

Epidemiology: Core Concepts and Applications

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Financial Disclosure

Jeffrey J. DeVido, MD, MTS

• Equity shareholder: Altria/Philip Morris/Merck

The opinions expressed in this talk are mine and they do not represent the opinions of my employing institutions or those with whom I am professionally affiliated.

Learning Objectives

Review the dimensions of epidemiology covered in the ABPM exam: 1) basic trends, and 2) epidemiologic concepts.

Establish different approaches for (re)learning epidemiology as necessary for ongoing professional acumen as well as (unfortunately) those things needed to regurgitate on an exam.

Demonstrate epidemiologic concepts in action through 2 different common addiction epidemiological questions.

Guide participants towards resources for ongoing review of epidemiologic data

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



Two Ways to Think about Epidemiology

• What do I need to know for the test?

What might I need to know professionally?



The ABPM Exam and Epi

Addiction Medicine

2019 Examination Blueprint

Core Content Areas

Core Content Areas		
25%	01 – Definitions 02 – Genetics 03 – Pharmacokinetic and Pharmacodynamic Principles 04 – Ph	
20%	06 - Epidemiological Concepts 07 - Epidemiological Trends of Substance Use Disorders 08 - Prevention	
40%	09 – Screening, Assessment, and Brief Intervention 10 f Addiction Treatment 11 – Management of Inpatient and Outpatient Intoxication and Withdrawal 12 – Pharmacologic Interventions for Addictions 13 – Behavioral Interventions 14 – Co-Occurring and Medical Disorders among Patients with Alcohol and Other Drug Use and Addiction 15 – Co-Occurring Psychiatric Disorders among Patients with Alcohol and Other Drug Use and Addiction 16 – Pain and Addiction	
15%	17 – Ethical, Legal and Liability Issues in Addiction Practice	

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

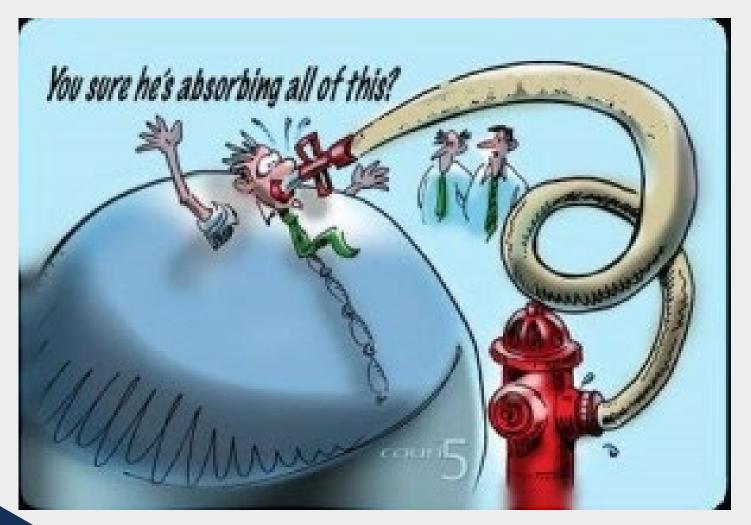
For the Test Strategy:

Some assumptions:

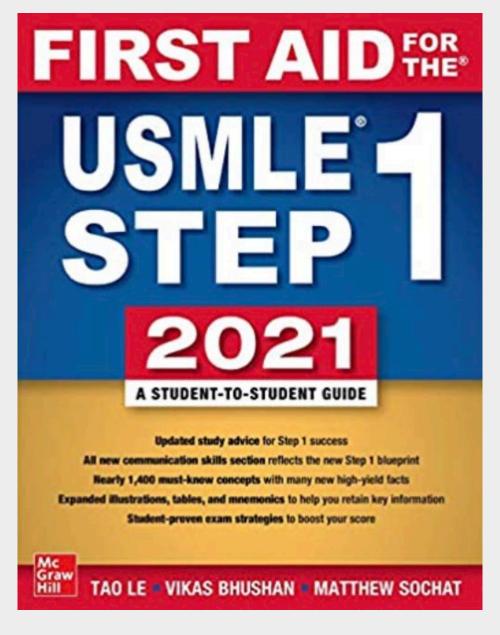
- All of you have had some rudimentary epidemiology/biostatistics
- Most of you have seen these concepts multiple times
- For the most part, you don't use these concepts as much as they come up on tests
- You scribble some notes on a cheat sheet to remind yourself as you're studying
- When you've been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



For the Test Strategy:







https://www.amazon.com/First-USMLE-Step-2021-Thirty/dp/126046752X/ref=asc_df_126046752X/?tag=hyprod-20&linkCode=df0&hvadid=459537678676&hvpos=&hvnetw=g&hvrand=12792418851990343229&hvpone=&hvptwo=&hvqmt=&hvdev=c&hvdvcmdl=&hvlocint=&hvlocphy=9032089&hvtargid=pla-1113406220592&psc=1

So...





Let's Do A Quick Matching Exercise:

Incidence

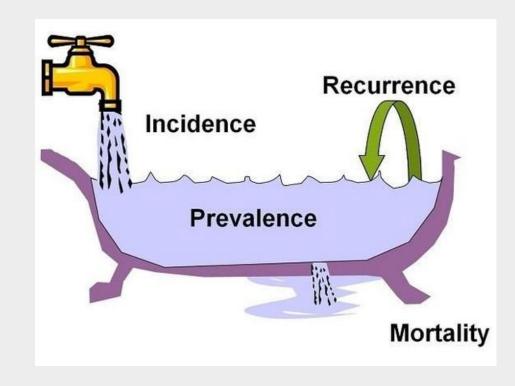
Prevalence

 #of existing cases/Total #of people (at a point in time)

 Rate: #new cases/#people at risk (during a specified time period)

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)



Let's Start with 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)

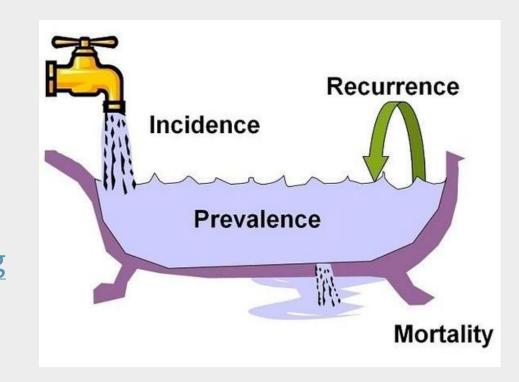


Prevalence:

