San Mateo County Alcohol and Other Drug Services New Medication Policy

Implementation, *Implications, and Strategies for Success*

Brian Greenberg, Ph.D.

Lea Goldstein, Ph.D.

Staff Training

January 2008 SMC AOD Services Medication Policy

1. Consumers not to be denied services because they are taking prescribed medication--regardless of type

Medication Policy

2. Client treatment plans will address treatment needs of persons on prescription medications

Medication Policy

3. Treatment staff will consult with prescribing physicians whenever possible

Notes about the New Medication Policy

- Perceived problems with prescribed medications are a *clinical issue* to be dealt with in a *clinical manner*

- The prescribing physician will be involved whenever possible

- "Each treatment provider shall develop… **procedures**" to ensure the policy is adhered to

Procedures may include:

1. Policies and guidelines
   - non- discriminatory
   - all clients treated regardless of Rx medications

Procedures may include:

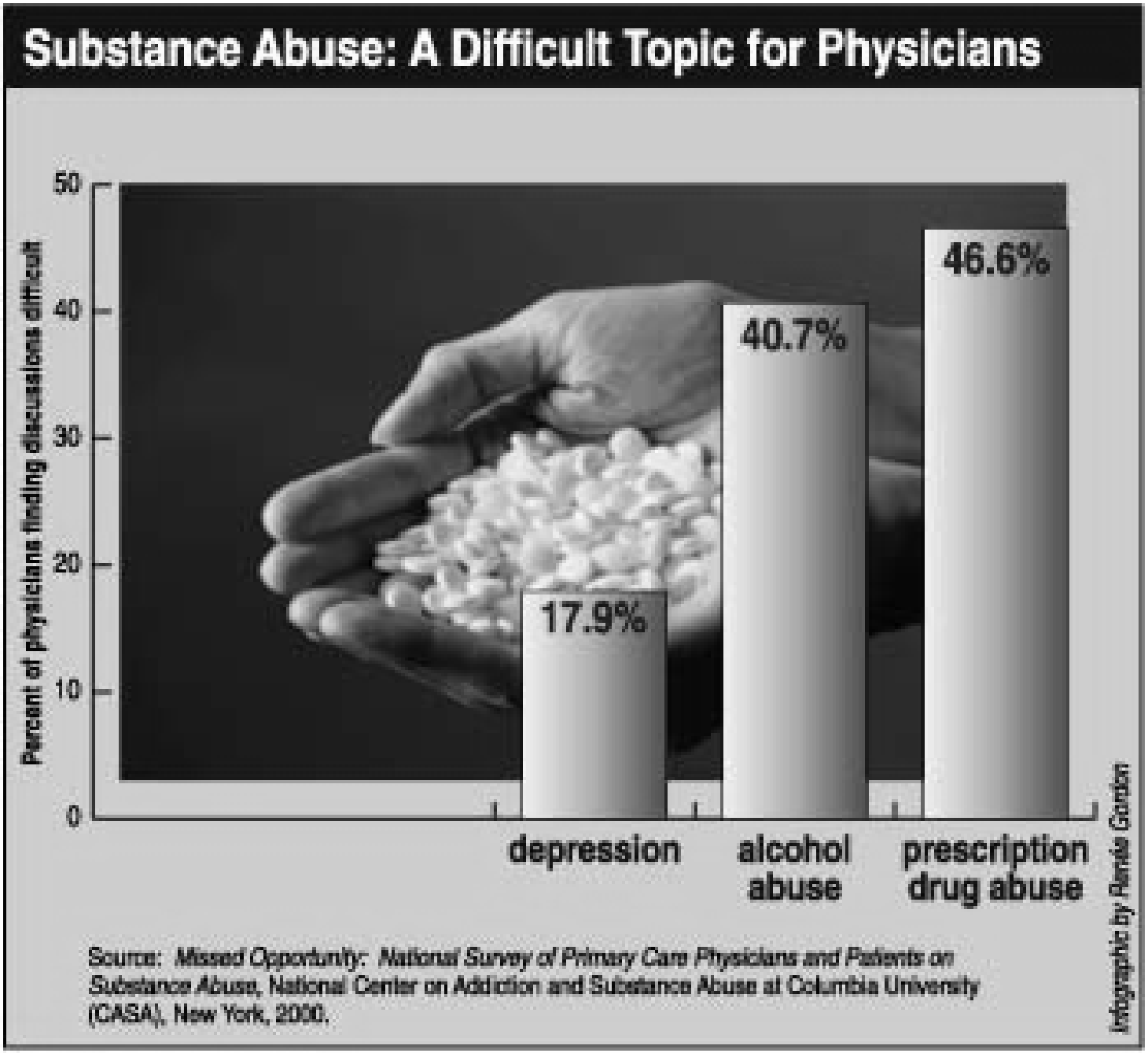
2. Operating procedures
   - how to physically handle Rx medications

