

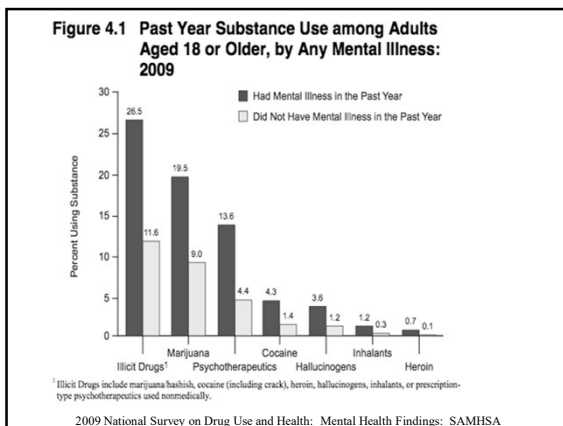
Prescribing medication for people who abuse drugs and alcohol

Wisconsin Conference of Substance Abuse and Recovery 2020

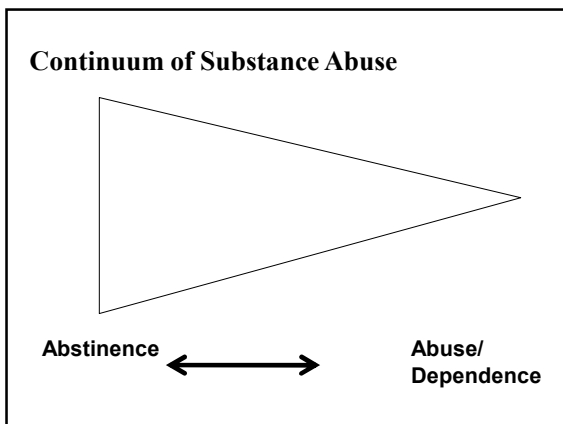
Ronald J Diamond M.D.

I'm right there in the room, and no one even acknowledges me

1



2



3

Prescribing Psychiatric Medication for People who Abuse Drug and Alcohol

1. What should we do about continuing to prescribe psychiatric medication for someone we know is abusing drugs and alcohol?
2. When should we consider starting a new psychiatric medication for someone who is at high risk for abusing drugs or alcohol, and when should this be avoided?
3. What medications might help someone control their alcohol and substance abuse?

4

Should people take their medications if they are going to drink?

“Don’t drink while you are taking medication”

=

“Stop your medication if you drink”

For MOST medication, MOST people should continue taking it, even if they are using drugs or alcohol

5

Medical Risk

Overall medical risk for medical risk in using alcohol along with most psychiatric medications is very low

- Significant risk of dual addiction and OD for benzodiazepines (Valium, Xanax, etc)
- Possible, but very unlikely, if someone gets very dehydrated with lithium

6

Ideological issues

- We tell people not to use chemicals to solve problems, and then we prescribe chemicals to solve problems
- Information helps: there is a difference between treating an illness and enabling problem behavior
- Not all psychiatric medication is the same
- Outcome is better if appropriate medication is used

7

Efficacy of psychosocial counseling for Substance Abuse
McClelland et al JAMA 1993

- Brief interventions
- MI
- CBT
- 12-step facilitation
- Behavioral marital counseling
- Patient-centered
- Behavioral contracting

8

Antipsychotic medications in someone who is using

Pro:

- Not medically dangerous
- Can help maintain stability of underlying psychotic illness (schizophrenia or bipolar)

Con:

- May not be clear what we are treating
- May “enable” ongoing drug use

9

**Antipsychotic Medications:
Advantages**

- *Not subject to abuse
- Not addicting
- Relatively safe in overdose

- * Quetiapine (Seroquel) has a street value in the prisons

10

Treatment of Depression and Antidepressant Medications



11


Antidepressant Medications

- SSRI/SNRI, bupropion, mirtazapine have few medical risks with alcohol or drugs of abuse
- Depression tends to improve with sobriety, with or without meds
- Antidepressant meds may increase chance of sobriety in someone who is depressed
- Ongoing use of antidepressant meds in the face of ongoing heavy substance abuse is a question

