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# Opioid Addiction as an Attachment Disorder: Part II

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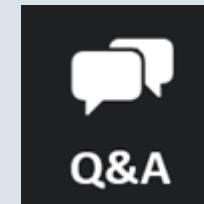
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**Michael Roeske, PsyD**

# PRESENTER

Michael Roeske, PsyD

- Senior Director, Center for Research and Innovation, Newport Healthcare
- Licensed Clinical Psychologist – Adult Substance Disorder and Adolescent Mental Health Programs, Community-Based Psychological Services, and Inpatient Psychiatric Hospitals
- Full Battery Assessor of Children to Older Adults

# RECAP OF PART I AND INTRO TO PART II

- i. Ecological system/attachment needs and link to OUDs
- ii. Common questions and topics
- iii. Implications for treatment



# BOTSA: Brain Opioid Theory of Social Attachment

- i. “Functionally, administration of morphine to young puppies simulates the presence of the mother” (Panksepp et al., 1978, p. 615)
- i. Social pain/attachment “borrowed” system (Eisenberger and Lieberman, 2004)
- ii. A review of BOTSA (Machin and Dunbar, 2011)
- iii. Salience of social target (Inagaki et al., 2020)



# THE ROLE OF GENETICS/EPIGENETICS

- i. Why some and not others (Nestler & Lüscher, 2019)
- ii. Small percent of recreational users (Egervari et al., 2017)
- iii. Family, adoption and twin studies (Bevilacqua and Goldman, 2009)
- iv. Epigenetics (Nestler & Lüscher, 2019)
- v. Hundreds of genetic loci



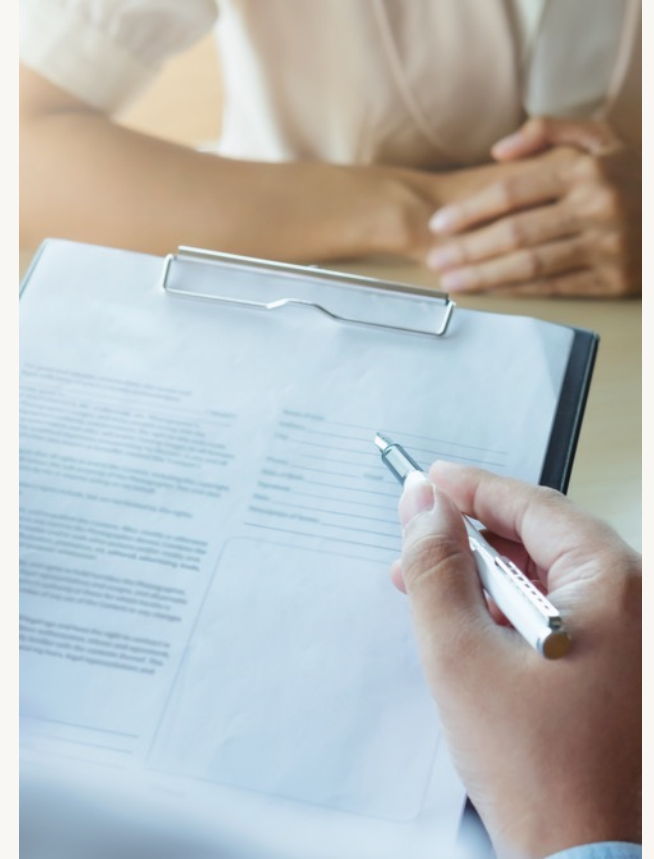
# THE ROLE OF TRAUMA/ EARLY-LIFE STRESS

- i. Hospitalism (Spitz, 1946)
- ii. Adverse Childhood Experiences (Felitti et al., 1998)
  - Other measures, none as productive (Zarse et al., 2019)
  - Key limitations
- iii. Implications for treatment



# MEDICATION-ASSISTED TREATMENTS

- i. Poorer outcomes for OUDs (Paraherakis et al., 2000)
- ii. Lower mortality and higher treatment retention (Lim et al., 2022)
- iii. Four types:
  - 1. Antagonist, e.g., naltrexone
  - 2. Partial agonist, e.g., buprenorphine
  - 3. Combination of the two, e.g., Suboxone
  - 4. Full agonist, e.g., methadone



