

# PREVENTION IN THE SUBSTANCE ABUSE PATIENT

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# DISCLOSURES

- NONE



# OBJECTIVES

- Identify the importance of addressing substance abuse in the primary care setting
- Identify useful screening tools for substance abuse
- Review common medical issues unique to patients with substance abuse and how we can address these issues in primary care
- List options for medical management of alcohol, opioid and nicotine dependence
- Review and discuss the treatment of chronic pain in the addicted patient



# BACKGROUND

- In recent years, a number of changes to the healthcare system have made the integration of primary care and substance use disorder treatment a more viable option
- More treatment options for substance use disorders in primary care
  - Buprenorphine
  - Naltrexone
  - Acamprosate
  - Disulfiram
  - Zyban
  - Chantix



# AFFORDABLE CARE ACT 10 ESSENTIAL BENEFITS

- ambulatory patient services
- emergency services
- Hospitalization
- maternity and newborn care
- mental health and **substance use disorder services**, including behavioral health treatment
- prescription drugs
- rehabilitative services and devices
- laboratory services
- preventive and wellness services and chronic disease management
- pediatric services, including oral and vision care.



# SUBSTANCE ABUSE IMPACTS PRIMARY CARE

- Infectious disease
  - A leading route of infection for HIV and Hepatitis
- Cardiovascular disease
  - 9 times greater risk of developing congestive heart failure
- Pulmonary disease
  - 12 times greater risk of developing pneumonia
- Liver disease
  - 12 times greater risk of developing cirrhosis



## “SBIRT” MODEL

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- **B**rief **i**ntervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **R**eferral to **t**reatment provides those identified as needing more extensive treatment with access to specialty care.



## ASK ABOUT SUBSTANCE USE

- Many validated screening tools
- Tobacco use- now asked at every visit
- AUDIT-C
- AUDIT
- CAGE
- DAST-10
- “In the past year, how often have you used...?”





# NIDA QUICK SCREEN

In the past year how often have you used the following?	Never	1-2 times	Monthly	Weekly	Daily Or almost
Alcohol Men- 5 drinks per day Women-4 drinks per day					
Tobacco					
Prescription drugs for non-medical reason					
Illegal drugs					



# SO WHAT DO WE DO NEXT?

- Positive screen for abuse or misuse
  - Assess readiness for change
  - Offer treatment if interested
  - Not ready to quit?
    - DON'T JUDGE
    - TREAT THE PATIENT FOR GENERAL HEALTH



# ROUTE OF DRUG USE

- Ask about the route of use



# SMOKED DRUGS



# INTRANASAL

- Tobacco
- Heroin
- Cocaine
- Methamphetamines
- Opioid pills



# INTRAVENOUS

- Heroin
- Cocaine
- Methamphetamines



# ORAL INGESTION

- Alcohol
- Tobacco – chewing
- Marijuana
- MDMA/Ecstasy/GHB
- Cocaine
- Methamphetamines



# INHALANTS





# MEDICAL COMPLICATIONS BY ROUTE

## ○ Smoking

- Infection
  - Bronchitis
  - pneumonia
- Pulmonary emboli
- Pulmonary hypertension
- COPD
- Asthma
- Respiratory suppression with opioids



# MEDICAL COMPLICATIONS BY ROUTE

## ○ Inhalants

- Similar to smoking
- Toxins can affect all organ systems

## ○ Intranasal use

- Infections
- Chronic sinusitis
- Nasal septal defects
- Can transmit HIV or Hepatitis C



# MEDICAL COMPLICATIONS BY ROUTE

## ○ Oral

- Gastrointestinal symptoms
- GERD
- Variation in intoxication
  - May have longer onset, but longer duration

## ○ Intravenous

- Skin infections
- Pulmonary infections
- Septic emboli
- Endocarditis
- HIV
- Hepatitis C



# IMMUNIZATIONS

- Tdap, Td
- Annual Flu
- Consider Pneumovax prior to age 65
  - Especially with smoking and inhaling
- Consider Hepatitis A and Hepatitis B vaccines
  - Especially in IV and intranasal drug use



# HEPATITIS C

- Yearly monitoring of liver function
  - CBC, LFTs, vitamin D
- Immunizations
  - Hepatitis A and B
  - Pneumovax
  - Annual flu vaccin
- Control comorbidities
  - Diabetes
  - Obesity
- Referral for treatment
  - New treatments are making treatment options more promising
- Hepatocellular carcinoma screening
  - Only if cirrhosis