• Represents the *public health burden* of a disease at a particular time

CROSS SECTIONAL SURVEYS

- Example: annual <u>National Survey on Drug</u>
 Use and Health (NSDUH)
 - Tobacco products, alcohol, illicit drugs



Let's Start With Some Useful Basics:

Primary Prevention

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

Secondary Prevention

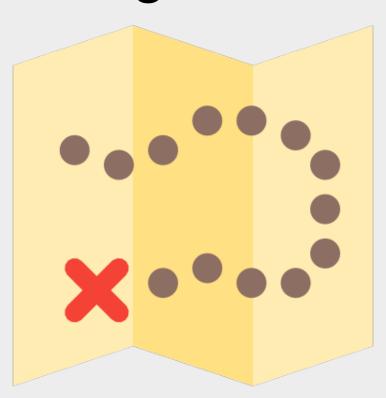
An early intervention that decreases the prevalence of a specific problem

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

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



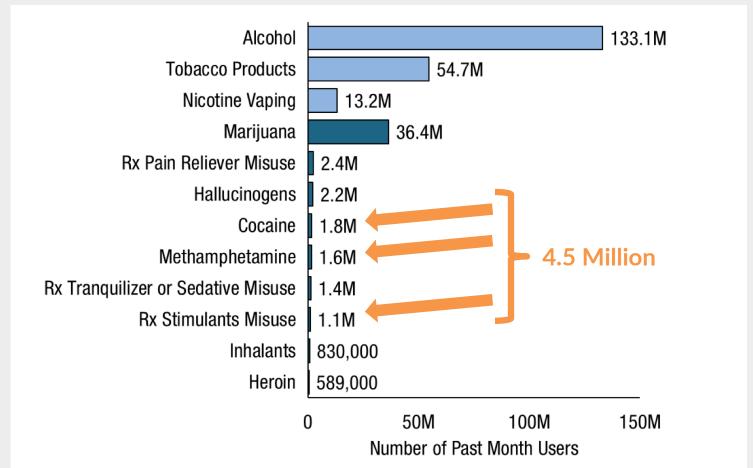


First: Big Picture





2021 NSDUH Prevalence: Past Month General Substance Use and Nicotine Vaping: Among People Aged 12 or Older; 2021

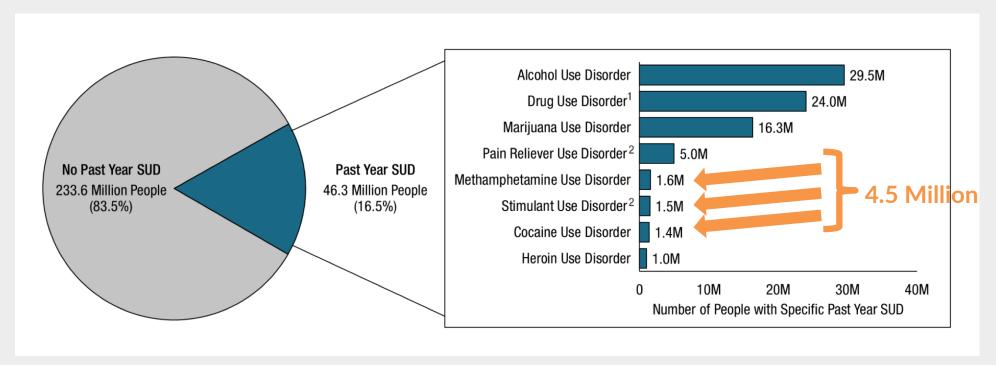


Rx = prescription.

Note: General Substance Use includes any illicit drug, alcohol, and tobacco product use. Tobacco products are defined as cigarettes, smokeless tobacco, cigars, and pipe tobacco.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2021



Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.



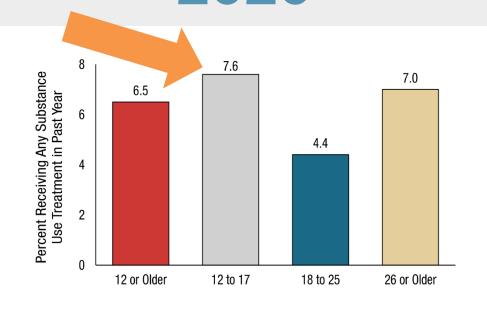
¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

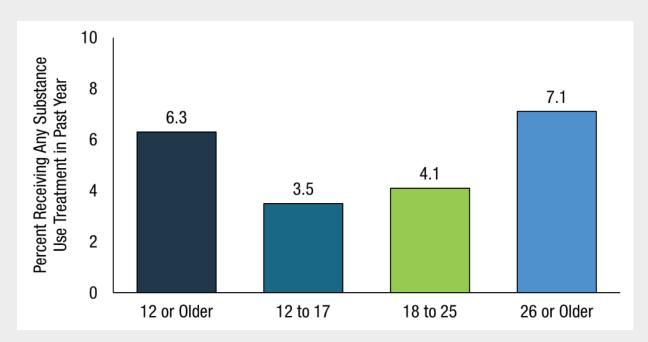
² Includes data from all past year users of the specific prescription drug.

But do people get treatment?

2020

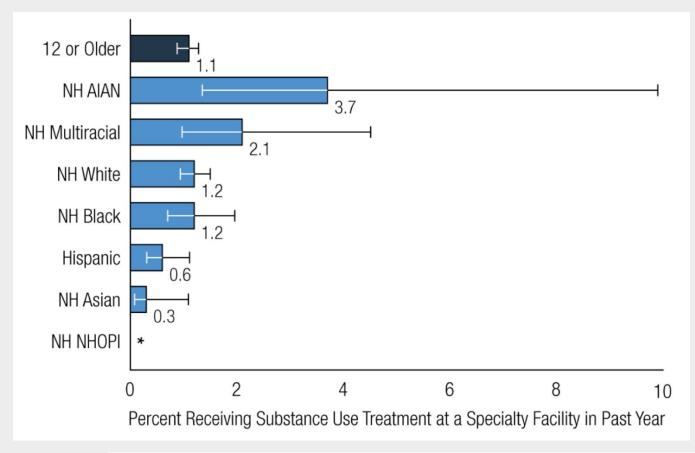
2021





But do people get treatment?

