### Science of Addiction

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June 12, 2023





## Working with communities.

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ♦ Technical assistance is available to support the evidencebased prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79Tl085588 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



### Working with communities.

- The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ♦ ORN accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



# Contact the Opioid Response Network

- To ask questions or submit a request for technical assistance:
  - Visit <u>www.OpioidResponseNetwork.org</u>
  - Email orn@aaap.org
  - Call 401-270-5900



### Presenter Bio – Jennifer Mathis MD

Jennifer is the Medical Director for Addiction Medicine Services, Northeastern Health System. Jennifer completed her Fellowship in Addiction Medicine at the University of Arizona-Phoenix campus. Where she focused on improvement of care systems concerning patients with benzodiazepine resistant alcohol withdrawal in hospital settings. She was one of the first Family Medicine physicians in Oklahoma to complete the stringent Certification for Focused Practice in Hospital Medicine. She completed her residency in Family Medicine in Columbia, SC and is a proud graduate of the University of Oklahoma College of Medicine.

Jennifer is an expert developing systems of care for rural addiction medicine. She is one of the first physicians to bring advanced addiction treatment to Northeastern Oklahoma. She excels at diagnosis, treatment and evaluation of patients suffering from addictions for the entire care continuum from primary prevention and community engagement to outpatient clinic management to care of the most critically ill patients in withdrawal. She is a frequent lecturer on subjects such as adverse childhood experiences in relation to addiction, addiction as a learned response, inpatient management of severe alcohol withdrawal, and has a particular interest in mindfulness and burnout prevention in the health care workforce. She has dedicated her career to working with rural, underserved, Native American populations.



## Presenter Bio – Jason Ballew, MD

Jason is the Medical Director for Opioid Treatment Services at Northeastern Health System, Tahlequah, OK. He is a fellowship-trained Addiction Medicine physician. He is a PCSS approve MAT waiver trainer, and is the Medical Director for Cherokee County Health Services Council naloxone distribution. He practiced Emergency Medicine and provided Addiction Medicine education at Whiteriver Indian Hospital on the White Mountain Apache Reservation, AZ during the Covid-19 pandemic.

He was the first Emergency Medicine Boarded Physician in Tahlequah, Ok and took on leadership roles as the medical director for the Emergency Department at Northeastern Health System, Tahlequah, OK, and Medical Director for Emergency Medical Services for Northeastern Health System, Tahlequah OK, and Medical Director for Emergency Medical Services, Westville, OK. He developed a multi county system of care for patients suffering from cardiovascular injury and updated multiple EMS agency protocols to bring cutting edge prehospital care to rural Oklahoma.

He is an Oklahoma state certified child abuse medical examiner. He served as an adjunct faculty position with Oklahoma State University College of Medicine and was the liaison for Family Medicine and Internal Medicine residents during their Emergency Medicine rotations at Northeastern Health System, Tahlequah, OK. He lectures frequently on the topic of Addiction Medicine to professional colleagues and the public.



# Learning Objectives

- Describe the key psychological processes involved in addiction and its treatment
- Cite the 3 phases of addiction
- Describe how medical and behavioral interventions decrease substance use.



### TRIGGER WARNING

The content of this presentation may create a strong emotional response in some individuals.

It's ok to ask for help!



