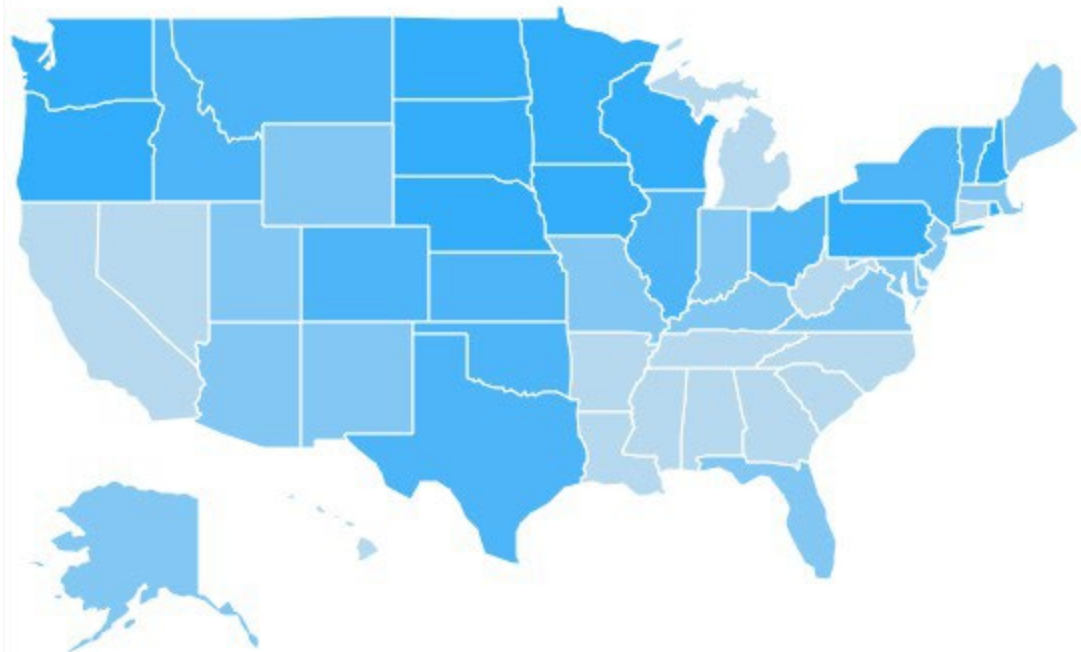
Demystifying Addiction

Applying the Biopsychosocial Model

Aaron Weiner, PhD
aaron@weinerphd.com

Deaths from alcohol addiction are rising

More people in the U.S. are dying of alcohol-related causes, and men more than women. States ranked by percentage increases, 2007-2017, and death rates per 100,000 people for men and women, all ages, in 2017.