12

Issue is not the medication, but deciding what we are treating

Treatment of Illness
Vs
Reaction to a Life that is Depressing



©2002 MARK PARISI
offthemark.com

13

Post-cocaine depression

- Antidepressants “should” work
- We would like them to work
- We prescribe them

- Data supporting effectiveness is very sparse

14

Non-pharmacological treatments for depression

- Psychotherapy [CBT and interpersonal]
- Exercise
- Light therapy for SADS
- ?? Fish oil, folic acid
- Stop doing things that make the depression worse, like using alcohol

15

Mood Stabilizers
Decrease the frequency and intensity of mood shifts

If the mood stabilizer is working, encourage continued use even if the person is using alcohol

16

Time Spent in Specific Affective Symptoms

Bipolar I Patients	Bipolar II Patients
146 bipolar I patients followed 12.8 years	86 bipolar II patients followed 13.4 years
Ratio of 3:1 Depressed vs Manic/hypomanic	Ratio of 39:1 Depressed vs Hypomanic

Judd LL et al. Arch Gen Psychiatry. 2002;59:530-537.
Judd LL et al. Arch Gen Psychiatry. 2003;60:261-269.

17

Mood Stabilizers


- Lithium
- Sodium valproate (Depakote)
- Carbamazepine

- Lamotrigine (Lamictal): more effective for depression
- Topiramate (Topamax): impulsive dyscontrol
- Gabapentine (Neurontin): useful in anxiety/pain

18

Common Causes of Anxiety

- Caffeine
- Stimulants
- Alcohol withdrawal
- Prescribed medications



"I try to keep my coffee buzz going till the Martini buzz kicks in."

19

Treatment of Anxiety: when to consider medication

- What is going on in the person's life?
- What drugs/alcohol is the person now using?
- What is the person doing to try and be less anxious, and how well is it working?
- What does the person do to "self-soothe"?
- How good is the person at tolerating anxiety and distress?
- What is the person doing that is making the anxiety worse?

Do not get overwhelmed by the person's distress

20

Benzodiazepines

- All can cause intoxication, drowsiness, impaired driving
- May cause "disinhibition" in some people
- All are to potentially addicting

- Use with extreme caution in people who already abuse alcohol or other drugs

21

SSRI/SNRI antidepressants for treatment of anxiety

- Effective for GAD, panic, OCD
- ? Effective for PTSD
- Not addicting
- Not as well liked by consumers

22

Buspirone (Buspar)

- Completely different mechanism of action
[5HT_{1a} partial agonist]
- Not addicting, not easily abusable
- Takes days to weeks to work (like antidepressants)
- Not useful in panic or phobias when used alone, but *could* be useful to augment other medications

23

**PTSD:
decreases nightmares, startle**

- Alpha₂-adrenergic receptor agonist
(stimulates alpha2 adrenergic receptors)
- Clonidine (Catapres)
 - Guanfacine (Tenex)
- [alpha2 agonists also help decrease opiate craving/withdrawal]
- Alpha₁-adrenergic receptor antagonist
- Prazosin (Minipress)

24


Anxiety: anticonvulsants can sometimes be helpful for anxiety, IF a medication is indicated

- Gabapentin (Neurontin)
- Pregabalin (Lyrica)

* Not FDA approved for anxiety
Side effects include dizziness, sedation and wt gain

25

Insomnia and its treatment



Problems caused by Insomnia:

- Daytime sleepiness
- Fatigue
- Poor concentration
- Dysfunction
- Irritability
- Medical problems/GI/HA

Primary Vs. Secondary Insomnia

"Insomnia is very common. Try not to lose any sleep over it."

26

Treatment of Sleep Problems

- Many people with substance use problems have problems sleeping
- Over time, any sleeping pill that is used daily will become less effective over time
- In some situations, occasional use of a non-addicting sleeping pill may have some benefit, but are likely to do much less than the person wants
- Trazodone, gabapentin etc may be used very occasionally with some people
- Look for sleep apnea and other specific sleep disorders

27

**Pharmacotherapy of Substance Use Disorders:
Potential Targets**

- Symptoms of withdraw
- Acute abstinence
- Protracted abstinence
- Decrease craving
- Block reinforcement
- Produce toxic reaction
- Treat co-morbid conditions

