

Jeffrey H. Chester, DO

Board Certified in Addiction Medicine by American Board of Preventive Medicine

Board Certified American Board of Addiction Medicine

Board Certified American Board of Physical Medicine and Rehabilitation

drchester@ponohealthcare.com

No financial disclosures



Educational Objectives

To understand that treatment needs to be tailored to the individual

To expand knowledge about substance risks, Federal schedules

To reconsider medication treatment biases and promote harm reduction

drchester@ponohealthcare.com

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Behavioral Health ECHO Presentation
April 11, 2023

Today's Topic:

Is it acceptable in residential treatment
centers?

drchester@ponohealthcare.com
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Four Alternate Titles:

Is it acceptable in sober living facilities?

drchester@ponohealthcare.com
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Four Alternate Titles:

Is it acceptable in any person in
recovery?



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Four Alternate Titles:

Is it acceptable in persons with no
history of a chemical use disorder?



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Four Alternate Titles:

Is it acceptable in persons with low risk
of a chemical use disorder?

drchester@ponohealthcare.com
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Origin of this talk's topic:

I was covering an addiction
psychiatrist's duties at a residential
treatment center

drchester@ponohealthcare.com
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Behavioral Health ECHO Presentation
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Origin of this talk's topic:

Hx of anoxic brain injury and
both central sleep apnea and obstructive sleep
apnea

drchester@ponohealthcare.com
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Origin of this talk's topic:

The CEO of the center was hesitant to allow this person to continue his sleep apnea medication, Sonosi (schedule IV) for fear of potential misuse/abuse/addiction

drchester@ponohealthcare.com
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Behavioral Health ECHO Presentation
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Origin of this talk's topic:

Person had been allowed to continue his
buprenorphine/naloxone SL tablets
(Schedule III) for chronic opioid use disorder

drchester@ponohealthcare.com
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Origin of this talk's topic:

Person had been successfully medically managed by the addiction psychiatrist for acute alcohol withdrawals with a chlordiazepoxide (Librium, schedule IV) taper

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Behavioral Health ECHO Presentation
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Origin of this talk's topic:

S/P gabapentin 800mg by mouth four times daily for chronic lower back pain. I allowed it, to resume, but three times per day.

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Origin of this talk's topic:

Gabapentin is not scheduled, but as of November 2022 classified as a scheduled drug V in Alabama, Kentucky, Michigan, North Dakota, Tennessee, Virginia and West Virginia

[Gabapentin Presents High Potential for Misuse](#) Lanham PhD, MAFF, CFA and Brittany Riley, PharmD, BCPS, MS Pharmacytime.com November 24, 2022

drchester@ponohealthcare.com

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Origin of this talk's topic:

Gabapentin Increasingly Implicated in Overdose Deaths

“Postmortem toxicology tests detected gabapentin in almost 1 in 10 US overdose deaths between 2019 and 2020. In about half of the cases, a medical examiner or coroner ruled the drug was a cause of the death, according to a report from the **CDC's** Division of Overdose Prevention.”

Jama: Bridget M. Kuehn, MSJ June 28, 2022

drchester@ponohealthcare.com

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Topics to Ponder:

President Nixon and War on Drugs 1970 Controlled Substance Act

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Topics to Ponder:

Can one use Federal drug schedules to make decisions about individual risks and policies about what medications are “not acceptable”?

drchester@ponohealthcare.com
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Topics to Ponder:

Is medical treatment (MAT) inferior to
abstinence for chronic conditions
for those with chemical use disorders?

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Topics to Ponder:

What about for those with other chronic medical conditions?

diabetes, hypertension, hyperlipidemia, epileptic seizure disorder, depression, ADHD, cardiovascular disease, COPD, sleep apnea....?

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Topics to Ponder:

Are all medications that help with daytime wakefulness of similar risk for misuse, abuse, addiction?

Provigil, Nuvigil, modafinil, Sunosi, armodafinil, solriamfetol

drchester@ponohealthcare.com

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Topics to Ponder:

Insomnia medications are prescribed to help
with daytime sleepiness.

They have varied risks for misuse, abuse,
addiction

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Topics to Ponder:

Varied risks:

zolpidem, eszopiclone (Lunesta), lorazepam (Ativan), chlordiazepoxide (Librium), diazepam (Valium), alprazolam (Xanax), clonazepam (Klonopin), zaleplon (Sonata), ramelteon (Rozerem), Suvorexant, trazodone, gabapentin, topiramate

drchester@ponohealthcare.com

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Topics to Ponder:
Varied risks:

TCA's (doxepin, amitriptyline, nortriptyline),
prazosin, clonidine

OTC preparations

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Topics to Ponder:

What about cannabis for insomnia?
CBD preparations?



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Topics to Ponder:

What about treating a person's ADHD-related insomnia with bupropion (Wellbutrin), atomoxetine (Strattera), venlafaxine (Effexor)....



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Topics to Ponder:

What about treating a person's ADHD-related insomnia with:

- adderall
- methylphenidate (Ritalin, Concerta)
- lisdexamfetamine dimesylate (Vyvanse)?

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Topics to Ponder:

Current standards of care:

Medication replacement for opioid use disorder, alcohol use disorder, benzodiazepine and sedative use disorders, and tobacco use disorder.

Why not for stimulant use disorder?

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Topics to Ponder:

DSM-5

Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain

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Topics to Ponder:

Steroids:
Performance enhancing drugs
Testosterone Replacement

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Topics to Ponder:

Treat with Hallucinogens?

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Topics to Ponder:

Vaping and tobacco

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Topics to Ponder:

I have treated patients with chemical use disorder to
ibuprofen

Ibuprofen (Motrin) and acetaminophen (Tylenol) cross the
blood brain barrier and both can be lethal

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palate cleanser before one more (short) case presentation



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OUD (short) Case Presentation Topic:

illicitly obtained Suboxone

vs.

early refill request for Suboxone

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OUD (short) Case Presentation:

Person #1:

in the drug court system

Confessed to illicitly obtaining two days of SL buprenorphine/naloxone tablets

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OUD (short) Case Presentation: Person #2:

No criminal history. ADHD, OCD, AUD, OUD

Confessed to me 5 days prior to their scheduled refill date, that they overtook their buprenorphine/naloxone SL tablets and was going to run out 2 days early

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The only thing two doctors can agree upon is
what the third doctor should have done.

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Mahalo!

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