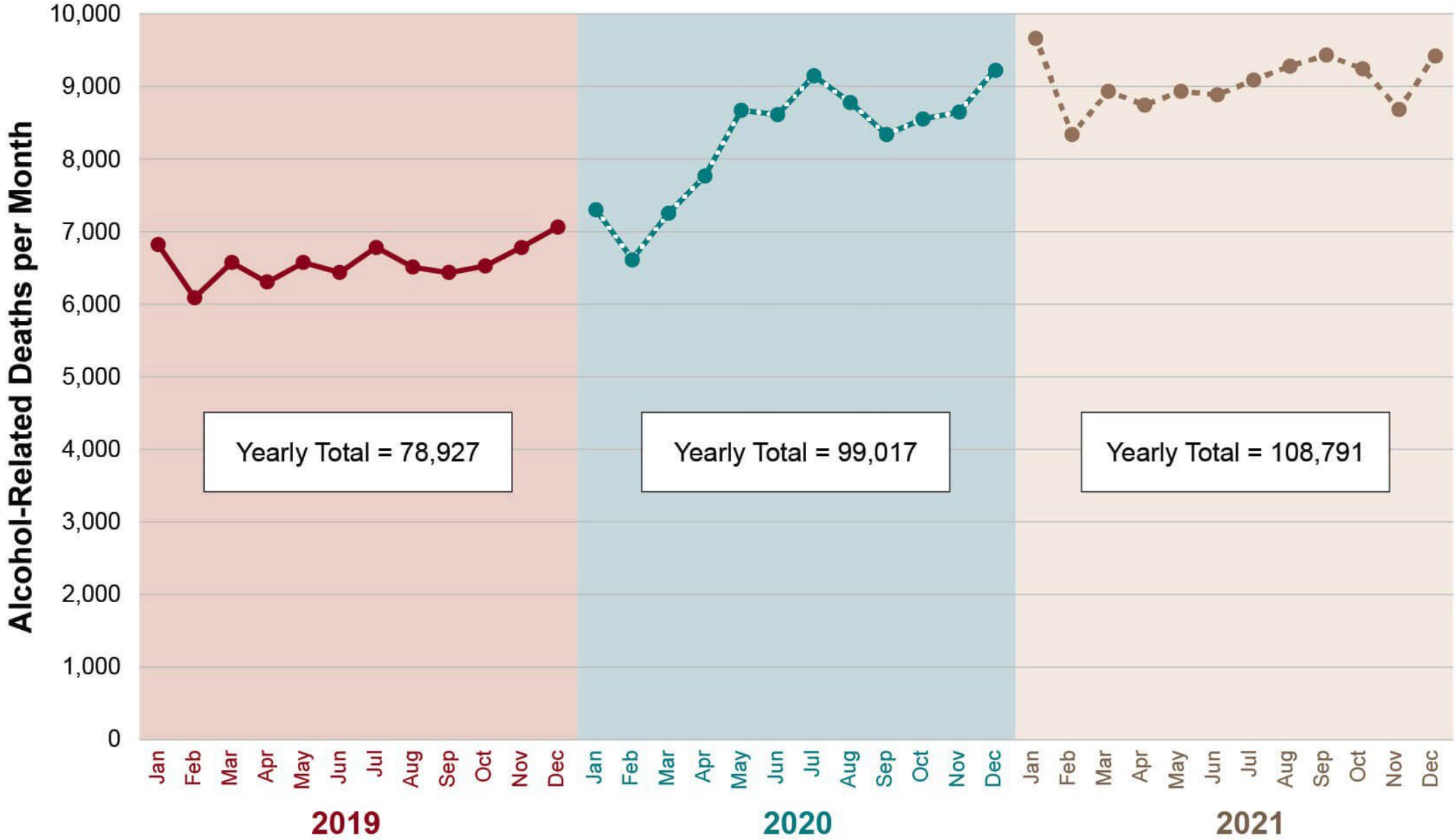
INCREASE IN DEATHS, ALL AGES, 2007-2017

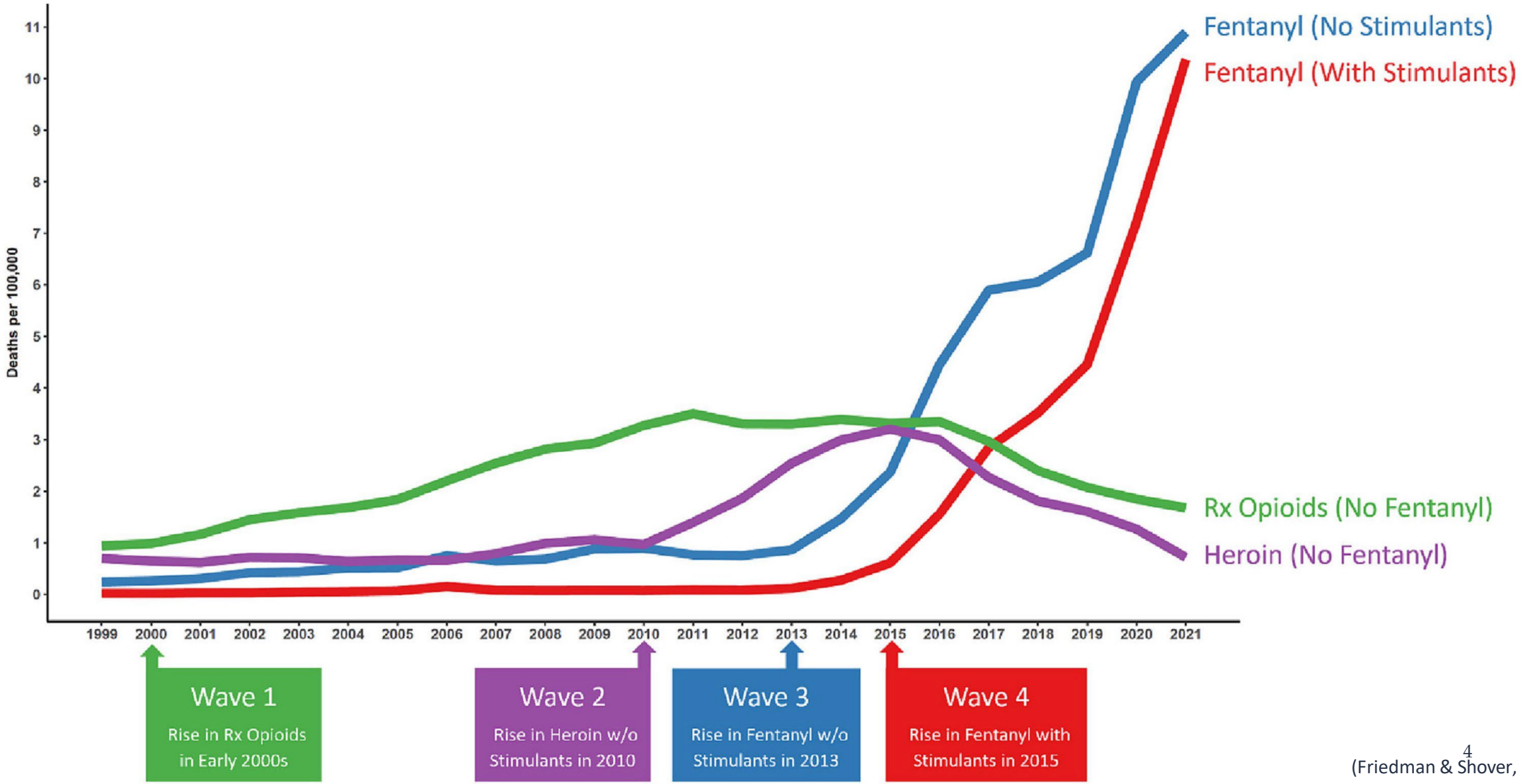