# MONITORING THE DRINKER

- Standard Drink- 14gm alcohol

- Beer 12 oz
- Wine 5 oz
- Liquor 1.5 oz
- Microbrew 8-10 oz
- Malt liquor 6-8oz

- At risk- at any time

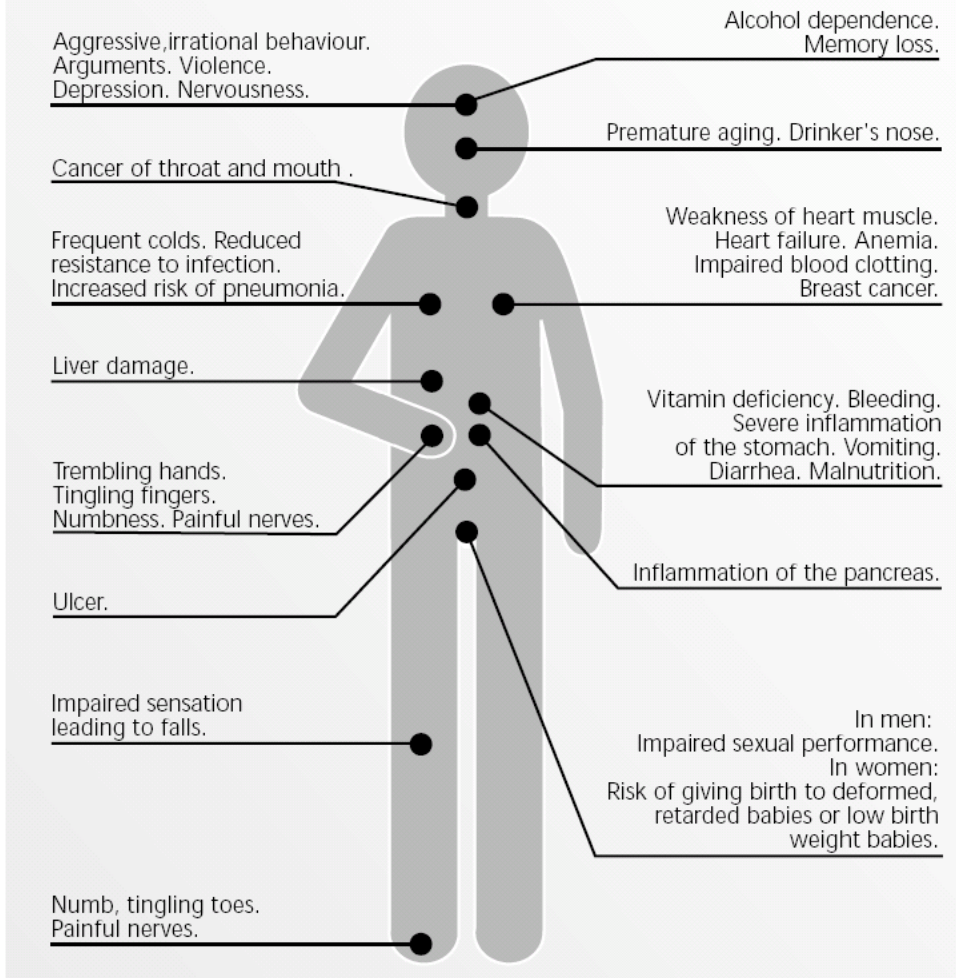
- Men > 4 drinks in a day
- Women > 3 drinks in a day



# HAZARDOUS DRINKING

- – All-cause mortality
- – Hypertension
- – Cardiomyopathy
- – Diabetes
- – Trauma
- – Stroke
- – More serious alcohol disorders
- – Cancers
- ~ particularly upper GI
- and breast cancers

## Effects of High-Risk Drinking



# MONITORING THE DRINKER

- Screen for hypertension regularly
  - Coronary Artery Disease
  - Cardiomyopathy
  - Arrhythmias
- Gastrointestinal Disorders
  - GERD
  - Gastric and Peptic Ulcers
  - Pancreatitis
- Renal
  - Electrolyte disturbances
  - Hepatorenal syndrome
  - Rhabdomyolysis





