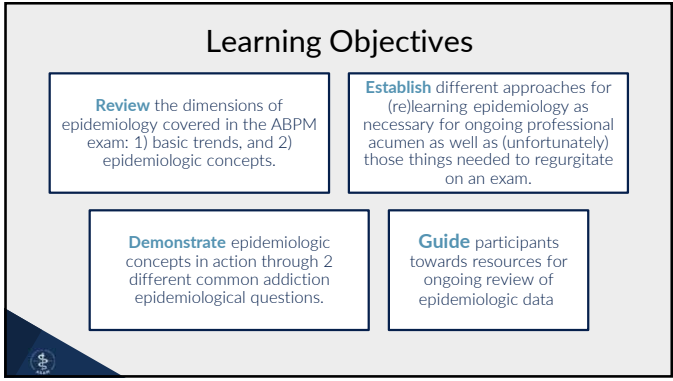


1



2



3

Presentation Outline

- Consider ways of thinking about and learning about epidemiology
- Cheat sheets vs. enduring learning patterns
- Highlight some important epidemiological trends AND how to find them yourselves...
- Follow two common questions in addiction medicine as a springboard for reviewing key concepts in epidemiology

4

Two Ways to Think about Epidemiology

- What do I need to know for the test?
- What might I need to know professionally?

5

The ABPM Exam and Epi

Addiction Medicine
2019 Examination Blueprint

Case Content Areas

Core Content Areas

- 01 - Guidelines
- 02 - Genetics
- 03 - Pharmacokinetics and Pharmacodynamic Principles
- 04 - Neurobiology of Addiction
- 05 - Epidemiological Concepts
- 06 - Epidemiological Trends of Substance Use Disorders
- 07 - Prevention
- 08 - Screening, Assessment, and Brief Intervention
- 09 - Management of Patients and Equipped Providers and Behavioral
- 10 - Pharmacologic Interventions for Addictions
- 11 - Behavioral Interventions
- 12 - Co-Occurring and Medical Disorders among Patients with Alcohol and Other Drug Use and Addiction
- 13 - Co-Occurring Psychiatric Disorders among Patients with Alcohol and Other Drug Use and Addiction
- 14 - Pain and Addiction
- 15 - Ethical, Legal, and Liability Issues in Addiction Practice

Addiction	Target Percentage
01 - Alcohol	10-20%
02 - Sedatives	7-10%
03 - Stimulants	7-10%
04 - Opioids	10-15%
05 - Cannabinoids	7-10%
06 - Nicotine	10-20%
07 - Hallucinogens	5-7%
08 - Dissociatives	5-7%
09 - Inhalants	5-7%
10 - Anabolic steroids	5-5%
11 - Other substances	1-3%
12 - Non-substance addiction	7-3%
13 - General/All substances combined	1-5%

<https://www.theabpm.org/become-certified/exam-content/addiction-medicine-content-outline/>

6

For the Test Strategy:

- Some assumptions:
- All of you have had some rudimentary epidemiology/biostatistics
 - Most of you have seen these concepts multiple times
 - For the most part, you don't use these concepts as much as they come up on tests
 - You scribble some notes on a cheat sheet to remind yourself as you're studying
 - When you've been taught these concepts before, it has been shoveled to you in large amounts in short lectures



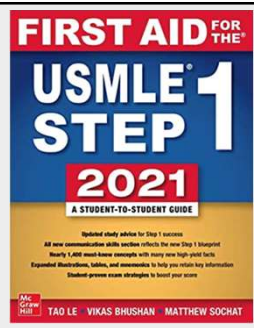
7

For the Test Strategy:



<http://www.bishopmikelowry.com/wp-content/uploads/2013/03/drinking-from-the-firehose.jpg>

8



https://www.amazon.com/First-USMLE-Step-2021-Thirty/dp/126046752X/ref=asc_df_126046752X/?tag=hyprod-20&linkCode=df0&shvaid=459537678676&shvpos=shvnetw=&shvrand=12792418851990343229&shvpo=shvptwo=&shvqnt=&shvdev=c&shvdcmdl=&shvlocint=&shvbcphy=9032089&shvtargid=pla-1113406220592&psc=1

9



10

Let's Do A Quick Matching Exercise:

- Incidence
- Prevalence
- #of existing cases/Total #of people (at a point in time)
- Rate: #new cases/#people at risk (during a specified time period)

11

Incidence:

- Represents the RISK of a disease: new cases coming into a population in time
- Have to see people longitudinally (in time) so these data are harder to find for SUDs—PROSPECTIVE studies
- Example: follow-ups on Epidemiologic Catchment Area study (1980s)
- Highest incidence in youngest population (18-29 y/o)