2021



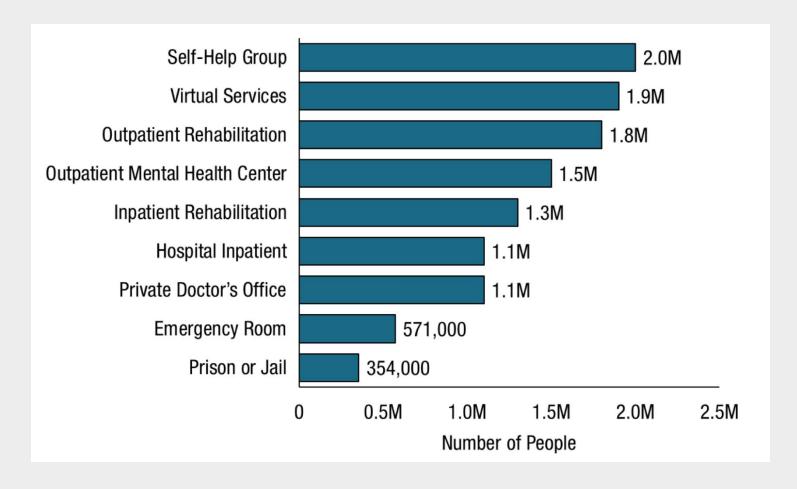
^{*} Low precision; no estimate reported.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.



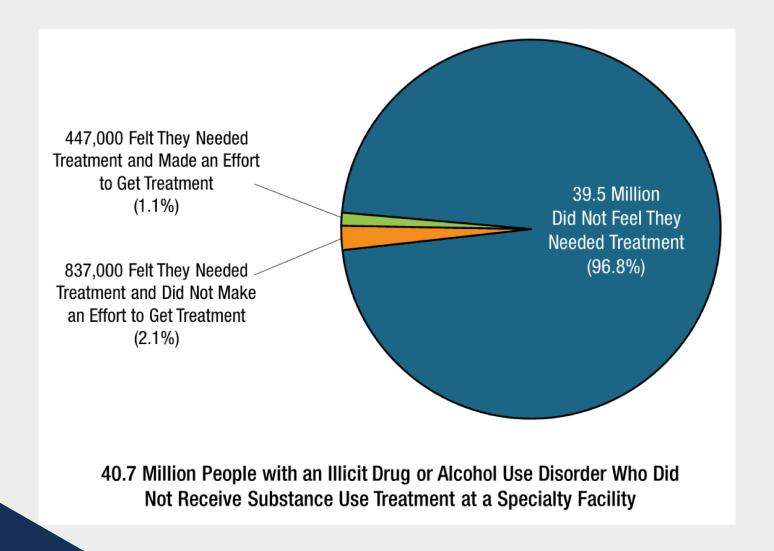
AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

For the people who do get "treatment" where do people get it?



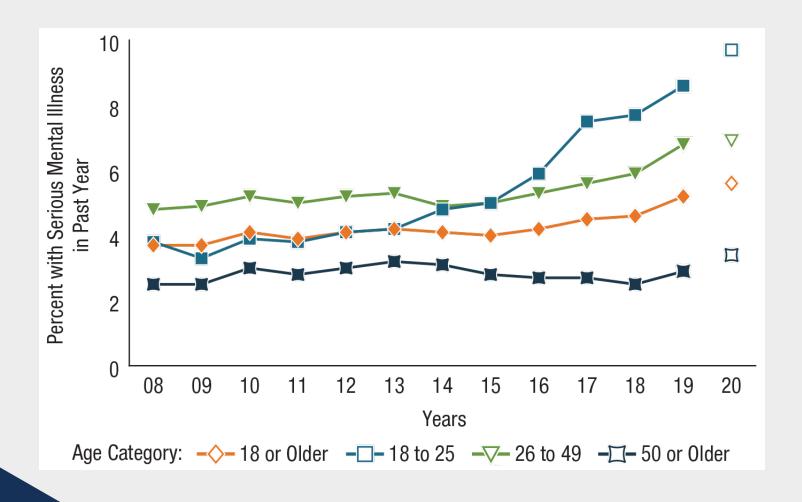


Perceived NEED for treatment (2020)



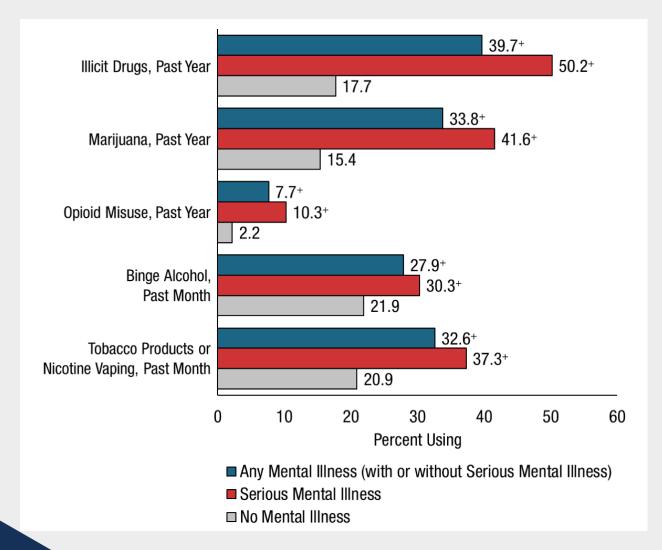


Serious Mental Illness in the Past Year: Among Adults Aged 18 or Older; 2008-2020