Procedures may include:

3. Staff Training
   - how to engage clients around Rx issues
   - creating an accepting culture

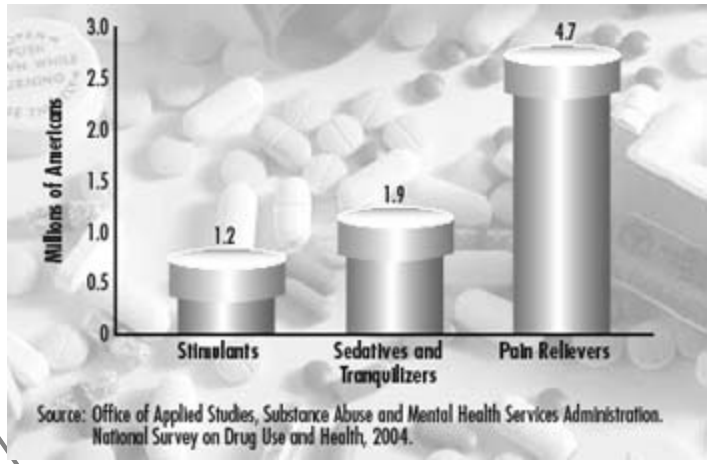
Challenges to Consider

- Physician training/understanding of addiction
- Physician willingness to discuss issues with their patients/your clients
- Physician willingness to partner with treatment staff
- Abuse potential of Rx medications
- Milieu issues

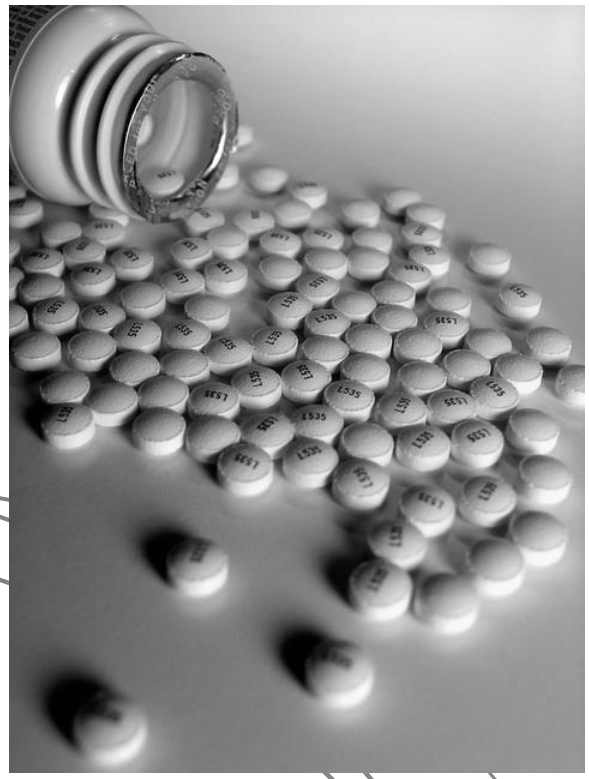

Substance Abuse: A Difficult Topic for Physicians
Percent of physicians finding discussions difficult
50
40
30
20
10
0
17.9%
40.7%
46.6%
depression
alcohol abuse
prescription drug abuse
Source: Missed Opportunity: National Survey of Primary Care Physicians and Patients on Substance Abuse, National Center on Addiction and Substance Abuse at Columbia University (CASA), New York, 2000.
Infographic by Renée Gordon

