Ethics in Addiction Treatment

Concepts and Applications

Part 2!

Aaron Weiner, PhD
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Goals for the Hour

• Learn about core concepts, ideas, and situations …
  ...and then look at the ethical angles
• Engage with ideas and situations in new ways
• Think broadly
• Any recommendations are my own unless cited
• Let’s chat!
  • Disagreement is fantastic
Ethics: Why?

- Ethical decisions are everywhere!
- Ethics protect our integrity as practitioners
- Ethics protect the integrity of the field
- Ethical dilemmas are tricky and grey by nature
  - BUT our understanding of ethical principles helps us through these situations
- Thinking things through beforehand can remove some of the bumps
Ethics: What?

• A set of standards that represent the values of an individual or profession

• Ethical issues involve CONFLICT
  • Between ethical principles within a code
  • Between personal vs professional ethics
  • Between ethical responsibility, legal responsibility, and/or economic responsibility
  • Between different stakeholders
  • Between individual vs public interests

• Who’s to say what’s the “right thing”? 
APA Code of Ethics – General Principles

• Beneficence and Nonmaleficence
  • Maximize benefits and avoid or minimize harms

• Fidelity and Responsibility
  • Uphold the interests of those for whom we are responsible
  • Take responsibility for addressing concerns both with the individual and society

• Integrity
  • Accuracy, honesty, and truthfulness in our work

• Justice
  • All individuals have access and equal benefits from the work

• Respect for People’s Rights and Dignity
  • Privacy, confidentiality, and autonomy/self-determination
You are treating a patient in an IOP program for opioid use disorder. She is not on any maintenance medications by personal preference. Yesterday she shared in group therapy that she is struggling with cravings, and worries that she will relapse on heroin. Today she has no-showed, she is not responding to her phone (nor are her emergency contacts), and you are worried she may have relapsed. Deepening your concern, as she has been off opioids for 6 weeks, she is at greater risk of overdose if she resumes use.

Do you call in a safety check? Why or why not?
Checking Our Assumptions as Clinicians

Recognizing and addressing what we bring to the table
Identifying our Lens

• What are our biases about individuals in addiction and recovery?
  • Lived experience? Family? Clinical experience?
  • “Frequent Flyer”
• What are our biases about the process of treatment?
  • How quickly would you move beyond your training?
Capacity - A Complicated Question

• If addiction is a “disease of the brain,” what are the implications for addiction-related behavior?
  • Neurological factors do exist
  • Passive vs. volitional consciousness and decisions

(Buchman, Skinner, & Illes, 2010)
STEP ONE

We admitted that we were powerless over our dependencies, that our lives had become unmanageable.
Capacity - A Complicated Question

• If addiction is a “disease of the brain,” what are the implications for addiction-related behavior?
  • Neurological factors do exist
  • Passive vs. volitional consciousness and decisions

• What obligation might family, providers feel to guide patients in the “right” direction?

(Buchman, Skinner, & Illes, 2010)
Ethical Question!

New Jersey is prioritizing cigarette smokers for COVID-19 vaccines because of their risk of severe disease.

Aylin Woodward  Jan 14, 2021, 4:17 PM

Should tobacco users move to the front of the line?

Aaron Weiner, PhD
Your thoughts and experiences?
Medication-Assisted Therapy & Harm Reduction
How does MAT help?

- **Biopsychosocial**
- **Harm reduction**
  - No needles, no drug dealers, less overdose
- **Can integrate/promote psychosocial care**
- **Can provide structure and accountability**
- **First-line MAT Medications (opioids)**
  - Buprenorphine
  - Methadone
  - Naltrexone
Efficacy & Barriers

• Efficacy
  • Up to 80-90% of opioid users relapse within the first year without MAT
  • 60-80% treatment retention with MAT, ~15% relapse rate

• Barriers
  • Stigma
    • “Changing one addiction out for another”
  • Logistical
    • Provider
    • Patient (particularly for methadone)

(Wakeman, 2016) (Mattick et al., 2014)
Ethical Considerations

• Ethical imperative to offer or educate?
  • Beneficence, integrity

• Financial incentives vs. patient well-being
  • Framing: means to an end or end in itself?
  • Overmedication reports
  • How long before a taper?
  • Harm reduction: response to repeated positive urine drug screens
Harm Reduction

• Reducing harms to the individual while not discontinuing using behavior

• Can be treatment-related or not
  • Treatment – Largely positive results for alcohol moderation, including
    • Fewer injuries
    • Less cirrhosis
    • Fewer psychiatric hospitalizations
    • Improvements in anxiety, depression, and alcohol-related social problems, and overall quality of life

• Ethical considerations
  • When to adjust treatment plan?
  • Milieu management?

(Charlet & Heinz, 2016)
Non-treatment harm-reduction

Howard Weiner, PhD
Use of rapid fentanyl test strips among young adults who use drugs

Maxwell S. Krieger\textsuperscript{a}, William C. Goedel\textsuperscript{a}, Jane A. Buxton\textsuperscript{b,c}, Mark Lysyshyn\textsuperscript{b,d}, Edward Bernstein\textsuperscript{e,f}, Susan G. Sherman\textsuperscript{g}, Josiah D. Rich\textsuperscript{a,h}, Scott E. Hadland\textsuperscript{e,f}, Traci C. Green\textsuperscript{a,e,f,h}, Brandon D.L. Marshall\textsuperscript{a,*}