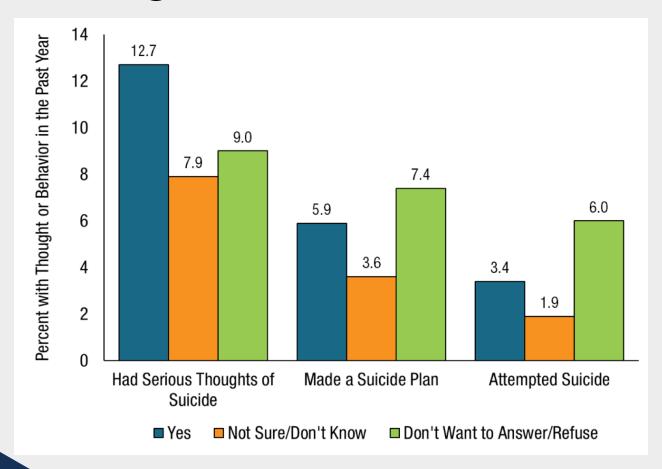


Substance Use: Among Adults Aged 18 or Older; by Mental Illness Status, 2021



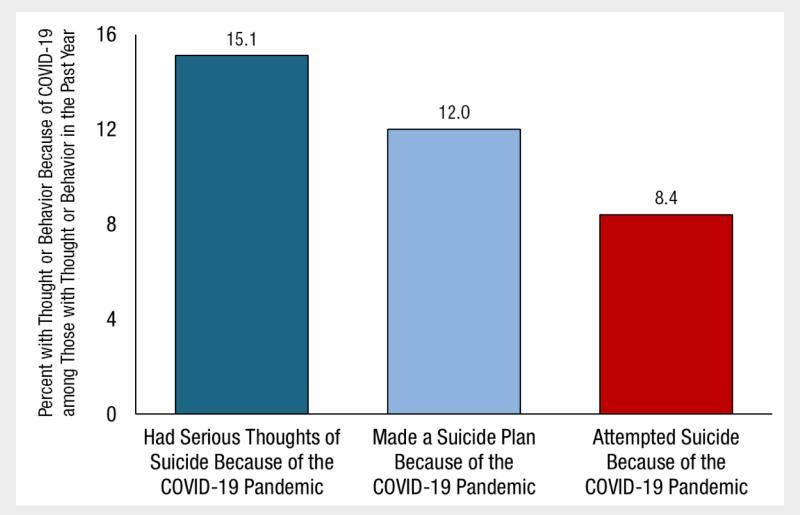


Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Youths Aged 12 to 17; 2021





Suicidal thinking as a function of pandemic; 12-17 youth: 2021

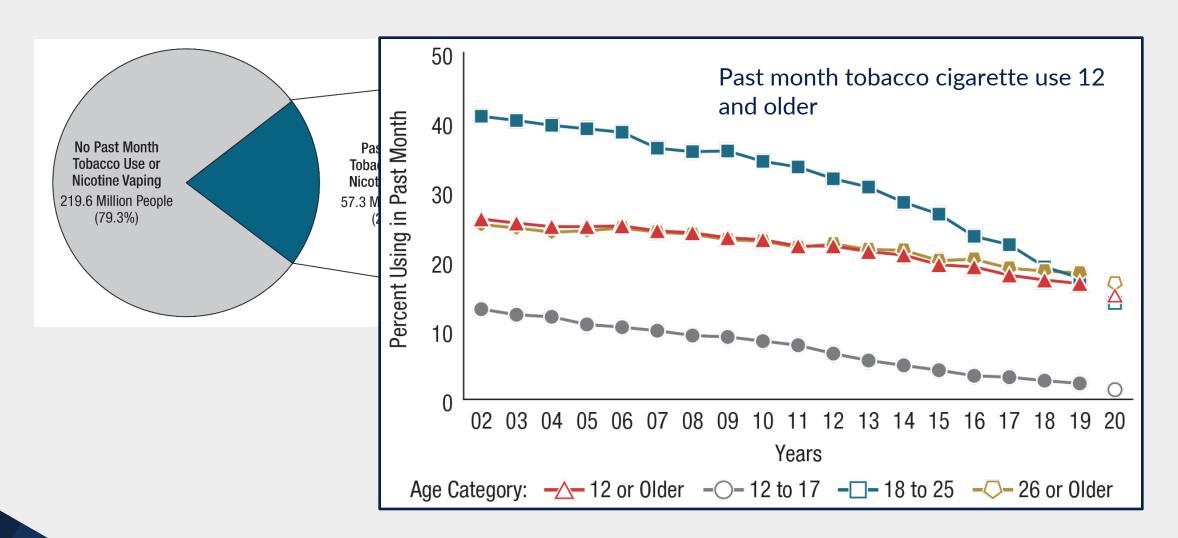


Second: Looking a little closer by substance



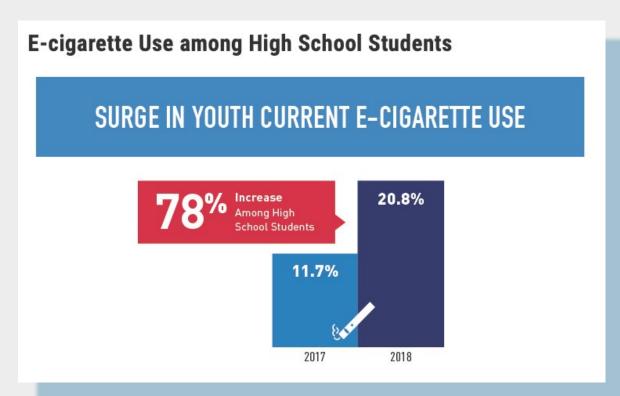


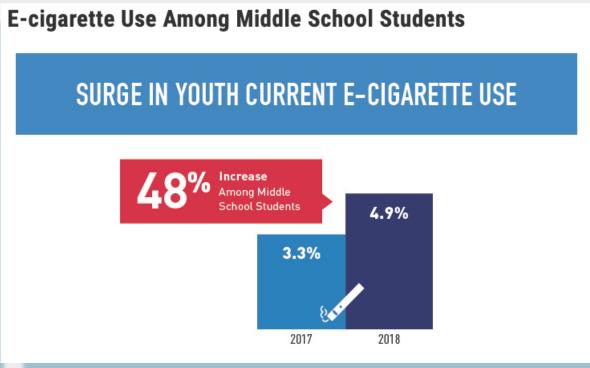
Tobacco, 2020



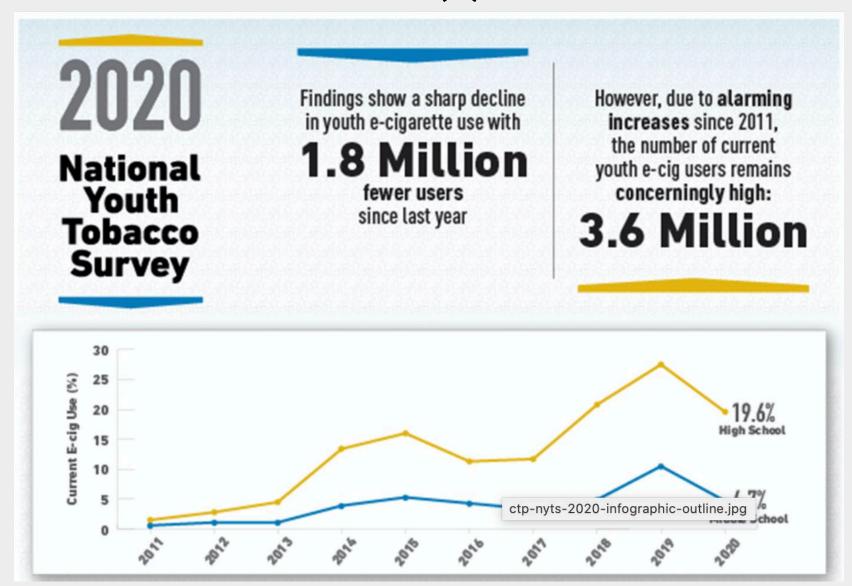


