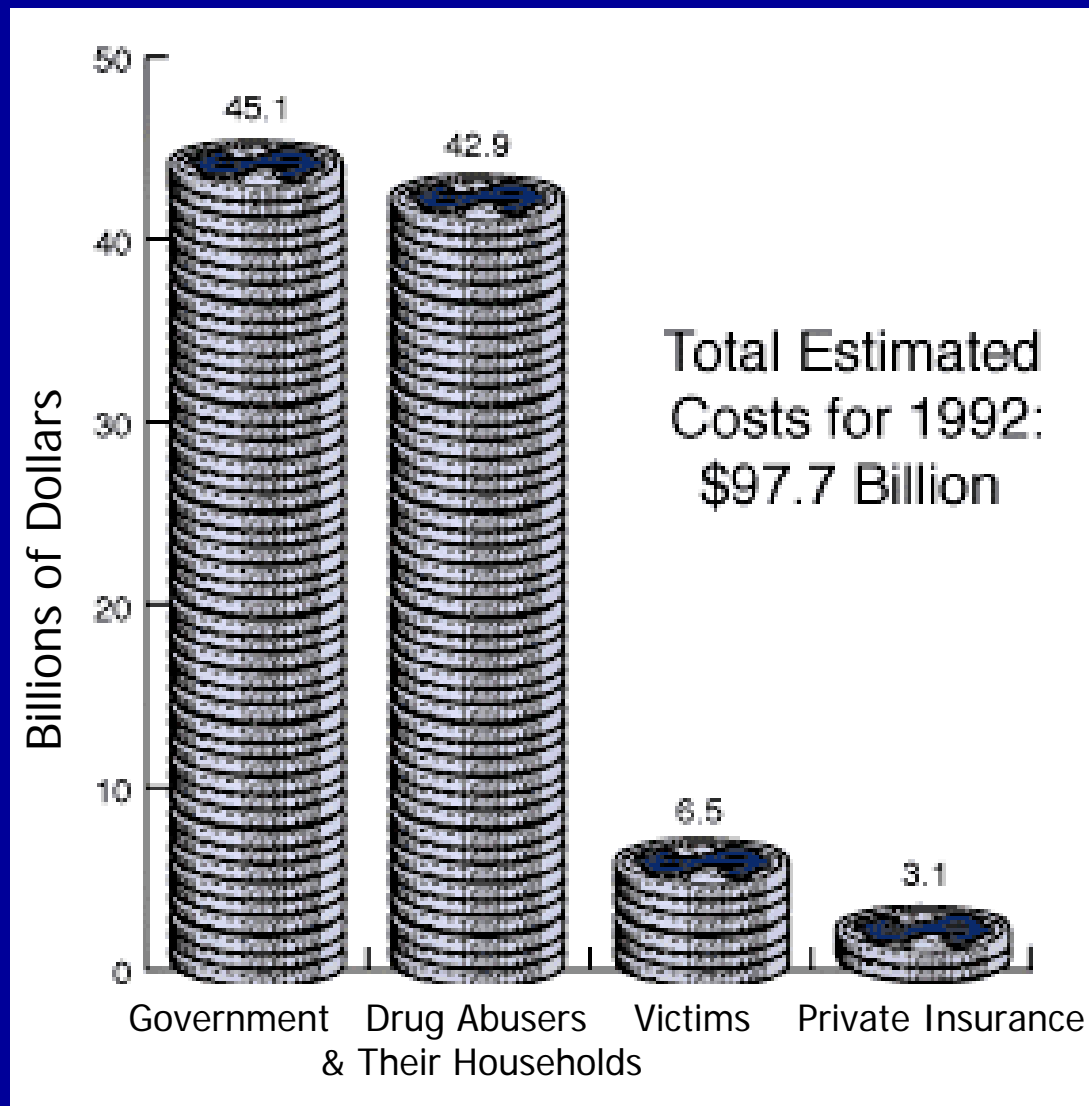
Estimated Economic Costs of Drug and Alcohol Abuse in the U.S. (in billions)

Health care expenditures (e.g., Specialty treatment, prevention, research, and medical consequences)		\$42.1
Productivity losses		\$262.8
Other effects (e.g., criminal justice, property)		\$60.5
Total costs		\$365.4

Office of National Drug Control Policy. 2004. The Economic Costs of Drug Abuse in the United States, 1992-2002. http://www.whitehousedrugpolicy.gov/publications/economic_costs/

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Harwood H. Updating Estimates of the Economic Costs of Alcohol Abuse in the United States. The Lewin Group for the NIAAA, 2000. www.niaaa.nih.gov/publications/economic-2000/#table3

Who Bears the Cost of Substance Abuse?



Swan N. NIDA Notes. Drug Abuse Costs To Society. 1998; Volume 13 (4).