<http://image.slidesharecdn.com/measurementinepidemiology-141121024727-conversion-gate01/95/measurements-in-epidemiology-15-638.jpg?cb=1416559706>

12

Let's Start with A Quick Matching Exercise:

- Incidence → • #of existing cases/Total #of people (at a point in time)
- Prevalence → • Rate: #new cases/#people at risk (during a specified time period)

13

Prevalence:

- Represents the *public health burden* of a disease at a particular time
- **CROSS SECTIONAL SURVEYS**
- Example: annual **National Survey on Drug Use and Health (NSDUH)**
 - Tobacco products, alcohol, illicit drugs

<http://image.slidesharecdn.com/measurementinepidemiology-141121024727-conversion-gate01/95/measurements-in-epidemiology-15-638.jpg?cb=1416559706>

14

Let's Start With Some Useful Basics:

Primary Prevention
Interventions designed to prevent the onset or future incidence of a specific problem

Secondary Prevention
An early intervention that decreases the prevalence of a specific problem

Tertiary Prevention
Treatment designed to improve quality of life and reduce the symptoms after a disease or disorder has developed
Does not reduce incidence or prevalence

<https://press.rebus.community/introductiontocommunitypsychology/chapter/prevention-and-promotion/>

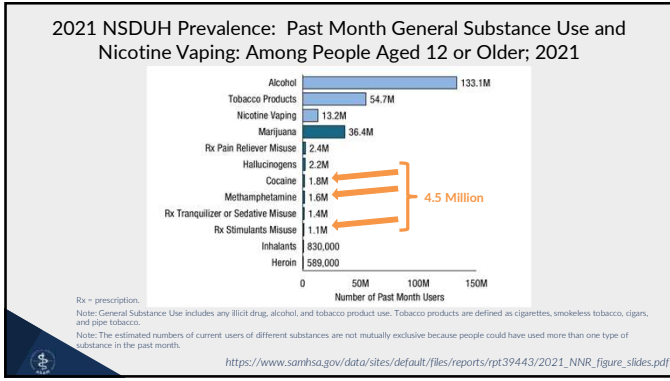
15

Let's take a quick tour of some prevalence data and important trends to help us put the story together:

