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Promoting access to opioid addiction treatment
using medication and psychosocial intervention



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The Changing Face of Opioid Addiction: A Review of the Research and Considerations for Care

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In the last 10 years, the number of people addicted to prescription opioids has increased tremendously.

Although heroin use has been the central target for opioid addiction treatment, the emerging use of nonprescribed prescription opioids has changed the picture of opioid use in the United States.

Zacny et al. 2003; Fischer et al. 2007; SAMHSA. 2009.

Prescription Drug Abuse

In 2010, approximately 7.0 million persons were current users of psychotherapeutic drugs taken nonmedically (2.7 percent of the U.S. population), an estimate similar to that in 2009. This class of drugs is broadly described as those targeting the central nervous system, including drugs used to treat psychiatric disorders (NSDUH, 2010). Medications most commonly abused are:

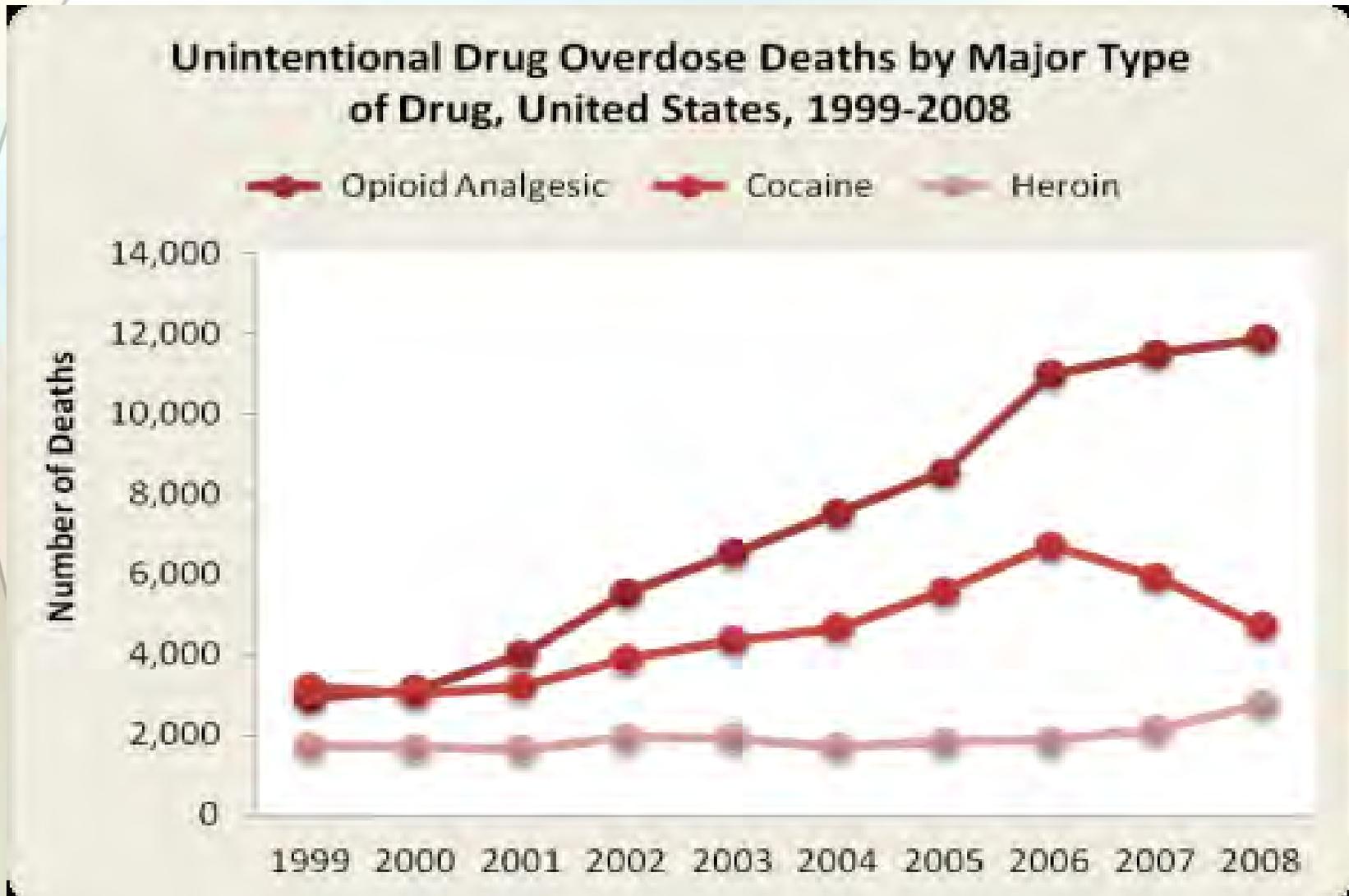
Pain relievers - 5.1 million

Tranquilizers - 2.2 million

Stimulants - 1.1 million

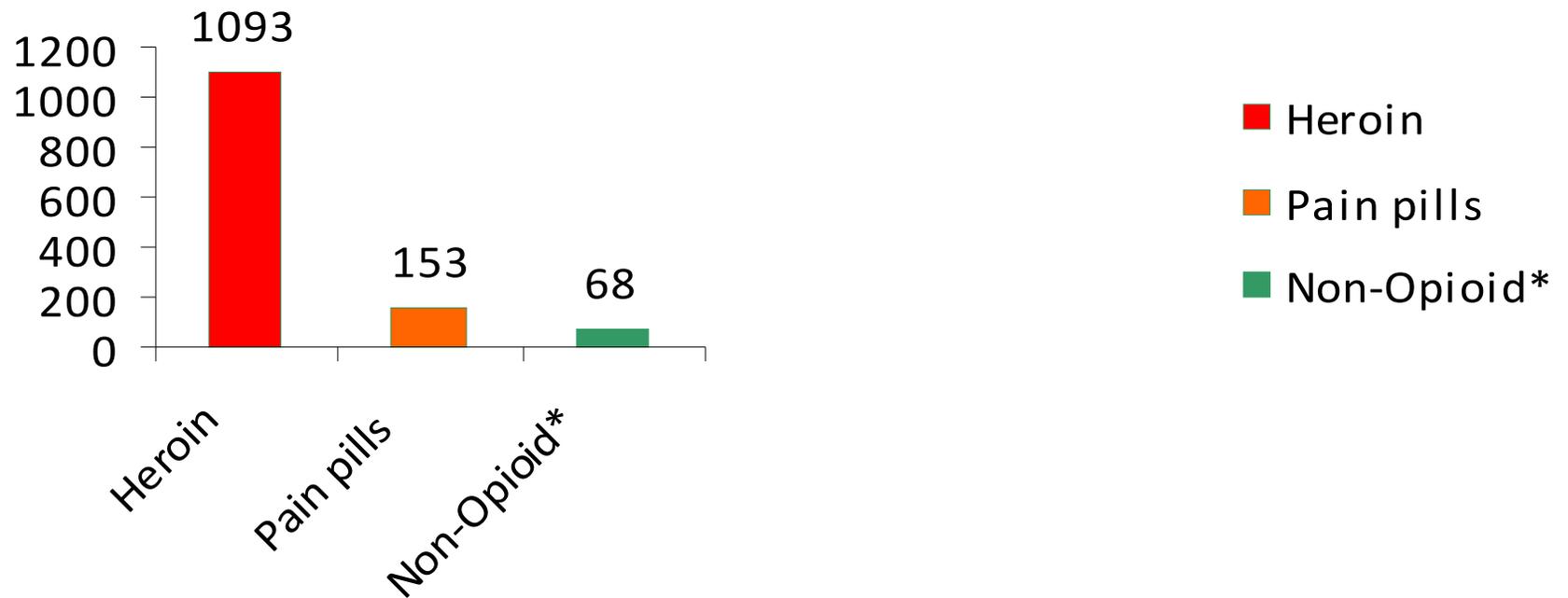
Sedatives - 0.4 million

Prescription opioids are now more likely to cause or contribute to overdose deaths than heroin or cocaine.



