Supporting Documents

1. *Addiction Medicine: Closing the Gap between Science and Practice* (573 Pages)

2. Overview of Addiction Medicine for Primary Care: Supplement (30 Pages)

1. [http://www.casacolumbia.org/addiction-research/reports/addiction-medicine](http://www.casacolumbia.org/addiction-research/reports/addiction-medicine)
Outline

• Importance of Topic
• Universal Patient Education
• Universal Screening
• Diagnostic Evaluation
• Brief Intervention
• Comprehensive Assessment
• Treatment Planning
• Treatments for Addiction
• Disease Management
IMPORTANCE OF TOPIC
Addiction & Risky Use

• Addiction: disease requiring treatment
• Risky use:
  • Substance use that threatens health & safety
  • Does not meet addiction criteria
• Both require medical care
Brain Disease

Tobacco/nicotine, alcohol & other drugs:
• All affect similar regions of the brain
• Common neurochemistry (e.g., dopamine)
Brain Disease

Structural & functional differences in brain:

• May result from continued substance use
• May predispose certain individuals to addiction
• May affect judgment & behavior
Risk Factors

- Genetic
- Biological
- Psychological
- Environmental
- Age of first use
Treatment Barriers

- Misunderstanding of the disease
- Negative public attitudes & behaviors
- Lack of information on how to get help
- Limited availability of services
- Conflicting time commitments
- Insufficient social support
- Privacy concerns & cost
Continuum of Substance Use

Percent of Population Age 12+ by Level of Substance Use*

- Never Used: 12.7%
- No Current Use: 25.2%
- Non-Risky Use: 14.5%
- Risky Use: 31.7%
- Addiction: 15.9%

Millions of People (2010)

- Addiction: 40
- Heart Disease: 27
- Diabetes: 26
- Cancer: 19
Mortality
Addiction & Risky Use

Tobacco/nicotine, alcohol & other drugs:
• Estimated 580,000 deaths each year in the U.S.
• Approximately 20% of all deaths in the U.S.
Morbidity
Addiction & Risky Use

Tobacco/nicotine, alcohol & other drugs:

• Cause, contribute to & exacerbate numerous diseases

• Examples include cardiovascular disease, cancers, cerebrovascular disease, respiratory disease, cirrhosis, pancreatitis, HCV, HIV/AIDS, STDs, birth defects, depressive disorders, anxiety disorders
UNIVERSAL PATIENT EDUCATION
Facts for Patients

• Health consequences are severe & deadly
• Quality of life suffers from disease impact
• Addiction & risky use are preventable
• Known risk factors should be reduced
• Interventions can lower risky use
• Addiction is treatable
Risk Reduction

• Recommend no tobacco/nicotine use
• Recommend guidelines for safe alcohol use
• Recommend no illicit drug use
• Consider H&P when prescribing controlled drugs
• Assure medications taken only as prescribed
• Remain vigilant for signs & symptoms
• Offer evidence-based medical care early
UNIVERSAL SCREENING
Screen All Patients for Tobacco/Nicotine, Alcohol & Other Drugs

• Screen routinely
• Be demographically & culturally appropriate
• Use sensitive, non-judgmental tone & language
Integration into H&P
Addiction & Risky Use

Tobacco/nicotine, alcohol & other drugs:
• Consider in HPI
• Include in PMH rather than SH
• Include in FH
Integration into H&P
Addiction & Risky Use

Tobacco/nicotine, alcohol & other drugs:

- Consider in ROS & PE
- Examples include vital signs; HEENT (pupils, injection, nasal mucosa, breath); CV (endocarditis); RESP (smoking effects); DERM (needle tracks, infections, yellow finger stains); MSE (cognition, memory, affect)
Transition Tips

• Develop comfortable way to introduce topic
• Frame discussion within the context of medicine
• Emphasize medical consequences
• Consider language (e.g., “disease of addiction”)
• Normalize the subject (e.g., “routine questions”)
• Integrate into preventive care
Sample Transitions

“I would like to ask you some routine questions I ask all of my patients.”