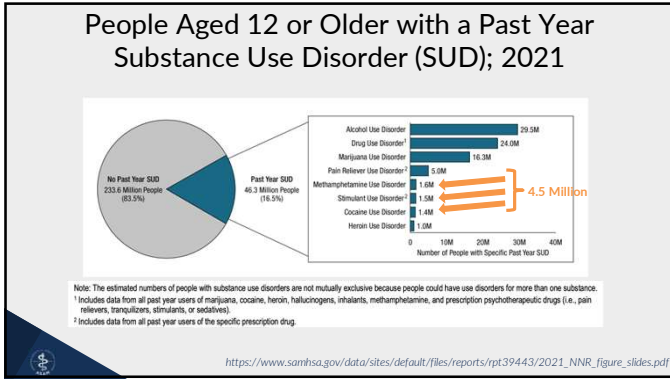
16

First: Big Picture

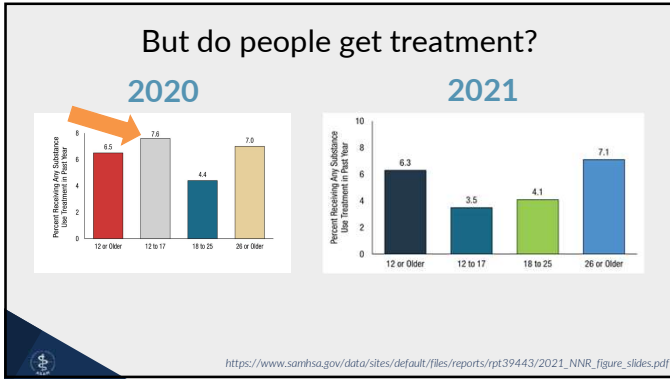
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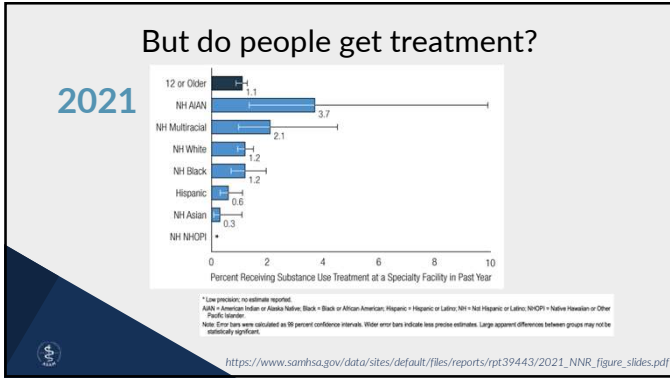
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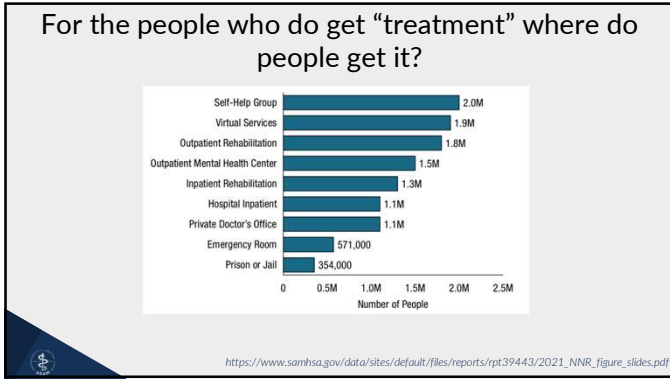
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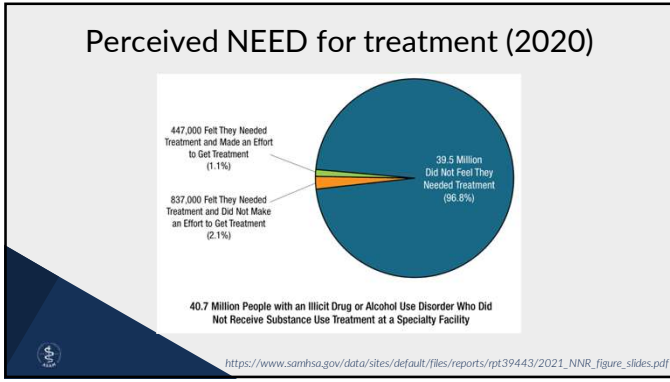
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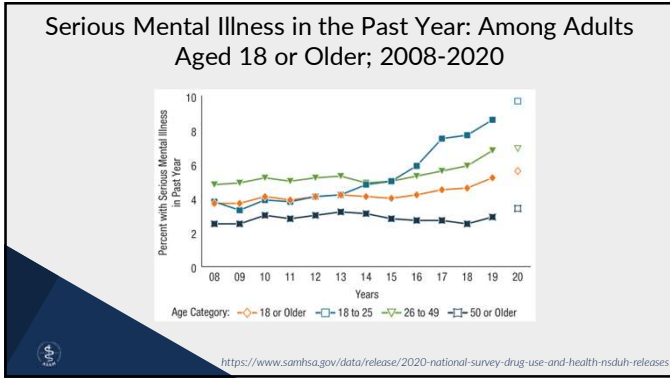
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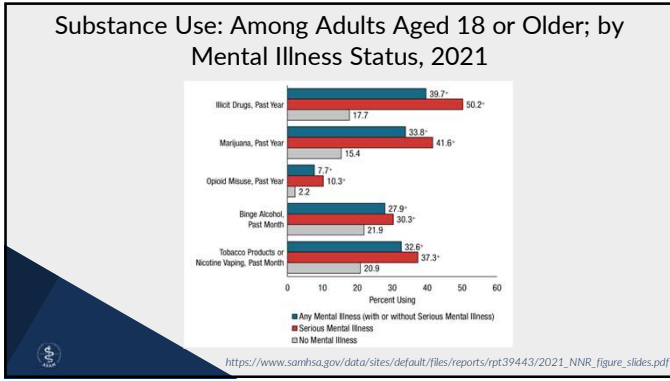
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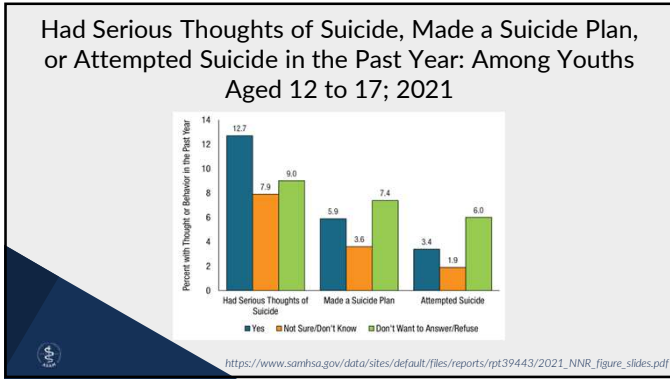
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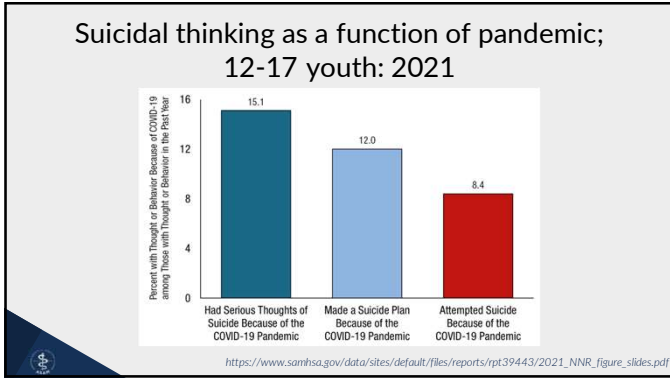
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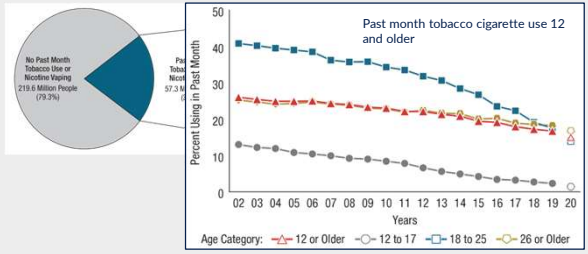
27