Prescription Drug Abuse is Widespread

More than 6.3 Million Americans Reported Current Use of Prescription Drugs for Non-Medical Purposes in 2003



Addiction to Prescribed Medication is Common, but



- Recovery services staff *refer/defer* for medical decisions
- Recovery services staff *refer/defer* for medical advice

However, we do take responsibility for storing client medications…

When physicians won't engage…

- Consult with Program Director
- Consult with BHRS consultants (B & L)
- Utilize staff with personal/professional relationship to contact
- Attempt different ways to contact (email)
- Refer for 2nd opinion

Over-Represented Groups

- More women than men abuse and are addicted to prescribed drugs, especially tranquilizers and sedatives

- More adolescent girls (1 in 10) than adolescent boys (1 in 13)

A significant cause for concern in older people in recovery

- Older people are more vulnerable because they receive more prescriptions
- The misuse/abuse of prescription drugs is the most common form of drug abuse among the elderly

Red Flags for Abuse

- Lost medication: “No one ever loses a prescription for high blood pressure medication”
- Multiple physicians prescribing medication
- An over-reliance on emergency rooms for prescriptions

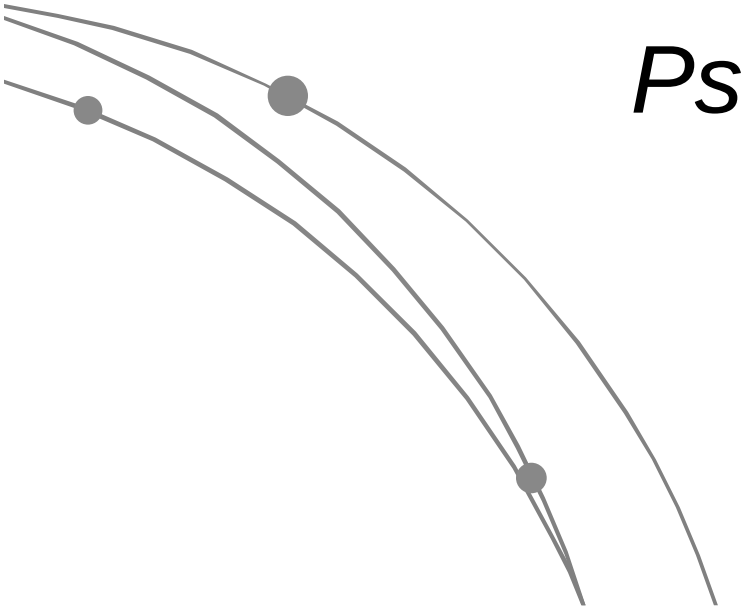
Three Classes of Prescription Drugs that are Vulnerable to Abuse

- Opiates, prescribed to treat pain (analgesics) Oxycontin, Vicodin
- Stimulants, prescribed to treat ADHD, narcolepsy (sudden sleep onset) (Ritalin, Adderall)
- Central Nervous System Depressants, prescribed to treat both
  - anxiety (anxiolytics) Valium, Xanax, Ativan, Klonipin Halcion,
  - insomnia (sedative hypnotics/barbituates)

Pain, Pain Rx, and Addiction

When severe pain is not addressed with enough or appropriate medication:

Pseudoaddiction



Pseudoaddiction

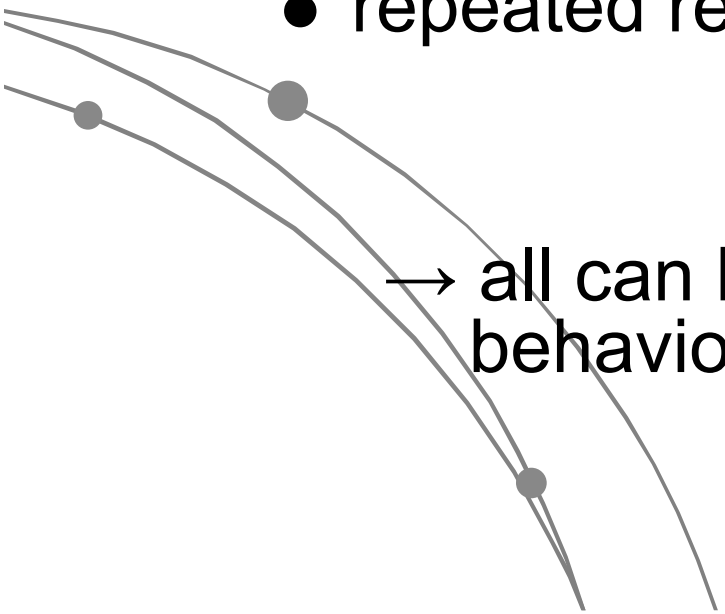
- first described in 1989 to describe an iatrogenic* condition in people with severe pain
- caused by physicians inadequately treating pain
- can be present in persons with a true addictive disorder (or not)

*iatrogenic: adverse health affects that result from medical treatment

Source: Weissman, D. & Haddox, JD. Opioid Pseudoaddiction. Pain. 1989

Distinguishing between client seeking pain relief and drug seeking behavior

- moaning
- other demonstrations of pain
- pain complaints that seem excessive
- clock watching for next dose
- repeated requests for medication



→ all can be either addiction related behavior or pain related behavior

Distinguishing between seeking pain relief and drug seeking behavior

- Pseudoaddiction: condition improves with the provision of adequate pain relief
- Addiction: condition does not improve, there is “never enough” medication.
- Thus, in pseudoaddiction, the client’s painful condition is not believed but interpreted as addictive or as drug seeking behavior associated with addiction

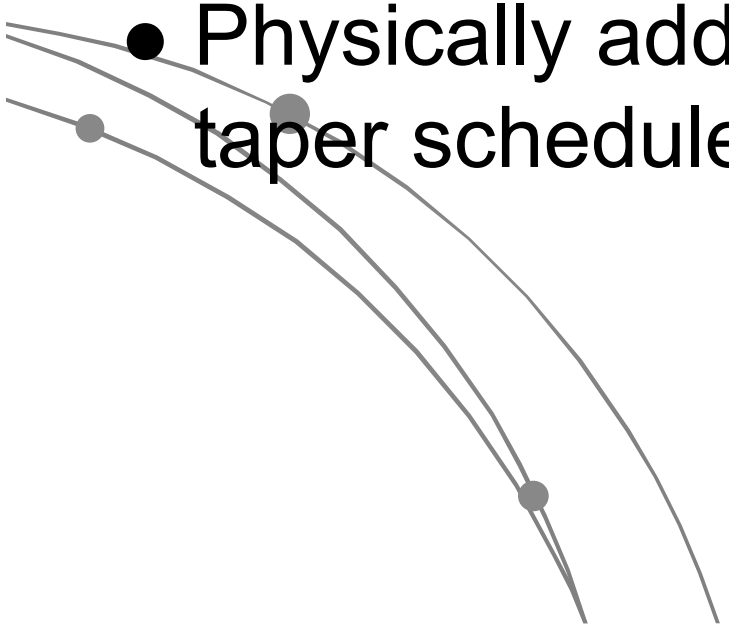
ADHD and Adult Clients

- NIMH: 3% to 5% of children thought to have disorder
- 30% to 50% of adults retain symptoms and diagnosis*
- Adult treatment frequently parallels child treatment
- Rx medication assists in helping to focus concentration and energy
- No (medical) withdrawal risks

* H. RUSSELL SEARIGHT, PH.D., JOHN M. BURKE, PHARM.D., and FRED ROTTNEK, M.D. American Family Physician, November 2000.

