Doc 2 Doc Dial-in Discussion Series

Session 4:

Detox: What it is, What it isn't, and the Role of Primary Care

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Learning Objectives

- Learn how to conduct a differential evaluation to know when specialized detoxification treatment is needed
- Understand the continuum of care of specialty treatment for substance use disorders (SUDs)
- Understand the role of substance use detox in recovery

Objectives

- Discuss the Chronic Illness Model of Addiction
- Discuss current recommendations for screening for SUD's in Primary Care
- Discuss how and when to refer to care
- Learn about the different types of detox
- Learn what happens in detox, and what doesn't happen

Addiction as a Chronic Illness

- Drug dependence traditionally viewed by the medical establishment as an acute illness and as a moral failing and has been treated as such
- This leads to high relapse rates and people returning to detox multiple times, also decreased access to healthcare in general
- 20 years of research has shown that Substance Abuse Disorders (SUD's) are characterized by persistent brain changes (F-MRI), genetic heritability, and a clinical course that is similar to chronic illnesses like adult diabetes and hypertension in their onset, course, and outcome
- Treating them like chronic illnesses suggests they may be managed, not cured
- Primary Care physicians are 'first line' in this, before specialist referral

SBIRT and Primary Care

- SBIRT : Screening, Brief Intervention, and Referral to Treatment
- It allows for early intervention with people at risk as well as intervention for people with SUD's
- Can be adapted for use in many settings-ER, clinic, PCP office, community settings
- Allow doctors to detect and intervene to reduce medically harmful use, which may not be abuse, before the patient develops a substance abuse d/o
- The ACA and Mental Health Parity and Addiction Equity Act require all health plans to offer prevention, early education, and treatment for the "full spectrum" of substance abuse disorder
- This means patients will possibly receive intervention before they have a full blown addiction, contrary to the current model in which only the sickest patients get treatment

What are the tools?

- Multiple fast screening tools: Cage, CRAFFT, AUDIT have been validated for use in alcohol use disorders
- Can pick up "problem drinking" (men> 14 drinks/week, women >11)and multiple studies have shown that 6-12 months post quality interaction, patients decreased the avg # drinks per week by 13-34% when compared with controls who didn't have the interaction
- Hasn't been as well validated in drug use. ASSIST is being studied.
- Single question screening tool is currently being studied: How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?
- Also not well validated for use in teens but is currently being studied

Current Recommendations

- Alcohol-USPSTF Grade B recommendation for screening adults ages 18 and older using AUDIT, AUDIT-C or single question screening
- Example: “How many times in the past year have you had 5 (for men) or 4 (for women and adults over 65) or more drinks in a day?”
- No Recommendation for adolescents as of yet
- Drug use-2014 Recommendation for screening-I-evidence is insufficient to recommend for or against

Problems with SBIRT and Integrating Care

- #1 PCP's and ER docs often don't have time
- #2 Difficult to ask the questions/if the answers are positive it is a tough conversation to have
- #3 Patient confidentiality barriers make continuity difficult-i.e. patient may have been in detox and PCP won't know if consent wasn't signed
- #4 Non Addiction Specialists are often unaware of the resources in their area, how to access them, when they would need to access them
- #5 Generally NOT effective in cases of severe SUD

The ASAM Criteria and Continuum of Care for Substance Abuse Disorder Treatment

- The American Society of Addiction Medicine (ASAM) defines 5 different levels of care:
- 1) Early intervention
- 2) Outpatient Treatment-example-methadone clinic, buprenorphine
- 3) Intensive outpatient/partial hospitalization-day programs, meds dispensed on site, clients sleep at home
- 4) Residential/Inpatient treatment
- 5) Medically managed intensive inpatient treatment

How do you decide where to refer?

- There are no data driven guidelines in place currently to help you decide which level of care to refer to
- Research does show that the more impaired patients benefit from an initial stay in inpatient rehab or residential treatment-they have better outcomes
- Also, some studies show longer stays in treatment may benefit select populations-those who choose that type of care (voluntary, not mandated), those who are more impaired to begin with or have fewer social resources-these populations have lower readmissions for subsequent addiction care and MH care

How do we determine placement?

- If a client gets into our system, placement decisions are made using the following six dimensions-again these haven't been well validated but are used as a guideline

- 1) Acute intoxication or withdrawal potential
- 2) Biomedical conditions
- 3) Emotional/behavioral conditions
- 4) Treatment acceptance/resistance
- 5) Relapse/continued use potential
- 6)Recovery/living environment

Placement, continued…

- Sometimes, a client may fit more than one treatment option from a medical standpoint, so that is where the social aspects come into play.
- Some clients may appropriately be referred to methadone clinic or inpatient detox.
- However, they have children or a job that they cannot leave for a 5-6 day inpatient stay.
- Methadone is outpatient and clients can still work while they attend clinic and group
- Daily accountability
- Buprenorphine varies-some places require weekly groups/counseling, some just Dr visits monthly or every two weeks

What is Detox?