Second: Looking a little closer by substance



28

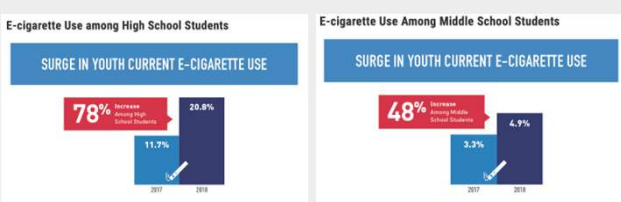
Tobacco, 2020



<https://www.samhsa.gov/data/release/2020-national-survey-drug-use-and-health-nsduh-releases>

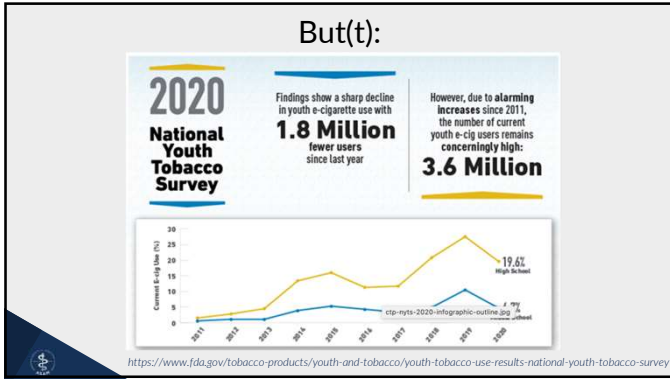
29

E-Cigarettes

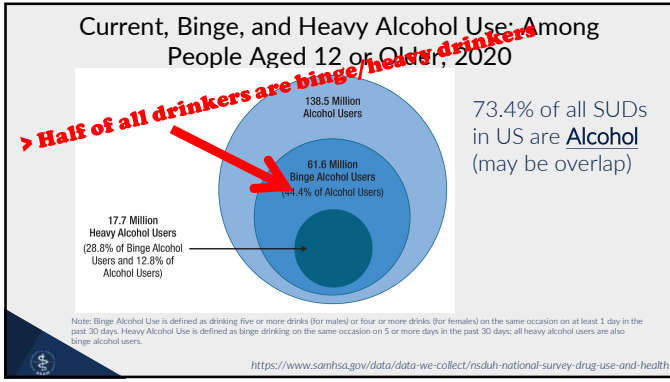


<https://www.fda.gov/tobacco-products/youth-and-tobacco/2018-nyts-data-stark-rise-youth-e-cigarette-use>

30



31



32

Alcohol deaths increase dramatically during pandemic, especially for younger adults: Research

Deaths were up 25% according to a recent study.

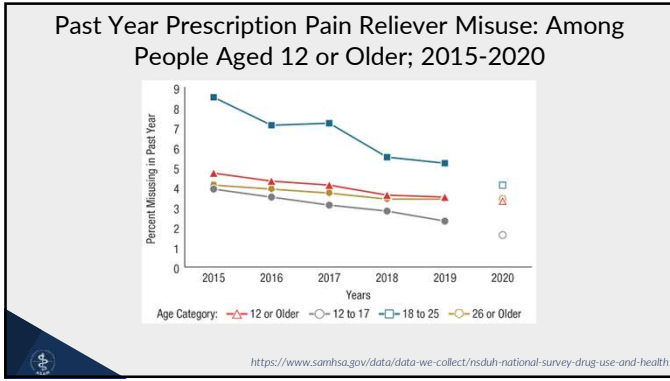
By Eli Cahana
May 10, 2022, 3:19 AM • 6 min read

BLOG
Behind the Numbers: Alcohol is Killing More People Than the Opioid Epidemic. Why Aren't We Talking About It?

