

Reduction in Substance Use
and Improved
Quality of Life:
A Harm Reduction Approach to
Treatment of Substance Use Disorders

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Case Study

- 22 year old single, Caucasian male
- Prescription drug abuse since age 18
- Progressed to IV heroin by age 19
- Use despite devastating consequences



Case Study

- Seeks treatment for the first time
- Reimbursement is a problem (opioid withdrawal does not need to be medically monitored)
- Relapses within 3 months
- Contracts Hepatitis C

Case Study

- Engaging in high risk use
- Near fatal overdoses
- Legal problems
- Depression/Hopelessness
- Unable to stop



SOCIAL REJECTION

LEGAL CHARGES

HOMELESSNESS

OCCUPATIONAL PROBLEMS

SELF HATRED

FINANCIAL ISSUES

ADDICTION

HEALTH PROBLEMS

LOSS OF RELATIONSHIPS

What is Addiction?



- Chronic disease of the brain
- Has biological, psychological, social, and spiritual manifestations
- Pathologically pursuing reward/relief

What is Addiction?

- Inability to abstain
- Impairment in behavioral control
- Craving
- Diminished recognition of consequences
- Involves cycles of relapse and remission
- Can be fatal

Psychiatric Illness

- 47% of people with psychiatric illness have comorbid SUD
- It can take several months to years to return to normal functioning



Housing First

- Housing is an important factor in achieving and maintaining health
- Contingent eligibility
- Unlimited length of stay is recommended



Predictors of Success



- Employment status at follow-up
- Family support
- AA/NA attendance

Employment

- Relationship between employment and sobriety is critical
- Vocational rehabilitation referrals
- Counselors may need to stay involved even after the client is placed on the job

Quality of Life-Opioids

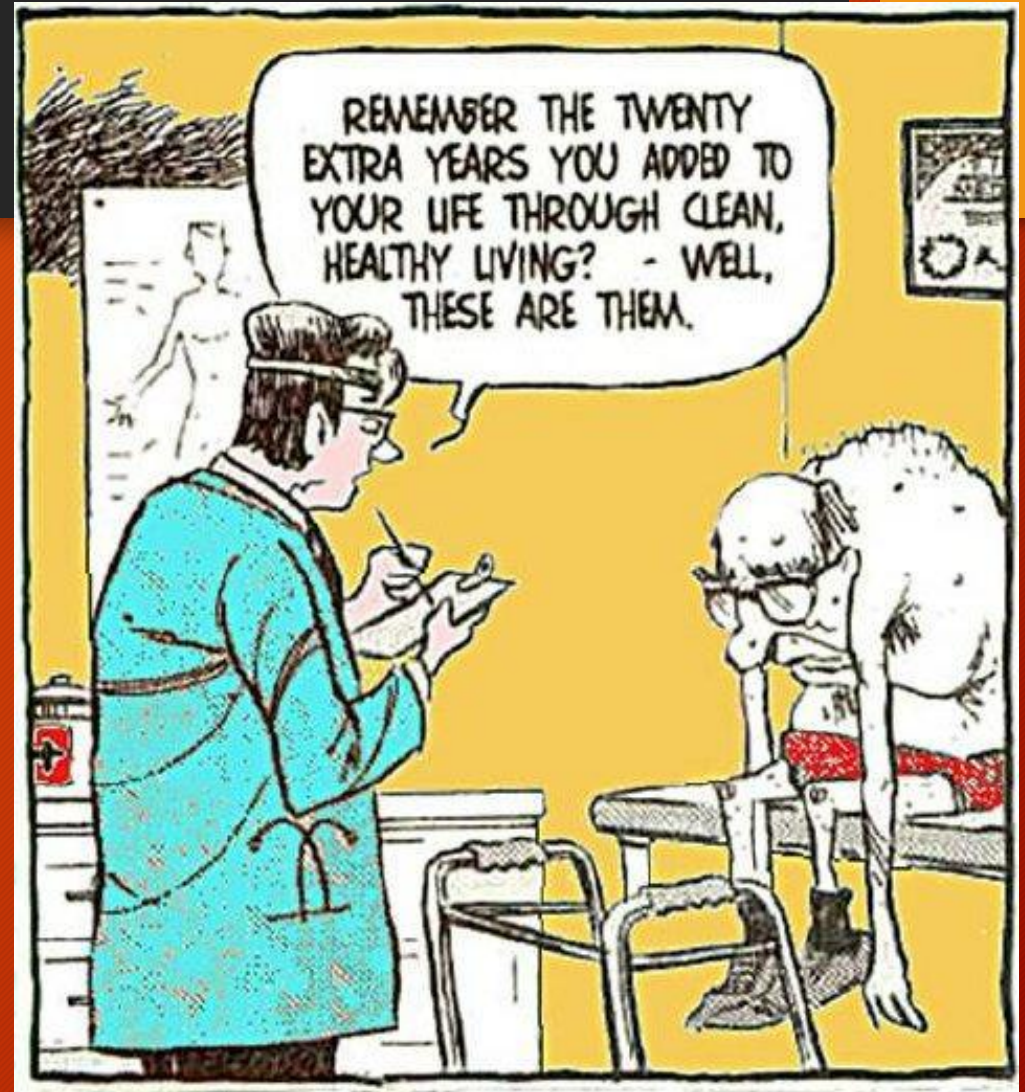
- Opioid use and abuse associated with poorer QoL
- OST shown to improve QoL
- OST improved ALL components of QoL
 - Physical health
 - HIV risk behavior
 - Street heroin use
 - Days involved in crime
- Some studies have shown poorer QoL after abstinence particularly >6 months