Results: Of the 81 (87\%) participants who returned for follow-up and who had complete data, the mean age was 27, 45 (56\%) were male, and 37 (46\%) were non-white. A total of 62 participants (77\%) reported using at least one test strip. Of these, 31 (50\%) received at least one positive result. A positive result was associated with older age, homelessness, heroin use, injection drug use, ever witnessing an overdose, and concern about overdose or drugs being laced with fentanyl (all $p < 0.05$). Receiving a positive result was significantly associated with reporting a positive change in overdose risk behavior between baseline and follow-up ($p \leq 0.01$). Among all participants, 79 (98\%) reported confidence in their ability to use the test strips and 77 (95\%) wanted to use them in the future.
Safe Injection Facilities
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Safe Injection Facilities

Figure 1: Fatal overdoses in Vancouver between Jan 1, 2001, and Dec 31, 2005.
The location of the city’s supervised injecting facility (SIF) is shown in yellow. The locations of deaths are shown in red. Population sizes for each dissemination block as shown were derived from the 2006 Canadian Census. The six-digit postal code attributed to each overdose was used to estimate the precise location of death from the postal code conversion file available from Statistics Canada.**
Safe Injection Facilities

<table>
<thead>
<tr>
<th>OIDs occurring in blocks within 500 m of the SIF*</th>
<th>OIDs occurring in blocks farther than 500 m of the SIF*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of overdoses</td>
<td></td>
</tr>
<tr>
<td>Pre-SIF</td>
<td>Post-SIF</td>
</tr>
<tr>
<td>56</td>
<td>33</td>
</tr>
<tr>
<td>Person-years at risk</td>
<td></td>
</tr>
<tr>
<td>22,066</td>
<td>19,991</td>
</tr>
<tr>
<td>Overdose rate (95% CI)</td>
<td></td>
</tr>
<tr>
<td>Pre-SIF</td>
<td>Post-SIF</td>
</tr>
<tr>
<td>253.8 (187.3-320.2)</td>
<td>155.1 (108.8-221.4)</td>
</tr>
<tr>
<td>Rate difference (95% CI)*</td>
<td></td>
</tr>
<tr>
<td>Pre-SIF</td>
<td>Post-SIF</td>
</tr>
<tr>
<td>88.7 (1.6-175.8); p=0.048</td>
<td>0.7 (-1.2-2.7); p=0.490</td>
</tr>
<tr>
<td>Percentage reduction (95% CI)</td>
<td></td>
</tr>
<tr>
<td>Pre-SIF</td>
<td>Post-SIF</td>
</tr>
<tr>
<td>35.0% (0.0%-67.7%)</td>
<td>9.3% (-19.8% to 33.4%)</td>
</tr>
</tbody>
</table>


Table 2: Overdose mortality rate in Vancouver between Jan 1, 2001, and Dec 31, 2005 (n=290), stratified by proximity to the SIF

Figure 2: Fatal overdose rates before (A) and after (B) the opening of Vancouver’s SIF (shown in red) in city blocks located within 500 m of the facility. Rates are given in units of 100,000 person-years and were calculated by aggregating the locations of death to the dissemination block level as shown.
Your thoughts and experiences?
Marijuana as harm reduction?
Marijuana as harm reduction?
Marijuana as harm reduction?

• 27% less likely to stay sober (Majarrad et al., 2014)
• Associated with 4.35% fewer sober days during alcohol treatment (Subbaraman et al., 2016)
• National Academies of Science, Engineering and Medicine 2016 – unable to draw a conclusion due to lack of data

Case Reports on the Failure of Smoking Marijuana to Prevent Relapse to Use of Opiates in Adolescents/Young Adults With Opiate Use Disorder

Steven L. Jaffe*

Professor Emeritus of Psychiatry, Emory University School of Medicine, Clinical Professor of Psychiatry, Morehouse School of Medicine, Clinical Director, Atlanta Insight, Adolescent Substance Abuse Program

Abstract

Twenty-six adolescent/young adult patients with opioid use disorder smoked marijuana in an attempt to avoid relapse to opiate use. In each case, smoking marijuana increased cravings and urges for opiates and promoted opiate relapse. These clinical case reports show that smoking marijuana was not helpful as a harm reduction strategy to prevent return to opioids in young people with OUD.
Is Cannabis being used as a substitute for non-medical opioids by adults with problem substance use in the United States? A within-person analysis

Lauren R. Gorfinkel¹,², Malki Stohl², Eliana Greenstein², Efrat Aharonovich³, Mark Olfson¹,²,³ & Deborah Hasin¹,²,³

Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY, USA,¹ New York State Psychiatric Institute, New York, NY, USA² and Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, NY, USA³

Conclusions Among US adults with problem substance use who use non-medical opioids, the odds of opioid use appear to be approximately doubled on days when Cannabis is used. This relationship does not appear to differ between people with moderate or more severe pain versus less than moderate pain, suggesting that Cannabis is not being used as a substitute for illegal opioids.
Vaping as Harm Reduction

• “Intended” use vs collateral damage?

**Juul’s nicotine rush**

A chart filed with the patent on Juul's nicotine liquid shows how the formula delivers much more nicotine than earlier vaping devices – and more than a Pall Mall cigarette.

**HOW QUICKLY DIFFERENT FORMS OF NICOTINE ENTER THE BLOODSTREAM**

- **JUUL PATENTED FORMULA**
  - Nicotine with benzoic acid

- **PALL MALL CIGARETTES**

- **EARLIER E-CIGARETTES**
  - Freebase nicotine

Juul tested their formula with various organic acids and found that adding benzoic acid to nicotine makes it taste milder, so users can inhale deeply.

Source: Ploom Inc. patent, World Intellectual Property Organization
Ethical Question!

Cocaine E-Cigarette Could Help People Struggling with Addiction

A so-called “crack pen” could reduce the many harms of smoking cocaine. But will it work, and will people actually use it?

By Troy Farah  |  Jan 17, 2022 2:00 PM

Good idea, bad idea, or somewhere in-between?
Your thoughts and experiences?
Thank You!

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