15%-30% 31%-40% 41%-50% 51%-106%

SOURCE Institute for Health Metrics and Evaluation, University of Washington; GRAPHIC George Petras/USA TODAY

USA TODAY NETWORK

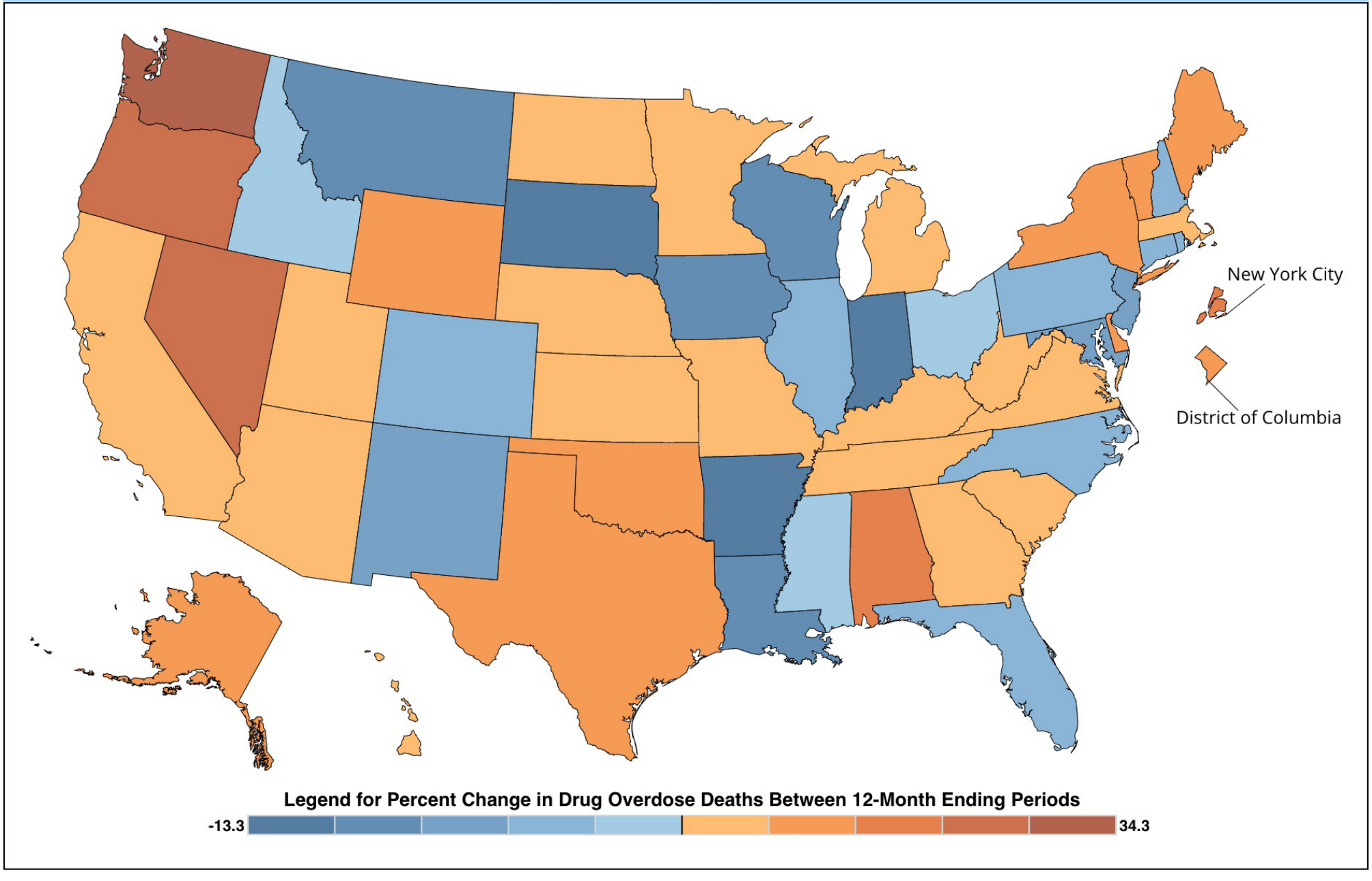
Increase in Alcohol-Related Deaths During the COVID-19 Pandemic