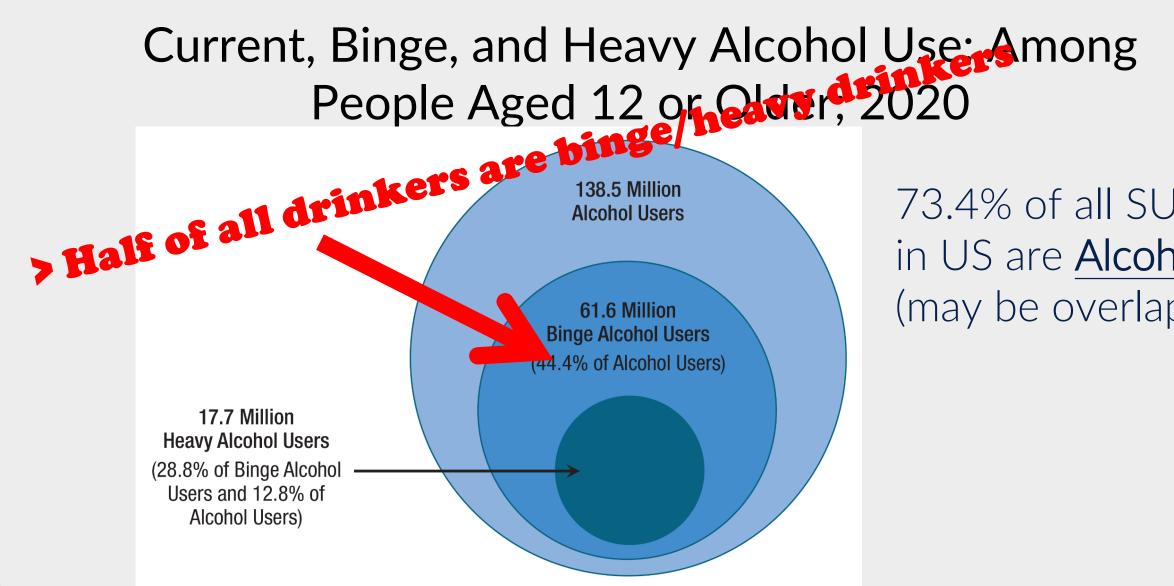
E-Cigarettes





But(t):





73.4% of all SUDs in US are Alcohol (may be overlap)

Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.



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

Deaths were up 25% according to a recent study.

By Eli Cahan

May 10, 2022, 3:19 AM • 6 min read

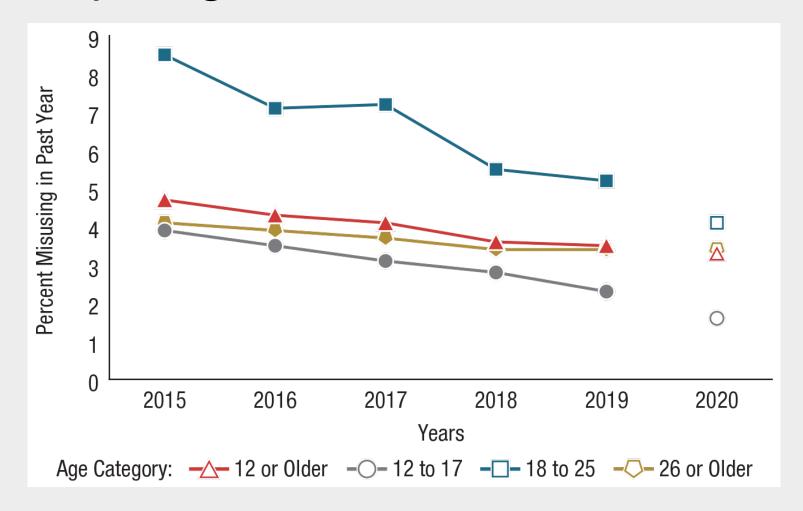
FIG

BLOG

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

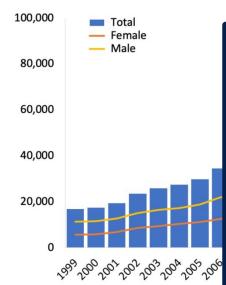


Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older; 2015-2020



Yet...