<https://abcnews.go.com/Health/alcohol-deaths-increase-dramatically-pandemic-younger-adults-research/story?id=84496498>

<https://www.caron.org/blog/alcohol-is-killing-more-people-than-the-opioid-epidemic>

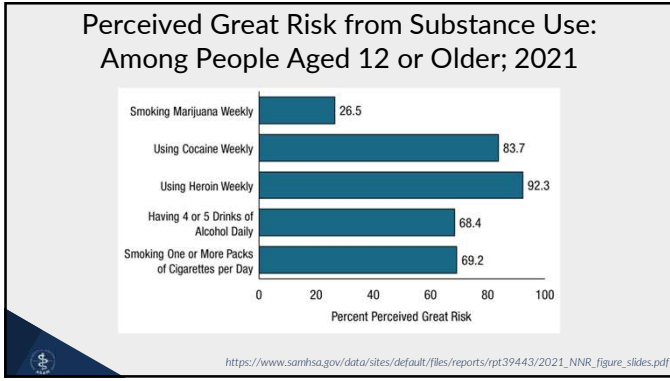
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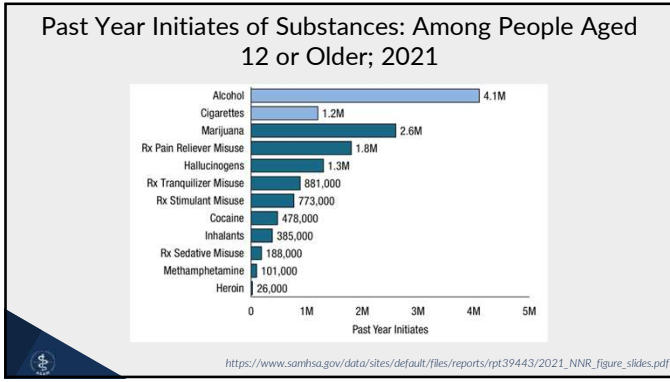


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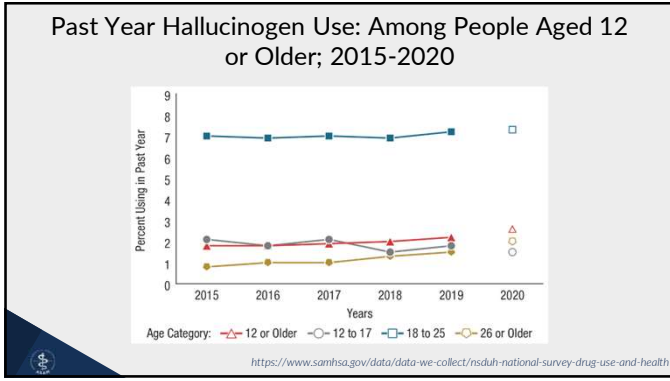


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39

People who used 'magic mushrooms' less likely to develop opioid use disorder, study finds

ASHLEIGH RODRIGUEZ / USA TODAY
Updated 2:00 pm EDT Apr 1, 2022

A "blowout crash" may get even wilder after a new study that suggests a psychedelic drug found in some mushrooms may have protective health benefits.

Harvard University researchers found opioid use disorders were 30% less likely among people who used psilocybin compared with those who never had it, according to the study published Thursday in Scientific Reports.

Read more on this page and others by Ashleigh Rodriguez. We may earn commission on some of the items you click on here.

Why Is Everyone Smoking Toad Venom?

How an illegal amphibian-venom-derived psychedelic became the loudest whisper at a dinner party near you.

BY ALEX KUCZINSKI — JAN 20, 2022

Mike Tyson Says He 'Died' After Smoking Psychedelic Toad Venom

ANDREW BATELSON — NOV 15, 2021

<https://www.townandcountrymag.com/leisure/arts-and-culture/a38687510/toad-venom-bufo-illegal-psychedelic-drug/>
<https://www.si.com/boxing/2021/11/17/mike-tyson-says-he-died-smoking-psychedelic-toad-venom>

40

Third: Other Important Parts of the Story



41

Race/Ethnicity 2021

	National Average (%)	Black (%)	Asian (%)	American Indian/Alaska Native (%)	Hispanic (%)	Hawaiian/Pacific Islander (%)	Identity C
Past Month Binge Alcohol Use (12+)	21.5	21.6	10.7	21.2	22.9	**	
Past Month Heavy Alcohol Use (12+)	5.8	5.2	1.9	7.2	4.7	5.6	.3
Past Year Illicit Drug Use (12+)	21.9	24.3	11.1	36.1	19.4	**	12.4
Past Year Marijuana Use (12+)	18.7	21.3	8.6	35	15.8	**	37.6
Past Year SUD (12+)	16.5	17.2	8	27.6	15.7	20.7	2.9
Suicidal Thinking Past Year (12+)	4.8	4.6	2.6	8.5	4.9	7.4	

