WELCOME to the

Substance Use ECHO

Session will start in less than 15 minutes

For educational and quality improvement purposes, we will be recording this video-session

By participating in this clinic you are consenting to be recorded –
we appreciate and value your participation

If you have questions or concerns, please email

ECHO@hitchcock.org

Attendance

- Spoke participants
- Hub participants

Please type your name, organization into chat

Please turn video on

Respect Private Health Information

To protect patient privacy, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

- **Names:** Please do not refer to a patient's first/middle/last name or use any initials, etc.
- **Locations**: Please do not identify a patient's county, city or town. Instead please use only the patient's state if you must.
- **Dates:** Please do not use any dates (like birthdates, etc) that are linked to a patient. Instead please use only the patient's age(unless > 89)
- **Employment:** Please do not identify a patient's employer, work location or occupation.
- **Other Common Identifiers:** Patient's family members, friends, co-workers, phone numbers, e-mails, etc.

Brief Intervention, Medical Management and Relapse Prevention

Molly Rossignol, DO FAAFP FASAM

Conflict of Interest Disclosure Statement

No Conflicts of Interest

Goals

- Brief Intervention
  - Motivational Interviewing
  - Cognitive Behavioral Therapy “lite”
- Medical Management
- Mutual Help

Addiction as a chronic illness

Screen ← **Brief Intervention**

Identify → **Brief Intervention**

Treat → **Brief Intervention**

Treat ← **Brief intervention**

Brief Intervention

Interaction to produce a change in health-related behavior

Ask: Screening

Advise:

Objective review of results

Personalize strong recommendation

Assess:

Explore willingness to change

Barriers

Assist:

Create treatment plan using specific steps and goals

Arrange:

Follow up

Motivational Interviewing

- OARS
  - Open ended questions/comments (what, how, help me understand…)
  - Affirmation
  - Reflections
  - Summary

Responses

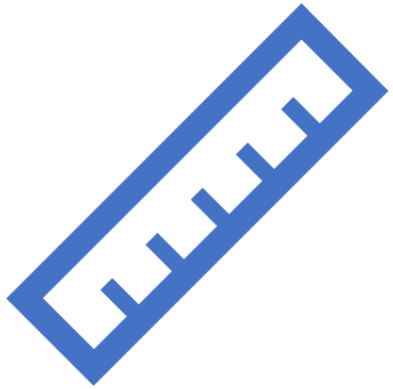
MI-Consistent	MI-Inconsistent
Asking Permission	Giving advice or information without permission
Affirming and Supporting	Confronting the person by disagreeing, arguing, correcting, shaming, blaming, criticizing, labeling, ridiculing, or questioning the person's honesty
Emphasizing freedom of choice, autonomy and control	Directing the person by giving orders, commands, or otherwise challenging the person's autonomy

Facilitating Change:

Change Talk

	Questions	Type of Change Talk
Desire	What would you like to be different?	Preparatory
Ability	What do you think you could do?	Preparatory
Reasons	What would be some good reasons to make this change?	Preparatory
Need	How important is it for you to do this?	Preparatory
Commitment	So what do you think you will do?	Mobilizing
Activation	What are you willing to do?	Mobilizing
Taking Steps	What steps have you already taken?	Mobilizing

MI Tools



Scales/rulers

Decisional Balance: pro/con list

Medical Management

- **15-25 minutes**
- **Monitor self-reported use, lab markers, consequences**
- **Monitor medication adherence, response, adverse effects**
- **Educate about substance use consequences, treatments**
- **Encourage abstinence but make room for harm reduction**
- **Encourage use of community supports and healthy lifestyle changes**

- VA DoD Guidelines, 2015

Treatment

Behavioral

- Learn new behaviors
- Manage environment

Pharmacologic

- Prevent withdrawal
- Reduce biologic drive for drug use

ABC's of Behavior

Antecedents

- What happened *before*?

Cues

Triggers

Stressors

Behavior

- What did you *do*?

What could be done instead?

Consequences

- What came *after*?

Our brains listen most to immediate consequences.