# Addiction is a Conditioned Response



#### **Operant Conditioning**

Specific consequences are associated with a voluntary behavior

Rewards introduced to increase a behavior

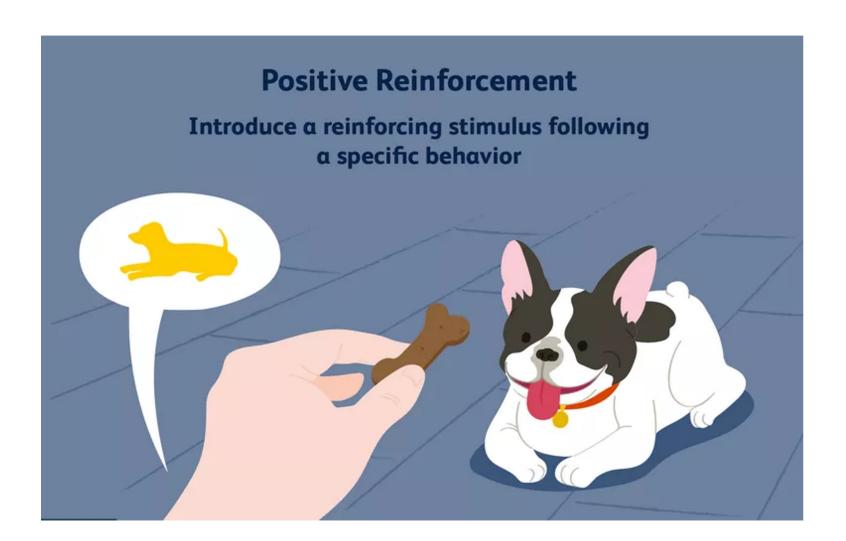


Punishment introduced to decrease a behavior









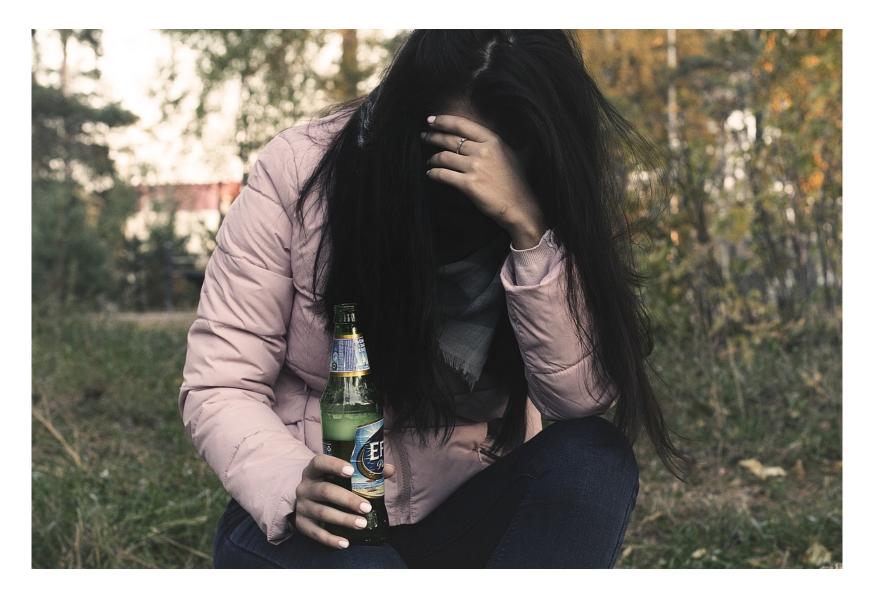








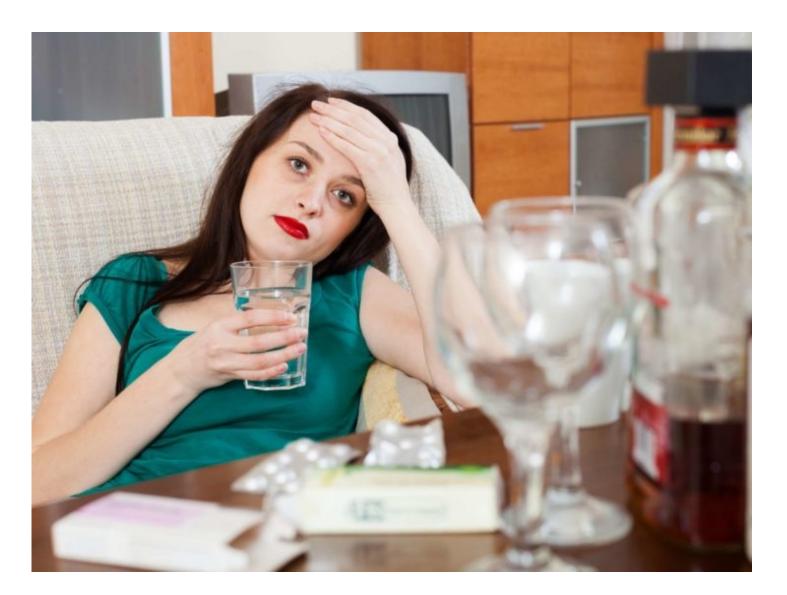














### References



Brief Interventions and Brief Therapies for Substance Abuse. Treatment Improvement Protocol (TIP) Series, No. 34. Center for Substance Abuse Treatment. Rockville (MD): <u>Substance Abuse and Mental Health Services Administration (US)</u>; 1999.

