FIRST!
CAVEATS
THERE IS NO SINGLE TREATMENT THAT WORKS FOR EVERYONE
INDIVIDUAL VARIABLES

• Motivation to change (*partial change vs. comprehensive change*)
VARIABLES CONTINUED

• Motivation to change (*partial change* vs. *comprehensive change*)
• Incentives for abstinence
• Skill set and willingness to build same (*competing thoughts, behaviors*)
• Support system & interpersonal relationships (*family, others, environment*)
• You are introducing opioids into that system
A multisystem disease requires multifaceted treatment!

Mismatching or Poor Tx can be harmful – Something may not be better than nothing

MORE CAVEATS

FOR EXAMPLE

HENEPH'S
LAXATIVE COLD TABLETS
For relief from discomfort of colds

ACTIVE INGREDIENTS: PODOPHYLLIN, EXTRACT OF GELSEMIUM, QUININE SULFATE AND CAMPHOR WITH SMALL AMOUNTS OF POWDERED IPECAC, ASCLEPIADIN AND CAPSICUM.

SATISFACTION GUARANTEED OR MONEY REFUNDED

25 TABLETS  PRICE 25¢

DISTRIBUTED BY
THE HENEPH CORP., KINGSTON, N.Y.
PROFESSIONAL ENABLING

- Revolving Door
- Industry Issues
- Outcome Studies
- Best Practices
- Evidence Based
- Admission Criteria
WALLET BIOPSY
MORE CAVEATS

• A multisystem disease requires multifaceted treatment!
• Mismatching or Poor Tx can be harmful
  – *Something may not be better than nothing*
• Treatment duration correlates with treatment outcome!
• Recovery plans (*just as life*) are dynamic!
AVAILABILITY
WHY DO WE STILL HAVE AN EPIDEMIC?

- Lack of awareness
- Reluctance to take
  - Ambivalence
  - Lack of confidence in effectiveness
  - Social Support/ Opinion/ Peer culture
- Resources
  - Acquisition procedures
  - Cost
  - Prescriber
- Delivery
  - Unable to monitor
IT CAN BE PART OF THE ANSWER(S)
LAPSE VS RELAPSE

• Common – not inevitable
  – LSBN-RNP
• Realistic expectations of self and others
• Need early intervention
• AVE
• Teachable moments
• Consequences
  – Appropriate
  – Known up front (contract)
DETTOXIFICATION

• The majority of patients seeking detox do not see need for treatment or support once detox'd
• This is a manifestation of impaired thinking and pathological defenses
• Maintaining recovery status post detox requires active management to sustain it

Self knowledge
Unable to stop...
DETOXIFICATION ONLY

CONTINGENCY CONTRACT
DETOXIFICATION

- Repetitive detox increases neuropathology – Worse without medication assisted detox
- Causes CNS sensitization
- Promotes decreased ability for conflict resolution
- Decreases stress tolerance
- Resets body to a new homeostasis or allostasis (Normal to abnormal state)
DETOXIFICATION

- Allostasis = achieving stability thru adaptive change
- HPA (need recalibration)
- Hormones (fertility increase)
- Cytokines (opioids)
- Plasticity of nervous system
  - ANS
- Allostatic overload
  - Wild animals in captivity
Gradual Detox Buys Time…

• Achieve homeostasis gradually & use time to:
  • Decrease positive drug expectancy
  • Increased negative expectancy
  • Identify high-risk situations
  • Develop self efficacy
  • Develop coping skills
  • Lifestyle changes (people, places things)
OPIOID USE CONSEQUENCES

• Memories Distortion
  – Encoded misinformation and act on same
    • Reality input (*family & concerned others*)
  – Euphoric recall

• Reward system high jacked
  – Natural rewards superseded by salient event (*compulsivity*)

• Attention centered upon regaining salient reward
THERAPEUTIC IMPLICATIONS

• Belief system distorted (*I’ll Quit Tomorrow*)
  – Almost magical thinking – unrealistic plans without adequate foundation of coping skills, reparation of damage, life style rehabilitation