# BUPRENORPHINE and NALTREXONE

- i. Buprenorphine
  - i. Advantages
  - ii. Diversion and misuse (Loftwall et al., 2014)
  - iii. Dilemmas
- ii. Naltrexone and Vivitrol
  - Similar in initial and sustained abstinence (Mokri et al., 2016)
  - Extended release just as effective for relapse prevention (Lee et al., 2018)
- iii. Implications for treatment



# CHRONIC PAIN

- i. Estimated at 20.4% of US adults (Dahlhamer et al, 2018)
- ii. Survival value into a disease (Cohen et al., 2021)
- iii. Biopsychosocial model (Meints et al. 2018)



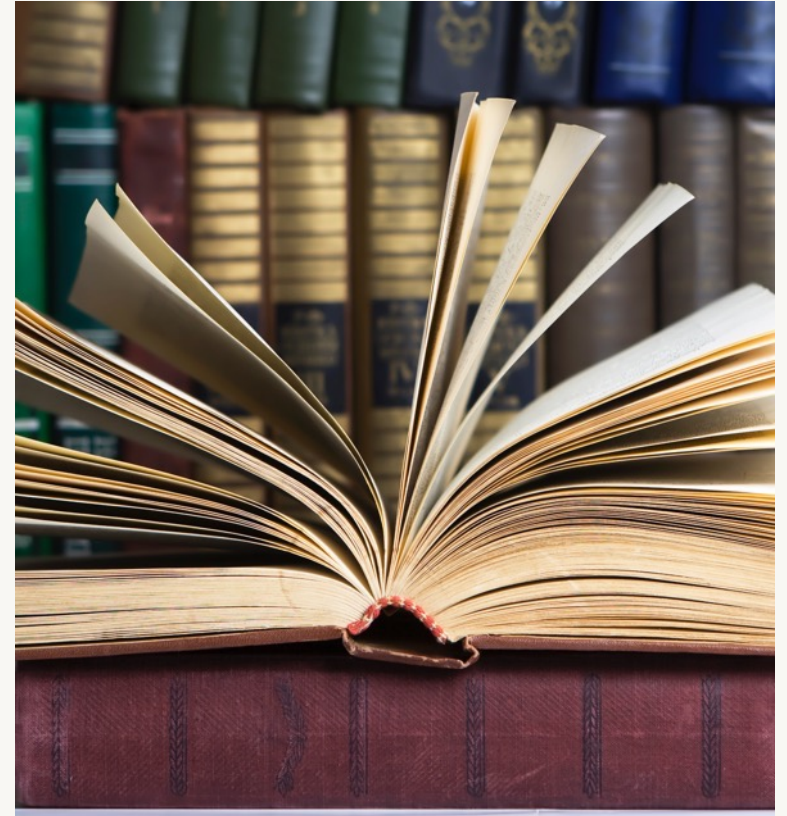
## PAIN, CONTINUED

- i. Nociceptive, Neuropathic, and Nociplastic and mixed pain (Cohen et al., 2021)
- ii. Cancer and non-cancer types
- iii. Pain management
  - Exercise and psychotherapy
  - Antidepressants and antiepileptic drugs
  - Non-surgical and surgical
- iv. Implications for treatment



# SOCIAL FACTORS IN RESEARCH (HUMPHREYS AND RAPPAPORT, 1993)

- i. Community mental health movement
- ii. Internal defect model
- iii. Where the public eye goes, the money and publications flow



# SOCIAL EPIDEMIOLOGY

- i. Social integration and substance misuse (Berkman & Kawachi, 2000)
- ii. MOR activation as buffer (Heilig et al., 2016)
  - i. “If the aversive experience of social rejection and exclusion can be buffered by MOR activation...then people with impaired endogenous opioid function, exposure to social stress, or both will experience relief of distress when taking drugs that directly or indirectly activate MORs...Thus, social integration, by restoring normal function of endogenous opioid systems, can decrease the need to activate these systems through alcohol or opioid use and subsequently can decrease drug use and relapse.”  
P. 5
- iii. Implications for treatment



# CONCLUSION

- i. Ecological system/attachment appears linked to OUDs
- ii. Common questions and implications
  - Role of genetics/epigenetics and trauma/early-life stress
  - Use of medications
  - A disease model of chronic pain
  - Social epidemiology and social factors in research
- iii. Where do we go from here?



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# AUDIENCE Q&A



# FINAL THOUGHTS

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