SUD Treatment Community of Practice

September 27, 2019

Emerging Drug Trends for SUD Treatment Providers

Questions and Answers

Presentation on Stimulants and Marijuana

Q1. What should we do for a positive drug screen when a patient says they're only using CBD?
A1. Urine drug screens can be sent out to test for marijuana metabolites. There is a threshold of THC concentration that CBD products should be kept below (0.03).

Q2. What do we tell our patients who say that their doctors tell them that CBD should not show up on their drug screen?
A2. Explain to the patient that they may need to find a different provider of CBD. The CBD they are using may be above the THC threshold. Products that come out of Colorado are supposed to be regulated to be below this threshold.

Q3. Have there been any studies looking at using prescribed stimulants (Ritalin, Adderall, etc.) to treat methamphetamine or cocaine use disorder?
A3. In 2010, the article 'Pharmacological approaches to methamphetamine dependence: a focused review" was published in the British Journal of Clinical Pharmacology. "No substantial evidence for efficacious treatment has yet emerged. Clinical trials using aripiprazole, GABA agents (gabapentin, baclofen, vigabatrin), SSRIs, ondansetron and mirtazapine have failed to show efficacy.

Only three double-blind placebo-controlled trials have shown positive results in reducing methamphetamine or amphetamine use. One clinical trial of naltrexone has shown evidence of efficacy for treatment for amphetamine dependence, and trials involving bupropion and modafinil have demonstrated possible benefit in treating methamphetamine use in selected methamphetamine-dependent patients. The use of agonist replacement medications such as d-amphetnaine and modafinil may also hold promise in the treatment of methamphetamine dependence. Despite the lack of clear and robust success to date, increasing efforts are being made to develop medications for the treatment of methamphetamine dependence."

Q4. When a person presents with psychotic symptoms do these symptoms typically resolve when they stop using?
A4. It was shared that from the experience of those in the room, once the drug wears off psychosis wears off. Providers have found that providing treatment for OUD first and understanding the underlying psychotic issues is important.

Getting treatment for patients with history of mental illness is difficult because mental health providers believe it is SUD related not the underlying mental health issue. It is important to complete an evaluation following detox to get a better mental health/co-occurring diagnoses.

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Greater Nashua Mental Health Center Practice Perspective:

Q5. Which type of family supports were most helpful for these patients?
A5. The family takes the patients to NA/AA and helps logistically with recovery, such as with transportation.

Q6. Were all of the participants interviewed in treatment?
A6. All of the participants were in recovery when answering these questions.

Q7. What community resources were most useful to those interviewed?
A7. Communities that provides a safe, welcoming space such as NA/AA and other community/mutual support groups.

Q8. Are the relevant themes rank ordered?
A8. Yes, they are rank ordered in analysis.

Q9. Were the respondents connected to treatment or recovery when they were interviewed?
A9. Yes, all of the respondents were engaged in the recovery community.

Q10. What is included under the category of "recovery community"?
A10. All recovery supports are included here; many respondents indicated use of NA/AA and Smart Recovery.

Q11. What information should we tell clients when relapse happens?
A11. Communication to patients should reinforce that addiction is a chronic brain disease, which may include relapse; this is a very natural part of the recovery journey.

Q12. Where were participants recruited from?
A12. Participants were chosen at random. The only requirement was that they needed to have a history of methamphetamine use.

Q13. How were participants recruited?
A13. Word of mouth was utilized.

Q14. What do the labels on the graph mean?
A14. Labels use the F Codes for each substance.

- F11 – Opioid related disorders
- F12 – Cannabis related disorders
- F14 – Cocaine related disorders
- F15 – Other stimulant related disorders

Q15. Why has there been an increase overall in the last year of substance use disorders?
A15. This is mostly related to additional staff capacity at GNMHC, so more clinicians are seeing more patients than in past years.

Families in Transition Practice Perspective

Q16. Medicaid managed care organizations (MCOs) are addressing more social determinants of health, have you partnered with them?
A16. Yes, the organization has found success with the MCOS and found that their resources are very helpful and have increased access. MCOs offer many services, prior authorizations are easier, and we use Coordinated Transportation Solutions (CTS) all the time.

Q17. How should we start conversations about beginning to transition off MAT for previously incarcerated women? (The Department of Corrections is not stepping them down before release)
A17. Both buprenorphine and Vivitrol are appropriate for long-term use. Every patient is different, some transition off MAT at a faster pace than others. It is not necessarily a bad thing for someone to stay on MAT long-term. It is important not to rush this transition as it could lead to relapse. The goal of MAT is to offer many paths to recovery.

Some individuals on MAT are being denied housing and feeling pressured to step down due to the discrimination. If someone is adamant about transitioning off their medication, be sure to connect them with a LADC, therapy, and groups.

Q18. Is Sublocade (injection extended-release buprenorphine) readily available?
A18. Yes, insurance coverage is getting easier.

Q19. What should we do for a patient that is doing well, not using opioids, but using cocaine?
A19. We would consider that that person needs to have more support, see a LADC, go to groups, and maybe attend an IOP.

Q20. Are there inpatient options for withdrawal management (detox) of methamphetamine?
A20. There are temporary medications to help with withdrawal symptoms. Residential treatment programs do offer withdrawal management for methamphetamine patients.

Presentation on Spice and Kratom

Q21. I have heard the compounds in spice are changing constantly, is this true?
A21. Yes, and the changing chemical compounds makes regulation more difficult. Some participants have heard that the government is looking into regulating the "effect" rather than the chemical compounds.

Q22. In what family of chemicals does the active ingredient in Kratom belong?
A22. Two compounds in kratom leaves, mitragynine and 7-a-hydroxymitragynine, interact with opioid receptors in the brain, producing sedation, pleasure, and decreased pain, especially when users consume large amounts of the plant. Mitragynine also interacts with other receptor systems in the brain to produce stimulant effects.

Mitragynine is an indole-based opioid-receptor agonist and the most abundant active alkaloid in the plant Mitragyna speciosa, commonly known as Kratom.

7-Hydroxymitragynine is a terpenoid indole alkaloid from the plant Mitragyna speciosa, commonly known as Kratom.

Q23. How does Kratom have both alertness and drowsiness effects?
A23. In small amounts, the opioid receptors can be blocked without triggering feelings of fatigue, causing a person to have increased energy, sociability, and alertness. In larger amounts, the compounds interact with opioid receptors to produce sedation, pleasure, and decreased pain.

Q24. Is anyone testing for Kratom in Urine Drug Screens?
A24. The Choices program tests for it, they send out for confirmation. They are seeing positive UAs.

Q25. Is there a quick tip to test for Kratom?
A25. No

Q26. What should we do about patients that are leaving MAT to try Kratom, and then experience withdrawal from MAT?
A26. If the patient returns, wait 24 hours to re-administer Suboxone. The community was unsure of the reaction of combining Vivitrol with Kratom.

Q27.What are the Social Determinants of Health?
A27. Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care. (https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/)