Polysubstance Abuse and Moud

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MOST OFTEN ABUSED?

ALCOHOL

MARIJUANA

PRESCRIPTION PAIN MEDICATIONS, ANXIETY PILLS AND STIMULANTS

METHAMPHETAMINE

COCAINE

OPIATES

HALLUCINOGENS

INHALANTS

MEDICATION ASSISTED TREATMENT AND MOUD GOALS:

-PROVEN TO BE CLINICALLY EFFECTIVE AND REDUCE NEED FOR INPATIENT DETOXIFICATION AND HOSPITALIZATION

-MORE COMPREHENSIVE APPROACH - ***WITH BEHAVIORAL HEALTH CARE***

-GOAL IS LONG TERM RECOVERY - MORE CHALLENGING WITH POLYSUBSTANCE DEPENDENCE

-IMPROVE PATIENT SURVIVAL

-DECREASE LEGAL PROBLEMS

-IMPROVE BIRTH OUTCOMES AMONG PREGNANT WOMEN

SEVERAL MEDICATIONS FDA APPROVED FOR MAT:

ALCOHOL USE DISORDER:

Acamprosate, disulfiram and naltrexone most common

Other medications now used sometimes in conjunction with other FDA approved MAT is topiramate, gabapentin, hydroxyzine clonidine and propranolol (CV system, slow HR and anxiety)

LESS BENZOS if possible - VERY DIFFICULT TO WEAN OFF AND MAY SWITCH THEIR DEPENDENCE

OPIOID USE DISORDER

- Buprenorphine, buprenorphine-naloxone, methadone (I don’t do)
- Buprenorphine - naloxone much less euphoria if any
- BUP safe in pregnancy
- Treat co-morbidities such as other substance abuse and psychiatric disorders
- Safe to use for years and even life time

OPTION #2 WITHDRAWAL PACK BASED ON SYMPTOMS

*ALWAYS PRESCRIBE NALOXONE FOR OVERDOSE POTENTIAL!

METHAMPHETAMINE DEPENDENCE

-VERY DIFFICULT TO TREAT AND BIG IMPACT ON MOUD!

-USUALLY INCLUDED IN POLYSUBSTANCE ABUSE, USUALLY NOT ONLY METHAMPHETAMINE OR AMPHETAMINE

-COGNITIVE/BEHAVIORAL THERAPY FIRST LINE

-MEDICATIONS HAVE SHOWN TO HELP:

-GABA, ENDOCANNABINOIDS, AND POSSIBLE VACCINE DOWN THE ROAD - anti methamphetamine monoclonal antibodies

-**BUPROPION** - ANTIDEPRESSANT AND CAN HELP WITH NICOTINE DEPENDENCE - inhibits reuptake of dopamine and norepinephrine

-Dopamine agonists i.e. Modafinil - narcolepsy, non stimulant drug may treat meth and cocaine dependence - cognitive enhancer

-Dopamine partial agonists i.e.Aripiprazole, second generation antipsychotic

-Acetylcholine, SSRI's, Ondansetron, Mirtazapine, naltrexone (some evidence), calcium channel blockers

FENTANYL

-PHARMACEUTICAL AND ILLICITLY MANUFACTURED - BOTH SYNTHETIC

-FENTANYL IS 50 TIMES STRONGER THAN HEROIN AND 100 TIMES THAN MORPHINE.

-MAJOR CONTRIBUTOR TO FATAL AND NONFATAL OVERDOSES IN U.S.

-WAR ON FENTANYL! OVER 150 PEOPLE DIE DAILY FROM OVERDOSES RELATED TO SYNTHETIC OPIOIDS

-CANNOT SMELL, TASTE OR SEE IT - ADVISE PATIENTS TO USE TEST STRIPS FOR HARM REDUCTION IF THEY ARE GOING TO USE

NICOTINE:

-PATCHES, GUM, LOZENGES WHILE USING MAT FOR OTHER SUBSTANCES HAS SHOW TO BE VERY EFFECTIVE - ALWAYS OFFER RX - FREE PROGRAMS I.E. WHCHC

-SOME PATIENTS MAY REALLY PUSH BACK WITH SMOKING CESSATION IN BEGINNING AS THEY FEEL THAT IS ALL THEY HAVE LEFT - DO NOT PUSH THIS ISSUE START OF RECOVERY IF POSSIBLE UNLESS VERY HIGH RISK CARDIAC DISEASE ETC...

POLYSUBSTANCE ABUSE CONSULT

-THOROUGH H & P INCLUDING DETAILED PSYCHOLOGICAL EVALUATION I.E. PHQ-9, GAD -7, CIWA, PAWWS, COWS ETC..PICK MOST APPROPRIATE

-FAMILY, SOCIAL AND LEGAL HISTORY I.E. DRUG COURT, CPS

-DRUG OF ABUSE HISTORY

-LABS: CBC, CMP, TSH, VITAMIN B12/FOLATE, VITAMIN B1, HEPATITIS, HIV, HCG, UDS WITH CONFIRMATION (IMPORTANT TO HAVE LEVELS TO SEE TRENDS, SAFETY)

-CURRENT MEDICATIONS ILLICIT AND NOT ILLICIT

KNOW YOUR PATIENT WELL AND WILL GET BETTER OUTCOMES!

BE OPEN TO ALLOWING FAMILY MEMBER PARTICIPATION AND FEEDBACK - RECOMMEND AL-ANON!

- ***PATIENT'S BEING INDUCED OR DETOXED WILL NEED 24 HOUR SUPPORT***

SUPPORT SO IMPORTANT!

Most patients with polysubstance dependence will need inpatient or intensive outpatient treatment in the beginning of their recovery

HIGHLY RECOMMEND DAILY AA I.E. 90 AND 90 WITH 12 STEP WORK

SPONSORSHIP 24/7

REFERENCES

UP TO DATE

SAMSHA - www.samhsa.gov/medication-assisted-treatment

https://ascpjournal.biomedcentral.com/article

s/10.1186/s13722-021-00266-2

www.cdc.gov/stopoverdose/fentanyl/index.html

www.chc.gov/stopoverdose/polysubstance-use/index.html

www.hopkinsmedicine.org/health/conditions-and-diseases/substance-abuse-chemical-dependency