Figure 1. National Drug-Involved Overdose Deaths* Number Among All Ages, by Gender, 1999-2019

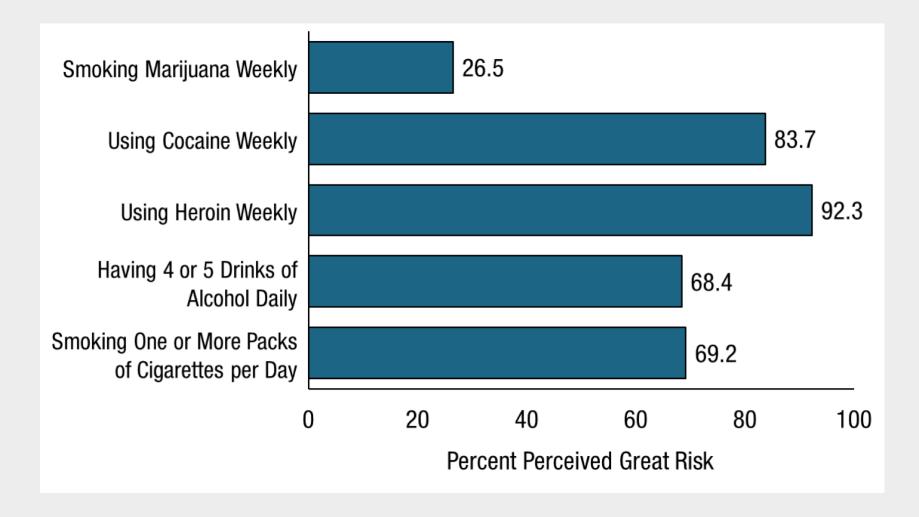


*Includes deaths with underlying causes of unintentional dripoisoning (X85), or drug poisoning of undetermined intent ('Source: Centers for Disease Control and Prevention, National WONDER Online Database, released 12/2020.



WONDER Online Database, released 12/2020

Perceived Great Risk from Substance Use: Among People Aged 12 or Older; 2021







by Mason Carroll | Friday, May 13th 2022



A beginner's guide to weed: How to choose the right strain for you

Updated: Apr. 15, 2022, 11:51 a.m. | Published: Apr. 15, 2022, 9:02 a.m.



health

RITE

Advertisement

BUSINESS

Woody Harrelson opens The Woods cannabis dispensary in West Hollywood

BY SUSAN CARPENTER | WEST HOLLYWOOD PUBLISHED 5:00 PM PT MAY, 13, 2022

WEST HOLLYWOOD, Calif. — With a waft of marijuana swirling around him and an adoring crowd of fans, Woody Harrelson cut the ribbon on his new cannabis dispensary in West Hollywood Friday. Part retail, part lounge and 100% dedicated to selling the best marijuana grown under the California sun, The Woods opened for business Friday.

"Hopefully we've added more beauty and more good times here," Harrelson told an eclectic group that had packed onto the sidewalk on Santa Monica Blvd. moments before The Woods opened its doors. "Hopefully we can help make the West Hollywood citizens a little bit higher."

https://www.hollywoodreporter.com/lifestyle/lifestyle-news/woodyharrelson-onens-cannabis-dispensary-the-woods-west-hollywood-

https://www.nj.c to-choose-the-rig

HEALTH NEWS ✓ Fact Checked

FDA Warns Companies to Stop Making False Claims for THC and CBD Products

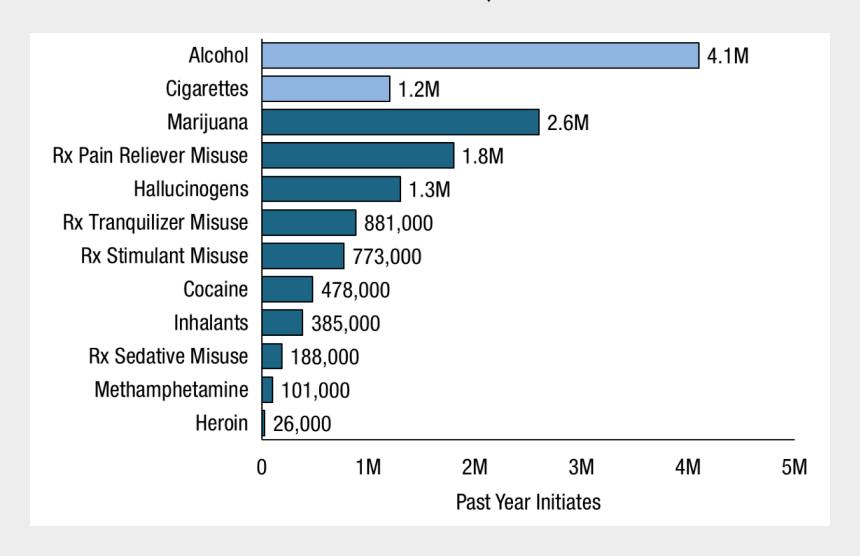


Written by Julia Ries on May

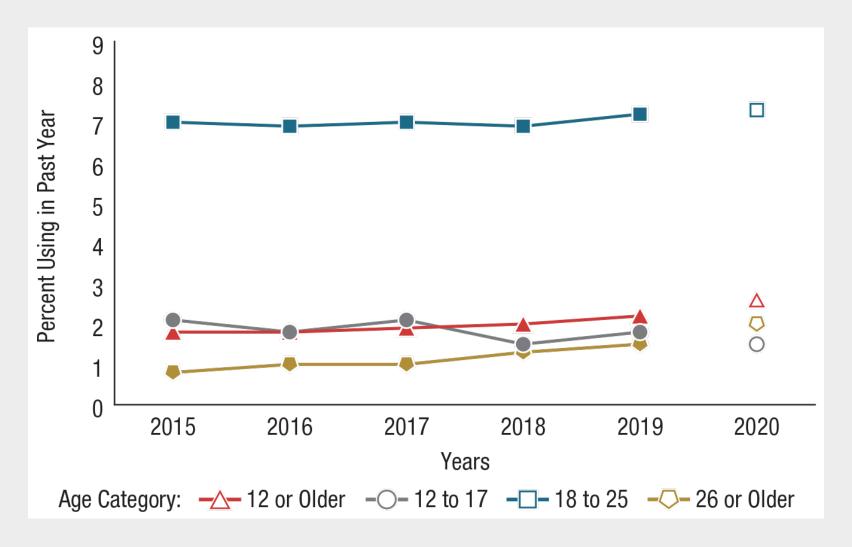
https://www.healthline.com/health-news/fda-warns-companies-tostop-making-false-claims-for-thc-and-cbd-products



Past Year Initiates of Substances: Among People Aged 12 or Older; 2021



Past Year Hallucinogen Use: Among People Aged 12 or Older; 2015-2020



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

ADRIANNA RODRIGUEZ I USA TODAY

Updated 2:58 pm EDT Apr. 7, 2022

A "shroom craze" may get even wilder after a new study that suggests a psychedelic drug found in some mushrooms may have protective benefits against addiction.

