Changing the Paradigm Around Addiction

Rance Hutchings, PharmD
Chief Clinical Officer
Artemis Health

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Addiction

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Drug Addiction: How it happens

- Historically viewed as a weakness in character
- Research increasingly finds that it's *often a matter of brain chemistry*
- Addiction is related to how a drug increases levels of *dopamine*
- Dopamine controls the brain's ability to perceive *reward and reinforce behavior*
- Elevated dopamine levels cause pleasure that motivates us to proactively perform actions that are vital to our survival (like eating or procreation)

Dopamine is what *conditions* us to do the things we need to do.

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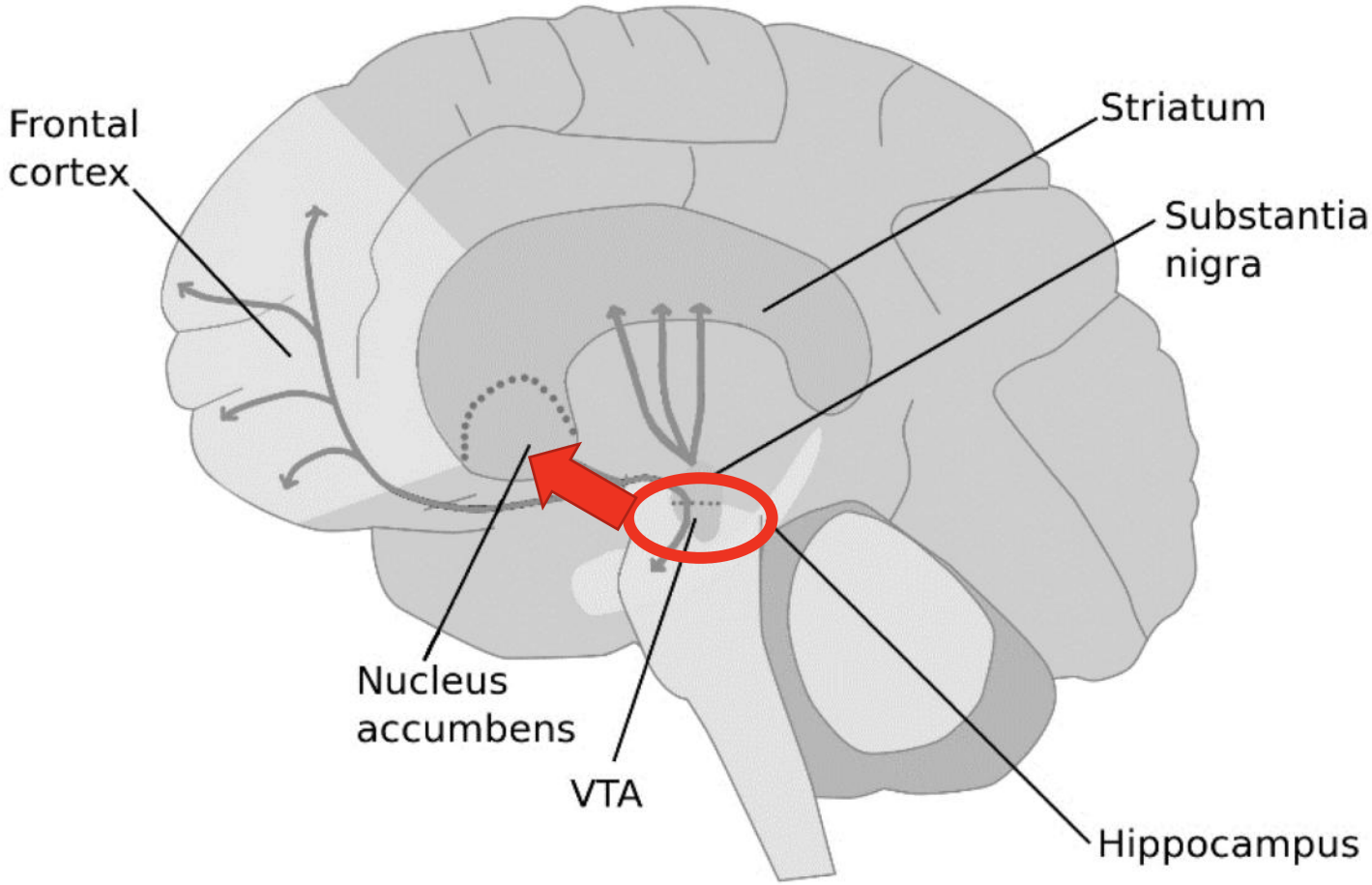
Dopaminergic pathways in the brain