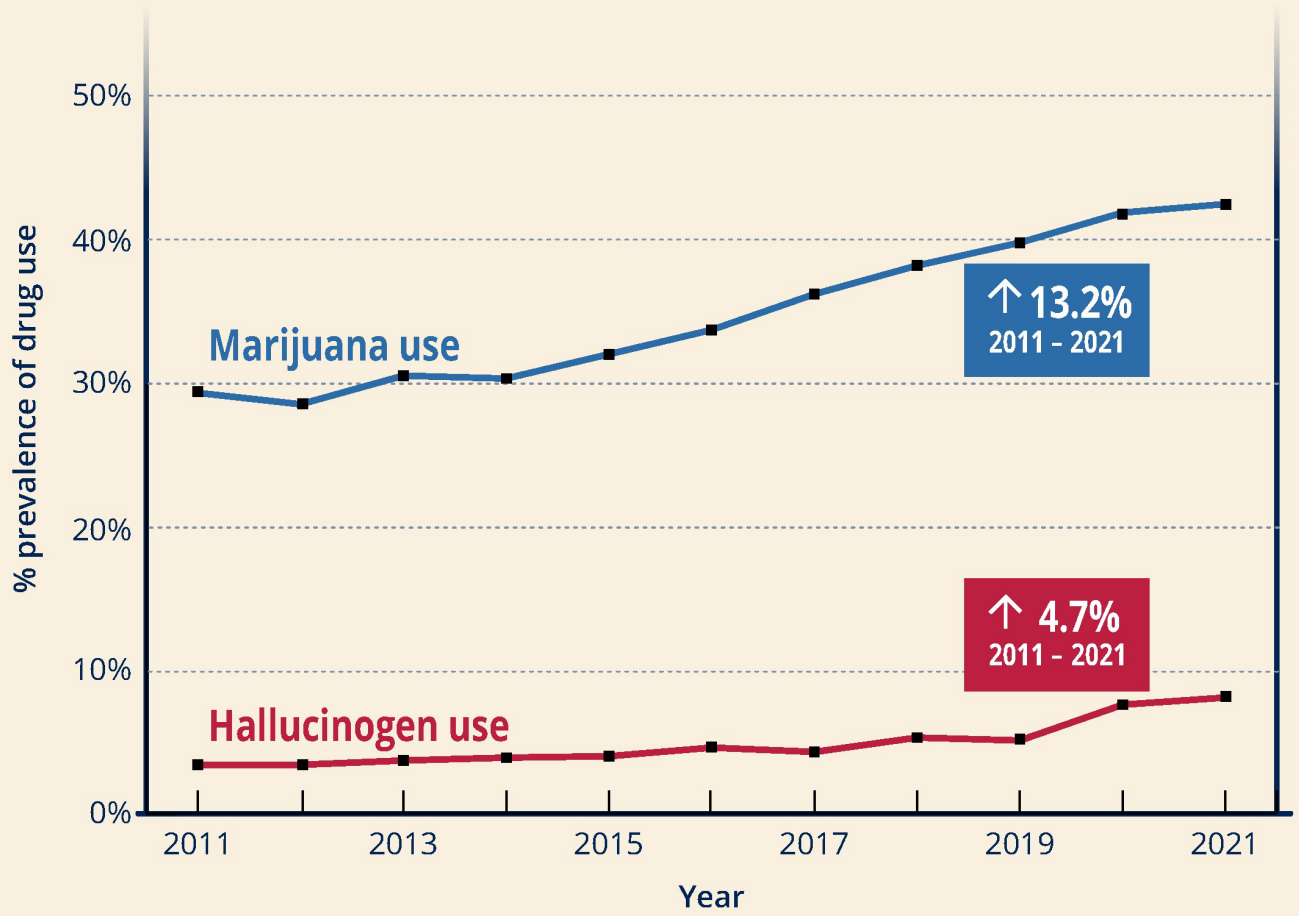
(Friedman & Shover, 2023)