Opioid Use in Santa Clara County: Admissions to MMT - 2006 - 2011

Type of Opioid Use (N = 1,314)



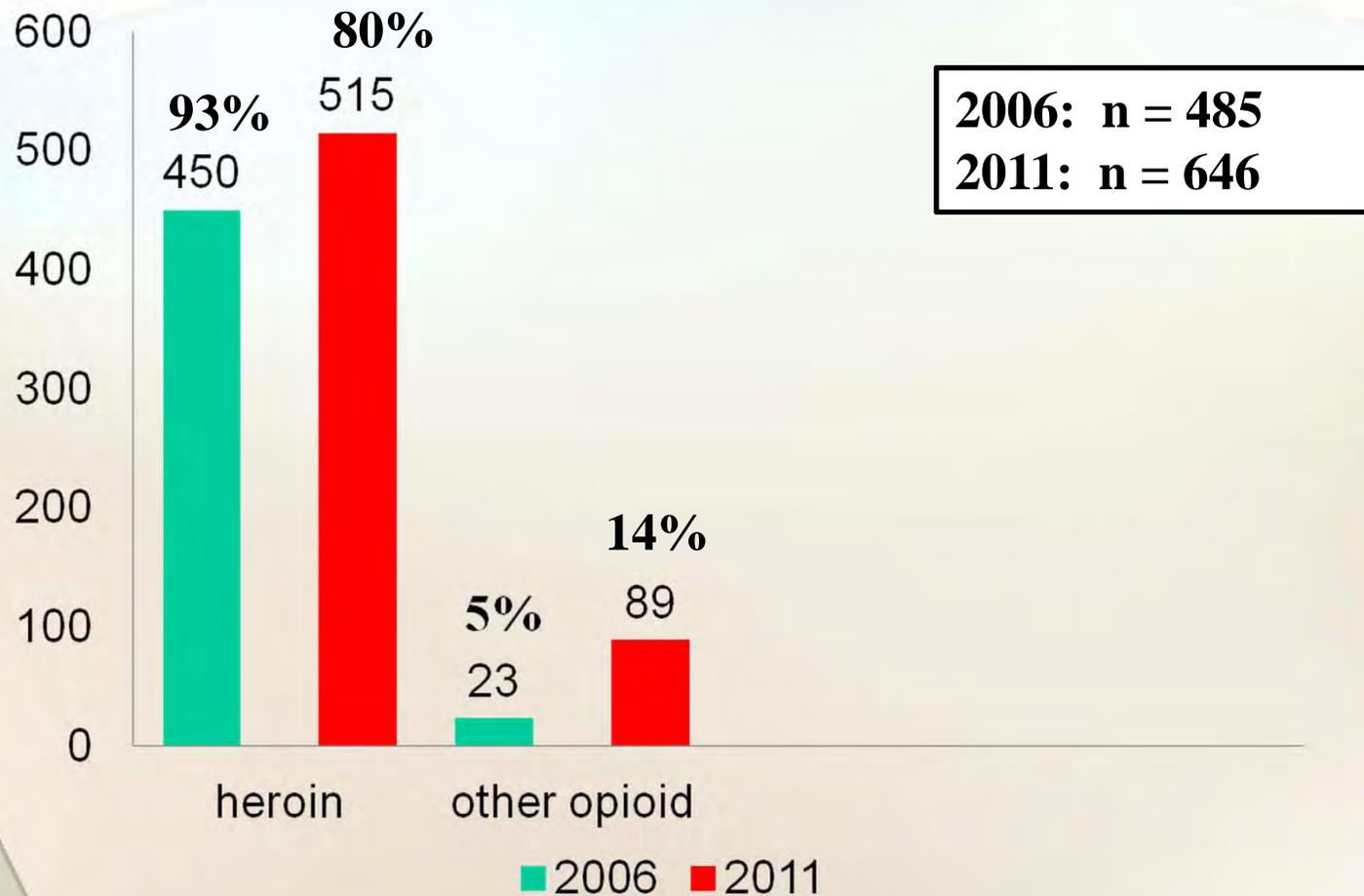
Opioid Use in Santa Clara County: Admissions to MMT 2006 - 2011