- Drugs stimulate ventral tegmental area (VTA)
- VTA axons release dopamine into the NAc the pleasure center
- Nicotinic receptors
- Opiates (including endorphins – short for "endogenous morphine")

http://en.wikipedia.org/wiki/File:Dopamine_Pathways.png#filelinks (last viewed 9/9/2013)

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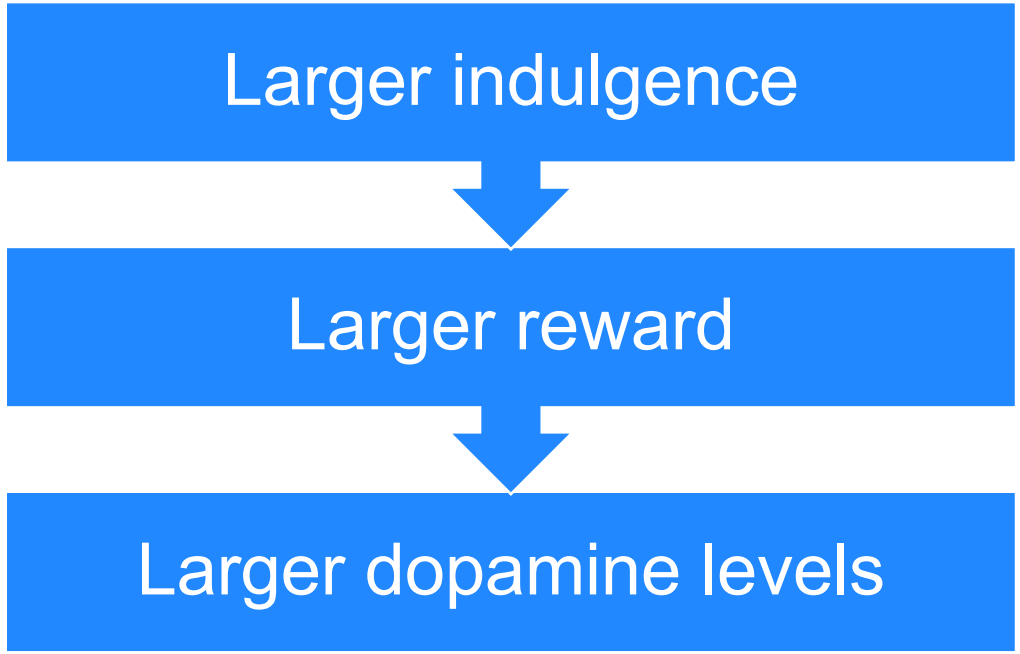
Addictive substances/behaviors



- Exogenous nicotine – tobacco
- Exogenous opiates – narcotics
- Endogenous opiates (endorphins) due to over-indulgence in behaviors
  - Food → eating addictions
  - Accomplishment → gambling
  - Sex → pornography/sexual addictions

Behavioral addictions are chemical addictions to endorphins!

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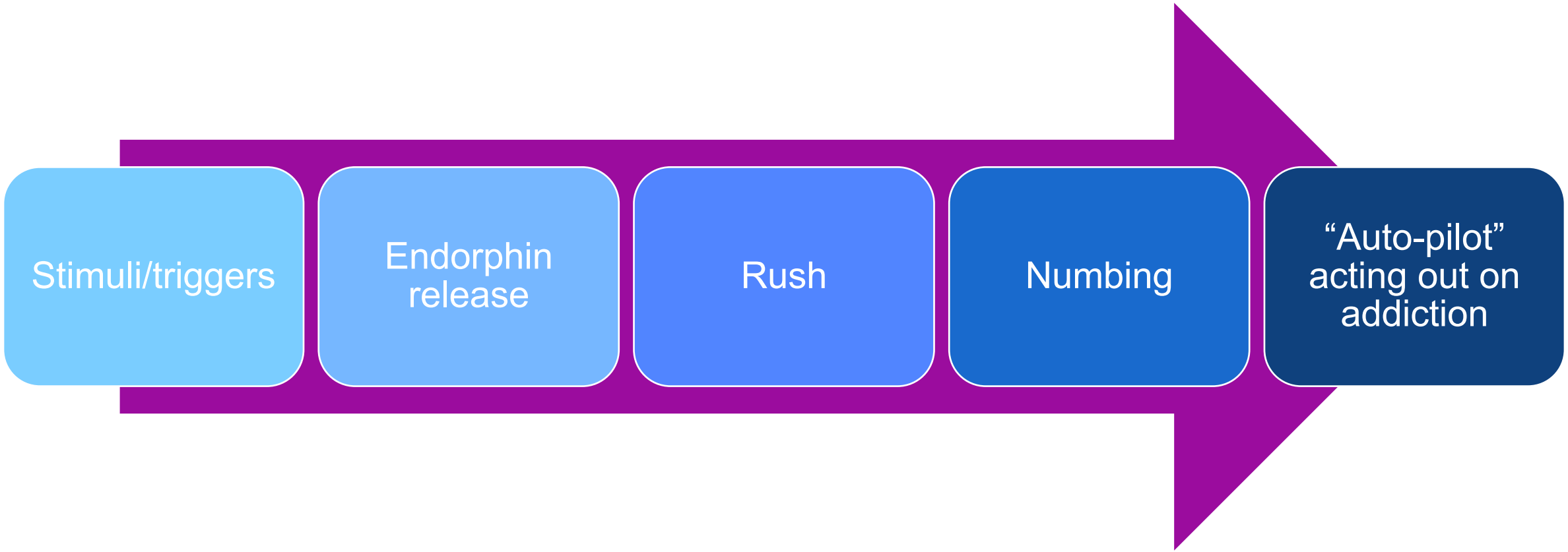
Addictive Process