QoL-Dual Diagnosis/Polysubstance Use

- Heavy substance use associated with poorer social functioning
- Dual diagnosis have poorer QoL in both physical and psychological domains
- Psychiatric disorder needs to be treated concomitantly

Quality of Life

- Contact with a sponsor
- Attendance at AA/NA meetings
- Family counseling
- Friends in recovery and are employed
- Severity of drug use
- Educational level



Recommendations

- Integrated Vocational Rehabilitation
- Teach basic Employment Skills
- Emphasize the importance of including family members
- Information regarding the role of the sponsor
- Accessible self help groups such as AA/NA
- Additional services related to aftercare
- Funding for treatment services

Cost of Substance Use Disorders



- Crime
- Health care costs
- Loss of productivity
- \$700/billion annually

Epidemiology

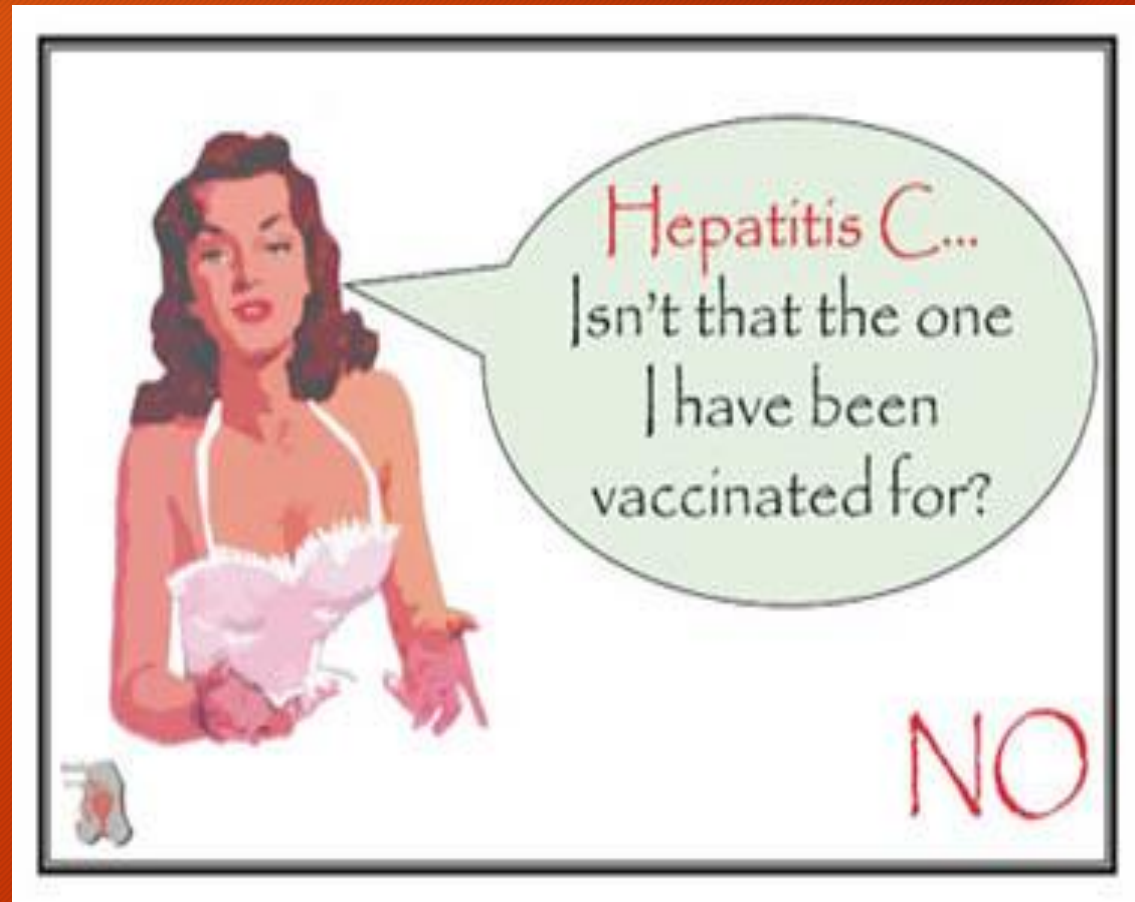
- 200-500 million lifetime users
- \$712 billion cost to US Society (NIDA)
 - Illicit drugs: \$193 billion
 - Tobacco: \$295 billion
 - Alcohol \$224 billion
 - Diabetes \$245 billion
 - Cancer \$207 billion
- Prescription drug abuse (10.2%)

