REDUCING THE STIGMA OF OPIOID ADDICTION AMONG PERINATAL WOMEN

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• The Opioid Crisis
• Breaking the Stigma
• Neurobiology of Opioid Addiction
• Treatment of Opioid Addiction
• Opioid Addiction and Pregnancy
OPIOID OVERDOSE DEATHS

CDC DATA

- Heroin
- Opioid analgesics
THE COUNTDOWN CONTINUES

Opioid overdose deaths:

• 2014 – one person every 19 minutes
• 2015 – one person every 16 minutes
• 2016 – one person every 13 minutes
• 2017 – expected to follow the trend

WHY ARE WE FAILING TO SLOW/REVERSE THE CLOCK?
NIH CONSENSUS STATEMENT

“Many of the barriers to effective use of MMT (methadone maintenance treatment) in the treatment of opiate dependence stem from misperceptions and stigmas attached to opiate dependence, the people who are addicted, the people who treat them, and the settings in which services are provided…”
Among the recommendations:

“Vigorous and effective leadership is needed within the Office of National Drug Control (ONDC) (and related Federal and State agencies) to inform the public that dependence is a medical disorder that can be effectively treated with significant benefits for the patient and society.”

OPIOID OVERDOSE DEATHS
CDC DATA

heroin
opioid analgesics
REDUCING STIGMA THROUGH EDUCATION AND UNDERSTANDING

Barriers to education
- Failure to recognize knowledge deficit
- Poor dissemination of information

Barriers to understanding
- Assimilation vs accommodation
KEY POINTS TO UNDERSTANDING OPIOID ADDICTION

1. There is a strong genetic component to opioid addiction.
2. Addiction is not under voluntary control.
3. The addicted brain is not a rational brain.
4. Opioid addiction is a treatable medical condition.
THERE IS A STRONG GENETIC COMPONENT TO OPIOID ADDICTION

Genetic factors contribute 40 to 70 percent of the relative risk of addiction development.

THERE IS A STRONG GENETIC COMPONENT TO OPIOID ADDICTION (CONT.)

- Those who feel energized by hydrocodone do not realize this is not what most people experience.
- This response suggests that they may carry a genetic variant that produces a magnified chemical signal that initiates neurological changes in the brain.
- Physicians do not know to warn patients that feeling energized is not normal and can indicate predisposition to neurological changes/addiction.
ADDICTION IS NOT UNDER VOLUNTARY CONTROL

- Neural restructuring is not under voluntary control, but it is what drives addictive behavior.
- Addiction is not a moral failing, it is:
  - A neurobiological process
  - A medical disorder
  - Treatable
THE ADDICTED BRAIN IS NOT A RATIONAL BRAIN

- Limbic pathways are activated
- Impulse control is limited
- This is not under voluntary control

BUT ADDICTION IS A BEHAVIOR, AND TREATMENT OF THE DISORDER STABILIZES THE AREAS DRIVING ADDICTION. UNDER APPROPRIATE TREATMENT, THE PERSON IS DEPENDENT, BUT NO LONGER ADDICTED.
OPIOID ADDICTION IS A TREATABLE MEDICAL CONDITION

For over 50 years, medication-assisted treatment (MAT) programs (counseling plus medication) have been the medical standard of care for treating opioid addiction. Methadone treatment started in the 1960s, buprenorphine is a slightly more recent addition.

WHAT ABOUT THE PREGNANT PATIENT?

• Medication-assisted treatment with methadone is the standard of care for opioid use disorder in pregnancy. (Buprenorphine is now also approved).

• Most admissions of pregnant women for opioid addiction treatment (66-76%) did not include medication-assisted-treatment.


• Why Not?
BARRIERS TO MAT & SEEKING MAT

- Lack of education/understanding re MAT
- Stigma/judgement
  - Of being addicted
  - About methadone
- Fear of losing child
- Lack of access
- Lack of support
- Difficulty organizing behavior
WHY MAT DURING PREGNANCY?

Compared to those in MMT, untreated opioid addiction in pregnancy results in increases in: non-opioid illicit drug use by the mother, poor prenatal care, spontaneous abortion, preterm complications, infant mortality, NAS, and developmental problems. It also results in a six-fold increase in maternal obstetric complications, and a 74-fold increased risk of sudden infant death syndrome.

Minozzi, S, Amato, L & Davoli, M  Maintenance agonist treatments for opiate dependent pregnant women . 2008 Cochrane Database of Systematic Reviews Issue 2., Art. No.: CD006318. DOI: 10.1002/14651858.CD006318.pub2
REDUCE BARRIERS - SHARE KNOWLEDGE, UNDERSTANDING. SAVE LIVES, SAVE BABIES.

- Opioid addiction is not a moral failing, it is:
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  - A medical disorder
  - Treatable

- Methadone and buprenorphine:
  - Are medications, not drugs
  - They allow the brain to restructure/recover