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Addiction Treatment

Abstinence or decrease in frequency

- Decrease in frequency or intensity of behavior
- Drug tapering, antagonists, muting cravings

Behavioral

- Dealing with triggers
- Strategic planning to avoid triggers
- Plans on how to deal with triggers
- Mentor/Support system
- Professional counseling in many cases

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New Guidelines and Recommendations

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New Guidelines – New Push

- When to PAY ATTENTION
  - >50mg Morphine Equivalents per day
    - Used to be 90, now dropped to 50
    - Even greater risk in patients also taking a benzo

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Recommendations – Some are *New*

- Avoid long-acting agents in non-cancer pain
  - May use after stable on opioid dose for SEVERE chronic pain
  - Use non-narcotics for pain syndromes
    - APAP, NSAIDs, gabapentin, amitriptylline
- Limit use of short-acting for acute pain
  - Some states limiting to 7 days of therapy
- Use Narcotic Contracts
- Prescribing opioid antagonists for patients on >50 morphine equivalents

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Opioid Antagonists

Naloxone (think overdose)

Generic IV, IM – Inpatient use

NARCAN® Nasal

- Easy-to-use spray that can be administered by someone else if patient is unconscious
- ~$125

EVZIO®

- Auto-injection for overdose situations by "buddy" system for drug addicts/ abusers
- Has a speaker to guide "buddy" in giving injection
- "Hidden needle" much like an Epi-Pen
- Given in thigh (can be given through clothing)
- ~$4,000

Naltrexone (think prophylaxis)

Generic po

- For self-treatment or prophylaxis in addicts who are self-motivated
  - FDA approved for alcohol and narcotic addiction
  - Off label for gambling, binge eating

VIVITROL

- Depot injection
- Given once monthly to prevent relapse for narcotics/alcoholics

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Using Naloxone

- Why?
  - 44 patients per day die of a narcotic overdose
- Who should get an antagonist?
  - Patients at risk for overdose – that doesn't just mean abusers
    - Patients taking >50 morphine equivalents/day
    - Patients with underlying respiratory problems (COPD)
    - Patients on other CNS depressants (alcohol, benzos, sedatives)
    - Elderly patients
- Which to use
  - Cost would steer towards nasal - $125 vs. $4,000
- Training for family/caregiver
  - How to administer nasal spray or injection
  - Call 911 immediately (opioids usually have longer t½ than naloxone)

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Narcotic Contracts

- Components
  - ✓ Use the medication as directed
  - ✓ No dose escalation without confirming first with doctor
  - ✓ No early fills for lost, stolen, wet, dropped in sink, etc.
  - ✓ No refills by phone
  - ✓ Will keep all follow-up appointments
  - ✓ Will only get medications from one doctor and one pharmacy
  - ✓ Will agree to any blood/urine tests requested
  - ✓ Will not use alcohol or other drugs with narcotics
  - ✓ Aware of side effects and withdrawal symptoms and that withdrawal is not life threatening
  - ✓ Failure to abide by the contract will lead to no future prescribing

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Take Home Message

- Limit narcotics for acute severe pain to 7 days
- For non-severe pain use non-opioid options if possible
- Avoid long-acting narcs in non-cancer, non-severe stabilized pain
- Providers should place patients >50 morphine equivalents on naloxone
- Ensure naloxone is a covered benefit on your plan!

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Thank you.

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