<https://www.samhsa.gov/data/sites/default/files/reports/nat31104/2019NSDUH-IGRL-68%202019%20NSDUH.pdf>
<https://www.samhsa.gov/data/reports/2021-nsduh-data-tables>

<https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases#annual-national-report>

42

Sexual Minority* 2021

	Straight (%)	Bisexual (%)	Gay (%)	Lesbian (%)
Binge Alcohol Use Past Month (18+)	22.5	33.1	33.1	28.0
Illicit Drug Use Past Month (18+)	13.3	37.7	31.3	25.3
Marijuana Use Past Month (18+)	12.2	35.2	24.7	21.7
Opioid Misuse Past Month (18+)	0.9	4.9	3.3	2.5
SUD Past Year (18+)	15.9	34.2	31.1	25.0
Suicidal Thoughts Past Year (18+)	3.7	22	14.2	9.5

* Defined by SAMHSA as people who identify as lesbian, gay, or bisexual—NSDUH began collecting this data in 2015

<https://www.samhsa.gov/data/reports-and-publications/details/national-survey-drug-use-and-health-nsduh-releases#annual-national-report>


43

THE CRIME REPORT
YOUR CRIMINAL JUSTICE NETWORK

Nearly Half of State Incarcerates Suffer From Substance Abuse: Survey

By Blake Diaz | July 14, 2021

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<https://thecrimereport.org/2021/07/14/nearly-half-of-state-incarcerates-suffer-from-substance-abuse-survey/>

44

Gender...

- Women tend to initiate substance use later than men
- Women have accelerated course of disorder → “telescoping” (alcohol, marijuana, cocaine, prescription opioids)
- Women with SUDs → more severe impairment in employment, social/family, medical and psychiatric functioning

McHugh RK, et al. Sex and gender differences in substance use disorder. Clin Psychol Rev. 2017 Nov 10.

45

Let's Look at a Study...

- Question: Does Marijuana use cause psychosis?

Schizophrenia Bulletin vol. 42 no. 5 pp. 1262-1269, 2016
doi:10.1093/schbul/sbw003
Advance Access publication February 15, 2016

Meta-analysis of the Association Between the Level of Cannabis Use and Risk of Psychosis

Arianna Marconi¹, Marta Di Forti¹, Cathryn M. Lewis², Robin M. Murray¹, and Evangelos Vassos^{1,2}

¹Department of Psychosis Studies, King's College London, Institute of Psychiatry Psychology & Neuroscience, London, UK; ²King's College London, Institute of Psychiatry Psychology & Neuroscience, MRC SGDP Centre, London, UK

*To whom correspondence should be addressed: King's College London, Institute of Psychiatry Psychology & Neuroscience, MRC SGDP Centre, Box P982, De Crespigny Park, London SE5 8AF, UK; tel: +44-20-7848-5433, fax: +44-20-7848-0866, e-mail: evangelos.vassos@kcl.ac.uk

46

What Is This Study?

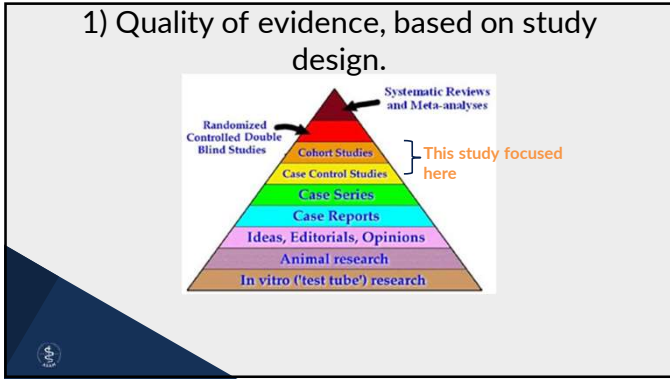
- Performed a systematic review and a meta-analysis
- Included: provided data on cannabis consumption prior to the onset of psychosis
 - 18 for systematic review and 10 for meta-analysis (66,816 individuals)
 - Continuous variable → amount of exposure
 - Cohort and cross-sectional studies included
- Findings:
 - Odds ratio 3.90 (95% confidence interval 2.84 to 5.34) for risk of schizophrenia and other psychosis-related outcomes among the heaviest cannabis users compared to non-users