Co-Morbid Health Concerns

- Infectious Diseases
- Cardiovascular
- Psychiatric problems
- Neuropathy
- Hepatic
- Metabolic
- Cirrhosis

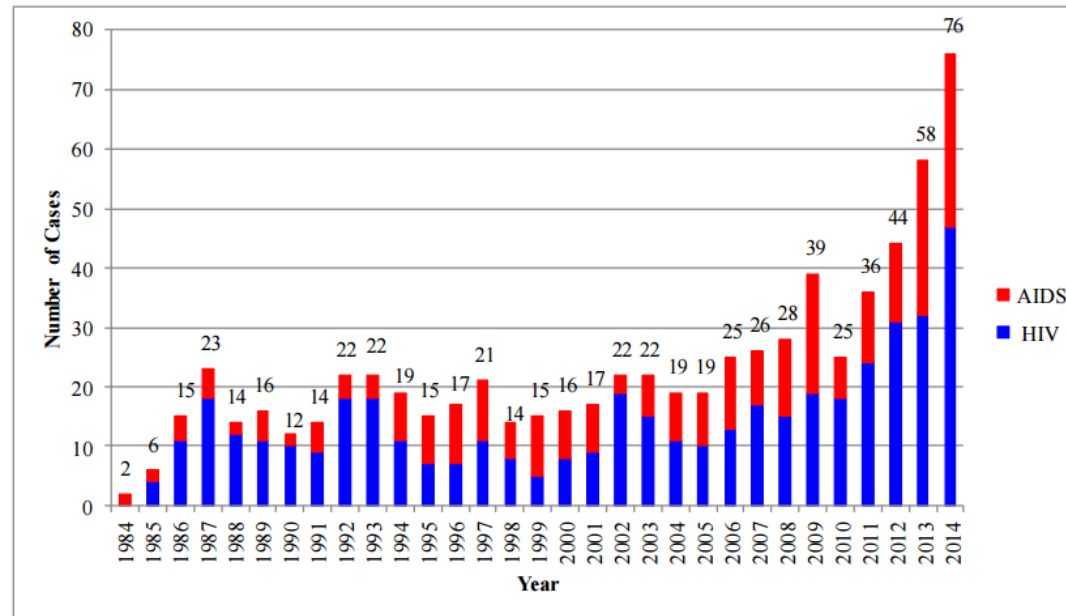
Infections

- HIV: 33 million worldwide
- Hepatitis B: 300 million
- Hepatitis C: 170 million



HIV/AIDS 1984-2014 in ND

Figure 31: HIV/AIDS diagnosed in North Dakota and HIV/AIDS previously diagnosed in other states by year. 1984-2014