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: April 2022 to April 2023



(CDC, 2023)

Historic Highs in Past-Year Marijuana and Hallucinogen Use Among Young Adults (Ages 19-30) in 2021



Source: 2021 Monitoring the Future Panel Survey

NIH National Institute on Drug Abuse

nida.nih.gov

(NIH, 2022)

Behavior is **purpose-driven**, even if seems counter-productive

Unhealthy Coping Comes from Discomfort

Fury
Clinical Depression
Panic Attacks
Chronic Anxiety

Nervous Tics
Addictive Behaviors
Eating Disorders
Hoarding
Compulsions

Phobias/Avoidance
Snapping at Others
Unhealthy Relationships
Self-Destructive Behavior
Isolation

Addiction is a health concern with **biological**, **psychological**, and **social** components

Biological Factors

- Chronic use ➔ chemical adaptation (tolerance)
- After adapting, if the substance is removed the body takes time to return to baseline (withdrawal)
- Impacts rewards pathways to reinforce drug use and disincentivize other activities
- Reduced utilization of healthcare services

(Volkow & Morales, 2015) (Murphy et al., 2021)

Psychological

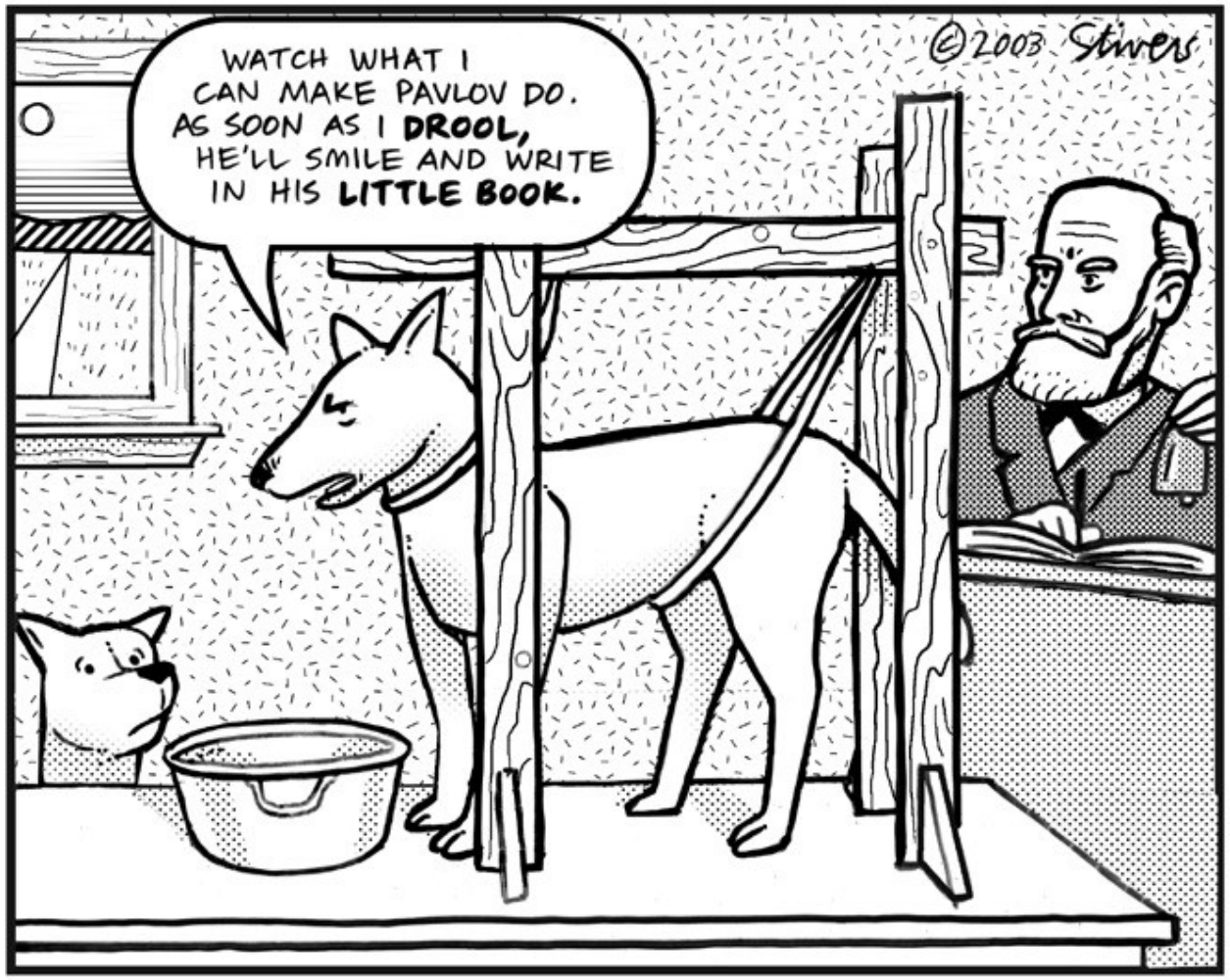
- Maladaptive coping

I feel bad

=

Addictive behavior

- Triggers & cravings
- Experiential avoidance
- Conditioned habits



Social

- Support network changes
  - Friends who mirror you
    - Behavior promotion
  - Distance from those who choose a different path
    - Fewer healthy supports
- Possible concern-driven “enabling” cycles
- Substance-centric lifestyle
- Enhanced life stressors

Stigma and Addiction

- Addiction is a highly stigmatized condition
  - …why should it be, factually?
  - One theory: others take the behavior personally
- We have pejorative words for the population
  - “Addict,” “junkie,” “dirty” (vs. “clean”)
- We have violent terms for the act of using
  - “Drug abuse”, “shoot up”
- We arrest, and sometimes incarcerate, individuals for exhibiting symptoms
- Do we treat society like a crime? A moral failing? A simple choice? Or a complex medical/behavioral problem?

Why does stigma matter?

- Stigma harms the psychological well-being of users
  - More so than for other behavioral health
- Stigma generates shame and decreases the chance someone asks for help
  - May increase overdose risk
- Stigma impacts our legal system, our medical system, and our legislative system
  - Individuals in this population often cannot advocate for themselves

(Kulesza et al., 2014) (Wakeman & Rich, 2018)

Language – What can we do?

- Use person-first language
  - Someone **has an addiction**, is **not an addict**
  - Someone **has an alcohol problem or struggles with alcoholism**, is **not an alcoholic.**
    - We are not defined by a disease we have
  - Commonplace in most other parts of medical and behavioral healthcare
- This can be a challenging shift
  - Clients may choose to self-identify
    - What's good for the goose may not be good for the gander
      - But that doesn't mean the goose can't do it!

(NIH, 2021)

Language – What can we do?

- Eliminate the word “abuse”
  - Shown to increase stigmatizing attitudes, even in clinicians(!)
    - Viewed as more personally culpable and deserving of punitive action (rather than therapeutic action)
- Eliminate “clean” and “dirty” from dialogue with clinicians and patients
  - Not medical terminology – there are no “dirty” mammograms
  - In this context, “clean” is referential to “dirty”
  - Urine drug screens are positive or negative

(Kelly & Westerhoff, 2010) (NIH, 2021)

Biopsychosocial factors combined
=
Entrenched problem

So, what can we do?