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Ramnero & Torneke 2011

Mutual Support

Alcoholics/Narcotics Anonymous

Founded in 1935/1947

Based on a 12-step model of sobriety with a fundamental evoking of a Higher Power

Recovery Community Organizations

Peer based support, activities to engage individuals, life skills Job links, variety of meetings and strategies to remain abstinent

Self Management and Recovery Training (SMART) Recovery

Founded in 1994

Is based on Secular principles and uses Stages of change, MI, CBT

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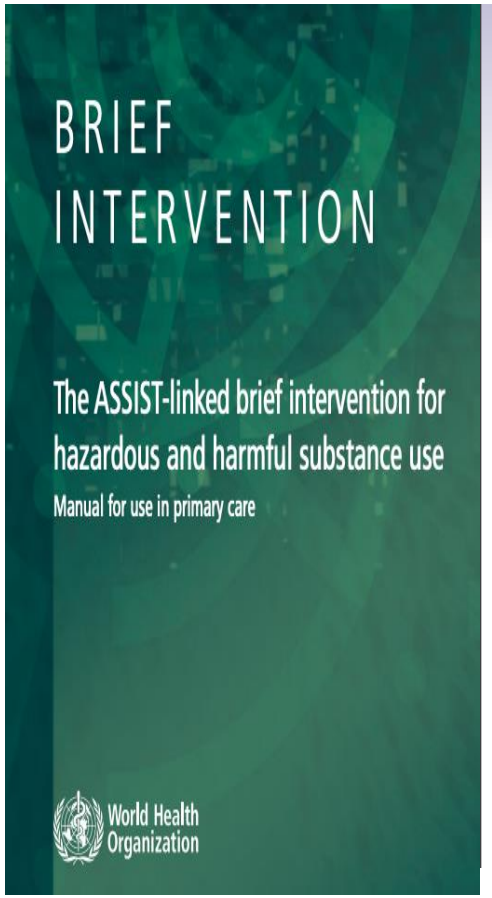
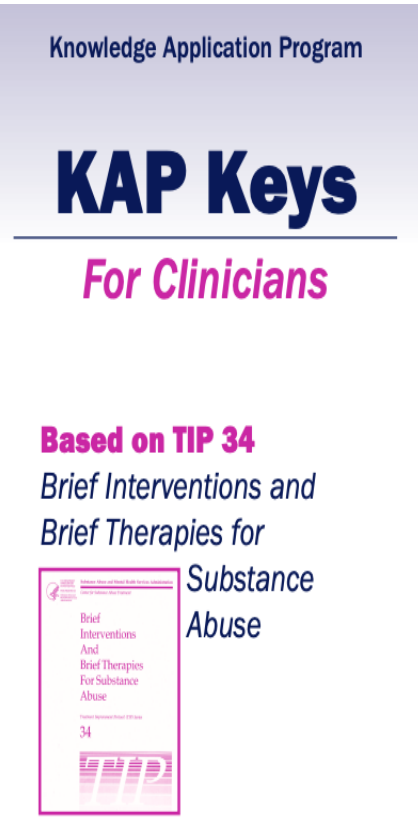
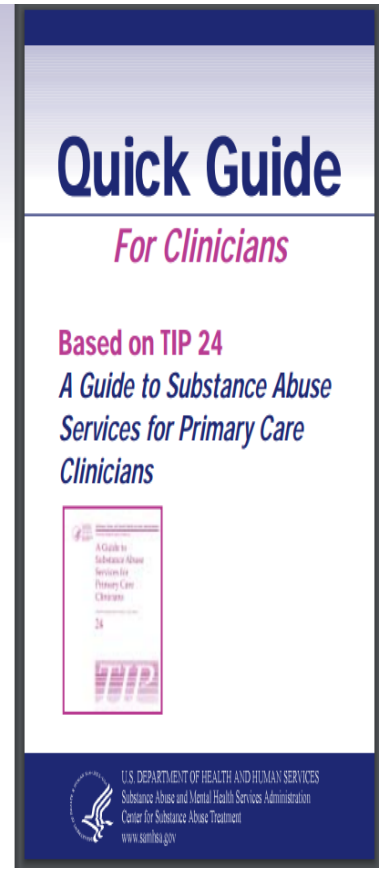
- https://ireta.org/
- www.pcssnow.org
- https://motivationalinterviewing.org/
- http://nhrecoveryhub.org/







