

Supporting your patients through addiction

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I have no disclosures

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Objective 1


Identify 2-3 simple clinical approaches to supporting a patient in addiction

Objective 2

Identify at least one new medication or med combination for a patient in addiction

Objective 3

Share with leaders of your clinical site one meaningful change that can be made to positively influence care of a patient in addiction



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Substance Use Disorders (and all addictions)

are a chronic illness

CPI
code 5201

Chronic Illness CDC Definition: conditions "that last one year or more and require ongoing medical attention or limit activities of daily living or both." There is no cure and they are characterized by relapses necessitating longitudinal care

Soth, R., Lannon, M. J., Labelle, C., Richardson, J., & Sarrett, J. H. (2008).

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Why aren't my patient's conflicting in me?

As of 2024 48.4 million people aged 12+ (1 & 6 Americans) meet criteria for a SUD


For the first time in history SUD (28.2mill) surpassed AUD (27.9mill). Greater than 80% did not seek help

Called 'The Disease of Denial' patients often don't report

2024 National Survey on Drug & Health, SAMHSA

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1. Don't want to change
2. Don't think there is a problem
3. Shame



Shame is the deepest of the negative emotions. A feeling we will do almost anything to avoid.
-Gabor Mate


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Building rapport & trust



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Nucleus Accumbens: Functions



- Processes pleasure and rewards through dopamine release
- Learns to associate stimuli with rewards
- Motivates reward-seeking behaviors
- Shows stronger activation for unpredictable rewards
- Suppresses actions less likely to result in rewards
- Helps form memories of rewarding experiences

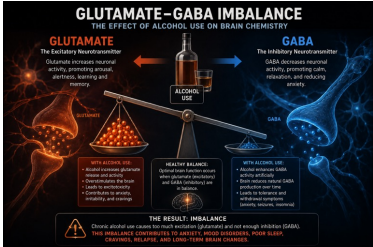
SimplyPsychology.org

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Alcohol Use Disorder

GLUTAMATE - GABA IMBALANCE

THE EFFECT OF ALCOHOL USE ON BRAIN CHEMISTRY



GLUTAMATE
The Excitatory Neurotransmitter
Glutamate increases neuronal activity, promoting arousal, attention, learning and memory.

GABA
The Inhibitory Neurotransmitter
GABA decreases neuronal activity, promoting calm, relaxation and reducing anxiety.

ALCOHOL USE

HEALTHY BALANCE: When used in moderation, alcohol increases GABA activity and decreases glutamate activity, leading to relaxation and reduced anxiety.

WITH ALCOHOL USE: Chronic alcohol use leads to a shift in brain chemistry, resulting in a decrease in GABA activity and an increase in glutamate activity, leading to increased arousal and anxiety.

THE RESULT: IMBALANCE
Chronic alcohol use causes too much excitatory (glutamate) and not enough inhibitory (GABA). This imbalance contributes to anxiety, sleeplessness, mood swings, cravings, relapse, and long-term brain changes.

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Baclofen


- Not FDA approved. Increasingly implicated in overdose deaths for SUD.
- GABA B receptor agonist working in CNS to reduce cravings.
- 100mg TID
- Safe in liver impairment
- Side effects- drowsiness, confusion, HA, hypotension
- Do not stop abruptly in high dose or long term use



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Clonidine

- Not FDA approved for SUD
- Alpha-2 adrenergic agonist. Primarily used in detox for Hypertension & Anxiety
- Serious additive effects if used with alcohol
- Taper gradually- rebound Hxn & Anxiety




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Gabapentin

- Not FDA approved for SUD
- Increases available GABA & reduces glutamate activity
- Potentially habit forming, including withdrawal sx
- Safe in renal impairment
- Best used for co-occurring anxiety, insomnia, risk of seizure
- Increasingly implicated in overdose deaths


