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Addiction Medicine

The Bridge to Integrating Care and Improving
Health Outcomes for the SMI Population

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Goals of this presentation

- ✓ Understand the components of beginning a broad range Integrated Addiction medicine program
- ✓ Review screening tools, behavioral and medication treatments, and the tracking systems for Alcohol, Opiate and Tobacco use
- ✓ Recognize the best practices, successes and barriers in creating a sustainable Addiction medicine program at an integrated health clinic

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Agenda

- Overview of integrated addiction medicine program
- Components of addiction medicine program
 - Opiate & Pain Management
 - Alcohol
 - Tobacco
- Successes & Barriers
- Q & A

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Why addiction medicine?

- Important bridge for medical & behavioral health integration
- Addiction and its health consequences are primary health issues for our population



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Who we are:

San Francisco Department of Public Health




South of Market Mental Health & Tom Waddell Satellite Primary Care Clinic



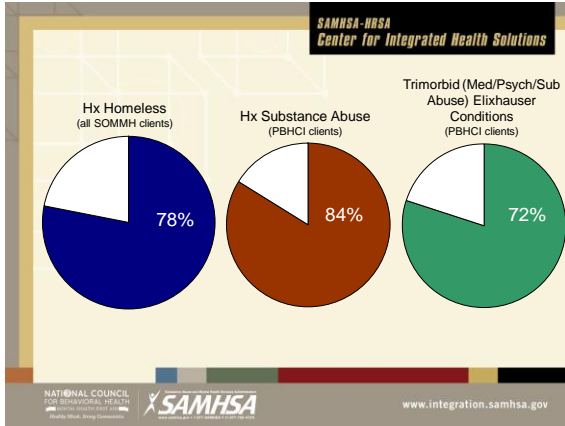
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Key Cohort Demographics

Total clients receiving behavioral health services at South of Market Mental Health	Total Integrated Clients receiving primary & behavioral health care (9/2013)	Goal for total integrated clients (2015)
 1300	 220	 500

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SAMHSA 6+ years (5%)
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- ### Main components of addiction medicine at SOMMH
- Components: Pain management, office-based opiate treatment, Tobacco cessation, Alcohol
 - Harm-reduction approach to care
 - Behavioral health
 - recovery model, peer-driven, counseling
 - Clinical pharmacy
 - Knowledge of medication
 - Cutting edge
 - Free access
 - Medical team
 - Approach addiction from medical perspective
 - Experience in addiction medical
 - Medical community-based resources (detox, hospitals)
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Client Case Study – Opiates & Pain Management

- 50 yr caucasian woman
- Severe hiatal hernia
- Poly-substance abuse
- Hx homelessness & safety issues
- Concern of selling medicine
- Affective disorder & character disorder

Pain Scale



2 4 6 8

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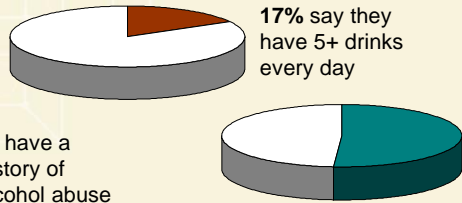
Alcohol



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Data on our population




17% say they have 5+ drinks every day

51% have a history of alcohol abuse

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Ways to Support the health of our people who drink alcohol

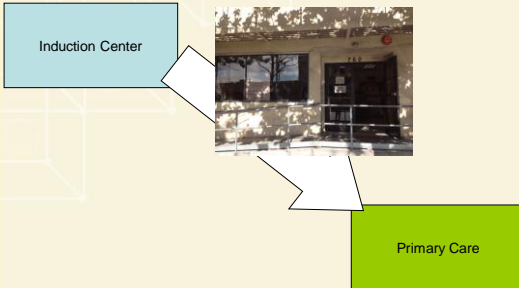


- Folate, Thiamine and Multi vitamin
- Test for Hep C, B, HIV and Diabetes
- Vaccinate for HAV & HBV and Pneumovax
- Prudent use of all medications (prescription and over the counter)

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Source: NH Consensus Conference
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Continuity of care

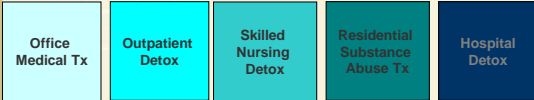


Induction Center

Primary Care

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Office Medical Tx

Outpatient Detox

Skilled Nursing Detox

Residential Substance Abuse Tx

Hospital Detox

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Client Case Study: Alcohol

- 58 yo African American male
- Relied on EMS for medical care (one of highest users of EMS in system)
- HIV positive, heart condition (CAD), hypertension, arthritis, fx limitations, Hep C, asthma, COPD
- Poly-substance use (crack, IV opiates, alcoholism)
- Hx homelessness
- 86'd (denied services) in major Primary Care clinics for behavioral issues (alleged threatening/violent behavior)
- Hx depression, PTSD, anxiety dis