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References

Wamsley, Maria MD; Satterfield, Jason M. PhD; Curtis, Alexa PhD; Lundgren, Lena PhD; Satre, Derek D. PhD, Alcohol and Drug Screening, ***Brief Intervention***, and Referral to Treatment (SBIRT) Training and Implementation Perspectives from 4 Health Professions Journal of Addiction Medicine: July/August 2018 - Volume 12 - Issue 4 - p 262-272

https://www.integration.samhsa.gov/clinical-practice/sbirt/brief-interventions

Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse. Treatment Improvement Protocol (TIP) Series, No. 34. HHS Publication No. (SMA) 12- 3952. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

Weiss, Roger D, and Vinod Rao. "The Prescription Opioid Addiction Treatment Study: What have we learned." *Drug and alcohol dependence* vol. 173 Suppl 1,Suppl 1 (2017): S48-S54. doi:10.1016/j.drugalcdep.2016.12.001

Bassuk, Ellen, et al. *Peer-Delivered Recovery Support Services for Addictions in the US: S Systematic Review* J of Sub Abuse Treatment 63 (2016) 1-9.

Miller & Rollnick, Motivational Interviewing: *Helping People Change* 3rd Ed. The Guilford Press 2013

Case Presentation

- **Presenter Name: Jackie Hubbard**
- **Presenter Practice Location: DHMC**

- **Patient's age:** 20's
- **Patient's gender:** Female
- **Significant medical history:** Chronic Pain, Diabetes Mellitus
- **Prior psychotherapy/counseling:** No
- **Current/past substance use:** Unknown

Case Presentation

Clinical Summary:

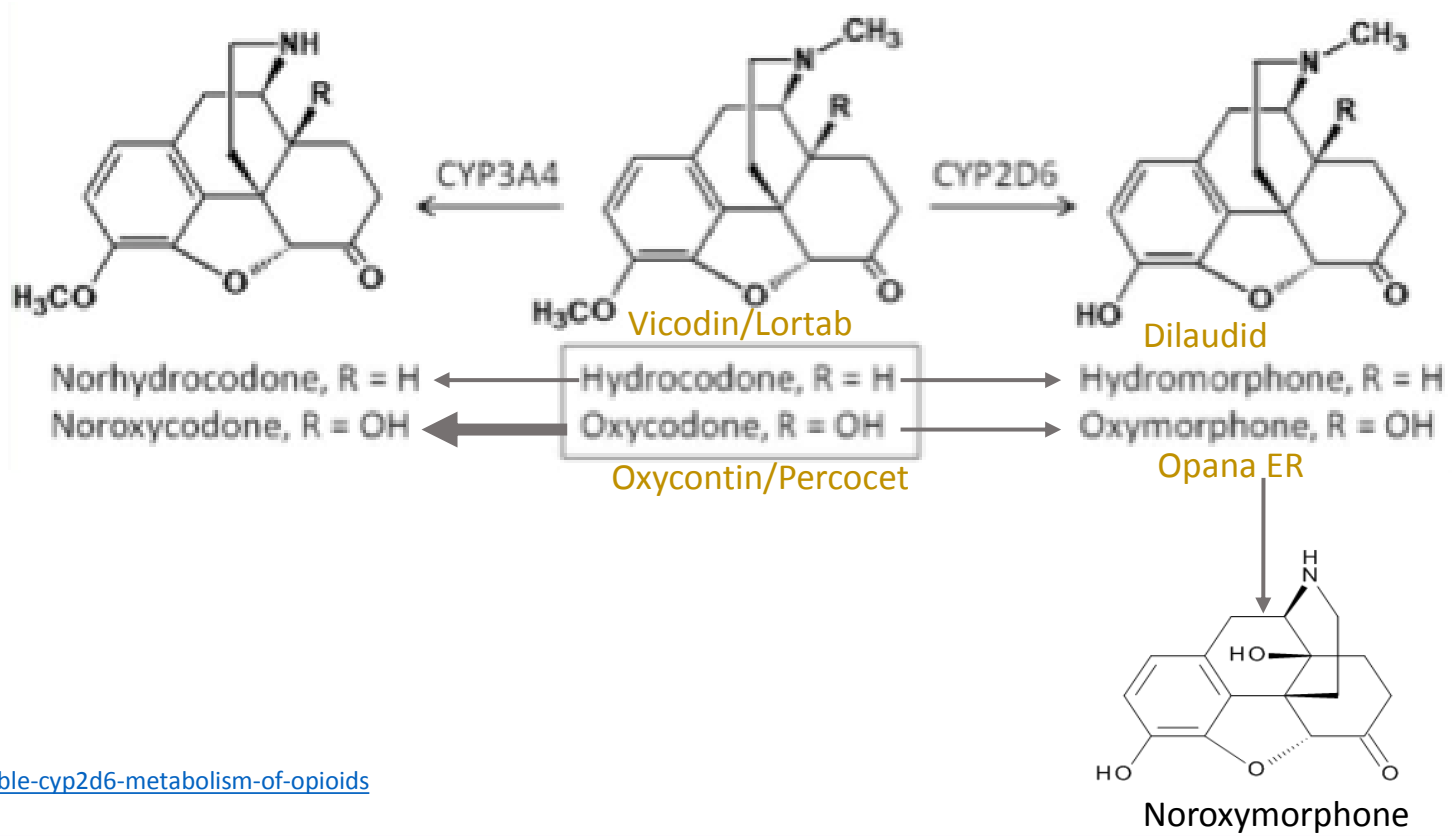
- female patient with type IV Ehlers-Danlos resulting in chronic pain and depression/anxiety.
- hospitalized for abdominal pain in June, 2015 and subsequently underwent a splenectomy on 6/6/2015 followed by take back for control of bleeding from hepatic artery hemorrhage and for delayed closure of abdomen due to complications of the EDS.
- During her last admission, she had complex pain management/sedation management and precedex was used in the ICU.
- She now has an hepatic pseudoaneurysm in this area as well as R hepatic artery aneurysm. Since that time (end of July, 2016), her opioid requirements have decreased for her chronic pain and remain stable. She undergoes pain management with a palliative care team.
- Her latest drug test came back as confirmed positive for hydromorphone (12982 ng/mL), oxycodone (157 ng/mL), noroxycodone (1440 ng/mL), oxymorphone (205 ng/mL), noroxymorphone (70 ng/mL), methadone (11372 ng/mL), and EDDP (13460 ng/mL).
- She was negative for all other opioids tested (codeine, dihydrocodeine, hydrocodone, norhydrocodone, naloxone, and morphine).