Week 1—Hospitalization (12/99)

-42 y/o male

-11/99
endocarditis

-LVEF 75%

-12/99-c/c-
"abd pain"

- Blood cultures negative
- Methadone
- Pain medications
- Abd w/: surg consult, imaging studies UGI SBFT
 - “Focal area of small bowel dilatation and loss of mucosal folds within the mid to distal ileum. Differential diagnosis includes a small bowel lymphoma, however, inflammatory bowel disease and mastocytosis can also be considered.”
- Cardiac Echo LVEF 70%; vegetation no longer visible



Week 2—Hospitalization (12/99–1/00)

-42 y/o male

-11/99

endocarditis

-LVEF 75%

-12/99-c/c-
"abd pain"

-UGI-

abnormal

- Abd pain and poor PO intake persisted
- HBsAg⁻, HBCAb⁺ (past Hepatitis B, resolved)
- HCV Ab⁺ (Hepatitis C)
- HIV⁺, CD4 503, HVL 15,085

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Mr. CB

-42 y/o male
-11/99
endocarditis
-LVEF 75%
-12/99-c/c-
"abd pain"
-UGI-
abnormal
-HIV⁺, HCV⁺
CD4 503

- What is your leading diagnosis?
- What is your next diagnostic test?



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-11/99

endocarditis

-LVEF 75%

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"abd pain"

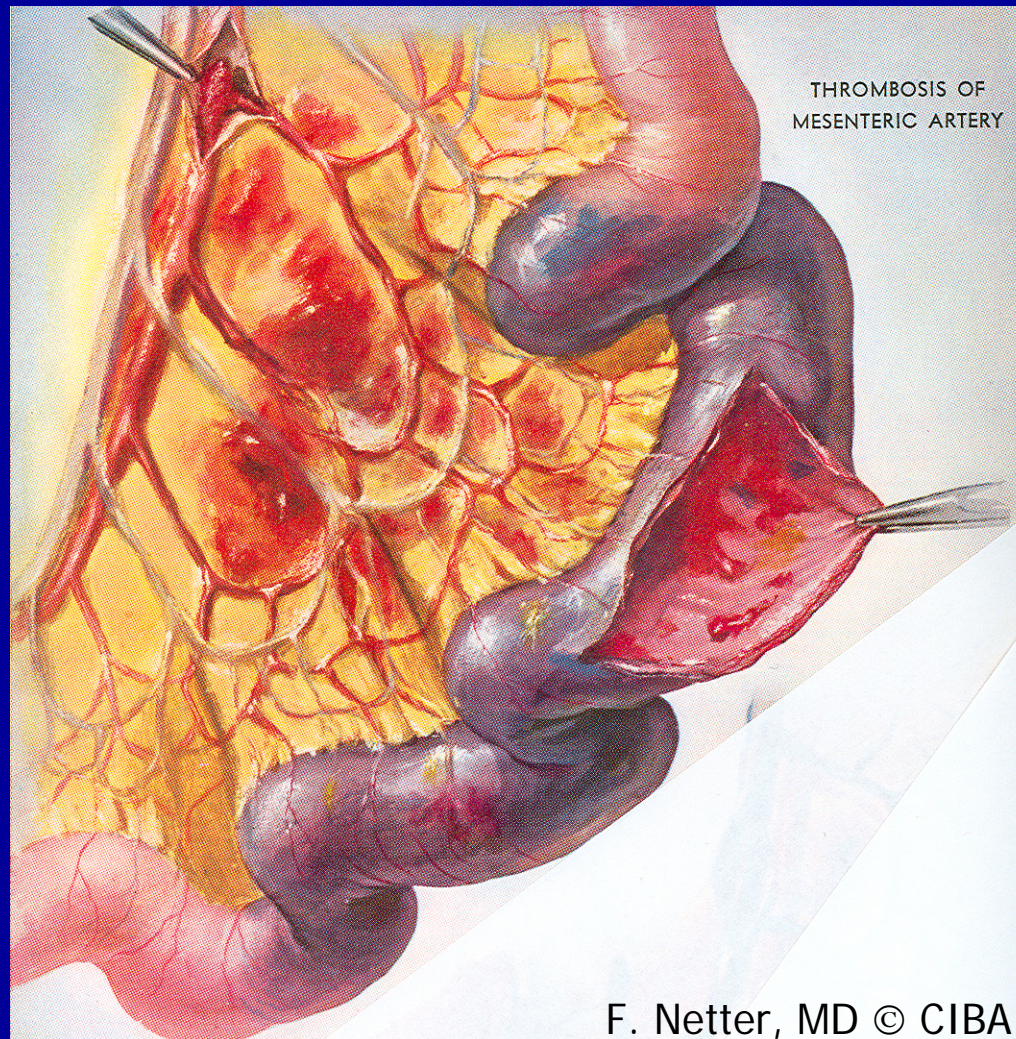
-UGI-
abnormal

-HIV⁺, HCV⁺
CD4 503

Week 2—Hospitalization (1/00)