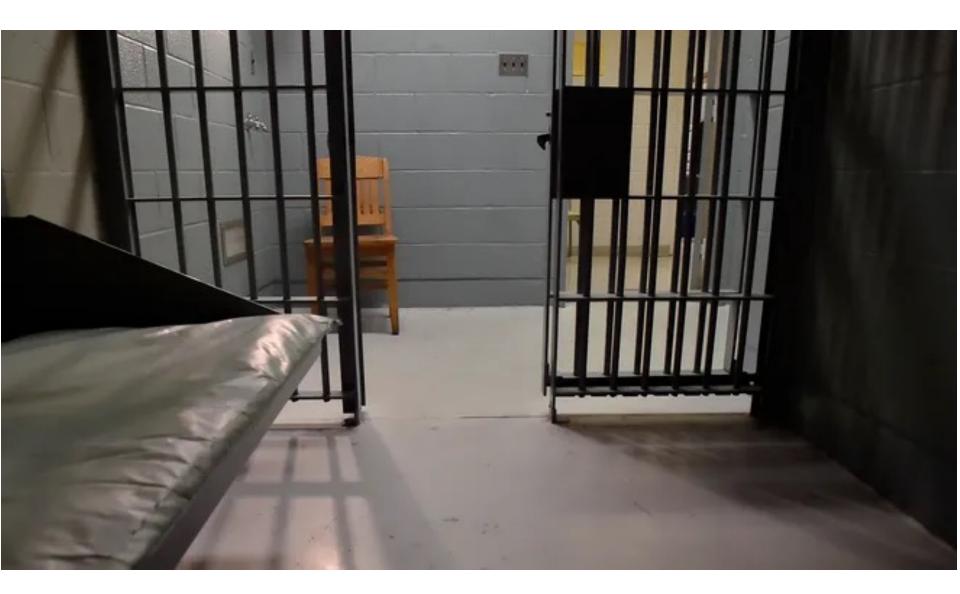


### **Negative Punishment**



Taking something good or desirable away to reduce the occurrence of a behavior.







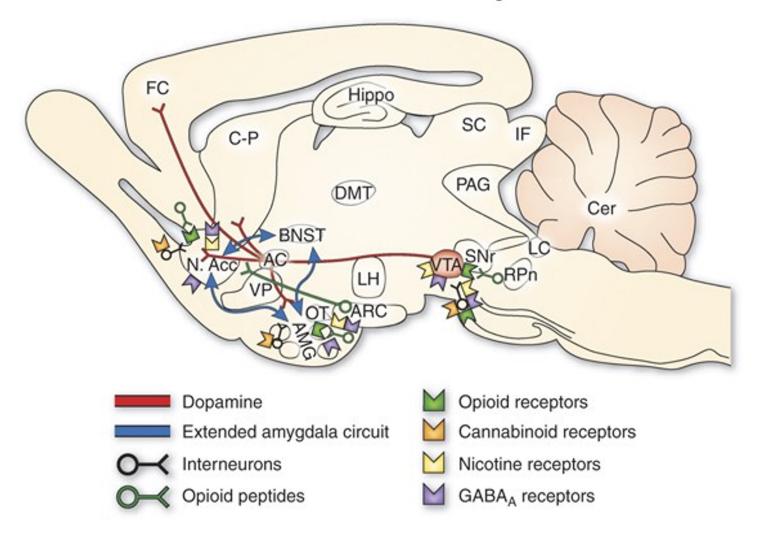
# WHAT IS ADDICTION IN THE BRAIN?

Addiction is a chronically relapsing disorder characterized by:

- Compulsion to seek and take the drug
- Loss of control in limiting intake
- Emergence of a negative emotional state when access to the drug is prevented.



#### Neurochemical neurocircuits in drug reward

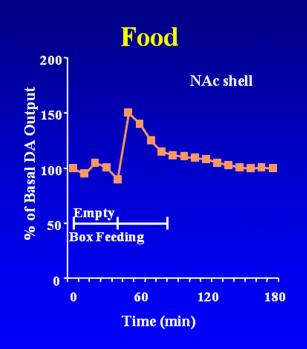


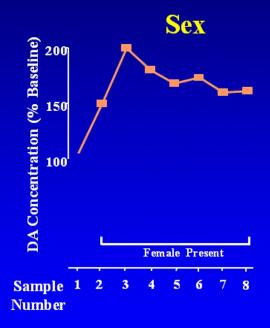




# Why is dopamine important?

# Natural Rewards Elevate Dopamine Levels





Di Chiara et al., Neuroscience, 1999., Fiorino and Phillips, J. Neuroscience, 1997.