Case Presentation cont.

- **Question:** Is this consistent with the patient's prescribed methadone and oxycodone PRN? If not, how would this change patient care and/or prescriptions for this patient?

Oxycodone/Hydrocodone:

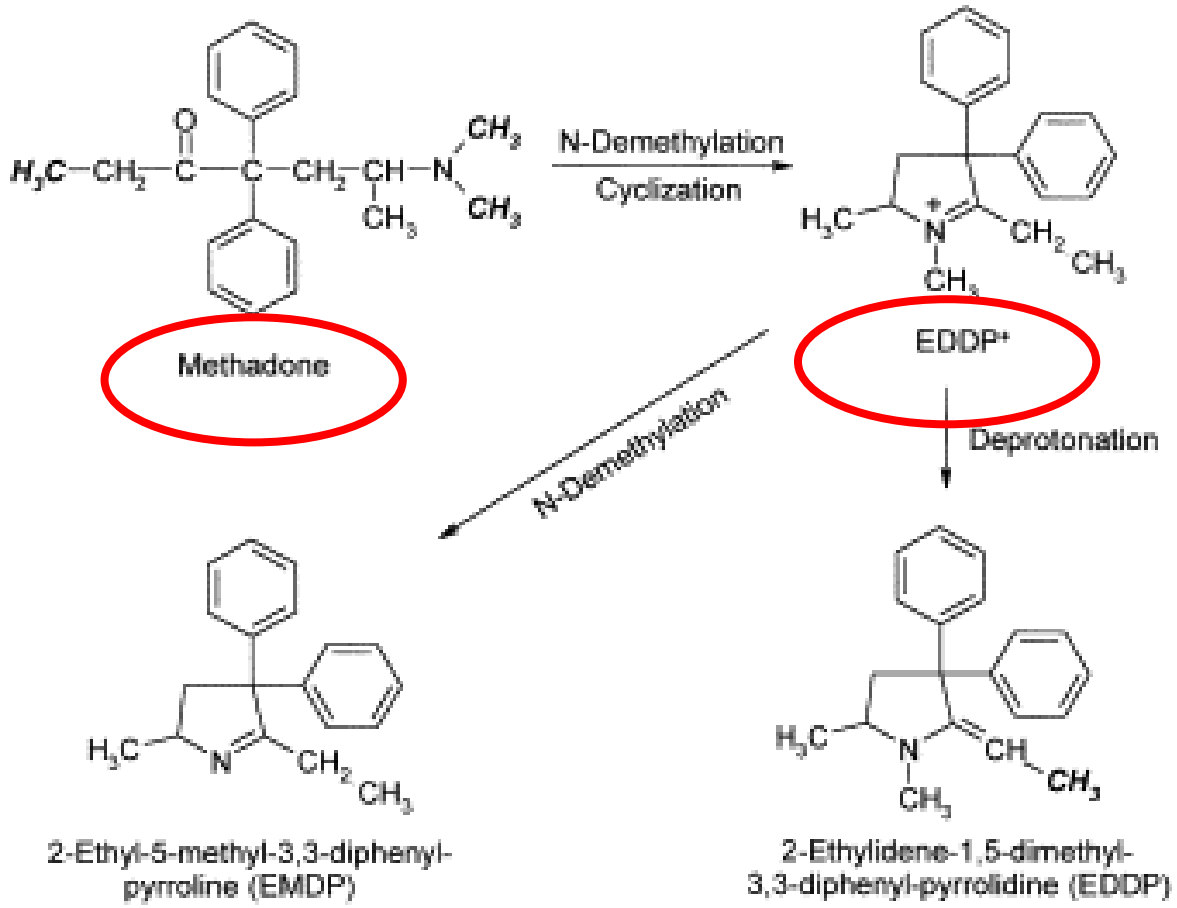
Inactive metabolites



Active metabolites

https://www.premiertox.com/post/variable-cyp2d6-metabolism-of-opioids

Methadone:



- https://www.sciencedirect.com/science/article/pii/S0378434700003443

Class	Drug name	Brand names
Natural opiates Alkaloids in the opium poppy plant	Morphine Codeine Thebaine (also called paramorphine)	AVINza Kadian MS-Contin Ora-morph
Semi- synthetic opioids Created from natural opiates	Hydrocodone Hydromorphone Oxycodone Oxymorphone Diacetylmorphine (heroin) Buprenorphine	Lortab and Vicodin (with acetominophen) Dilaudid Exalgo OxyContin Roxicodone Percocet and Tylox (with acetaminophen) Percodan (with aspirin) Opana Butrans
Fully synthetic opioids Chemically made	Fentanyl Meperidine Methadone Tramadol	Duragesic Fentora Onsolis Demerol Diskets Dolophine Methadose ConZip Rybix ODT Ryzolt Ultram

