DACS

District Addiction Consultation Service

DACS provides support to primary care and specialty prescribers in addressing the needs of their patients with substance use disorders and chronic pain management.

All Services are FREE

- Phone consultation for clinical questions provided by expert addiction medicine specialists
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance in the identification of substance use and behavioral health resources and referrals that meet the needs of the patients in your community

Funding for DACS is provided by The District of Columbia Government, DC Health, Health Regulation and Licensing Administration (HRLA), Pharmaceutical Control Division (PCD). DACS is administered by the University of Maryland School of Medicine staff and faculty.

1-866-337-DACS (3227) • www.DistrictACS.org

DACS
District Addiction Consultation Service

Redesigning Withdrawal Management to Improve Treatment of Substance Use Disorders

Presented by:
George Kolodner, M.D. DLFAPA FASAM

Clinical Professor of Psychiatry
Georgetown University School of Medicine
University of Maryland School of Medicine

DACS
District Addiction Consultation Service

Outline

I. Introduction to Substance Use Disorders (SUD) and Withdrawal Management (WM)
II. Selected Substances
III. Outpatient Withdrawal Management: In Person and Virtual

DACS
District Addiction Consultation Service

Substance Use Disorder

A **chronic** disease …

… marked by **acute** episodes of intoxication or withdrawal

SUD Treatment Outcomes

- As good as with other chronic diseases for those who enter and complete treatment
- But:
  - Most people with SUD do not get treatment
  - Most people who start treatment do not complete it

DACS
District Addiction Consultation Service

Treatment Improvement Strategy #1

- Improve treatment access by lowering barriers to entry

Treatment Improvement Strategy #2

- Reduce premature termination
  - Expedite reduction of discomfort
  - Enhance transitions between phases of treatment

DACS
District Addiction Consultation Service

Two Halves of Withdrawal Management

1. Medical stabilization
2. *Assurance of follow-up SUD treatment

Provide Comfort

- No benefit for uncomfortable withdrawal
- Providing comfort makes continuing in treatment more likely

Anxiety as a Treatment Barrier

"If I had known how easy this would be…

I would have come in for treatment much sooner."

DACS
District Addiction Consultation Service

WM Medication Protocol Options

1. Fixed dose with prns
   - Pro: Less complex
   - Con: slower control of symptoms, more medication used
2. Symptom triggered
   - Pro: Better symptom control, less medication
   - Con: More complex

Questions?

DACS
District Addiction Consultation Service

II. Selected Substances

1. Alcohol
2. Opioids
3. Benzodiazepines
4. Cannabis
5. Nicotine

DACS
District Addiction Consultation Service

1. Alcohol: Basic Improvements

- Identify early and stay ahead of withdrawal symptoms
- Use adequate doses of medications
- Limit lorazepam use to liver failure

DACS
District Addiction Consultation Service

1. Alcohol: New Developments

- Benzodiazepines vs. anticonvulsants
  - Hybrid possibility
  - Avoiding benzodiazepines entirely by adding alpha-2 adrenergic agonists to anticonvulsants
- Address protracted withdrawal symptoms
  - Gabapentin, carbamazepine
  - Continue for 6 to 12 months

DACS
District Addiction Consultation Service

2. Opioids: Basic Improvements

- Buprenorphine is now the standard of care
  - Partial mu agonist, kappa antagonist
  - High receptor affinity
  - Long acting
  - Low likelihood of overdose
  - Low abuse potential unless injected
  - Useful for patient with chronic pain
  - Less severe neonatal abstinence syndrome

DACS
District Addiction Consultation Service

2. Opioids: New Developments

- Fentanyl and its analogues
  - Has replaced heroin
  - Adulterates counterfeit opioid pharmaceuticals
  - Creates precipitated withdrawal if buprenorphine is given sooner than 72 hours after last use
- Adjustment: tramadol or micro and macro dosing of buprenorphine
- Continue buprenorphine for at least one year

DACS
District Addiction Consultation Service

3. Benzodiazepines: Basic Improvements

- Scheduled, gradual taper with phenobarbital
  - Backup: chlordiazepoxide, clonazepam
- Avoid rapid taper
  - Routine: 4 to 8 weeks, depending on starting dose
- Beware of plateau instead of taper
- Look for underlying anxiety disorder
  - Cognitive behavioral therapy
  - SSRI or buspirone

4. Cannabis: New Developments

- Recognize clinical significance of withdrawal
  - Use dronabinol (synthetic THC) for 4 to 8 weeks
- Possibility of using gabapentin for protracted withdrawal

DACS
District Addiction Consultation Service

5. Nicotine: Basic Improvements

- Use three “layers” of medications
  - 1. Varenicline (Chantix) or Wellbutrin (Zyban)
  - 2. Nicotine patch
  - 3. PRN: gum, lozenges, inhaler or nasal spray
- Avoid under-dosing
- Extend length of use

Questions?