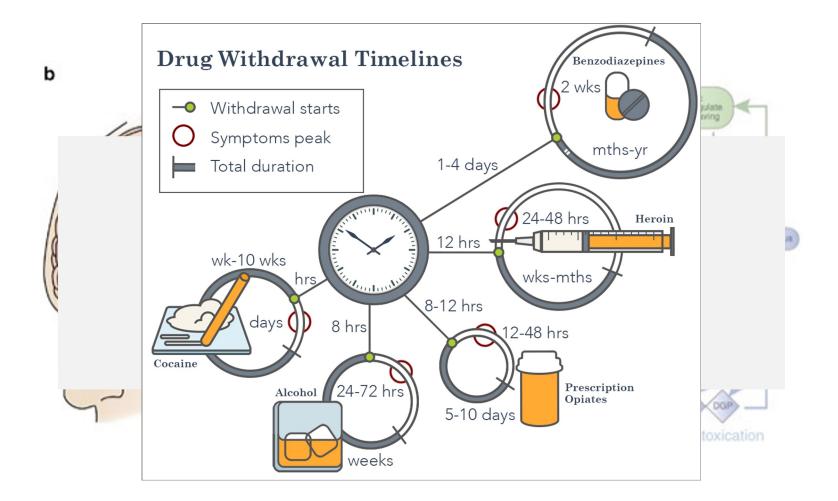


#### Effects of Drugs on Dopamine Release **Amphetamine** Cocaine Accumbens Accumbens 1000 % of Basal Release 900 **→**DA % of Basal Release 300 -DOPAC 800 **→** DA → HVA 700 DOPAC HVA 600 200 500 400 300 100 200 100 0 0 5hr 5 hr Morphine **Nicotine** 250| Accumbens Dose 200 \*\*Accumbens % of Basal Release - 0.5 mg/kg % of Basal Release 200 Caudate 1.0 mg/kg 2.5 mg/kg 150 150 10 mg/kg 100 100 3 hr 0 5 hr Time After Drug Time After Drug **NIDA** Di Chiara and Imperato, PNAS, 1988















# Interoceptive Cues



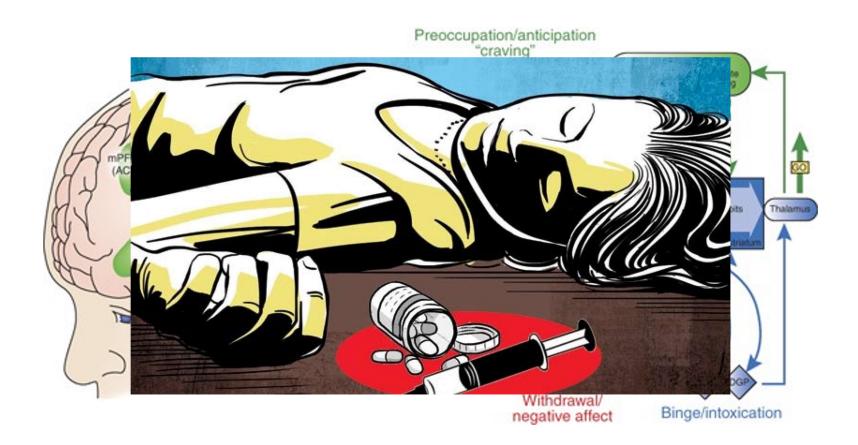


### **Cue Associated Cravings**



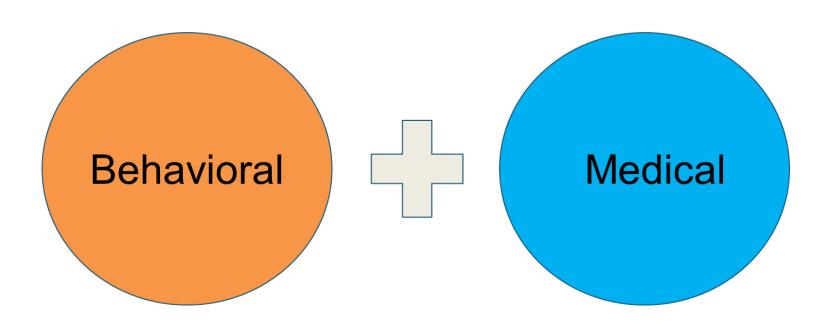
- Endogenous opioids
- May be decreased by naltrexone







### **Treatment**





## **Primary Reinforcement Type**

#### Positive Reinforcement

- ♦ Cocaine
- Amphetamines
- ♦ Caffeine

#### Negative Reinforcement

- Opioids
- Alcohol
- Sedative/hypnotics
- ♦ Nicotine
- Cannabis



### **Positive Reinforcement**

- Contingency Management
- Community Reinforcement Approach
- Community Reinforcement and Family Training (CRAFT)
- Phased treatment
- Mutual help groups (AA, NA, SMART, Celebrate Recovery, Wellbriety, etc.)
- Exercise



### **Negative Reinforcement**

- Social Interventions (Food, housing, etc...)
- Trauma therapy
- CBT (CP, SUD, anxiety, insomnia)
- DBT (emotional regulation)
- Mindfulness
- Acceptance and Commitment Therapy

- Buprenorphine
- Methadone
- Nicotine replacement therapy
- Varenicline
- Alpha 2 agonists
- Acamprosate



### References

- ♦ Skinner, B. F. (1963). Operant behavior. *American Psychologist*, 18(8), 503–515. <a href="https://doi.org/10.1037/h0045185">https://doi.org/10.1037/h0045185</a>
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## Summary/Questions

- Describe the key psychological processes involved in addiction and its treatment
- Cite the 3 phases of addiction
- Describe how medical and behavioral interventions decrease substance use.



### **ORN Evaluation Survey**

To better improve our services at the Opioid Response Network, we respectfully request you take this brief survey about our performance.

Thank you so much for your cooperation!