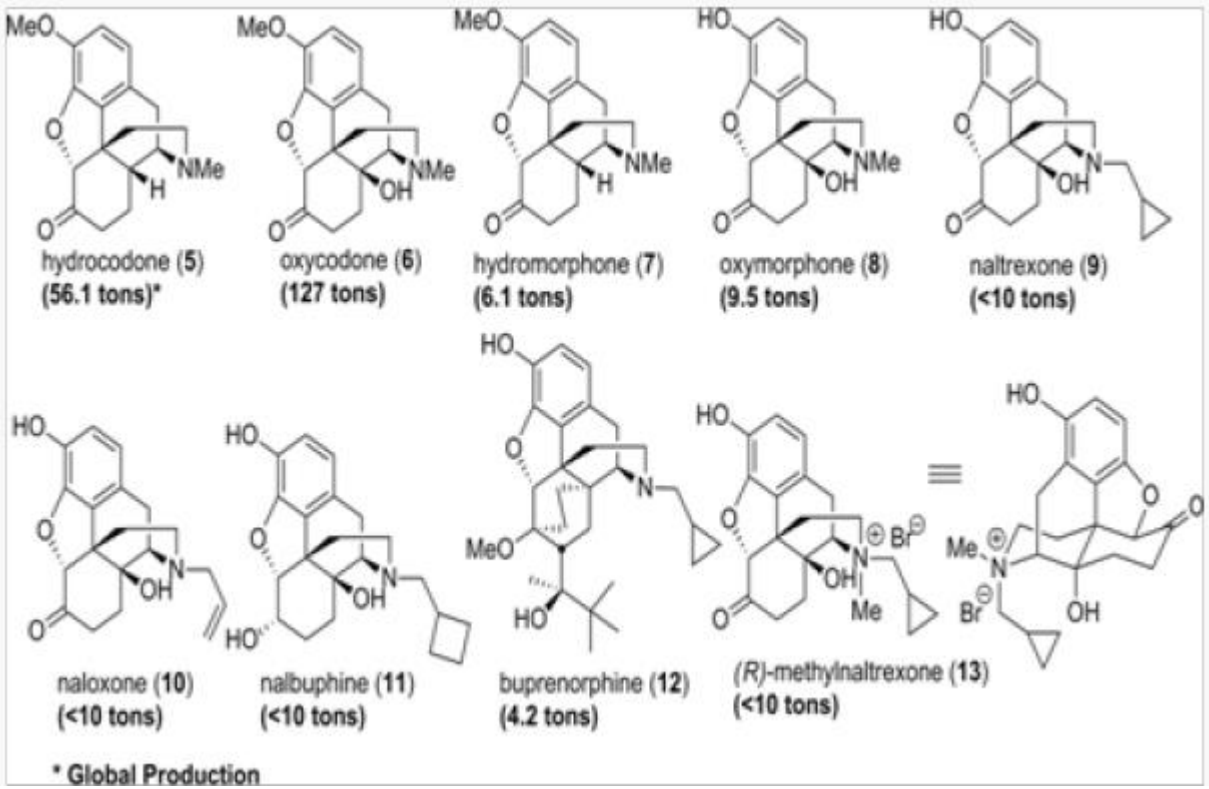
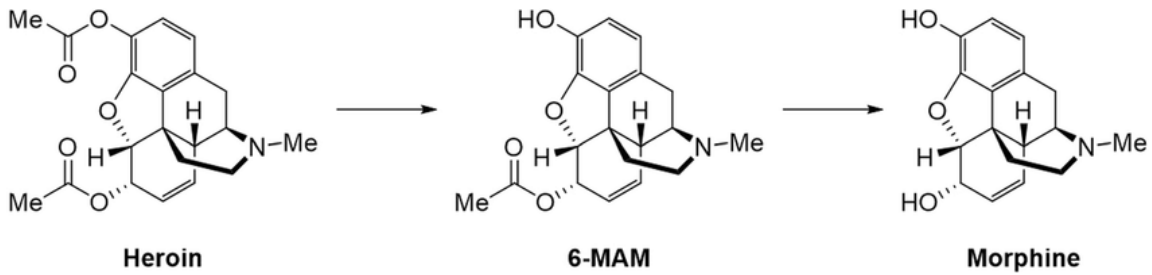


TABLE 4. **Major Opioid Metabolites**

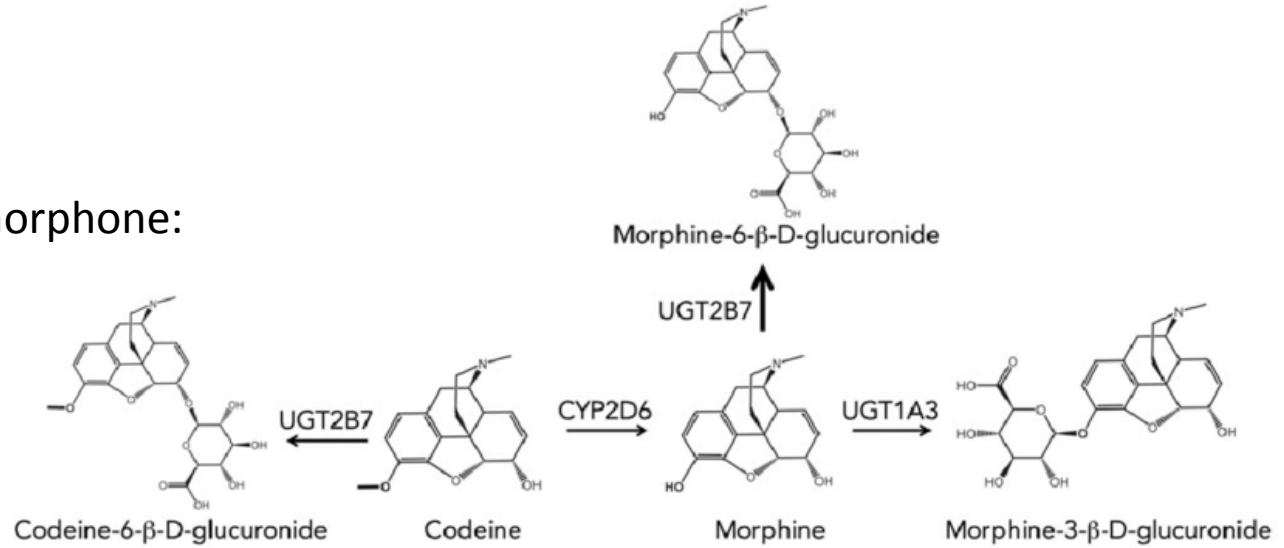
Opioid	Inactive metabolites	Active metabolites identical to pharmaceutical opioids	Active metabolites that are not pharmaceutical opioids
Morphine[28,43,53-55]	Normorphine	Hydromorphone[a]	Morphone-3-G glucuronide Morphone-6-G glucuronide
Hydromorphone[17]	Minor metabolites	None	Hydromorphone-3-glucuronide
Hydrocodone[56]	Norhydrocodone	Hydromorphone	None
Codeine[57,58]	Norcodeine	Hydrocodone[a] Morphine	None
Oxycodone[11]	None	Oxymorphone	Noroxycodone
Oxymorphone[18]	Oxymorphone-3-glucuronide	None	6-Hydroxy-oxymorphone
Fentanyl[10]	Norfentanyl	None	None
Tramadol[16]	Nortramadol	None	*O*-desmethyltramadol
Methadone[59]	2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine 2-Ethyl-5-methyl-3,3-diphenylpyrroline	None	None
Heroin[60]	Normorphine	Morphine	6-Monoacetylmorphine

