

SUBSTANCE ABUSE DISORDERS AND TREATMENTS
April 30, 2022
Questions & Answers

- What is PDMP?
 - Prescription Drug Monitoring Program
- SAMHSA rules on methadone dosing:
 - <https://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP>
- According to the Frederick County health department website, they do have a mobile program called Street Safe Program.
 - <https://health.frederickcountymd.gov/549/Street-Safe-Program>
- Dr. Fingerhood, thank you for the presentation. What do you think the key was in the last patient vignette that made the complete life change? The bup? Had she not been on it before? Amazing story!
 - The key was treating her as a person and building rapport. She had to have been contemplative already. Had not been on bup before.
- What has been your most difficult patient?
 - Would use term challenging rather than difficult. Apathy is frustrating- I care for a 72 year old women who just had her 5th overdose in the past year and is indifferent.
- Will it be appropriate to keep someone on stimulants while they continue to struggle with opioid use disorder?
 - Yes- no contraindication
- If a 82 yro female with chronic pain and has been on oxycodone for many yrs d/t severe osteoarthritis, has medical h/o cardiac disease, asthma. Would it be appropriate to switch them to buprenorphine?
 - Reasonable to discuss this as an option.
- What is your recommendation for managing post-op pain, and pre-op management of suboxone?
 - Continue buprenorphine throughout the pre-op/peri-op period
- Why out of state patients from WV are travelling long distance to see MD doctors to get buprenorphine and having these meds filled in MD pharmacies?
 - Not sure, but access to care may be an issue
- Good information from Dr. Fingerhood. However when will you stop giving oxycodone who follows and comply fully with pain contract?? Why not change all those patients to bupre/naloxone regardless comply or not?
 - IF oxycodone is providing benefit (improved quality of life) and there are no significant risks, I would not change. Always try to be appropriately patient- centered

Answered during seminar – review recording at www.mmppi.com/previous_meetings.htm

- Can you discuss the background for the term 'Opioid Use Disorder'? How did it come into existence? How is it different from 'opioid addiction'? Seems that there is no difference, but would like to know.
- Patient is interested in vivitrol, but patient is on RX benzodiazepine. How safe is coadministration of Benzo with vivitrol?
- Can you discuss options to treat someone who is in withdrawal from heroin/cocaine use, is not in a methadone program, but needs surgery or some other medical intervention while hospitalized?
- Are there any instances which you would recommend giving methadone BID?
- Pls address Suboxone taper. I have some patients with a strong preference to taper after years of treatment and abstinence. The last few mg are tough to stop. A few patients have asked about the sublocade as a single shot to allow slow taper as it runs out. Thx Judy
- Will buprenorphine as an agonist/antagonist displace any other opioid if taken concomitantly (e.g. buprenorphine patch and hydrocodone). Will that precipitate withdrawal symptoms?
- What is the reference for the Federal rules on methadone dosing?
- Why would dosing for addiction treatment with methadone increase, rather than decrease? I thought the point was to taper the patient to avoid withdrawal.
- Can respiratory depression occur with bup when taken with benzos?
- Is there an advantage to starting a patient on the full agonist (methadone), then transition them to the partial, and finally the antagonist, naltrexone.
- Have you seen a shift in how rehab facilities are adjusting discharge plans with regard to patients on maintenance and finding placement in Sober Living Housing?
- Under what circumstances would you use a 'contract'? Are they useful?
- Cravings after 1 week withdrawal management with chlordiazepoxide for 3 days, can gabapentine be helpful, and at what dose?
- Should someone who was in remission from AUD and relapse return to some sort of long-term treatment?
- Community clinic alcohol withdrawal management: What is the comfortable CIWA score assuming no hx of seizures & DT?
- Dr. Cavaliere, could you further characterize the "highly motivated patients" that respond better to disulfiram? Are the motivations job/lifestyle related or is it related to their clinical presentation (e.g. cravings not as strong)
- Dr. Welsh, is there any discussion about moving methadone treatment into community pharmacies now that we have buprenorphine? There is no reason to have separate OTPs, in my opinion, it is stigmatizing and discriminatory.
- Regarding the harm reduction programs in Baltimore City, how many of them involved users to ascertain what they (users) preferred as interventions?

- Of the many harm reduction programs used in Baltimore City for opioid addiction, what are the metrics used to measure the programs' effectiveness? What is determined to be a success?
- One of the harm reduction programs highlighted in the Baltimore Sun recently is related to monetary incentives for people with opioid use disorders. I have concerns regarding how effective this would be long term especially when the program 'runs out of money' (or is deemed to be of low priority and is no longer funded). Your thoughts?
- I wasn't aware about "safe consumption facilities". I know you already touched on this however, I wonder if such practices may be perceived as counter productive. Would be?
- Won't it be better to refrain folks from using any substance to begin with?
- Difficult to read the slide, but I assume 'decriminalization' means that people are not being charged/convicted for using 'illegal' drugs, but are being sent to rehabilitation programs? Are there other elements of 'decriminalization' (besides rehab)?
- There is much discussion and such a large push to reduce opioid use. How often is the reverse scenario addressed? Often I see patients come in with legitimate broken bones or other acute and chronic symptoms. The complaint is that their DR is reluctant to prescribe more than 3 days dosage and recommend they seek pain management help - which takes time. Not much help with a broken bone.
- Can there be respiratory depression with bup and benzos?
- Fail over dose is lethal?
- How do you reconcile adult use of cannabis with harm reduction?