Can 12 Step and Medications for Substance Use Disorders Co-Exist?

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Overview

• Brief overview of the opioid epidemic
• Evidence based interventions
• Medication
• Stigma and consequences
• 12 step peer support
Drug Overdose Deaths 1980-2016

Sources: CDC; state health departments, county coroners and medical examiners.
Overdose Kills 5x More MA Residents Than Car Accidents

Figure 1. Opioid\textsuperscript{1}-Related Deaths, All Intents
Massachusetts Residents: January 2000 - December 2016

Note: Counts for 2000 – 2014 have been updated following a review of cases that did not receive an official cause of death at the time the files were closed.
Overdoses Symptomatic of Untreated Disease

“A key driver of the overdose epidemic is underlying substance-use disorder. Consequently, expanding access to addiction-treatment services is an essential component of a comprehensive response.”

- 50% of Addiction treatment centers offer medication
- <38% of eligible patients are offered medications
- <5% of physicians are waivered to prescribe buprenorphine

Treatment for Substance Use Disorder

FDA Approved Pharmacotherapy

• Opioid Use Disorder
  – Methadone
  – Buprenorphine
  – Naltrexone

• Alcohol Use Disorder
  – Naltrexone
  – Acamprosate
  – Disulfiram

Psychosocial/behavioral

• Levels of care
  – Outpatient, IOP/PHP, residential

• Modalities
  – CBT, MI/MET, CM, TSF

Peer-based Recovery Support

• AA, NA, SMART recovery
• Recovery coaches
Opioid Agonist Treatment Saves Lives

Maryland: 50% reduction in overdose death with opioid agonist treatment

France: 79% reduction in overdose death opioid agonist treatment
Language and Definitions

“MAT”

Medication PLUS counseling and behavioral therapies
- undermines role of medication
- stigmatizing

Opioid Agonist Therapy

Medication or Treatment preferred
- Reduces drug use
- Reduces the risk of infectious disease transmission
- Reduces criminal activity
- Reduces the risk of overdose
- Reduces death
- Increases treatment retention
- Improves social functioning
- Cost-effective
- Safe
Why Medication Is not “Just Replacing One Drug for Another”

• Opioid agonist treatment consists of daily methadone or buprenorphine
  – Stable level of opioid effect is experienced as “normal”
  – No intoxication or withdrawal
  – Requires waivered prescriber or opioid treatment program

• The goals of any medication maintenance treatment include:
  – reduction or cessation of illicit opioids and associated risks
  – improvement in psychological and physical health

• Opioid antagonist treatment consists of once monthly injection in a medical clinic
  – No intoxication or withdrawal
Modern Medicine

- Based on scientific evidence
- Standard of care and best practice
- Immediate access
- Remission as a goal
- Severity of illness, environment and other factors determine treatment
- Anecdotes do not decide treatment
Stigma

• A mark of disgrace of dishonor
• A set of negative and unfair beliefs that a group of people have about something
  • Merriam Webster Dictionary, 2015
    – Internal
    – External
      • Society, medical professionals, loved ones, peers
    – Significant consequences
Imagine Sobriety...

- After multiple detoxes, long term programs, losses, overdoses....
- You achieve sobriety
  - You are engaged in counselling
  - You are engaged in a treatment community
  - You are exercising and eating healthfully
  - You are in college or have a job
  - You have your family back
  - You feel “normal”
BUT...

...You are on medication
- You are told by your support network that you are not sober
- You are “trading one addiction for another,” using a “crutch”
- You are told you cannot start to move through step work until you are off your medication
- You are told you cannot speak in meetings or hold leadership position because you are prescribed medication
- You are asked by your family and sponsor what dose you are on, and when you are going to get off the medication
What This Does...
Comparing Apples and Oranges?

• Different severity of illnesses
• Different substance use disorders/substances
• Different personal experiences, environments, co-occurring other illnesses
• Can remove an incredibly powerful and needed source of support
• Lose sight of ultimate goal and definition of recovery
Chronic Illness Management

Diabetes -- no one bats an eye

- No cure, but very good treatment for remission/control
- Goal is to normalize glucose and prevent complications
- Individualize treatment plans and targets
- Treatment includes:
  - Medication
  - Lifestyle changes
  - Regular monitoring for complications
  - Behavioral support

- We do not withhold medication/insulin
- We do not see how fast a patient can taper off medication
- We do not prevent from joining activities of support
Multiple Pathways

“People don’t fail treatment, treatment fails people”
– Ed Salsitz MD
No One Size Fits All
Recovery Oriented Systems

“The guiding vision of our work must be to create a city and a world in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity, and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated.”

-William White
12 Steps

AN EVOLUTIONARY PROCESS

CHRISTOPHER SHAW  PMHNP
Mutual Help Organizations (MHO’s) are the most commonly sought source of help for alcohol and other drug problems in the US and internationally.

Evidence indicates that these resources serve as cost-effective recovery aids for many in need of ongoing recovery monitoring and management.

And therapeutic mechanisms mobilized and enhanced by 12-step MHO participation are similar to those mobilized by formal professional treatment (e.g. recovery-focused coping skills, self-efficacy and recovery motivation.

John F. Kelly, M. Claire Greene, Brandon Bergman, Bettina B. Hoeppner, and Valerie Slaymaker
AA attendance was associated both concurrently and predictively with improved alcohol outcomes. Although AA attendance was associated additionally with subsequent improvements in depression, it did not predict such improvements over and above concurrent alcohol use. AA appears to lead both to improvements in alcohol use and psychological and emotional wellbeing which, in turn, may reinforce further abstinence and recovery-related change.

AA contributions to the Disease Concept

• The reality that Alcoholism had physical, mental and spiritual components
• Potential helpfulness of medical metaphors "illness, allergy" in making sense of drinking experiences
• Portrayal of alcoholism as an accelerating process
• Importance of concentrating on drinking behavior rather than searching for underlying causes
• Belief that loss of control over alcohol could be contained by complete abstinence

Rebirth of the Disease Concept of Alcoholism in the 20th Century
Medical Influences

• William Silkworth MD- specialized in the treatment of AUD, “the body of the alcoholic is quite as abnormal as the mind.”

• Henry Tiebout Psych MD – believed in the importance of breaking down inner resistance was most important to treat, believed AA had great ability to help this process.

• AMA- in a televised broadcast in 1946 spoke of power of refocusing from self absorbed to the work with other alcoholics as important to sobriety

• APA- requested AA member speak at their Annual meeting in 1949:

  Alcoholics Anonymous is not a religious organization; there is no dogma. The one theological proposition is a “Power greater than one’s self.” Even this concept is forced on no one. The newcomer merely immerses himself in our Society and tries the program as best he can. Left alone, he will surely report the gradual onset of a transforming experience, call it what he may.
Statement on alcoholism

The American Medical Association identifies alcoholism as a complex disease with biological, psychological and sociological components and recognizes medicine’s responsibility in behalf of affected persons. The Association recognizes that there are multiple forms of alcoholism, and that each patient should be evaluated and treated in an individualized and comprehensive manner.

— House of Delegates
American Medical Association, 1971
Summary

- 12 peer support and medication treatment are complimentary
- Stigma and misunderstanding about SUD as an illness in need of evidence based treatment is pervasive
- Medications to treat substance use disorders are not “addictive”
- Recovery is about healing, regaining quality of life and facilitated by feeling safe to be honest
- Peer support breaks isolation and fosters engagement
- Recall other chronic disease management and treatment options

...this is no different