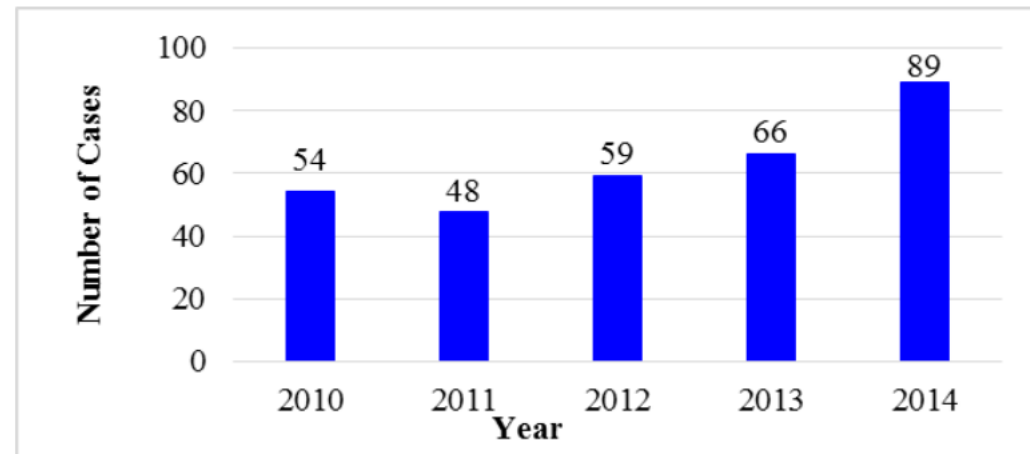


HIV/AIDS

- 26 new cases in 2014 reported to NDDoH
- 5 cases advanced enough to meet definition for AIDS at time of diagnosis
- 80% of new cases in U.S. were male
- No data about comorbid SUD

Hepatitis B 2010-2014 in ND

Figure 47: Reported Chronic HBV Cases by Year, North Dakota, 2010-2014

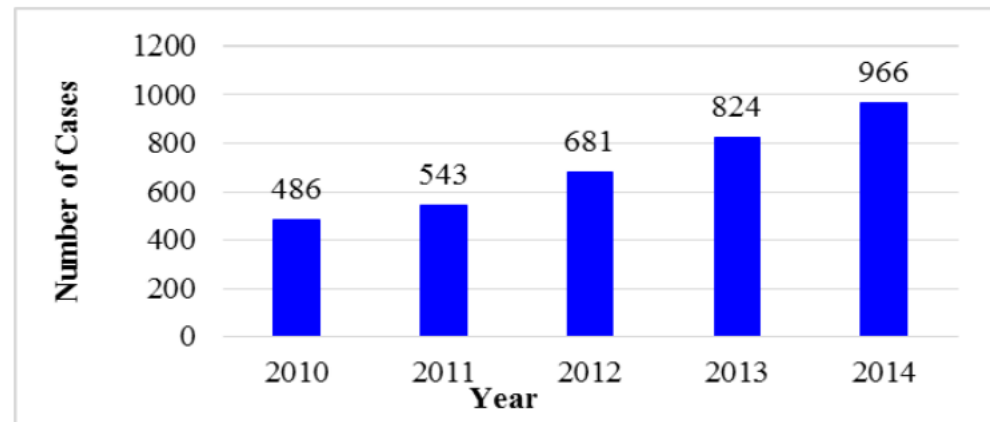


Hepatitis B 2010-2014 in ND

- In 2014, 89 cases of chronic HBV infection were reported from 13 counties in North Dakota
- This represents a 35 percent increase from the 66 cases reported in 2013

Hepatitis C 2010-2014 in ND

Figure 49: Reported HCV Cases by Year, North Dakota, 2010-2014



Hepatitis C 2010-2014 in ND

- Predominantly young people
- 50% less than 36 years old
- Epidemic nationally <30 year olds
- Mainly IV drug users

