Talking About Addiction with Patients

COMMON MISCONCEPTIONS
• Addiction is caused by moral failure
• Patients suffering from addiction can quit anytime
• All people who use drugs will become addicted
• Patients with addiction are easy to identify
• Prescribed medications are at low/no risk of addiction

FACTS AND FIGURES
According to the National Institute on Drug Abuse, addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite having harmful consequences.
• Addiction costs Americans more than $700 billion per year in increased healthcare costs, criminal justice costs, and lost productivity.
• Illicit and prescription drugs and alcohol contribute to the death of more than 90,000 Americans each year.
• Among the more than 72,000 drug overdose deaths estimated in 2017, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with nearly 30,000 overdose deaths.

NEUROSCIENCE: WHAT CAUSES ADDICTION?
Drugs mimic chemicals that naturally occur in our brains, such as dopamine, which regulates motivation and pleasure. Dopamine is released in moderate amounts to reward actions such as eating and sex. Drugs (like opioids) flood the brain with up to 10 times the normal amount of dopamine, which strongly reinforces the drug use behavior.

The brain adapts by reducing the amount of dopamine produced, causing the person to have difficulty experiencing pleasure or even “normalcy.” This often leads to the person increasing the amount of drug they are taking in order to bring the dopamine levels back up to normal. This need for an increased amount to achieve the same effect is called tolerance and can inadvertently lead to an overdose.

FACILITATING A NONJUDGMENTAL CONVERSATION
• Be honest about your concerns
• Provide unbiased information about the process of substance use disorders
• Use the E-P-E method
  • Elicit: Find out what the patient already knows by asking him or her directly.
  • Provide: Fill in the gaps and/or correct any misconceptions the patient may have.
  • Elicit: Find out what this information means to the patient’s life.
• Be empathetic
• Provide resources
• Reach out to other physicians, social workers, or counselors

ABOUT HANDS ON ADVOCACY
Hands On Advocacy is an experiential learning project started by students of the Minnesota Medical Association – Medical Student Section that provides a structured opportunity for medical students to run an advocacy campaign on a public health topic of interest. We believe that doctors, nurses, and other care providers are uniquely positioned to recognize the flaws in health care and advocate for public health and policy changes to improve care. By working together with organized medicine, our politicians, our lobbyists, and our community, we can improve the state of health care in Minnesota and beyond.

REFERENCES
National Institute on Drug Abuse
www.drugabuse.gov
ACP Hospitalist
https://acphospitalist.org/archives/2014/02/coverstory.htm
Heroin -> 10x DA: Rook, Elisabeth J., et al. “Pharmacokinetics and pharmacodynamics of high doses of pharmaceutically prepared heroin, by intravenous or by inhalation route in opioid-dependent patients.”