• Reception of new thoughts impaired (*rigidity, abnormal brain circuitry*)

• Automatic thoughts
  – The danger of the miracle drug perception (*rely on drug and less on development of life skills*)
THERAPEUTIC TARGETS

• Abstinence or controlled use (*Negotiated with patient*)
• Functionality (*Behavioral target*)
• Citizenship (*Living with regard and respect for those around you*)
• Enhanced quality of life (*How enhanced do you want it to be? What price are you willing to pay to give up the most important love object in your life?*)
• Healthy rewards are essential
  – Contingency
CLINICAL PATHWAYS

• Lacking

Each "clinic" is a microsystem

- Micro-culture
- Philosophy

You need this RX the rest of your life

If you use MJ you’re out.

You need to get off this ASAP.

MJ is OK but BZDs are out.

You need BZDs for anxiety.

Most addicts are ADHD & need Adderall..

All you need is the medication.

MAT is not enough. You need TX also.

All you need is the medication.
DOCTOR SHOPPING
BASIC FORM OF BUPRENORPHINE MAT

– Meets federal and state regulations
– Waivered physician writing a prescription
– Patients meet criteria for opioid dependence
– Provide regular office visits
– Document care properly
– Ensuring capacity to refer patients for appropriate counseling and other appropriate ancillary services
“Waiver”

- SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
- SAMHSA – REQUIREMENTS
- WAIVER – TO TREAT OPIATE DEPENDENT PATIENTS WITH OPIOIDS
  - MEDICAL DOCTOR
  - ADVANCED PRACTICE REGISTERED NURSE
  - PHYSICIAN ASSISTANT
OFFICE BASED OPIOID TREATMENT
OBOT

- Treat Patient
- “Waivered MD”
- Therapist
  - In house
  - Referral
BEHAVIORAL CLINIC

- Behavioral Health Clinic
- Contracted Waivered Prescriber
PROGRAM COMPONENTS

• Document adherence
  – Accountability promotes success
  – Monitor self help group involvement

• Patient education –
  – Address myths, provide foundation

• Individual Capability

• Group Process

• Continuity
INITIAL ASSESSMENT

- Medical HX
- Physical Exam
- Social HX
- Fly HX
- Surgical/Trauma HX
- Medications
- PMR
- MSE

- Substance Use HX
- Psych HX
- TX HX
- LAB
- Contract
- Counseling SVCs
- RX
  - Dose
  - Induction
TREATMENT PLAN

• Induction – office or home
• Counseling/ community resources
• Monthly* follow up for RX
• Document Adherence
  – PMR, UDS
• Therapy as indicated
  – ROI
BUPRENORPHINE DOSE

- IN OFFICE INDUCTION (SAMHSA)
- HOME INDUCTION (HANDOUT)
- USUAL DOSE 16 MG PER DAY
- MOST PEOPLE SPLIT DOSE BID
  - Cut film or pill
- SOME GO TO 24 MG/DAY
- CHRONIC PAIN (OFF LABEL) – DIVIDED DOSES
BUP TREATMENT DURATION

- 5-7 DAY DETOX (INPT)
- 4 WEEKS THEN NALTREXONE (NIDA)
- 6 MONTHS STABILIZATION THEN TAPER DOWN
- OPEN END WITH PERIODIC DISCUSSION TO TAPER DOWN (NEGOTIATED)
- PREGNANCY
MEDICATION ADJUNCTS

• INSOMNIA
  – (LATE DOSE BUP CAN CAUSE INSOMNIA)
  – TRAZODONE (50MG – 200MG)
  – REMERON (15-45MG)

• DETOX
  – CLONIDINE (CATAPRES)- (0.1 MG TID)
  – GABAPENTIN (NEURONTIN)- 300 -600MG HS
    (1800MG PER DAY - ANXIETY)
  – VISTARIL – 25-50 MG UP TO QID
  – PHENERGAN – 25 MG (CAUTIONS)
NARCAN