Kathleen Brady Psych Update Conf 11/08

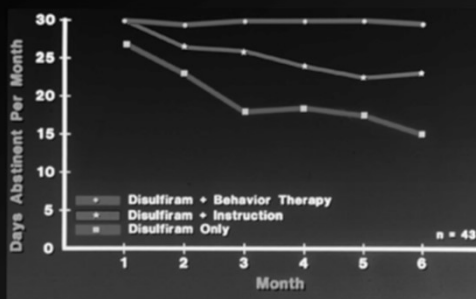
28

**Medications for alcohol abuse
FDA approved**

- Disulfiram (Antabuse)
 - Makes people very sick if they use alcohol
- Naltrexone (Revia/Vivitrol)
 - Partial opiate agonist: blocks pleasure from using alcohol
- Acamprosate (Campral)
 - Decreases hyperexcitement in prolonged withdrawal phase: modulates glutamate-GABA system to restore balance

29

**Alcohol: Treatment (Pharmacologic)
Disulfiram in the Treatment of Alcohol Dependence**



Azrin et al., 1982

47

30

Naltrexone for Treatment of Alcohol Dependence

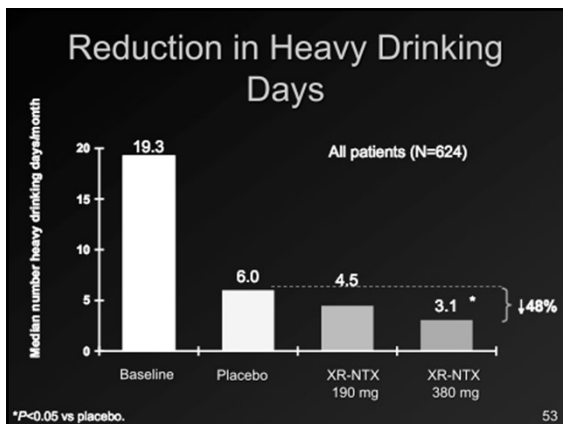
- Decreases craving
- Increases time to first drink
- Increases time to heavy drinking
- Increase time to heave drinking in alcoholics who have a first drink

31

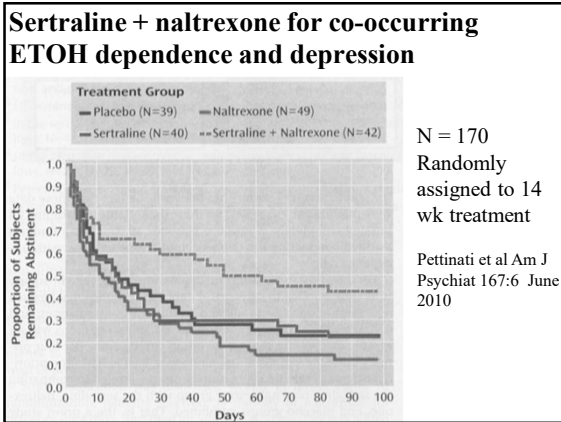
Naltrexone 4 wk injection (Vivitrol)

- Effective
- Expensive (list price, \$ 2000.37 list price, \$1366.07 average price) per month injection Vs \$54.48 per month for pills)