DACS
District Addiction Consultation Service

Improving WM Outcomes by Expanded Use Of Telemedicine:
Exploiting Opportunities Created by COVID-19 Pandemic

DACS
District Addiction Consultation Service

Outpatient WM Process: In Person

- Initial contact by phone or online
- Intake evaluation scheduled with WM nurse within one business day
- Patient arrives at WM office and is medicated within one hour, using medication supplied by program
- Remains at office for 4 to 8 hours
- Seen hourly by WM nurse and medicated as needed
- Participates simultaneously in outpatient rehab
- End of day: Leaves with hs medication and prescription
- Next morning: returns to office for medication adjustment and continues outpatient rehab

DACS
District Addiction Consultation Service

Outpatient WM Outcome: In Person

- 80 to 85% transition into outpatient follow-up
- Compare to 20 to 45% for inpatient WM

DACS
District Addiction Consultation Service

Redesigning WM Treatment

- Because:
  1. WM medication protocols allow outpatient management of almost all levels of complexity
  2. Follow-up rates of SUD treatment are higher after outpatient compared to inpatient WM

➢ Outpatient setting should be used more often for WM

➢ Inpatient WM: Increase focus on assuring follow-up SUD treatment

DACS
District Addiction Consultation Service

Outpatient WM Process: Telemedicine

- Initial contact by phone or online
- Intake evaluation scheduled with WM nurse within **one hour**
- **Responsible support person is identified and commits to following protocol**
- **Medication is prescribed via community pharmacy to patient and support person**
- WM nurse re-evaluates hourly by **video** or phone and medicates as needed for 4 to 6 hours
- Simultaneous participation in outpatient rehab
- Called by WM nurse daily until stable

DACS
District Addiction Consultation Service

Telemedicine WM: Differences

- Medications: prescribed instead of administered and dispensed
- Medical supervision: by video instead of in-person

DACS
District Addiction Consultation Service

Telemedicine: Improves Access

- Initiation of treatment within two hours instead of within one business day
- Initiation of treatment in afternoon as well as morning
- Expand initiation and follow-up from five days per week to seven

DACS
District Addiction Consultation Service

Telemedicine: Improves Continuity of Care

- Pre-COVID
  - Initiation by WM staff in one of two hubs
  - Transition to medical staff in destination office after one to two days
- Current
  - Continued treatment by WM nurses until patient is stabilized, regardless of destination office

DACS
District Addiction Consultation Service

Telemedicine WM Treatment Outcomes

- 530 admissions, March 2020 to April 2021
- 89% completed WM
  - 2nd Half: improvement from 87% to 95%
- 94% of WM completions transitioned into outpatient follow-up treatment
- 85% of all patients transitioned into outpatient follow-up treatment
  - Compare with 83% pre-pandemic
  - Compare with 20% to 45% for inpatient WM

DACS
District Addiction Consultation Service

Telemedicine WM Treatment: Substances

- Alcohol: 68%
- Opioids: 27%
- Benzodiazepines: 4%
- Cannabis: 2% (last 6 months)

DACS
District Addiction Consultation Service

Lessons Learned

- Patient adherence issues
  - Importance of responsible support person
  - Availability of inpatient backup
- Early technology difficulties with getting online
  - Importance of administrative support
- Pharmacies are unfamiliar with WM protocols
  - Formed network of independent pharmacies

Summary

- Improving outcomes by better medication protocols
- Improving outcomes by making treatment more accessible and reducing dropouts
- Using telemedicine for withdrawal management

DACS
District Addiction Consultation Service

Thank You.

Questions?
Contact DACS!

1-866-337-DACS (3227) • www.DistrictACS.org

DACS

District Addiction Consultation Service

DACS provides support to primary care and specialty prescribers in addressing the needs of their patients with substance use disorders and chronic pain management.

All Services are FREE

- Phone consultation for clinical questions provided by expert addiction medicine specialists
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance in the identification of substance use and behavioral health resources and referrals that meet the needs of the patients in your community

Funding for DACS is provided by The District of Columbia Government, DC Health, Health Regulation and Licensing Administration (HRLA), Pharmaceutical Control Division (PCD). DACS is administered by the University of Maryland School of Medicine staff and faculty.

1-866-337-DACS (3227) • www.DistrctACS.org