Outline

• Introduction

• Addiction Involving:
  – Tobacco/Nicotine
  – Alcohol
  – Opioids
  – Other Drugs

• Further Considerations
INTRODUCTION
Addiction

For background information on addiction

Addiction Medicine: Closing the Gap between Science and Practice\(^1\)
Addiction

For information on screening, diagnosis, treatment planning & management

Overview of Addiction Medicine for Primary Care$^2$ (62 Slides)

Overview of Addiction Medicine for Primary Care: Supplement$^3$ (30 Pages)
Stabilization

• Withdrawal in some cases can be life-threatening

• Medical management for stabilization/detoxification may be required

• Details for these topics can be found on Pages 88-92 of the CASAColumbia® report *Addiction Medicine: Closing the Gap between Science and Practice*¹
Addiction Treatment

• Treat addiction as a primary disease
• Address tobacco/nicotine, alcohol & other drugs
• Manage co-occurring disorders
Combined Treatment

• Medications & psychosocial therapies
• Can increase retention in treatment
• Can decrease relapse rates
Combined Treatment

• To achieve the best results medications should be combined with psychosocial therapies

• Research studies illustrate the effectiveness of various combinations of treatment\textsuperscript{4-6}

• Details for psychosocial therapies can be found on Pages 102-106 of the CASAColumbia\textsuperscript{®} report *Addiction Medicine: Closing the Gap between Science and Practice*\textsuperscript{1}
Specialist Referral
Consider for Complex Cases

- Addiction medicine physicians
  find a doctor near you
- Addiction psychiatrists
  find a doctor near you

Addiction medicine physician: http://www.abam.net/find-a-doctor
Addiction psychiatrist: https://application.abpn.com/verifycert/verifyCert.asp?a=4
ADDICTION INVOLVING TOBACCO/NICOTINE
FDA-Approved Meds
Tobacco/Nicotine

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

• 3X higher odds of smoking cessation\textsuperscript{7}

• Nicotinic acetylcholine receptor partial agonist\textsuperscript{8}

• Superior to bupropion & single-form nicotine replacement therapy\textsuperscript{9}
varenicline
(Chantix)

• Begin 1wk prior to target quit date
• Starting dose 0.5mg QD x 3dy
• Up to 1mg BID x 12wk ± extension of 12wk
varenicline
(Chantix)

• Black Box Warning: neuropsychiatric events
• Common Side Effects: headache, insomnia, nausea, abnormal dreams
• FDA Warning: increased risk of CV events in patients with known CVD
• Meta-analyses show no increased risk of neuropsychiatric events\(^9\) or cardiac events\(^{9-10}\)
bupropion
(Zyban, Wellbutrin)

- 2X higher odds of smoking cessation\(^{11}\)
- Inhibits norepinephrine & dopamine uptake\(^{12}\)
bupropion
(Zyban, Wellbutrin)

• Begin 1wk prior to target quit date
• Starting dose 150mg QD x 3dy
• Up to 150mg BID x 7-12wk ± extension of 12wk
bupropion
(Zyban, Wellbutrin)

- Black Box Warning: neuropsychiatric events
- Contraindications: seizure disorder / predisposition; abrupt cessation of alcohol / sedatives; risky use / addiction involving alcohol
- Common Side Effects: insomnia, tachycardia, weight loss, headache, lower seizure threshold
- Meta-analysis shows no increased risk of neuropsychiatric events\textsuperscript{9}
nicotine replacement
(Nicoderm, Nicorette, Commit, Nicotrol)

• 1.5X to 2X higher odds of smoking cessation
• Nicotine without exposure to other toxins
nicotine replacement
(Nicoderm, Nicorette, Commit, Nicotrol)

• Contraindications: severe angina, post-myocardial infarction, pregnancy, hypersensitivity

• Side Effects: minimal except nasal spray (local irritation, cough, headache, dyspepsia)

• Combination long-acting (e.g., patch) & short-acting (e.g., gum) better than single form\textsuperscript{13}
nicotine replacement
(Nicoderm, Nicorette, Commit, Nicotrol)

Dosing for 1 cigarette ≈ 1mg of nicotine
• Patch (OTC): 7/14/21mg, q12-24hr, 8wk taper
• Gum (OTC): 2/4mg, q1-2hr, 3mo taper
• Lozenge (OTC): 2/4mg, q1-2hr, 3mo taper
• Inhaler (Rx): 6-16 cartridges, q24hr, 3-6mo taper
• Nasal Spray (Rx): 1-2 sprays, q1hr, 3-6mo taper
nicotine replacement
(Nicoderm, Nicorette, Commit, Nicotrol)

Delivery method characteristics

• Patch (OTC): only long-acting method
• Gum (OTC): “chew & park” technique crucial; should not be used with acidic food or liquids
• Inhaler (Rx): beneficial for behavioral rituals
• Nasal Spray (Rx): fastest absorption, most side effects
ADDICTION INVOLVING ALCOHOL
FDA-Approved Meds