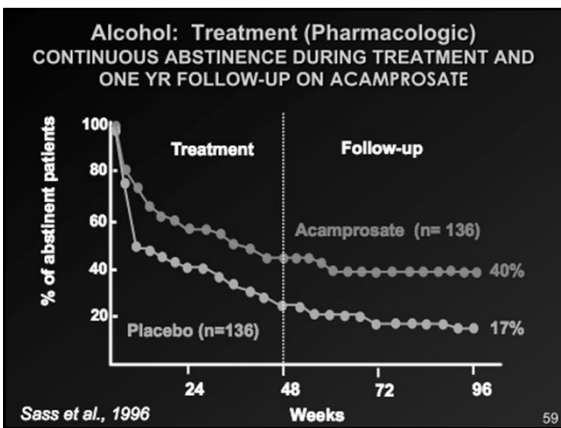
32



33



34

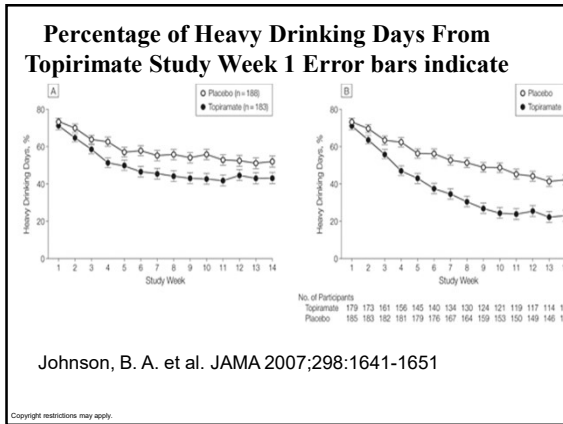


35

**Medications For alcohol abuse:
Not FDA approved**

- Topiramate
- Baclofen
- Ondansetron
- gabapentin

36



37

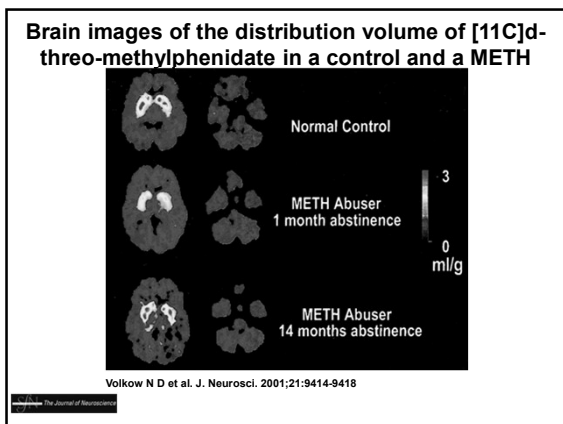
Treatment of Cocaine Abuse

No medication currently approved for treatment of Cocaine abuse

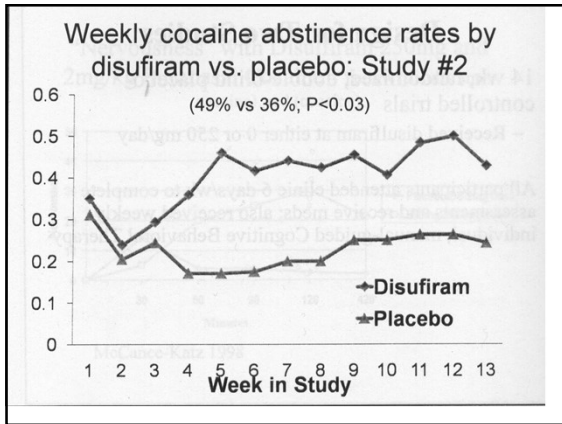
- Vaccine against cocaine
- Modafanil
- Topirimate

© 1988 The Coca-Cola Company. ALL RIGHTS RESERVED. ALSO IN BOTTLES 5c.

38




39



40

Marajuana

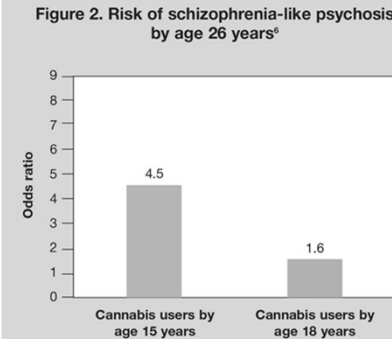
- Potency increased over past 30 years from 3% to 5-10%, and up to 15% in some cases
- Withdrawal symptoms including irritability, depression headaches, etc
- No effective pharmacological treatment



41

Dunedin Birth Cohort Study

Group of young people intensively studied since childhood: anyone showing signs of psychosis at age 11 eliminated



Fergusson et al: Addiction 2005; 100: 354-366

42



43

Medication for Opiate Addiction

Metadone: "gold standard"

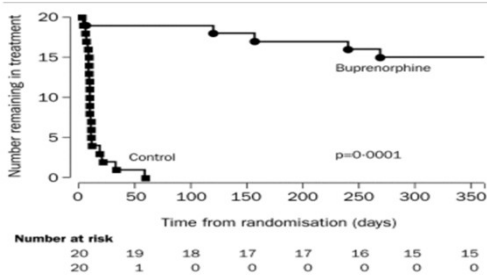
- opiate agonist: Subject to both abuse and overdose
- Heavily regulated in special clinics
- Approved for use during pregnancy