# MONITORING THE DRINKER

- Psychiatric disorders
  - Anxiety
  - Depression
  - PTSD
- Sleep disorders
  - Insomnia
  - Sleep cycle disturbance
- Nutritional deficiency
  - Vitamin deficiencies
- Liver disease
  - Alcoholic hepatitis
  - Fatty liver
  - Cirrhosis



# MEDICAL MANAGEMENT- ALCOHOL

- Naltrexone
  - 50mg daily
  - Monitor liver function
  - Cannot use with opioid medications
- Acamprosate
  - 666mg three times daily
  - Monitor renal function
- Disulfuram
  - 250mg – 500mg daily
  - Monitor liver function
  - Avoid all alcohol containing items
    - Medications
    - Foods
    - toiletries



# CIRRHOSIS

- High risk complication in patients with substance abuse
- Progression of disease
  - 20% with alcohol alone
  - 20% with hepatitis C alone
  - 90% with hepatitis C and concurrent alcohol use
  - Marijuana may also worsen risk of fibrosis in hepatitis C



# COMPLICATIONS OF CIRRHOSIS

- Variceal hemorrhage
- Ascites
- Spontaneous bacterial peritonitis
- Hepatic encephalopathy
- Hepatocellular carcinoma
- Hepatorenal syndrome
- Hepatopulmonary syndrome



# MONITORING CIRRHOSIS

- Monitor liver function every six months
  - CBC, LFTs, vit D, PT/INR, Chem 10
- Hepatocellular carcinoma screening every six months
  - AFP
  - RUQ ultrasound
- Esophageal variceal screening
  - EGD annually



# MANAGEMENT OF CIRRHOSIS

The major goals of managing patients with cirrhosis include:

- Slowing or reversing the progression of liver disease
- Preventing superimposed insults to the liver
- Identifying medications that require dose adjustments or should be avoided entirely
- Managing symptoms and laboratory abnormalities
- Preventing, identifying, and treating the complications of cirrhosis
- Determining the appropriateness and optimal timing for liver transplantation



# MONITORING THE OPIATE USER

- Harm reduction
  - Education
  - Needle exchanges
  - Narcan programs
- Medical complications
  - Gastrointestinal
    - Constipation
    - Laxative misuse
  - Pulmonary
    - Respiratory suppression
    - Pulmonary hypertension



# MEDICAL MANAGEMENT- OPIOIDS

## ○ Methadone

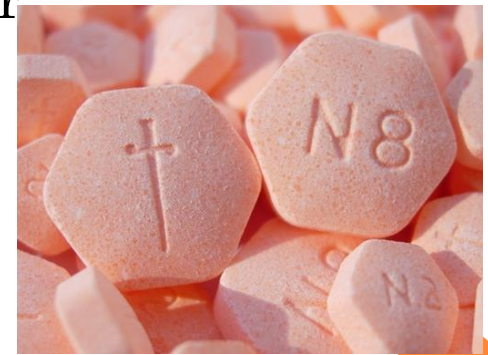
- Must be treated in a site specifically qualified to treat with methadone

## ○ Buprenorphine (Suboxone)

- Office based treatment
- Primary care can make the biggest impact
- Requires special training and DEA waiver

## ○ Naltrexone

- Opioid antagonist
- Blocks opioid from receptor
- Compliance is an issue





# MONITOR THE NICOTINE USER

- Tobacco use is the leading cause
  - Coronary Artery Disease
  - Cancer
  - Chronic bronchitis
  - Chronic Obstructive Pulmonary Disease
  - AAA screening in all men age 65-75 who have ever smoked
- Tobacco and Nicotine also causes
  - Gastroesophageal reflux disease
  - Peptic ulcer
  - Sleep disturbance
  - Mouth cancers



# MEDICAL MANAGEMENT - NICOTINE

## ○ Nicotine replacement

- E-Cig is not nicotine replace

## ○ Bupropriion

- Initial dose 15mg daily
- Maintenance dose 150mg BID
- Continue for at least 7 weeks after quit date

## ○ Varenicline

- Taper dose 0.5mg daily x 3 days, then 0.5mg BID x 4 days
- Maintenance dose 1mg BID
- Continue 12 weeks
- Monitor for suicidality