Kuehn BM. 2022



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Acamprosate


- FDA approved in AUD
- Good choice for AUD + OUD
- Restores balance to glutamate/gaba
- Dose 666mg TID
- Must be abstinent from ETOH for > 12h
- Common side effects- diarrhea, nausea, anxiety



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Disulfiram (Antabuse)


- FDA approved for AUD
- Inhibits Aldehyde Dehydrogenase
- Caution in liver disease
- Must be abstinent for at least 12 hrs
- Can be sedating & cause headaches
- Consider "special occasion" use



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Supplements/Vitamins

- Magnesium- ETOH depletes magnesium which works on GABA and inflammation
- Thiamine- prophylactic against Wernickes, nutrition replacement
- Passion Flower- activates GABA receptors, mildly sedating
- Valerian Root- activates GABA, may be sedating
- L-Theanine- lows glutamate levels
- L-Glutamine- can help with sugar cravings




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Vivitrol/Naltrexone

CPT code 93372

- FDA approved for AUD & OUD
- Opioid antagonist- stops the high
- Will cause precipitated withdrawal if given in presence of opiate within 7 days
- Causes diminished euphoria or "drunk" when taken with alcohol
- Vivitrol is expensive. Recommend when deductible has been met




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Topiramate

- Not FDA approved for AUD & SUD
- Inhibits GABA reuptake inhibition & blocks specific GABAergic receptors. Leads to the brain's reward pathway, potentially blocking the reinforcing effects of alcohol and opposing substance
- Dosing 300mg - 900mg once to twice daily dosing
- Most studies show fewer heavy drinking days
- "Dopamine", fatigue, fatigue, decreased appetite
- Good for combined SUD & AUD, weight loss, migraine headaches

Johnson BA, Ali-Daoud N, Wang X, et al. 2013



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VIVITROL: A Targeted Approach

VIVITROL contains naltrexone, which:

- Is an opioid antagonist with the highest affinity for the opioid receptor*
- Blocks B-endorphin binding, which may prevent excessive dopamine release**

VIVITROL blocks the binding of B-endorphin to opioid receptors... which may prevent excessive dopamine release**

The mechanism by which VIVITROL exerts its effects in alcohol-dependent patients is not entirely understood.

Vivitrol

1. VIVITROL, 360 mg Prescription Information, Abasco, Inc.
2. Chemical and Pharmaceutical Division (30-200)
3. Bristol-Myers Squibb Animal Health (201) 850-0070
4. Bristol-Myers Squibb Animal Health (201) 850-0070

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Opiate use Disorder

PHYSICAL SIGNS OF OPIOID USAGE

- LACK OF COORDINATION
- CONSTANT FATIGUE OR DROWSINESS
- REDUCED OR SHALLOW RESPIRATION
- NAUSEA OR VOMITING
- SLEEPING
- CHANGES IN SLEEPING PATTERNS
- PHYSICAL AGITATION
- FREQUENT COLD/FLU SYMPTOMS

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Naloxone

- FDA approved for Opioid Overdose
- Powerful mu opioid antagonist
- Available in nasal spray or injection
- Most insurance pays or at any library in Utah
- Utahnaloxone.org

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Stimulant use Disorder

The challenge with treating amphetamine addiction

Image was created using AI

HOW IT WORKS
Amphetamine increases the levels of dopamine in the brain's reward pathway, flooding the reward pathway and overstimulating the brain.

HOW IT WORKS
Cocaine binds to opioid receptors in the brain, reducing pain signals and causing a release of dopamine in the reward pathway.