“Would you mind taking a few minutes to talk with me about your use of tobacco/nicotine, alcohol & other drugs?”

“It is important to know that you can prevent a lot of health & related problems by addressing the use of tobacco/nicotine, alcohol & other drugs.”
Screening: Tobacco/Nicotine

Positive Screen = in the past 30 days any use of tobacco/nicotine
Screening: Alcohol

Positive Screen = in the past 30 days:

- Women: >1 drink/day
- Men: >2 drinks/day
Screening: Alcohol

Positive Screen = in the past 30 days any alcohol use for persons:

- <21
- Pregnant
- Taking meds which interact with alcohol
- With certain specific medical conditions (e.g., liver disease, hypertriglyceridemia, pancreatitis)
Screening: Alcohol

Positive Screen = in the past 30 days any alcohol use:

• While driving, operating machinery or taking part in other activities that require attention, skill or coordination

• In situations that could cause injury or death (e.g., swimming)
Screening: Other Drugs

Positive Screen = in the past 30 days any misuse of:

• Controlled prescription drugs (e.g., not as prescribed)
• Other medications for non-medical reasons (e.g., intoxicating effects, getting high, etc.)
Screening: Other Drugs

Positive Screen = in the past 30 days any use of:

- Illicit drugs
- Other substances for the purpose of intoxicating effects, getting high, etc.
Diagnostic Evaluation

- All patients with positive screens
- Determine: risky use or addiction
Diagnosis of Addiction

• DSM-5 released May 2013
• Addiction = DSM-5 “Substance Use Disorder”
• Addiction diagnosed for a 12-month period:
  • Mild addiction: 2-3 symptoms
  • Moderate addiction: 4-5 symptoms
  • Severe addiction: 6 or more symptoms
Diagnostic Criteria

- 11 Criteria
- Mnemonic: “CHEW THAT COP”

- Cut Down
- Health
- Excessive Use
- Withdrawal*

- Time
- Hazardous Use
- Activities
- Tolerance

- Craving
- Obligations
- Personal
- Problems

* not all substances
Diagnostic Criteria

• **Cut Down**: there is a persistent desire or unsuccessful efforts to cut down or control use of the substance

• **Health**: use of the substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

• **Excessive Use**: the substance is often taken in larger amounts or over a longer period than was intended

• **Withdrawal***

* not all substances
Diagnostic Criteria

- **T**ime: a great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects

- **H**azardous Use: recurrent use of the substance in situations in which it is physically hazardous

- **A**ctivities: important social, occupational or recreational activities are given up or reduced because of use of the substance

- **T**olerance
Diagnostic Criteria

• **Craving**: craving, a strong desire or urge to use the substance

• **Obligations**: recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school or home

• **Personal Problems**: continued use of the substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use
Risky Use

= All positive screens not meeting addiction criteria
BRIEF INTERVENTION
Brief Intervention for Risky Use

• Medical approach to reduce risky use
• Evidence-based from research studies
• Effective for risky use involving tobacco/nicotine, alcohol & other drugs
• Only 5-10 minutes needed per patient encounter
Brief Intervention for Risky Use

- Personalize feedback about substance effects
- State concern & recommend behavior change
- Discuss patient’s strengths & possible barriers
- Negotiate plan & provide follow-up care
Brief Intervention for Risky Use

- Practice patient-centered care
- Ask open-ended questions
- Elicit responses from patient on risks/benefits
- Facilitate realization of how life can be improved
- Support patient’s motivation with empathy
COMPREHENSIVE ASSESSMENT
Comprehensive Assessment

- Severity of disease
- Need for medical management of withdrawal
- Route of administration for substances
- Likelihood of continued use/relapse
Comprehensive Assessment

• History of substance use & previous treatment
• Comorbidities which may affect treatment
• Family & social support for treatment
• Impact of home environment
• Housing, child care, employment & legal issues
• Readiness & willingness for treatment
• Need for tailored treatment (age, gender, sexual orientation, other)
TREATMENT PLANNING
Patient Placement Criteria