GET IT AND KEEP IT AVAILABLE
Buprenorphine is a Narcotic (Addictive/OWS)

- **Subutex Tablets** (Generic Available)
  - Buprenorphine only
- **Buprenorphine + Naloxone** Generic Tablet
- **Suboxone Film**
  - Buprenorphine + Naloxone
- **Zubsolv tablet**
  - Buprenorphine + Naloxone
- **Bunivail**
  - Buprenorphine + Naloxone
  - Pain Patch
Implants placed under the skin of the upper arm.
PRE-AUTHORIZATION PROCESS
Preauthorization / Medication Gap

- Pharmacy Availability
- Out of Pocket Purchase
- Coupons – Good RX
- Coupons – Pharm Cos
- Compassion - Pharm Cos
TREATMENT CONTRACT

• Expectations/ Requirements
• Medication security
• Lost/ stolen medication policy
• Consequences of noncompliance
• Notification of pregnancy
• Copy to patient & therapist
TREATMENT PEARLS

- LOST/STOLEN RX
- JAIL TIME
- RX COUNTS
- NON-COMPLIANCE
- POSITIVE UDS
- PREGNANCY
- PMR VIOLATION
- DOCTOR SWITCHING
LOST OR STOLEN BUPRENORPHINE

• Contract specifically states RX must be secured

• Stolen
  – Require police report
  – Investigation number
  – NON-NEGOTIABLE

• Lost RX
  – Affidavit

• Washed RX –
  – film strip containers
LOST OR STOLEN RX

• REPLACEMENT RX?
  – PMR CHECK
  – INTERIM RX
  – “OK FOR EARLY REFILL”

• DO NOT BE HELD HOSTAGE
  – “I'll have to go on the street for it.”

• SPECIAL CIRCUMSTANCE
  – PREGNANCY

• REVIEW SECURING RX
• Jails do not give buprenorphine
  – May offer a “Detox pack”
• Detox in jail then what?
  – Anxiety Disorder
  – Want to resume MAT
  – Are high risk for OD
SAFETY SENSITIVE JOBS
TOXICOLOGY

- Urine Drug Screen
- P&P for positives
  - BZD/Barb
  - Cannabinoid
  - Meth/Amp
  - Cocaine
- PMR review
- UPT –
- Alcohol
Southeast Asia (Mitrogyna speciosa) – Fatigue, pain, cough, diarrhea, pain, OWS

Opiate substitute since early 1800's

Dose Related Effects – Stimulant – Opioid Effect – Coma/psychosis

Acts on Opioid (mu) Receptor

Addictive – OWS

FDA & DEA – (political pressure to not list as controlled substance)
The Effects of Opiates on the Respiratory System

- Opiates can cause respiratory depression, which can slow breathing and result in death.

ALCOHOL INCREASES DANGER

www.DrugAbuse.com
MULTIPLE-MEDICATIONS POLICY

- Anxiety disorders: “I need my Xanax.” Nothing else works.
- ADHD: “I need my Adderall.” Nothing else works.
MULTIPLE-MEDICATIONS POLICY

To prescribe an addictive medication:
• No reasonable medical alternative
• Rx must be taken for diagnosed condition
• Informed /Pt education/document
• Monitor compliance
CO-EXISTING DISORDERS

Buprenorphine - AD
RETENTION RATES

• Buprenorphine Outpatient Outcome Project
• “BOOP”
  – 40% retention at one month
  – 15% retention at 3 months
  – There was harm reduction by several measures
• Musical Chair Providers
BUPRENORPHINE AS A DOUBLE EDGED SWORD

BLESSING?

CURSE?
TOOL

ONLY AS GOOD AS THOSE WHO USE IT
HIPPOCRATIC OATH

FIRST DO NO HARM

ESPECIALLY WITH
THE PHARM
THANK YOU!
BRAIN DRAIN