47

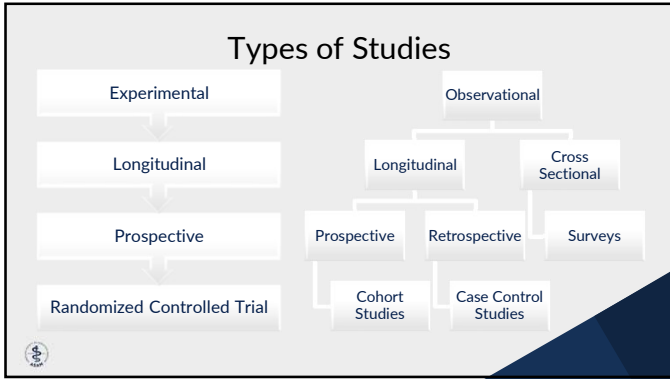
What can we say about this study?

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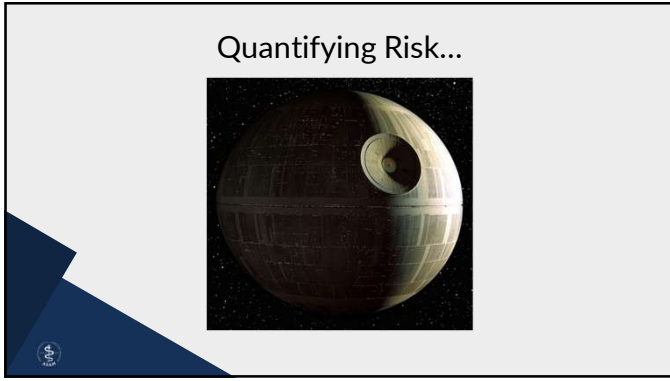
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49



50



51

Quantifying Risk...

		Disease	
		+	-
Risk factor of intervention	+	a	b
	-	c	d

$$AR = \frac{a}{a+b} - \frac{c}{c+d}$$

$$NNH = 1/AR$$

$$OR = \frac{a/c}{b/d} = \frac{ad}{bc}$$

$$RR = \frac{a/(a+b)}{c/(c+d)}$$

$$ARR = \frac{c}{c+d} - \frac{a}{a+b}$$

$$NNT = 1/ARR$$

52

Odds Ratio--more

- What is an odds ratio? Ratio of Odds
- Higher the Odds Ratio, stronger the association between the exposure and the outcome appears to be
- If Odds Ratio is 1, then that means that the ratio of the odds shows NO ASSOCIATION between the exposure and the outcome
- (those with disease who were exposed/those with disease not exposed)/(those without disease exposed/those without disease not exposed)

53

Odds Ratio—An Example

- Imagine: relationship between getting breast cancer and driving an American car vs. not
- If no correlation between these two, then the ratio of those with disease who drove American cars/those with disease who didn't would be likely close to 1, and ratio of those without disease who drove American cars/those without disease who did not drive American cars would also be close to 1, and the ratio of those two would be one = no relationship

54

Back To The Cannabis Paper...
2) An ASSOCIATION Was Found

- **Odds ratio 3.90** (95% confidence interval 2.84 to 5.34) for risk of schizophrenia and other psychosis-related outcomes among the heaviest cannabis users compared to non-users
 - Dose-response effect seen such that increasing exposure to cannabis increases risk of psychosis-related outcomes


55

What about Confidence Interval?

- (95% confidence interval 2.84 to 5.34)
 - This is the range of values within which the true mean of the population is expected to fall, with a specified probability
 - Probability: 95% CI corresponds to $p=0.05$
 - If this includes 1, for odds ratio or relative risk, null hypothesis is NOT rejected (no significant difference)

56

Oh No, Not the "Null Hypothesis"!!!



57

Oh No, Not the “Null Hypothesis”!!!

		Reality	
		H_1	H_0
Study results support:	H_1	Power ($1 - \beta$)	α Type I error
	H_0	β Type II error	Correct

58

Oh No, Not the “Null Hypothesis”!!!

		Reality	
		H_1	H_0
Study results support:	H_1	Power ($1 - \beta$)	α Type I error
	H_0	β Type II error	Correct

Stating that there is not an effect when one does exist:
False negative error

Stating that there is an effect when none exists:
False positive error



59

2) An Association Was Found

- Does this mean that cannabis CAUSES psychosis, based on this paper?


60

Why the heck is his urine toxicology screen negative?

61


Question:
Patient's ED urine drug screen came back negative for opiates, so he must not have used the methadone he claims to be taking?



