



VCU researchers combat opiate addiction

Addiction research combines the efforts of scientists in multiple fields.

By Leah Small

University Public Affairs

804-828-8355

smalllm@vcu.edu

Wednesday, Sept. 6, 2017

Article excerpt. Original document found online at:

https://www.news.vcu.edu/article/VCU_researchers_combat_opiate_addiction



Mishka Terplan, M.D.

Mishka Terplan, M.D., a professor of obstetrics, gynecology and psychiatry at VCU School of Medicine, is proposing new approaches to how care providers treat pregnant women who are addicted to opioids. After a systematic review of treatment practices, Terplan found that access to drug addiction treatment and the quality of these services should be improved for pregnant women. He advocates extensive care that goes beyond detoxification to the same level of screening that is standard for other diseases and the integration of addiction treatment with other types of care.

Terplan also notes the role of major gender and race disparities and discrimination in opioid addiction treatment.

Detoxification and pregnancy

Terplan said there is an overemphasis on detoxification, or medically assisted withdrawal, in current medical literature and practice. Part of this trend is a recent reconsideration of the longtime practice of continuing opiate-addicted pregnant women

on pharmacotherapy to prevent withdrawal symptoms, he said.

While the discussion is well intentioned, Terplan said it ignores a major reason pregnant women are not receiving appropriate care. Frequently, addiction is treated only with detoxification and medicinal interventions, not with behavioral health methods as well.

“There's a clinical mismatch. If detoxification isn't paired with other levels of care, it doesn't work,” he said. “You can't treat a chronic disease with an acute intervention. It leads to relapse and that's a concern because in pregnancy relapse is associated with overdose and the acquisition and transmission of HIV and Hepatitis C.”

Terplan said obstetricians and primary care physicians should screen for addiction in all women and this screening should be common across multiple health fields.

“The best vision would be addiction assessment and referral that is common, uniform and universal across all health care domains,” he said. “Just like primary care doctors are going to test you for cholesterol and check your blood pressure, they should assess if you are engaging in any hazardous substance use and whether you might have an addiction.”

Opioids, race, and gender

Opioid use and addiction are far more common among white women — a fact that has shaped clinical responses to the crisis, Terplan said.

“It's a complex topic,” he said. “There is a peculiar relationship between sex, gender and opioids. We are increasingly seeing an opioid epidemic with a young, white female face.”

Terplan attributes part of the disparity to sex differences in experiencing pain, and gender differences in psychological trauma. Pain associated with menstruation and other aspects of reproduction can contribute to higher prescription drug use. Women are also more likely to experience violence, rape and childhood sexual abuse, which may lead to the prescription of opioids to manage anxiety and depression.

As for racial disparities in addiction treatment, Terplan said racism in health care is a factor. White patients who present pain in emergency departments are more frequently prescribed opioids than black patients due to the preconception that these patients are more likely to abuse drugs.

Terplan also said race plays a role in the response of the public and health professionals once addiction diagnoses are made.

“Clearly there have been people of all races addicted to heroin since there has been heroin. But the public response to the opioid epidemic has been positive in many ways because it is white people who are the face of the epidemic,” Terplan said. “When it was black women and crack cocaine, we had a heavy-handed criminal justice response. Now that it is white suburban women with initially prescription opioids, and then heroin, we have a gentler response.”