Primary, Secondary and Tertiary Drug Use

	Primary	Secondary	Tertiary
Heroin and Pain Pills			
None	0	521	1065
Heroin	1093	24	8
Alcohol	3	146	49
Barbiturates	0	4	2
Other Sedatives or Hypnotics	3	6	1
Methamphetamine	33	137	36
Other Amphetamines	0	5	2
Other Stimulants	0	0	1
Cocaine / Crack	5	137	27
Marijuana / Hashish	4	84	43
PCP	0	17	6
Other Hallucinogens	0	1	0
Tranquilizers (Benzodiazepine)	4	27	8
Other Tranquilizers	0	5	1
Non-Prescription Methadone	16	37	10
Oxycodone / OxyContin	56	24	14
Other Opiates	92	111	32
Over-the-Counter	0	2	1
Other	5	26	8
Total	1314	1314	1314

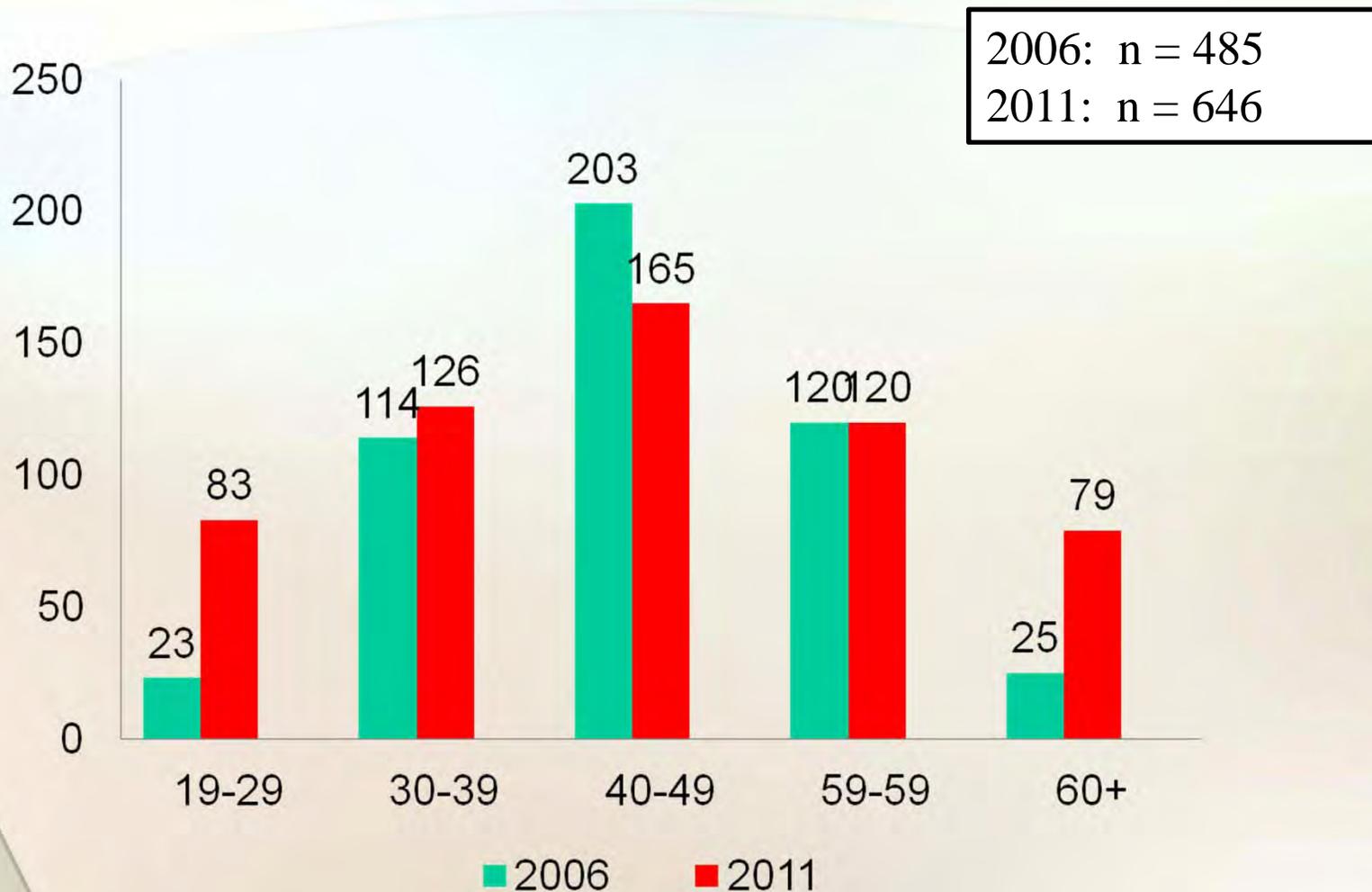
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Heroin-only vs other opioid admissions