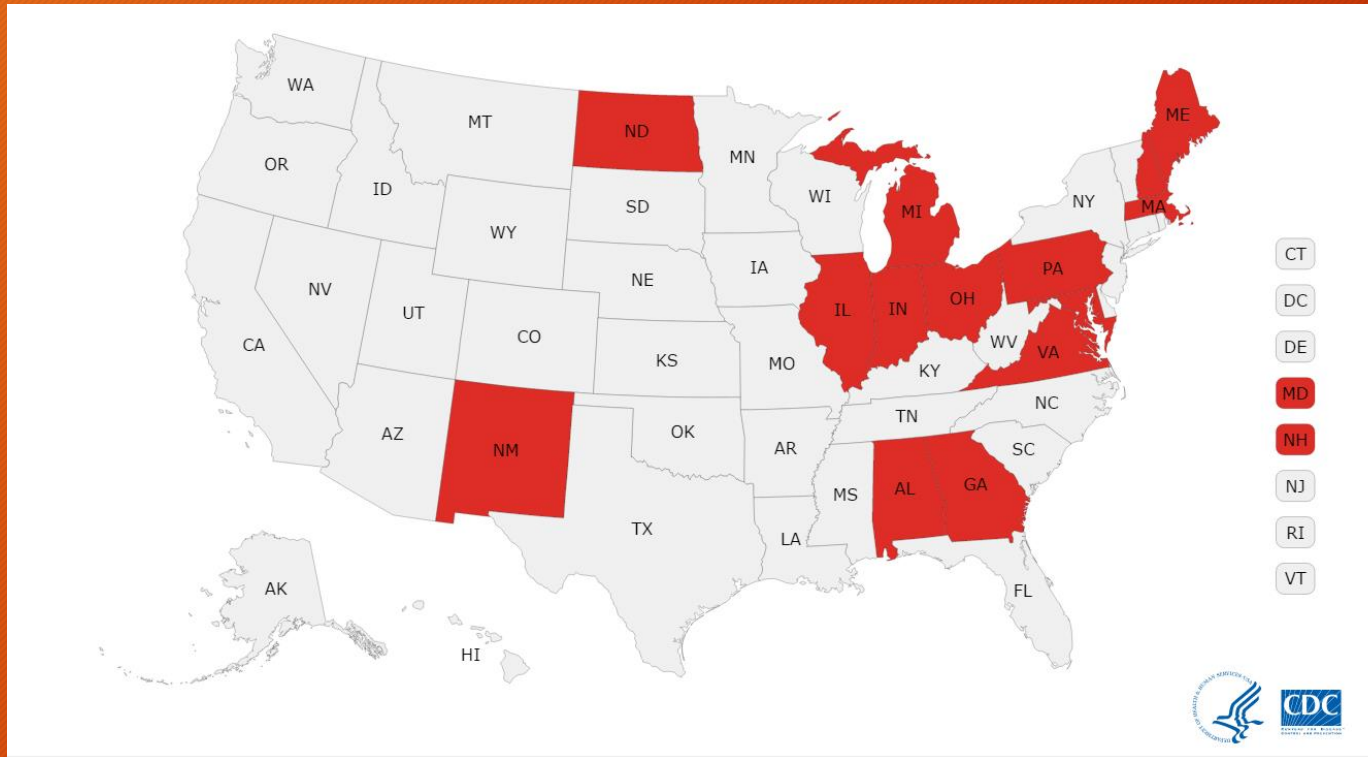
Hepatitis C in ND

- In 2014, the NDDoH received 966 reports of newly identified cases as having a positive laboratory result that indicates past or present HCV infection, a 17 percent increase from the 824 cases reported in 2013

Opioid Overdose

- One American dies every 20 minutes of opioid overdose
- Fatal opioid overdose does not discriminate
- For every unintentional overdose death related to an opioid analgesic nine people are admitted for substance abuse treatment, 35 visit emergency departments, 161 report drug abuse, and 461 report nonmedical uses of opioid analgesics

Increase in Overdose Death Rates 2013-2014



Opioid Overdose

- Primary prevention
- Increase access to treatment
- Widespread distribution to naloxone
- Legislation to increase bystander assistance during overdose

Prevention

- We must intervene early, particularly with patient that have a known genetic loading for SUD
- Safe storage and disposal
- Proper disposal of opioid medications
- Use of PDMP
- Some counties have implemented a needle exchange program (controversial)

Stigma

- Junkie
- Crackhead
- Drunk
- Stoner
- Tweaker
- These words all reflect a moral judgment and a source of shame for the patient

Stigma

- Persons with substance use disorders are our patients that need treatment
- Addiction is associated with shame and self-hatred
- We must put an end to the stigma associated with the disease of addiction

Stigma

- Drug use is associated with serious health consequences
- Mandated wait to seek treatment for some health consequences
- Reducing drug use will reduce consequence and improve health
- Is abstinence the best approach for every patient?

Harm Reduction Approach

- Emphasizing public health and human rights
- Harm reduction programs provide essential health information and services while respecting individual dignity and autonomy
- Accepts, for better and or worse, that illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

Harm Reduction Approach

- Meet persons with SUD “where they are at”
- Improves the health and reduces the consequences of drug use
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use

Harm Reduction Approach

- Harm reduction is a public health strategy that was developed initially for adults with substance abuse problems for whom abstinence was not feasible
- Harm reduction approaches have been effective in reducing morbidity and mortality in these adult populations.

Harm Reduction Approach



- Teen pregnancy reduction
- STI education
- Risky alcohol use

Approaches

- Discourage the behavior altogether
- Reduce the incidence of the behavior
- Educate about harmful consequences of the behavior

Screening

- Screen for high risk behaviors
- Ask about symptoms of co-morbid psychiatric conditions to ensure access to treatment
- Educate about MAT
- Stigmatizing patients helps NO ONE

Goal

- Identify beneficial health outcomes associated with reduced levels of drug use
- Educate regarding strategies that can minimize or eliminate consequences of drug use

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