American Society of Addiction Medicine

• Comprehensive set of guidelines
• For patients with addiction & comorbidities
• For placement, continued stay, transfer & discharge
• Typically utilized under the supervision of an addiction physician specialist
Treatment Settings

• Outpatient
• Intensive outpatient
• Partial hospitalization
• Non-hospital residential
• Hospital inpatient
TREATMENTS FOR ADDICTION
Treatments

- Medications
- Psychosocial therapies
- Combinations
- Tailored for each patient
FDA-Approved Meds
Tobacco/Nicotine

• varenicline (Chantix®)
• bupropion (Zyban®, Wellbutrin®)
• nicotine replacement therapy (e.g., patch, gum, lozenge, inhaler, nasal spray)
• combinations

FDA Prescribing Information (01/18/2012): bupropion
FDA Prescribing Information (02/19/2013): varenicline
FDA-Approved Meds

Alcohol

- acamprosate (Campral®)
- disulfiram (Antabuse®)
- naltrexone (ReVia®, Depade®, Vivitrol®)

FDA Prescribing Information (01/30/2012): acamprosate
UpToDate Prescribing Information: disulfiram
UpToDate Prescribing Information: naltrexone
FDA-Approved Meds

Opioids

- buprenorphine/naloxone (Subutex®, Suboxone®, Zubsolv®)
- methadone (Methadose®)
- naltrexone (ReVia®, Depade®, Vivitrol®)

FDA Prescribing Information (12/22/2011): [buprenorphine](#) (Subutex®)
FDA Prescribing Information (12/22/2011): [buprenorphine/naloxone](#) (Suboxone®)
FDA Prescribing Information (07/03/2013): [buprenorphine/naloxone](#) (Zubsolv®)
FDA Prescribing Information (02/04/2008): [methadone](#)
UpToDate Prescribing Information: [naltrexone](#)
Psychosocial Therapies
Primary Individual or Group Therapies

• Motivational Interviewing (MI)
• Motivational Enhancement Therapy (MET)
• Cognitive Behavioral Therapy (CBT)
• Community Reinforcement Approach (CRA)
• Contingency Management (CM)
• Couples/Family Therapy

NIH: National Institute on Drug Abuse: Treatment Information
Combined Treatment

• Medications & psychosocial therapies
• Can increase retention in treatment
• Can decrease relapse rates
Specialist Referral
Consider for Complex Cases

- Addiction medicine physicians
  [find a doctor near you](http://www.abam.net/find-a-doctor)
- Addiction psychiatrists
  [find a doctor near you](https://application.abpn.com/verifcert/verifyCert.asp?a=4)
Disease Management

- Chronic care model similar to diabetes
- Transdisciplinary, team-based care
- Patient-centered with patient as part of team
Management Goals

• Maintain or improve patient functioning
• Control symptoms (e.g., craving)
• Address comorbidities
• Reduce relapse
• Prevent replacement addiction
• Provide support services
Physician Role

- Coordinate care with team
- Provide/arrange psychosocial therapy
- Manage relevant medications
- Continue patient education
- Address comorbidities
- Monitor progress
- Adjust treatment as needed
Physician Role

Assist with & coordinate mutual support, e.g.:
Alcoholics Anonymous (AA), LifeRing, Narcotics Anonymous (NA), Secular Organizations for Sobriety, SMART Recovery, Women for Sobriety
Physician Role

Assist with & coordinate other support:

- Legal
- Educational
- Vocational
- Housing
- Parenting
- Childcare
Acknowledgements

• Margot Cohen contributed much of the research and writing for these materials.

• The following subject-matter experts served as external reviewers for these materials: Kevin Kunz, M.D., M.P.H., Frances Levin, M.D., David Lewis, M.D., Michael Miller, M.D., Charles O’Brien, M.D., Ph.D.

• Funding was provided by The Joseph A. Califano, Jr. Institute for Applied Policy.