Is changing substance use a goal?

Motivation: Are substances a problem?

1. Purpose
2. Control
3. Consequences
4. Quantity / Type

Treatment - Biological Factors

- Reduction/cessation of SUD behaviors
  - In alignment with client's personal goals for change
- Consider psychiatric medications if indicated
  - Or access restrictions, if warranted
- Stabilize physical health
  - Connect with primary care
    - Preventative care, blood work, etc.
    - Manage chronic illnesses
  - Sleep, nutrition, exercise
- Evaluate MAT options for treatment

Medications for AUD

- Only about 10% of individuals with AUD receive medication
- **Disulfiram**
  - Vomiting, hard boundary
- **Naltrexone**
  - Craving reduction, heavy drinking reduction
- **Acamprosate**
  - Craving reduction, no hepatic complications
- Other off-label options available

TABLE 3. Comparison of Medications for Alcohol Use Disorder[a]

Medication	Precautions	Additional indications
FDA-approved pharmacotherapy		
Acamprosate	Renal impairment	
	Hypercalcemia	
Naltrexone	Liver disease	Opioid use disorder
	Active opioid use	Binge-eating disorder (in combination with bupropion)[c]
Disulfiram	Liver disease	Stimulant abuse[c]
	Active alcohol use	
	Psychosis	
	Cardiovascular disease	
Non-FDA–approved pharmacotherapy		
Nalmefene	Active opioid use	
	Liver disease	
	Renal impairment	
Gabapentin	Renal impairment	Peripheral neuropathy
	Potential for abuse	Seizure disorder
		Restless leg syndrome
		Anxiety[c]
		Cannabis use disorder[c]
		Alcohol withdrawal[c]
Topiramate	Liver disease	Migraine prophylaxis
	Renal impairment	Seizure disorder
	Pregnancy (may cause fetal harm)	Binge-eating disorder[c]
Baclofen	Renal impairment	Muscle spasm
Ondansetron	QTc prolongation	Nausea
	Serotonin syndrome	

(Fairbanks et al., 2020)

Medications for OUD

- **Buprenorphine + Naloxone**
  - Partial agonist, long-half life; less physical dependence, easier taper
  - Naloxone induces withdrawal when injected; lower overdose & mortality rates than methadone
  - Higher dropout rate than with methadone
- **Methadone**
  - Full agonist, long half-life
  - Most established opioid substitute
  - Generally requires daily or frequent clinic visits
- Comparable efficacy for both substances
- Buprenorphine sometimes preferred for safety and ease of use

(Dennis et al., 2014) (Soyka, 2015) (Degenhardt et al., 2023)

Naltrexone

- Opioid antagonist, non-narcotic
- Less intense treatment
- Requires 7 days without opioids to initiate
  - However, low-dose liquid formulations offer a direct option
- Oral or depo injection (28-day extended release)
- Impacts reward system – also used for alcohol use disorder, and off-label for eating disorders, gambling and self-harming behaviors

(Bell & Strang, 2020)

Treatment – Psychological Factors

- Coping skills for
  - Cravings
  - Strong emotions
  - Psychiatric diagnoses
- Education regarding nature of addiction & recovery, how to navigate common challenges
  - Triggers and exposure to cues
  - Time management and lifestyle adjustment
  - Values and goals clarification
  - Stigma, shame, and self-concept
- Overall: Build internal resilience: thoughts, feelings, and behavior