Suboxone: new option: less regulated

- opiate partial agonist
- combination of buprenorphine and naloxone
- much less subject to abuse

44

1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: a



Kakko et al. The Lancet 361 (9358) pp 662-668

45

**Stopping smoking is easy, I' ve done it
hundreds of times**

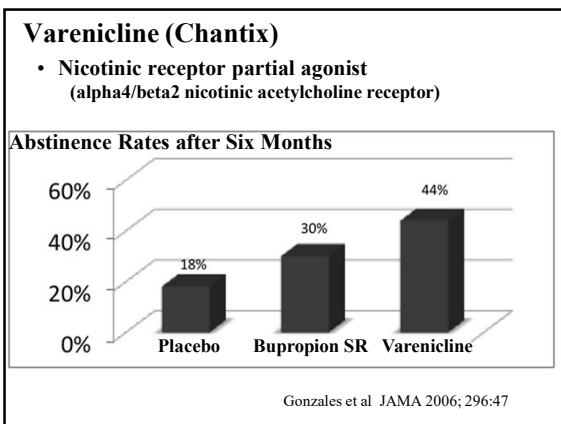
Mark Twain

46

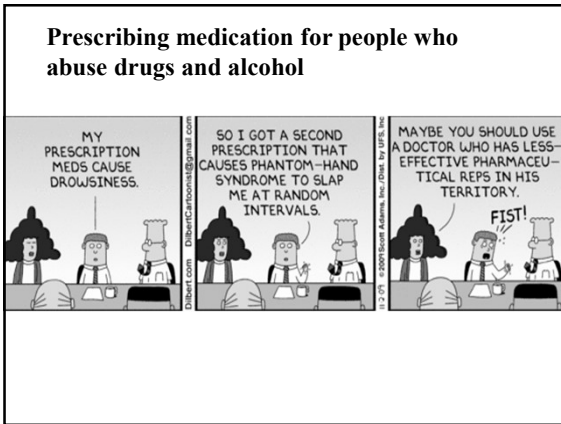
Medication for smoking cessation

- Bupropion
- Varenicline (Chantix)
 - Recently associated with mental status changes and suicidal ideation
- Nicotine replacement—
 - slow acting” patch
 - fast acting gum, inhaler

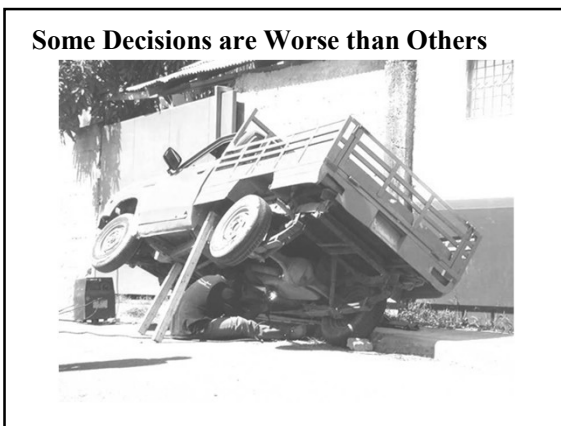
47



48



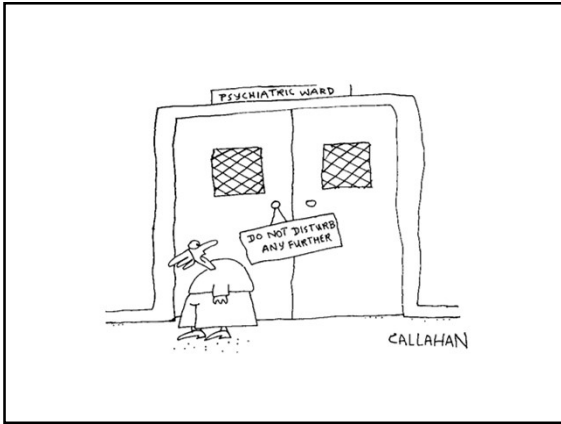
49



50



51



52