Sedative Hypnotics/Minor Tranquilizers

- Potential for abuse, so some M.D.'s will *prefer* to treat anxiety *in milieu setting*
- Used to treat anxiety disorders (and for detoxification)
- Physically addictive (cannot stop without a taper schedule)



Creating a Culture of Acceptance

- Persons who use antipsychotics (major tranquilizers) for thought disorders, or antidepressants for depression are only now being fully accepted in recovery culture/communities

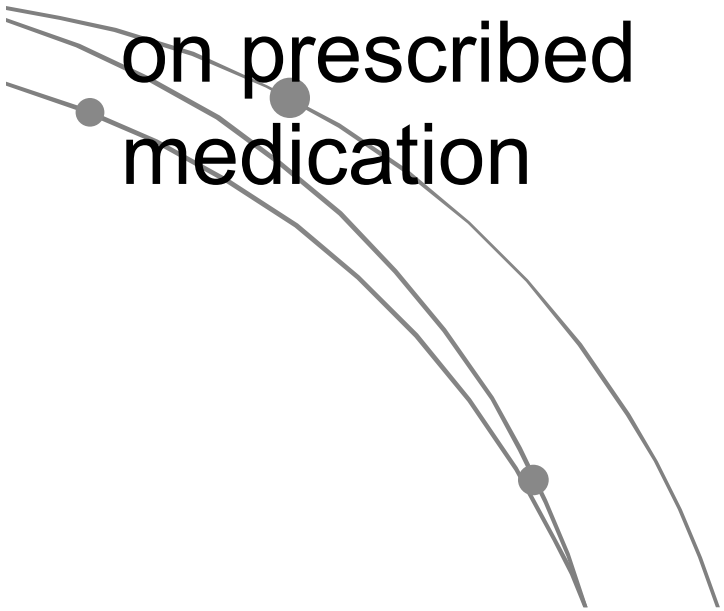
- Persons on prescribed drugs susceptible to abuse continue to be stigmatized in substance abuse recovery/treatment settings

Recovery and Rx Medication

- Stigma associated with Rx medication can unnecessarily interfere with recovery—Stigma ignored = treatment opportunity lost
- Each co-occurring disorder may need to be treated independently
- Develop an acknowledgement that there is nothing contradictory about being in recovery or recovery services and being on a medication with abuse potential

Program Culture/Social Issues

- Peers in recovery program may not stigmatize persons on prescribed medication



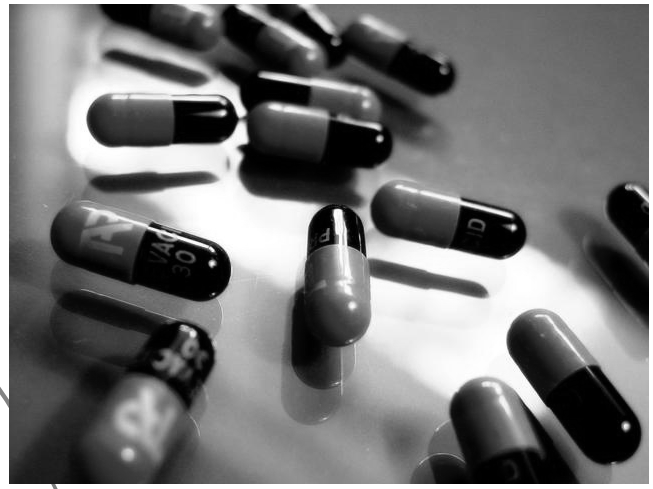
- Staff role model open, non-stigmatizing, and accepting attitude
- Staff understand that treatment is individualized, and convey this to client peer group

However:

- We want to be aware of how clients are doing
- We want to be aware of potentially dangerous behaviors or conditions
- We need to follow rules, doctor's orders, etc.