TODAY

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.

Every item on this page was chosen by a Town & Country editor. We may earn commission on some of the items you choose to buy.

Why Is Everyone Smoking Toad Venom?

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

BOXING

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

ANDREW GASTELUM · NOV 17, 2021



BY ALEX KUCZYNSKI → JAN 20, 2022

Third: Other Important Parts of the Story





Race/Ethnicity 2021

	National Average (%)	Black (%)	Asian (%)	American Indian/Alaska Native (%)	Hispanic (%)	Hawaiian/Pacific Islander (%)
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
Past Year Illicit Drug Use (12+)	21.9	24.3	11.1	36.1	19.4	**
Past Year Marijuana Use (12+)	18.7	21.3	8.6	35	15.8	**
Past Year SUD (12+)	16.5	17.2	8	27.6	15.7	20.7
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/rpt31104/2019NSDUH-LGB/LGB%202019%20NSDUH.pdf https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables



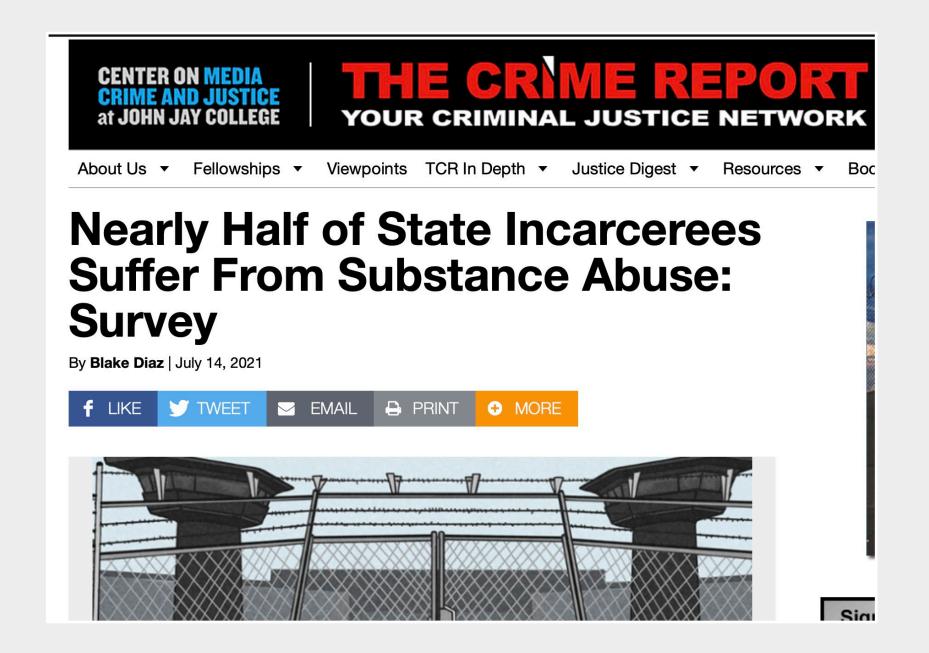
Sexual Minority* 2021

	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/sites/default/files/reports/rpt31104/2019NSDUH-LGB/LGB%202019%20NSDUH.pdf https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables





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



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*,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 P082, De Crespigny Park, London SE5 8AF, UK; tel: +44-20-7848-5433, fax: +44-20-7848-0866, e-mail: evangelos. vassos@kcl.ac.uk

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



What can we say about this study?

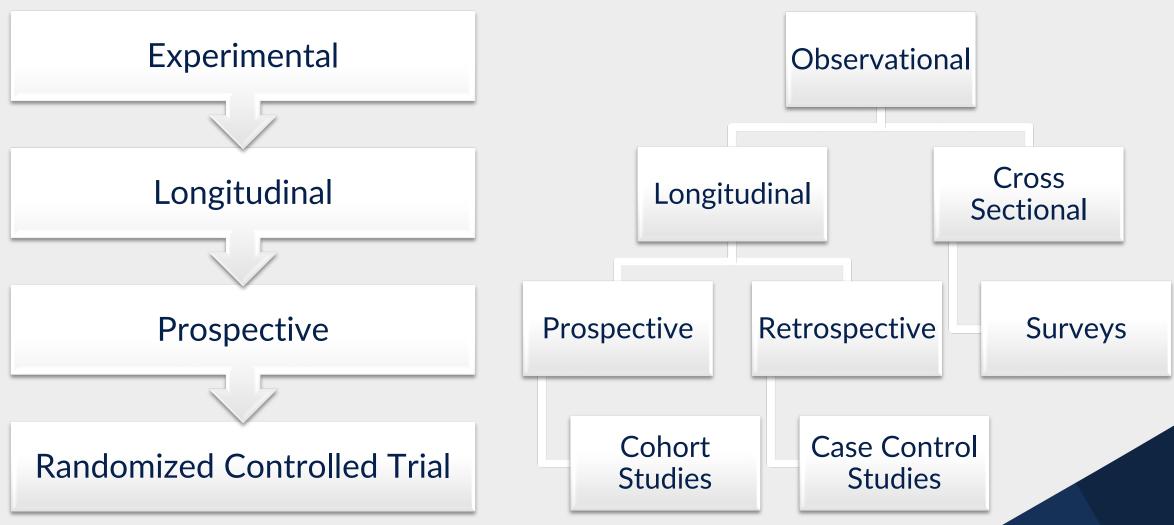


1) Quality of evidence, based on study design.



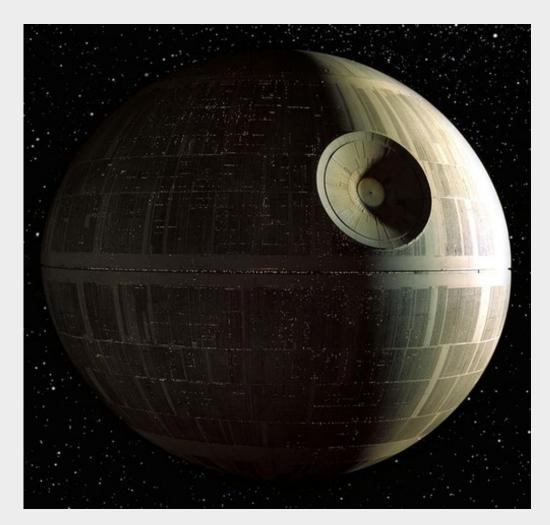


Types of Studies



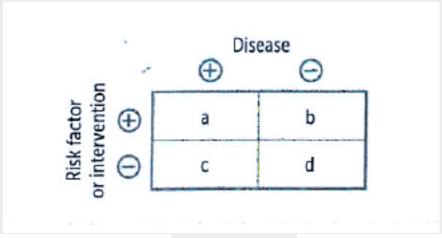


Quantifying Risk...