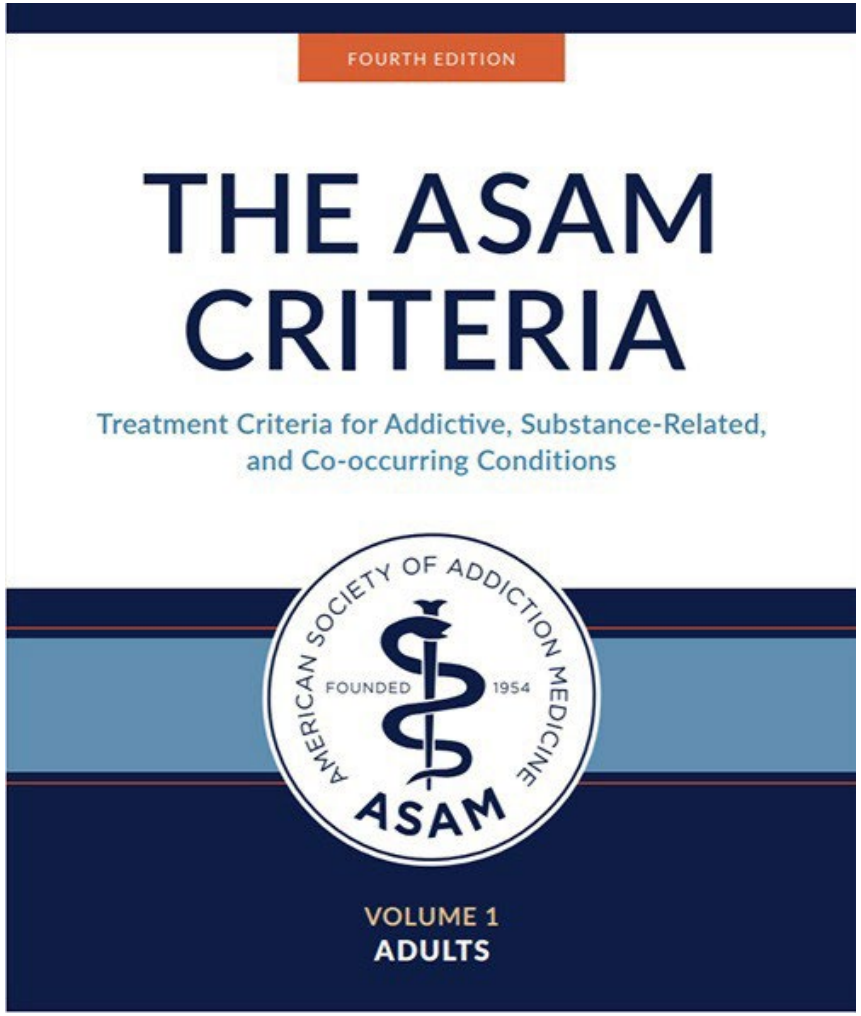
Treatment – Social Factors

- Develop healthy support structure
  - Ascertain healthy vs unhealthy people
  - Learn to set adaptive boundaries
    - Refusal skills
  - Develop a healthy support network
    - Entry into new social circles, make new connections
- Engage with peer support groups
  - Common factors are impactful across modalities
- Resolve critical gaps in social determinants of health (or connect to outside resources)
- <u>Connection is protective</u>
- Overall: Build external supports

(Zemore et al., 2018) (Rettie et al., 2021)

When to refer for specialty care?

- What's the risk for harm?
- What's the trajectory?
- Willingness to participate?
- Treatment engagement is an established protective factor



(Hazelden, 2023)

Referral Guidelines

- Treatment recommendation should account for underlying cause as well as use itself
- Matching modality to the individual is important
- Treatment Options
  - Outpatient
    - Individual therapist, IOP, PHP
  - Inpatient
    - Residential
- Watch for accreditation
  - Joint Commission, CARF, COA

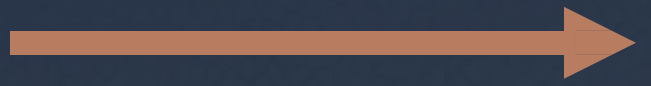
Summary

- Addiction is a self-reinforcing and maladaptive coping behavior
- Addiction has biological, psychological, and social components
- Each facet impacts clients in specific ways…
  - …and can be addressed by separate components of a treatment plan
- Focus on…
  - Working (or assembling!) a treatment team to address physiological needs
  - Build up healthy coping strategies to replace maladaptive ones
  - Identification with and integration into healthy social support structures
- Know when, where, and how to refer to higher levels of care

Thank You!

Aaron Weiner, PhD
aaron@weinerphd.com
www.weinerphd.com

Quarterly Newsletter



Behavioral Health Awareness Series

If you are an Evernorth or Cigna customer and have questions about Substance Use treatment or about your benefits and how to use them, please contact:

Stephanie Gissal - 800.274.7603 x398516
Wanda Russell – 800.274.7603 x342063
Kari Mack – 800.274.7603 x1034994
Jordan Nielsen – 800.274.7603 x382620