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Wellbutrin

- Not FDA approved in SUD
- Inhibits reuptake of DAT & NET
- Abuse Potential
- Seizures in over use
- Lowers seizure threshold

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Buprenorphine

- FDA approved in OUD & AID
- Potent partial mu receptor agonist and kappa antagonist resulting in reduced cravings
- Subutex (no naloxone) is abuseable
- Still has CNS effects; cautious with benzo use
- Withdrawal off can be very uncomfortable

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Kratom/7OH


Not FDA approved...for anything. Sold as a "supplement"

Commonly marketed as a natural way to get off of opiates

Powerful mu binding affinity

Considered "13x" more powerful than morphine

Federal ban pending. Utah banned in this year's legislature



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US Dept of Health & Human Services, July 2025

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| A CARLAT PSYCHIATRY REFERENCE TABLE | | |
|---|---------------------|---|
| Medications for Stimulant Use Disorders | | |
| Medication | Dosing | Special Considerations |
| Bupropion XL | 450 mg PO qAM | <ul style="list-style-type: none"> Good for comorbid ADHD, depression, nicotine use disorder Risk of seizures Risk of abuse Combine with suboxone (XR 8H qhs) |
| Desferrioxamine | 250-500 mg PO daily | <ul style="list-style-type: none"> Good for comorbid AED Risk of hepatotoxicity Delayed treatment reaction with alcohol, especially at high doses |
| Mefenorex | 50 mg PO daily | <ul style="list-style-type: none"> Good for comorbid depression, insomnia, underweight |
| Methylphenidate | 400 mg PO qAM | <ul style="list-style-type: none"> Good for comorbid ADHD Risk of abuse |
| Suboxone | 300 mg 8H qhs | <ul style="list-style-type: none"> Good for comorbid AED Caution in patients with liver disease Combine with bupropion |
| Topiramate | 200-300 mg PO daily | <ul style="list-style-type: none"> Good for comorbid AED and weight loss Cognitive slowing side effect Risk of kidney stones, metabolic derangements |

From the Clinical Update "Pharmacotherapy for Stimulant Use Disorders," in The Center Addiction Treatment Report, Volume 8, Number 3, May/June 2012
www.carlataddiction.com

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SBIRT

- Screening
- Brief Intervention
- Referral to Treatment

| Payer | Code | Description | Fee Schedule |
|----------------------|-----------|--|--------------|
| Commercial Insurance | CPT 99408 | Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes | \$33.41 |
| | CPT 99409 | Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes | \$65.51 |
| Medicare | G0396 | Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes | \$29.42 |
| | G0397 | Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes | \$57.69 |
| Medicaid | H0049 | Alcohol and/or drug screening | \$24.00 |
| | H0050 | Alcohol and/or drug screening, brief intervention, per 15 minutes | \$48.00 |

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Motivational Interviewing



- **Partnership:**
 - Work with the client as a team.
- **Acceptance:**
 - Respect the client's freedom to choose.
- **Compassion:**
 - Show empathy and understanding.
- **Evoking:**
 - Help the client find their own reasons for change.
- **Empowerment:**
 - Build confidence in the client's ability to change

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References

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- Substance Abuse and Mental Health Services Administration. Medication for the Treatment of Alcohol Use Disorder: A Brief Guide (SAMHSA). U.S. Department of Health and Human Services, 2015.
- U.S. Department of Health and Human Services. (2025, Jan 26). *USA Today*. [Feds plan to ban kratom](#). [https://www.usatoday.com/story/news/health/2025/01/26/feds-plan-to-ban-kratom/11442424002](#)
- [https://www.aa.org/en/about/our-work/education/2015/04/01/2015-aa-meeting-abstracts](#)

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Resources

- [Management of Substance Use Disorder \(SUD\) \(2021\) - www.aa.org/en/education/continuing-education/2021/04/01/management-of-substance-use-disorder-sud-2021](#)
- [PCSS: Home - Provider Clinical Support System - https://www.pcass.com/pcass/pcass.aspx](#) trainings plus office hours with experts • [santiego.org](#)
- [https://americanpodiatristsociety.org/](#)
- [219 AA Groups - Welcome to the AA Meeting that runs 6:30-8:30 PM on Thursdays](#)
- [CARLAT report - check out the podcast](#)
- [Stimulant Use Disorder Guidelines](#)
- [Addition Manual - Benwood Learning Information Coalition](#)

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Thank You

✉ Submit Information and Inquiries to:
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