62

Sensitivity vs. Specificity

	Disease		
	+	-	
Test	+	TP	FP
	-	FN	TN
		Sensitivity $= TP / (TP + FN)$	
		Specificity $= TN / (TN + FP)$	
		PPV $= TP / (TP + FP)$	
		NPV $= TN / (TN + FN)$	



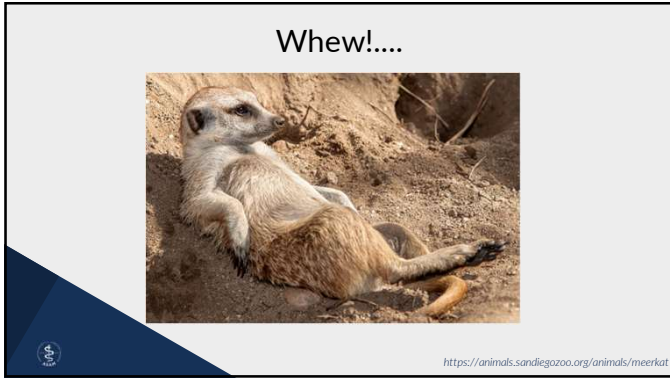
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High sensitivity screen for opiates (those metabolized to morphine), but low sensitivity for synthetic opioids (methadone)

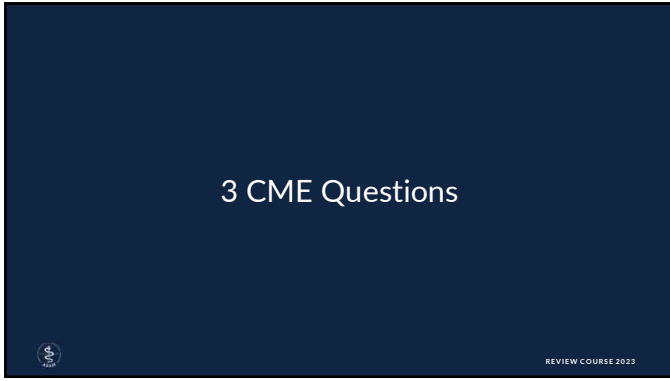
64

- What We've Done**
- Briefly reviewed scope of epidemiology covered on ABPM exam
 - Examined trends in addictions and explored ways to find that data for future professional or personal use
 - Followed two common questions in addiction medicine as a springboard for reviewing key concepts in epidemiology

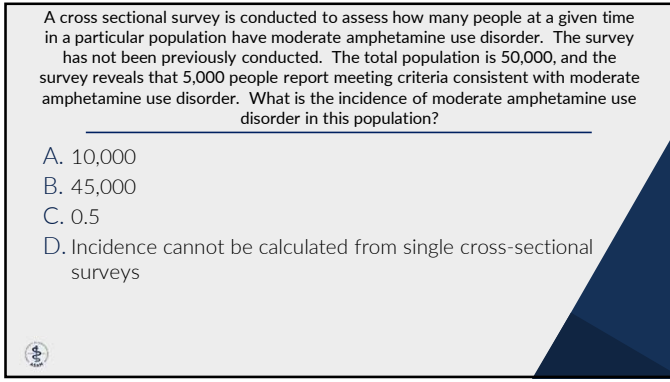
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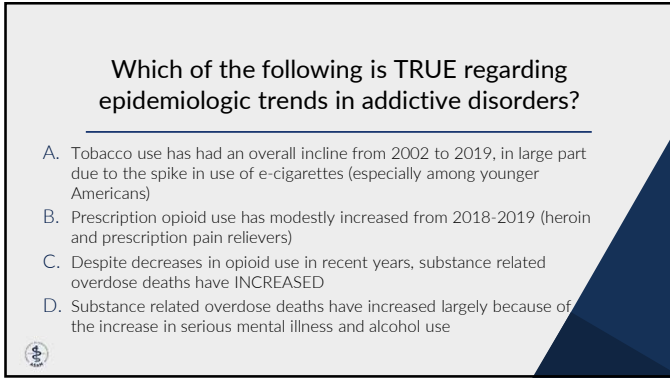
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69

A case control study finds an odds ratio of 5.5 (95% CI 0.5 to 7.5) regarding the association between an exposure and development of a condition. Which is true regarding the above comment?

- A. The odds ratio of 5.5 reflects a strong association between the exposure and the development of the condition
- B. The high odds ratio here conclusively means that the exposure causes the development of the condition
- C. The 95% confidence interval crosses 1, meaning there is an intolerable risk that the perceived relationship (OR 5.5) is due to chance—a type 1 error (no effect/relationship exists)
- D. Since case control studies generally “look forward” (i.e. are prospective), this study is likely to have a low chance of asserting a Type II (Beta) error.

70



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71