Alcohol

• acamprosate (Campral)
• disulfiram (Antabuse)
• naltrexone (ReVia, Depade, Vivitrol)
• combine with psychosocial therapies
acamprosate
(Campral)

- Improves abstinence & treatment retention\textsuperscript{14}
- May modulate glutamate & GABA\textsuperscript{15}
acamprosate  
(Campral)

- Begin once abstinent for >24hr if possible
- Dose at 666mg TID x 6mo
- Safe even with severe hepatic disease
- Contraindication: severe renal disease
- Common Side Effects: diarrhea, fatigue
disulfiram

(Antabuse)

• Best efficacy with routine use in monitored systems given high rates of noncompliance\textsuperscript{16}

• Aldehyde dehydrogenase inhibitor
disulfiram
(Antabuse)

• Causes diaphoresis, headache, dyspnea, hypotension, palpitations, nausea, vomiting (when using alcohol)

• Monitoring by spouse, supervisor, etc. is highly recommended
disulfiram
(Antabuse)

- Starting dose: 250-500mg QD x 1-2wk
- Maintenance dose: 125-500mg QD x 6mo
- Clinicians often start & maintain at 250mg QD
- Remains active 14 days after discontinuation
- Contraindications: severe myocardial occlusive disease, psychosis, hypersensitivity
- Side Effects: hepatitis, psychosis
naltrexone
(ReVia, Depade, Vivitrol)

• Decreases drinking by 83% over placebo\textsuperscript{17}
• FDA-approved for alcohol or opioids
• Mu opioid receptor inhibitor
• Genetic factors affect efficacy
naltrexone
(ReVia, Depade, Vivitrol)

- Only begin after abstinence from opioids >7dy
- Starting oral dose
  25mg QD (Day 1), 50mg QD (Day 2)
- Maintenance oral dose 50mg QD x 6mo
- Depot dose 380mg IM q4wk: better compliance
- Trial of at least 3mo recommended
naltrexone
(ReVia, Depade, Vivitrol)

• Black Box Warning: hepatotoxicity
• Contraindications: acute hepatitis, liver failure, prescribed opioids
• Side Effects: headache, GI distress, syncope, LFT elevation
• Literature review suggests no increased risk for causing or worsening hepatic disease\textsuperscript{18-19}
ADDICTION INVOLVING OPIOIDS
FDA-Approved Meds

Opioids

• buprenorphine/naloxone (Subutex, Suboxone, Zubsolv)
• methadone (Methadose)
• naltrexone (ReVia, Depade, Vivitrol)*

• combine with psychosocial therapies

* details for naltrexone included on previous slides for addiction involving alcohol
buprenorphine/naloxone
(Subutex, Suboxone, Zubsolv)

• Reduced use & better treatment retention\textsuperscript{20}
• Partial opioid agonist + opioid antagonist
• Exercise caution in quantities prescribed per visit due to potential for misuse
• Special training required in order to prescribe
• See details under section “For Physicians” at buprenorphine.samhsa.gov
buprenorphine/naloxone
(Subutex, Suboxone, Zubsolv)

• Starting dose
  8mg QD (Day 1)
  16mg QD (Day 2-3)
• Maintenance dose 12-16mg QD
• Contraindication: hypersensitivity
• Side Effects: respiratory depression, headache, pain, insomnia, GI symptoms
methadone
(Methadose)

• Reduced use & better treatment retention\textsuperscript{21}
• Long-acting opioid agonist
• Distributed only by licensed facilities
methadone
(Methadose)

• Starting dose 20-40mg QD
• Maintenance dose 80-120mg QD
• Dose may be less depending on baseline opioid use
• Must follow licensed facility protocol, e.g., EKGs
methadone
(Methadose)

- Contraindications: respiratory depression, severe asthma, ileus, hypersensitivity
- Side Effects: QT prolongation, respiratory depression
ADDICTION INVOLVING OTHER DRUGS
FDA-Approved Meds

Other Drugs

• Currently no FDA-approved medications for addiction involving other drugs

• Research & development ongoing for marijuana, cocaine, others

• Combine with psychosocial therapies
FURTHER CONSIDERATIONS
For Prescription Drugs

Always consider risks of addiction if prescribing

• Opioids
• Benzodiazepines
• Stimulants
• Other addictive prescription drugs
For Adolescent Patients

- Only buprenorphine/naloxone is FDA-approved for 16 years & older
- All other medications are FDA-approved for 18 years & older
- Adolescent treatment should focus more on psychosocial therapies
For Elderly Patients

- Monitor for drug-drug interactions
- For renal insufficiency adjust dosing of varenicline, bupropion, acamprosate, methadone
- For hepatic insufficiency adjust dosing of bupropion, buprenorphine/naloxone, methadone, naltrexone (contraindication if severe)
References


References


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