Potential Problems

- Abuse of medication
- Sale of medication
- Sharing of medication
- Missing Medication

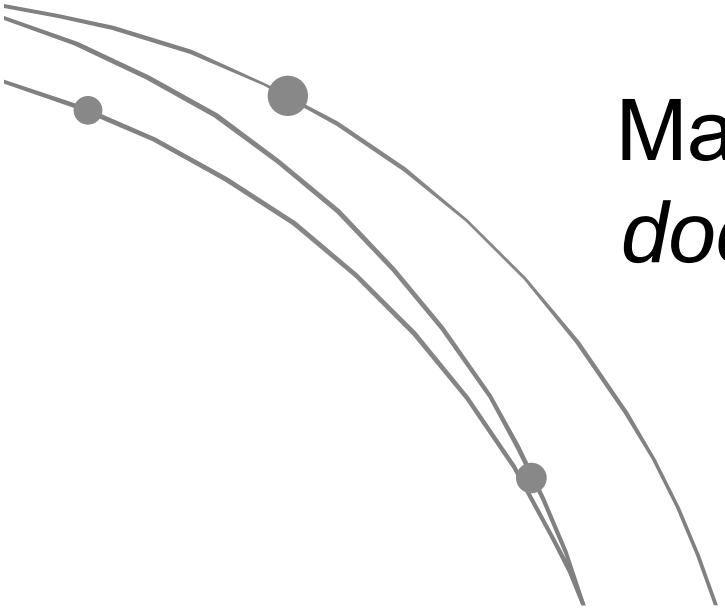


A *Primary* Concern is *Responsibility:*

Making certain that

the right medication

gets to the right person



Making certain that

doctor's orders are followed

Storing Control Medications Requires Extra Precautions

- Control medications are best treated like cash
- Persons receiving or assuming responsibility for “control medications” want to be certain what they are taking responsibility for
- Procedures necessary for insuring accountability need to be site specific

Assuming Responsibility

- Track medication by knowing what we are taking responsibility for (like cash)

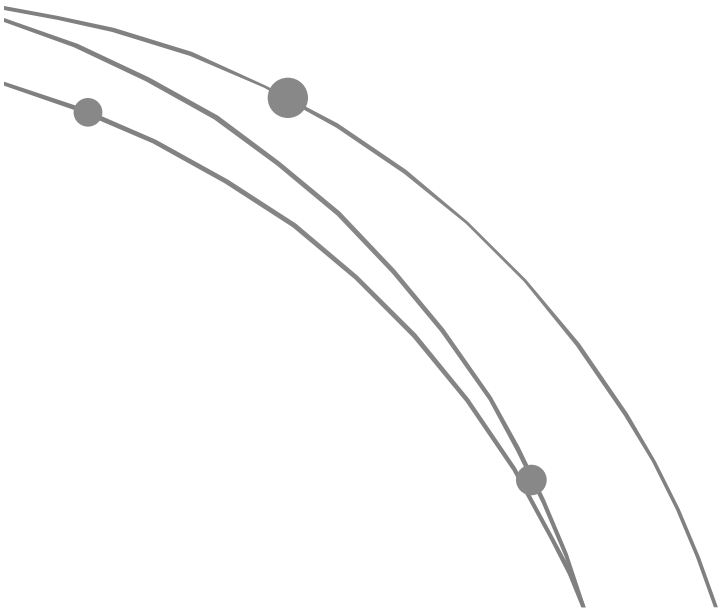
- Counting before assuming responsibility

Programs Implementing New Policies Need to Consider:

- Medication storage and chain of responsibility
- How to adapt the culture so as to eliminate stigma
- Establish process for liaison with Rx'ing physician

Integrating a new policy…

- Changing the culture of a treatment program takes time
- Unanimous buy-in
- Top-down leadership



Keys to Success

1. Culture of the Treatment Program

Keys to Success

2. Knowledge Base of the Staff

- There are clear reasons for clients to be prescribed medication with abuse potential, and this may occur *even while participating in a recovery treatment program*
- Prescription drugs are a clinical intervention to treat specific conditions
- Prescription drugs have the potential to help clients be maintained in treatment

Keys to Success

3. Prescribing physician is a part of the treatment team when necessary

4. Prescribing physician is able to problem solve with staff and hear staff concerns

Treatment Effectiveness

- We often have limited and at times even wrong ideas about what works;
- Diverse clients require diverse bag of clinical tools;
- Psychiatric diagnoses and pain may best be treated with prescription medications
- We have a responsibility to help everyone succeed in recovery services

Thank you

Questions?