- CT with angiogram
 - Superior Mesenteric Artery (SMA) occlusion possibly secondary to mitral valve vegetation embolus
 - Dx: ischemic colitis
 - Transferred to surgery for partial colectomy

Mesenteric Vascular Occlusion



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Overview

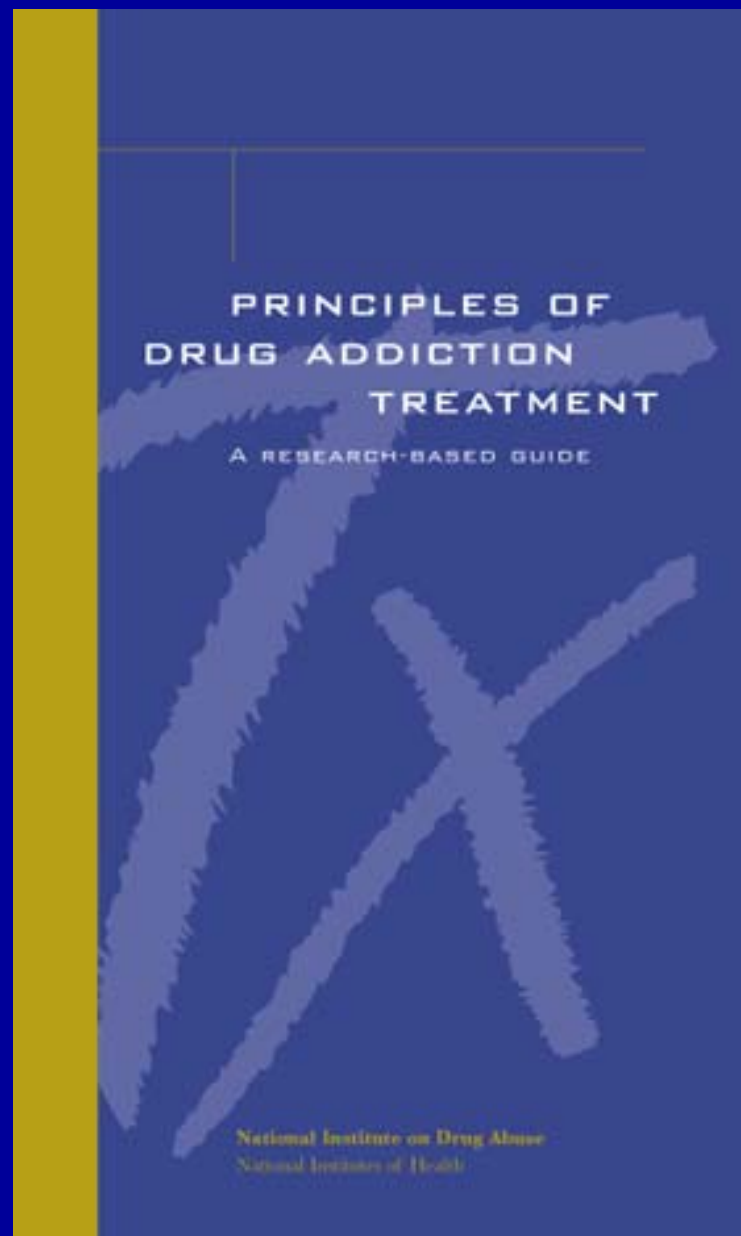
Addiction is a chronic, relapsing, brain disease

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Treatment Effectiveness

- 50% to 80% return to previous pattern of substance use during the first year after treatment.
- Most important predictors of relapse:
 - Low socioeconomic status
 - Comorbid psychiatric conditions
 - Lack of family and social support

McLellan AT. Lewis DC. O'Brien CP. Kleber HD. Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation. JAMA. 2000; 284:1689-1695.



Principles of Effective Drug Addiction Treatment

National Institute on Drug Abuse (NIDA), 1999

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.

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Principles of Effective Drug Addiction Treatment

National Institute on Drug Abuse (NIDA), 1999

6. Counseling and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
9. Medical detoxification is only the first stage and by itself does little to change long-term drug use.

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Principles of Effective Drug Addiction Treatment

National Institute on Drug Abuse (NIDA), 1999

10. Treatment does not need to be voluntary to be effective
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, Hep B & C, TB, and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

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The Most Effective Treatment Strategies Will Attend to All Aspects of Addiction:

- Biology
- Behavior
- Social Context

Principles of Addiction

CONCLUSIONS

- Addiction is a chronic, relapsing brain disease and comes at a high cost to society.
- There are multiple treatment approaches for addiction and they are most effective when used in combination.
- NIDA's "Principles of Effective Drug Addiction Treatment" offers useful guidelines for physicians.

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