Quantifying Risk...



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

$$NNH = 1/AR$$

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

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

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

$$NNT = 1/ARR$$

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)



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

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



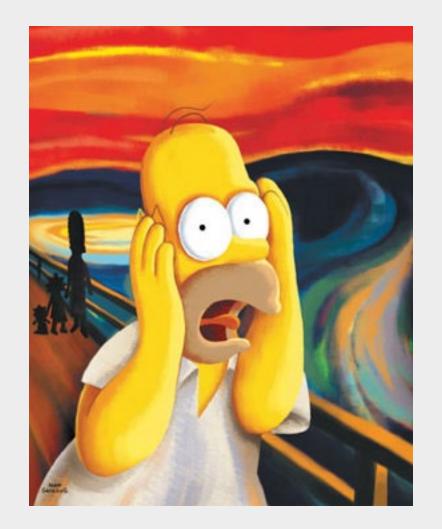
What about Confidence Interval?

• (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)

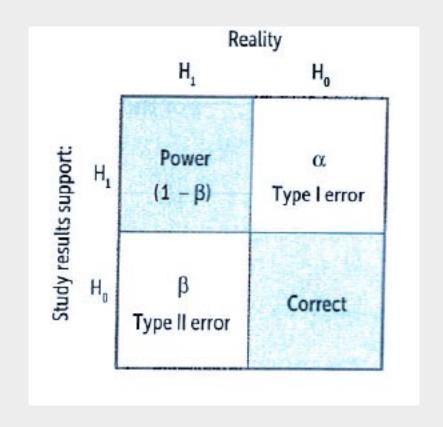


Oh No, Not the "Null Hypothesis"!!!





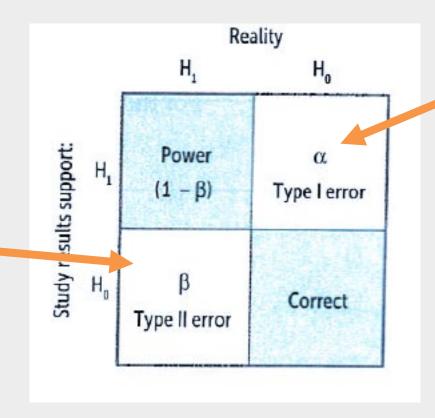
Oh No, Not the "Null Hypothesis"!!!





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

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



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



2) An Association Was Found

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



Why the heck is his urine toxicology screen negative?

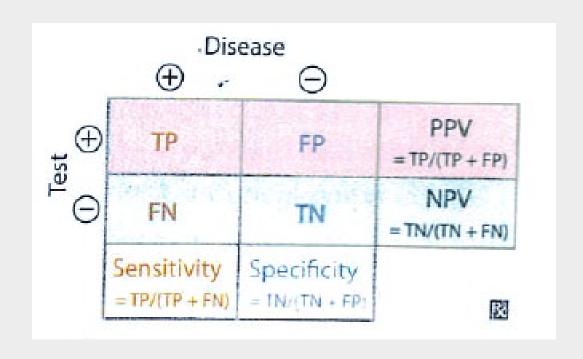


Question:

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



Sensitivity vs. Specificity





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



What We've Done

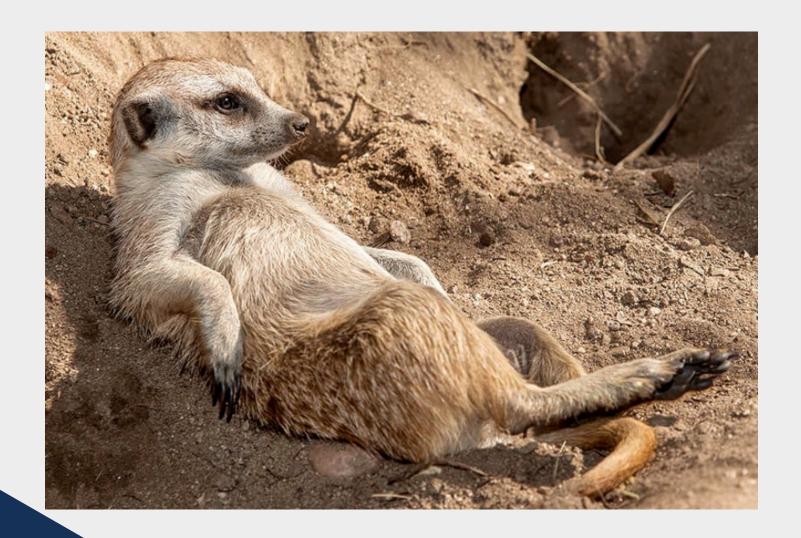
Briefly reviewed scope of epidemiology covered on ABPM exam

 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



Whew!....





3 CME Questions



A cross sectional survey is conducted to assess how many people at a given time in a particular population have moderate amphetamine use disorder. The survey has not been previously conducted. The total population is 50,000, and the survey reveals that 5,000 people report meeting criteria consistent with moderate amphetamine use disorder. What is the incidence of moderate amphetamine use disorder in this population?

- A. 10,000
- B. 45,000
- C. 0.5
- D. Incidence cannot be calculated from single cross-sectional surveys



Which of the following is TRUE regarding epidemiologic trends in addictive disorders?

- A. Tobacco use has had an overall incline from 2002 to 2019, in large part due to the spike in use of e-cigarettes (especially among younger Americans)
- B. Prescription opioid use has modestly increased from 2018-2019 (heroin and prescription pain relievers)
- C. Despite decreases in opioid use in recent years, substance related overdose deaths have INCREASED
- D. Substance related overdose deaths have increased largely because of the increase in serious mental illness and alcohol use



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 aType II (Beta) error.



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