[a] Only very low levels are seen in the urine: less than 11% for hydrocodone after codeine administration and less than 2.5% for hydromorphone after morphine administration.[53,54,58]

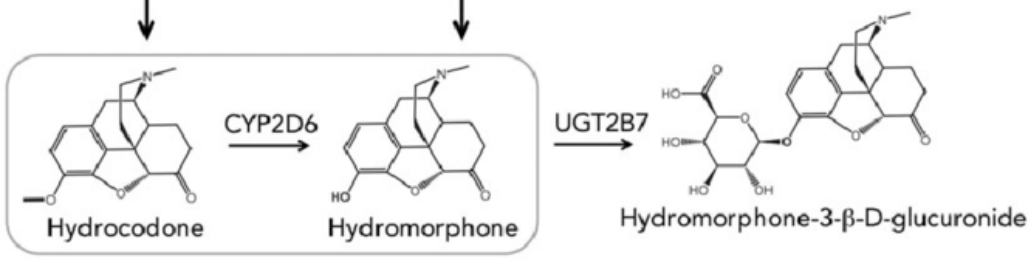
Heroin to Morphine:



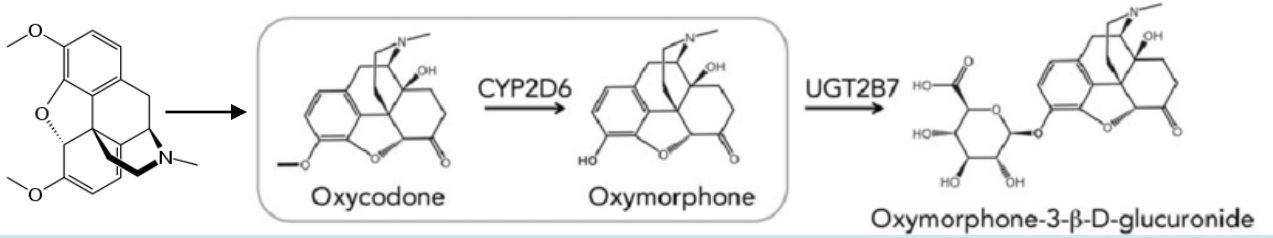
Morphine to hydromorphone:



Codeine to Hydrocodone:



Thebaine to Oxycodone:



Thebaine/paramorphine

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Sign up for Case Presentations

2/25/2020	Psychosocial interventions	Case 1: David de Gijsel Case 2: Caitlin Tilley
3/10/2020	Pharmacotherapy for AUD	Case 1: Case 2:
3/24/2020	Pharmacotherapy of OUD	Case 1: Case 2:
4/7/2020	Use & misuse of cannabis	Case 1: Case 2:

Reminders:

- Next session February 25th – Psychosocial Interventions (Melissa Baughman)
- Please type your name, organization, and email into chat
- Slides will be posted to the D-H ECHO Connect site