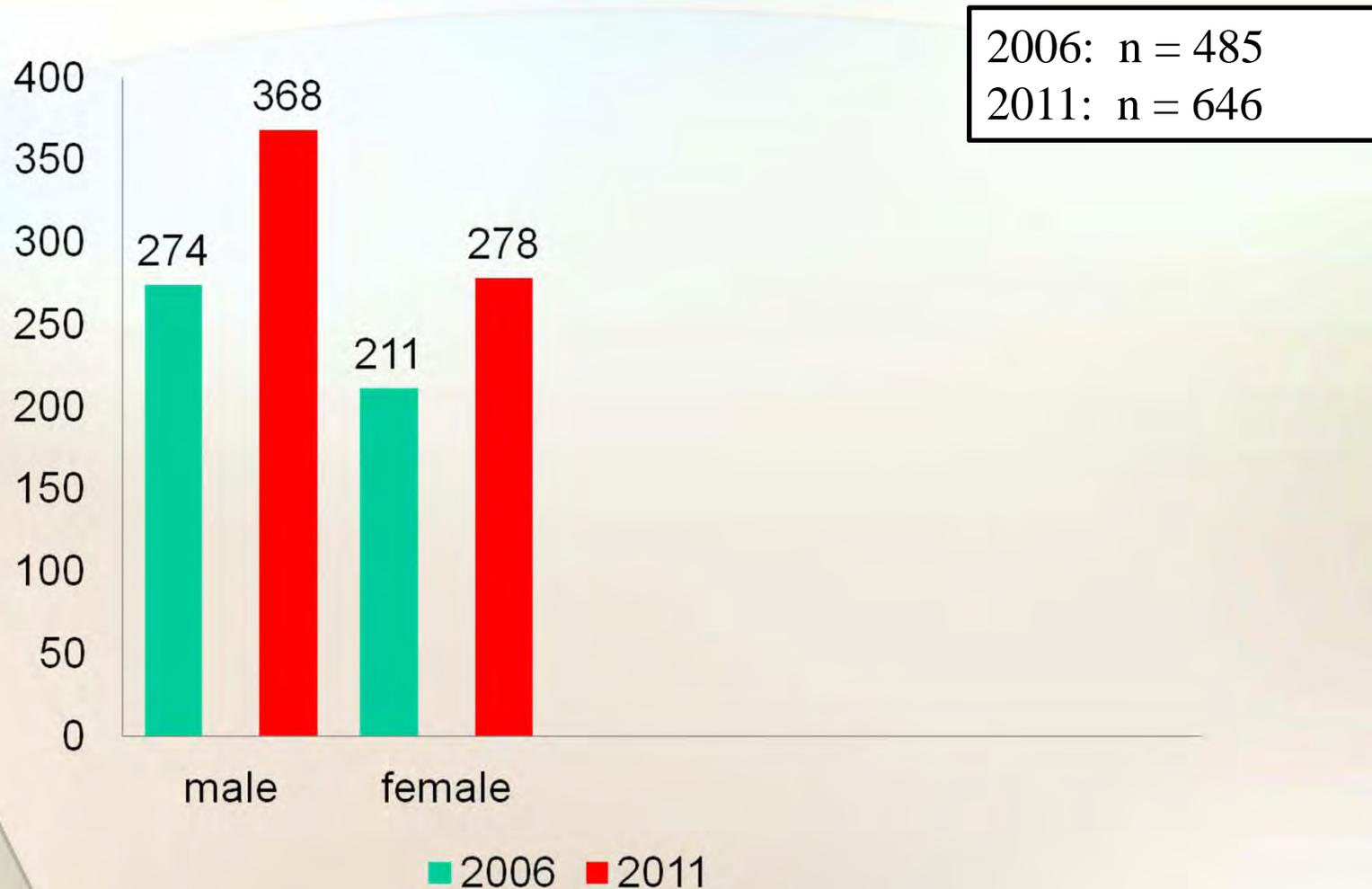
Opioid Use in Santa Clara County: Admissions to MMT 2006 – 2011