- There are two different types of detox:
- Medically monitored-Level 3 detox, and Medically managed- Level 4 detox
- Clients go in to get relief from the physical sx of withdrawal and to prevent sometimes dangerous complications.
- Examples-opioids, benzos, alcohol
- Insurance doesn't cover detox for cocaine, marijuana
- This area doesn't have a large meth only addict population, our site doesn't have a protocol for this

What is Detox-Differences

Level 3 Detox

Medically monitored

Level 3 detox provides 24 hour medically supervised detox services

Example-freestanding detox center

24 hour in house nursing

Care is protocol driven

Cannot give IV medication

Will provide very basic medical evaluation but most things are referred out

Level 4 Detox

Medically managed

Level4 detox provides 24 hour care in acute care inpatient settings

Example-inpatient unit in a psychiatric hospital

Physicians on site 24/7

Can treat acute medical and psychiatric illness

Can handle patients with chronic illness who may need intense monitoring as they detox-example-patients on blood thinners, patients with severe heart conditions, uncontrolled DM

Why Detox?

- Using drugs and alcohol can have many effects on the body both physical and emotional
- In the acute stage when the substance is stopped, there is a withdrawal period which can cause physical and emotional/behavioral symptoms
- Depending on the substance, the withdrawal syndrome can have effects which can be life threatening and/or dangerous to the patient-e.g. prior to treatment DT's were fatal 30% of the time, seizure in benzo withdrawal
- Detox will reduce/eliminate the risk of these complications

Why Detox….

- A large part of detox is clinician based-groups and counseling are started-clients are introduced to the basics of addiction, triggers, cravings, and clinicians help them plan aftercare, access insurance, etc
- It is also a starting point to get someone started on the continuum of treatment, especially if they are not safe/are a danger medically, socially, etc to themselves
- But, only so much can get done in 5-7 days, especially when someone is sick!

What Detox is Not

- Detox may be the place someone starts to address the myriad of psycho social issues that come with SUDs, but a detox stay is typically 5-7 days, not long enough to resolve things
- A stay of 5-7 days may not be long enough for someone to even finish physically detoxing in many cases, depending on what they were using
- It is not a primary care site in most cases-although ASAM is exploring as part of the continuum of care having PCP's on site in order to help patients access care-many of them come in with untreated medical concerns-examples I know of where PCP's are being integrated right on site-Sstar, BMC, Spectrum
- Detox alone does not usually lead someone to long term recovery-they need to move to the next step that is appropriate for them-remember 80% of clients with SUD's will relapse without MAT-this should be a consideration in D/C planning

What to do in your office

- Talk with the patient-don't avoid the "elephant in the room"
- Be empathetic-most addicts are not treated well by the medical community-it can be difficult to find empathy-remember their illness leads to behaviors that are often difficult
- Use screening, assess readiness for change
- Set boundaries-don't let them take too much of your energy, especially if they aren't ready for change
- If they are ready, try to refer, or give them resources

Finding Resources in Your Area

- I would start with The Massachusetts Substance Abuse Information and Education Helpline
- http://helpline-online.com/
- 1-800-327-5050
- A quick search showed some of the listings to be incomplete but it was the easiest and most accessible statewide database that I could find.

A Case….

- John is a 45 yo male asked for emergency appt at 4:30 Friday afternoon because he ran out of his prescription percocet 10mg/325 which he takes 2 QID. PMHx back pain, non surgical management. He works as a laborer. He your partner's patient but she is out of town. Upon reviewing the chart you notice that he has had early refills for the past three months, all for various reasons-he lost his prescription, it was stolen, he had increased pain. You check the PDMP and notice 6 other prescriptions in the past three months all from different ER providers in your area.
- Your single question screen reveals a positive answer for using cocaine multiple times over the past year.
- What should you do as a PCP/specialist/ER doc?
- What level of care might he need?
- What resources are available for you, and for him?

Case, continued…

- You decide to have the difficult conversation with John and bring up the multiple prescriptions and early refills. To your surprise, he admits he is also worried that he has a problem and asks for help. What should you do now?
- The answer is, he could probably benefit from several different modalities. It would depend on his social and life factors- i.e.could he leave a job to go to detox? He would also need to be assessed medically.

References

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