Tobacco screening & treatment

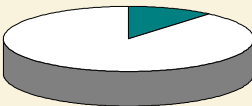


Data on our population



69% say they use tobacco every day

11% have decreased tobacco use since start of program



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Client Case Study: Tobacco

- 48 yo Filipino man
- Hx schizophrenia
- Family support, education and engagement
- Hx smoking, 2 packs/day
- Nicotine 14mg patch, soon to transition to 7mg
- Also on Zyprexa, indirect benefit for smoking cessation (prescribed by BH provider, ex of integrated care)

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Successes & Strengths of our program

- Client-centered
- Harm reduction model & motivational interviewing
- Learning from clients
- Champions in health center & community
- Accessibility of services – one stop shopping!
- Behavioral and medical not butting heads because of large gap in health center-based treatment for addiction medicine
 - We assume different roles but we have the same goal!

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Barriers for our program

- Staff think addiction is not their issue to treat
- Lack of understanding of medical impact of substance abuse on cognition, physical functioning, morbidity & mortality
- Gaps in community continuity of care
- Treatment plan not dynamic when client's behavior and substance abuse change

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Q & A

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Resources

American Society of Addiction medicine
<http://www.asam.org>

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Nicotine Patch

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Dosing:
 < 10 cigs/day: 1 patch
 ≥ 10 cigs/day: 2 patches

Length of Treatment:
 Up to 12 weeks

Use:
 Apply to clean skin (upper trunk/ arm) 24 or 16 hour dosing. 24 to dec. morning. Watch for nighttime. Given with or without taper.

Pros:
 - Easy, good compliance
 - Continuous nicotine delivery
 - OTC

Cons:
 - Slow onset of action
 - Skin reaction
 - Insomnia



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Nicotine Gum

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Chew slowly

Chew again when the taste or tingle fades

Stop chewing when you notice a peppery taste or tingle

Park



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Nicotine Lozenge

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Dosing:
 Based on Time To First Cigarette (TTFC)
 4 mg ≤ if 30 mins TTFC
 2mg > if 30 mins TTFC

Length of Treatment:
 12 weeks (PDR)

Use: Allow to dissolve (Don't Chew but Suck like a hard candy.)

Pros: Flexible dosing (Up to 20 lozenges/ day)
 More discreet than gum; Keep mouth busy; OTC;

Cons: Need to use correctly (don't chew, suck)
 May cause insomnia, some nausea, hiccups, heartburn, coughing

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Nicotine Nasal Spray

Dosing:
 1-2 doses per hour
 1 does = 2 sprays (1 spray/nostril)
 Use enough to control withdrawal symptoms

Length of Treatment:
 3-6 months weeks (PDR)

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Nicotine Nasal Spray

Use: Spray (don't sniff, swallow, or inhale)
 PRN or fixed-schedule (1-2 doses/hour)

Pros: Rapid delivery though nasal mucosa
 Flexible dosing (up to 40 doses)

Cons: Nasal irritation, rhinitis, coughing, & watering eyes.
 Some dependence liability
 Rx needed

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Non-Nicotine Pharmacotherapy

First-line non-nicotine medications

- Bupropion (Zyban/Wellbutrin)**
- Varenicline (Chantix)**

Others (nortriptyline, clonidine)


**FDA Approved for smoking cessation

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Bupropion Hydrochloride

Dopamine and norepinephrine (noradrenaline) effects
 Reduces cravings, withdrawal
 Improved abstinence rates in trials
 Less weight gain while using (**Need to gain 100 pounds to diminish health benefit**)
 Start 7-10 days prior to quit date
 Continue 7-12 weeks or longer (> 6 months)


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DOSAGE GUIDE FOR CHANTIX


WEEK 1



DAY 1 TO DAY 3
White tablet (0.5 mg)
Take 1 tablet each day


DAY 4 TO DAY 7
White tablet (0.5 mg)
Take Twice a day: 1 in the morning and 1 in the evening

WEEK 2-12




Blue tablet (1 mg)
Take Twice a day: 1 in the morning and 1 in the evening

Pills may not be shown at actual size. Remember to always take CHANTIX as prescribed by your doctor. Take CHANTIX after eating and with a full glass of water.


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Dosing



Titrate dose from 0.5 mg daily to twice daily to 1 mg twice daily over 1 week
 Abstinence rates better vs. placebo and Bupropion at 1 year
 Optimal duration 12-24 weeks
 Most common side effect is nausea

CHX 0.5
Pill


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