Age at admission



Opioid Use in Santa Clara County: Admissions to MMT 2006 – 2011

Gender at admission



Most of the clinical information about prognosis and treatment of opioid addiction is gleaned from studies with heroin addicts.

As prescription opioids outpace heroin in many parts of the country, scientists have wondered if there are significant differences between these populations.

Biologically, addiction to heroin or prescription opioids would appear to be the same disease, because both types of drugs are opioids, and opioids affect the body the same way.

But do all opioid addicts respond to treatment in the same way?

Does the old data fit the new patients?

Shifting patterns of opioid use has been associated with different psychiatric and drug use patterns among users of heroin compared with users of other opioids and have important implications for treatment and program protocols.

Fischer, et al. 2007.

What are these differences?

One study with 75 MMT patients found a more severe pattern of drug use and lower social stability among primary heroin users compared with primary users of other opioids and concluded that the 2 groups have distinct treatment responses (Sigmon. 2006).

In another study of 178 MMT patients, those using heroin and other opioids were more likely than the users of heroin alone to report problems with alcohol and pain, have more psychiatric problems, and have a low rate of remaining in treatment (Brands, et al. 2004).

What are these differences?

A 2007 study examined 200 opioid dependent patients who enrolled in a study for buprenorphine treatment. Compared with users of heroin only, users of other opioids only were more likely to be white, had a higher income, had fewer drug treatment episodes, but remained in treatment longer (Moore, et al. 2007).

Data analysis from a 2007 survey of 5,663 opioid dependent patients in 72 MMT programs, use of “other opioids” was associated with being white, young (18 – 29 years of age), not injecting drugs or having prior methadone treatment, and having chronic pain (Rosenblum, et al. 2007).

The NESARC Study - 2011

A 2011 study used data analysis from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) (N = 43,093) and identified 4 groups from the 9,140 illicit or non-prescribed drug users:

1. Heroin-other opioid users
2. Heroin-only opioid users
3. Other opioid-only users
4. Non-opioid drug users

The study then compared demographic and clinical profiles, examined psychiatric disorders and finally, looked at indicators of quality of life according to type of opioid used.

Wu LT, Woody G, Yang C, Blazer D. *J Addict Med* 2011;5: 28-35

The NESARC Study

The 43,093 respondents in the NESARC study were reflective of national estimates of demographic subgroups and 18,518 were male and 24,575 were female.

Substance use and psychiatric disorders were assessed with the Alcohol Use Disorders and Associated Disabilities Interview Schedule – DSM IV. It assesses the problems and disorders related to substance abuse, mood, anxiety, and personality.

Highlights of the NESARC Study: Characteristics of Opioid Users

This study using data from the largest national study of psychiatric disorders to date suggests that opioid users can be categorized into 3 groups based on heroin use status and that these 3 groups have different clinical features.

Heroin-other opioid users comprise the most severe subset, whereas other opioid-only users abuse more prescription drugs than heroin-only users.