Nicotine Gum



Nicotine Patches



Microtabs



Lozenges



Inhalators



Nasal Sprays



# MONITORING THE STIMULANT USER

- Monitor for hypertension
- Acute coronary syndrome
- Increased progression of atherosclerosis
- Rhabdomyolysis
- No specific guidelines on these patients
- Suggest echocardiogram to monitor
  - Cardiomyopathy
  - Pulmonary hypertension
  - Interval unknown



# CHRONIC PAIN AND ADDICTION

- Chronic pain is common in substance abuse patients
- Many patients self medicate with other substances or purchase opioid medications off the streets
- Tolerance may be complicating the picture



# MANAGING PAIN IN THE ADDICTED PATIENT

- Complicated
- Generalized fear of prescribing opioid medications to an addict
- Scrutiny by governing entities and uncertainty about laws and regulations
- Moral vs. social views on addiction
- Clinical concerns about causing or contributing to addiction



# PRESCRIBING OPIOIDS TO THE ADDICTED PATIENT

## Potential risks of prescribing

- Prescribed opioid may serve as a trigger for relapse
- Difficulty controlling use
- Patient may feel pressure to “supply” friends
- Patient may be tempted to sell meds to supplement income

## Potential risk of NOT prescribing

- Continued addiction and self-medication of pain
- Unsuccessful detox due to pain with withdrawal
- Increased distress leads may trigger relapse to use alcohol or drugs



# ADDICTION ALTERS THE PAIN EXPERIENCE

- Both stimulant and opioid abuses have less pain tolerance than peers in remission or matched controls
- Former opioid abusers have decreased pain tolerance to pain compared to non-addict siblings
- HIV infected patients with h/o substance abuse required higher doses of opioid analgesics than patients without a hx of substance abuse
- Therefore, patients with a history of addiction may be more pain sensitive and require higher doses



# CAN OPIOID MEDICATIONS BE USED?

- Opioids can be effective and safe in an addicted patient
- Patients on chronic opioid medications should be assessed for risk of misuse
- Predicting and diagnosing addiction in patients with chronic pain can be challenging
- Patients with a history of opioid dependence, including those on maintenance therapy (methadone, buprenorphine), have a lower pain tolerance
- Acute management of pain requires continuation of maintenance opioid, with addition of higher doses of opioid





# HOW DO I DO THIS IN MY PRACTICE?

- Take a thorough pain history
- Take a thorough social history
- Take a thorough substance use history
- Used opioid risk screening tools
- Use nonopioid medications and adjunctive therapies
- Don't judge the patient based on their substance use, treat them as a person with pain



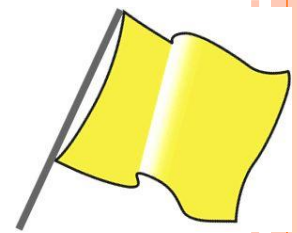
# MONITORING FOR MISUSE

## ○ Universal Precautions

- Agreements/Contracts
- Monitor for aberrant behavior
- Monitor for adherence, addiction, and diversion
  - Urine drug screens
  - Pill counts
- Initial small quantities and frequent visits
- Establish a refill and cross coverage system
- Prescription monitoring program



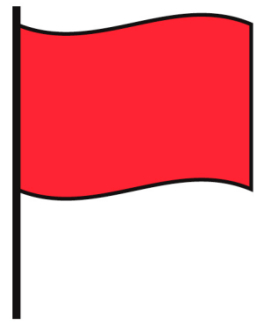
# ABERRANT BEHAVIORS LESS PREDICTIVE OF ADDICTION



- Complaints about need for more medication
- Drug hoarding
- Requesting specific medications
- *Openly* acquiring similar medication from other providers
- Occasional unsanctioned dose escalation
- Non-adherence to other recommendations for pain therapy



# ABERRANT BEHAVIORS MORE PREDICTIVE OF ADDICTION



- Deterioration in functioning at work or socially
- Illegal activities- selling, buying, forging
- Injecting or snorting medications
- Multiple episodes of “lost” or “stolen” medication
- Resistance to change therapy despite adverse effects
- Refusal to comply with random drug screens
- Concurrent use of alcohol or illicit drugs
- Use of multiple physicians and pharmacies



# WHEN ENOUGH IS ENOUGH!

- It is okay to discontinue the opioid medications and offer other medical therapies
- Refer to treatment for addiction if indicated
- Express concern, not what you may really feel inside...



# IF WE ALL HELP TREAT THIS POPULATION, THERE IS HOPE

- Questions?
- Comments?