Other opioid-only users also differ from heroin-only users in age (younger) and race/ethnicity (primarily white).

Highlights of the NESARC Study

- Heroin-other opioid users and heroin-only users were more likely than other groups to be older (>45 years), black, have a history of substance abuse treatment, and use other drugs.
- Heroin-other opioid users and other opioid-only users were more likely than non-opioid users to be male, lack a high school education, and have low family income (< 35,000).
- Heroin other-opioid users had the highest proportions of use of other drugs.
- Other opioid-only users had a lower prevalence use of other drugs than heroin-only users except for tranquilizers and sedatives.

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Highlights of the NESARC Study

- The 4 groups differ from each other in key socioeconomic characteristics, types of other substances used, and history of substance abuse treatment; and all opioid use groups exhibited more pervasive use of substances than non-opioid drug users.
- Heroin other-opioid users had higher odds of various SUDs than the other opioid-using groups.
- Other opioid-only users had higher rates of prescription SUDs (sedatives) than heroin-only users.
- Non-opioid drug users had lower rates of several SUDs than all the opioid using groups and lower rates of mental disorders (mood, anxiety, pathologic gambling, and personality) than other opioid-only users.

Highlights of the NESARC Study

- The most salient findings concern patterns of psychiatric profiles as a function of opioid use status, where heroin-other opioid users displayed the most severe pattern of psychopathology.
- The majority of individuals in this group not only had an opioid use disorders or other SUDs, but also met criteria for several other mental disorders (mood, 57%; anxiety, 39%; and personality, 48%).
- This profile of comorbidity suggests that these individuals are likely to be in particular need of psychiatric **and** substance abuse treatment services (Strain and Stitzer, 2006; Cicero, et al., 2008).

Highlights of the NESARC Study

Despite the high rate of psychiatric disorders among other opioid-only users, they have a low likelihood of using substance abuse treatment.

Considerations as a result of the research

At the State Level: Revise CCR Title 9

The State NTP regulations were developed largely for a heroin only user group and need to be revised to account for other opioid using populations. These outdated regs can be a disincentive for other opioid addicted persons from seeking treatment.

At the Program Level:

- ✓ Use a good multidimensional assessment instrument to determining where to initiate treatment based on prioritized needs (ASAM, ASI).
- ✓ Clinical ability to provide for the dually diagnosed patient. NTPs should be dual diagnosis capable and clinicians should be dual diagnosis proficient.

Considerations

- ✓ For *treatment naïve* other opioid-only user groups, consider shorter and more frequent counseling sessions (i.e. 20 minutes) than the traditional 60-90 minute sessions
- ✓ Develop an *orientation to treatment* group to provide an intro and overview of NTPs, explain methadone as a medication and answer questions a new patient may have. Groups can be co-facilitated by staff and a step-level patient. Consider cofacilitating this group as a requirement for gaining steps 4,5 and 6.
- ✓ Make greater use of the peer facilitated medication-assisted recovery support (MARS) to help patients engage in the treatment process.

Considerations

- ✓ Consider an expanded formulary of other medications for opioid addiction including buprenorphine and naltrexone.
- ✓ Offer a variety of group topics that targeting the needs and interests of a diverse opioid using patient population.
- ✓ Use NiaTx or a similar PDSA rapid response quality improvement measure to frequently monitor how well the program is serving patients treatment needs.
- ✓ Use a Client Evaluation of Self and Treatment (CEST) or similar patient feedback tool to determine effectiveness of counseling approaches and how meaningful they are (or are not).

Conclusions

Overall, heroin users differ from persons using other opioids in demographics, drug use, self-rated health, and psychiatric problems.

The diversity in psychopathology supports the need to distinguish heroin-users from other opioid users in clinical settings to better characterize prognosis, and hopefully, optimize treatment response (Brands et al., 2004; Moore et al.,2007.).

The research findings underscore the need for continued monitoring of trends in opioid use, distinguishing heroin users from other opioid users in treatment, and developing tailored prevention and treatment programs in response to changing profiles within the opioid-using population (Wu LT, et al., 2011).

Thank you!