

# ADDICTION IN GENERAL PRACTICE

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GPCME, Rotorua, 12 June 2009



# MANAGING ADDICTIONS IN GENERAL PRACTICE

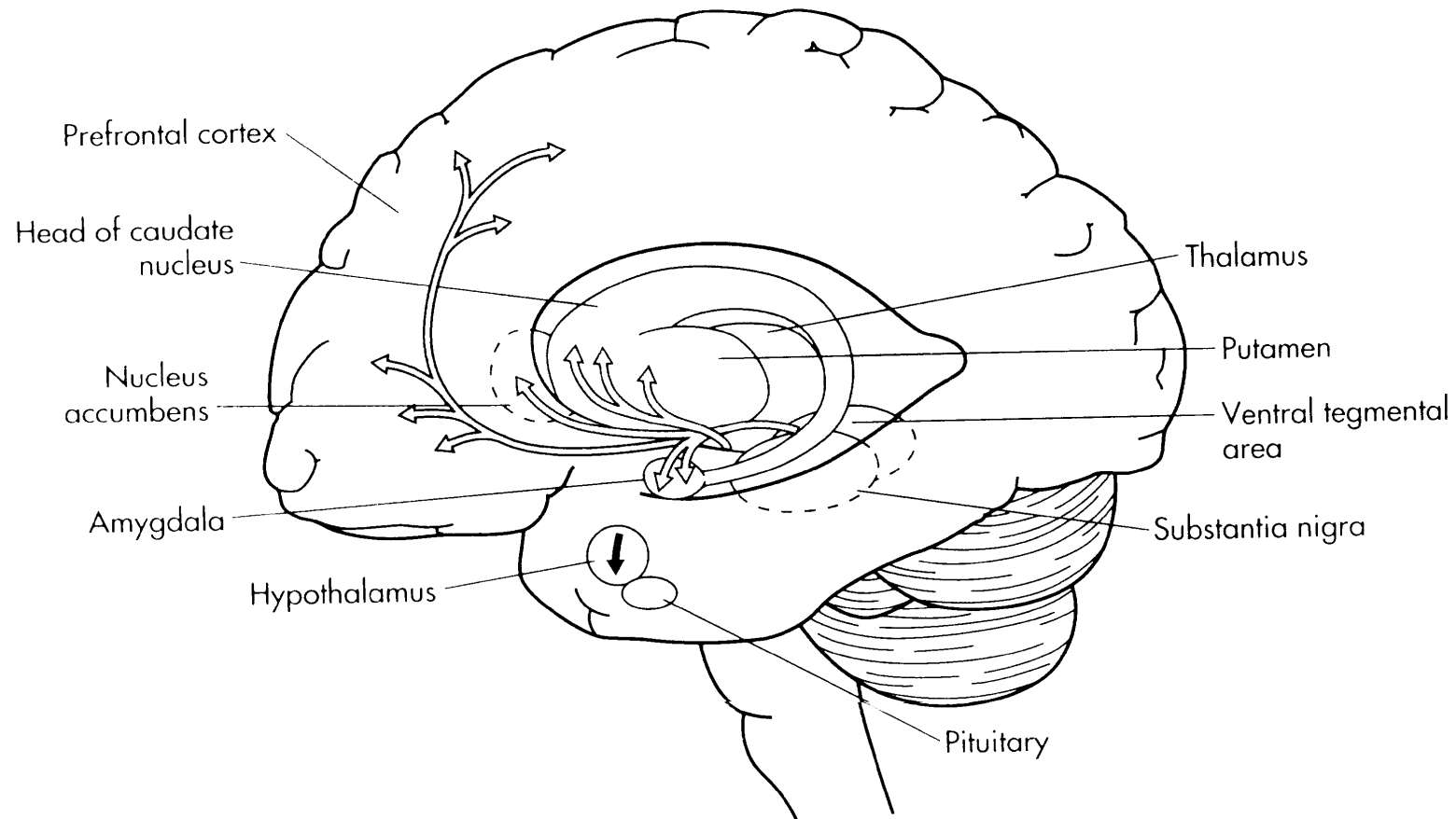
- Pleasure centre
- Addiction defined
- Screening
- Brief interventions
- Disulfiram
- Naltrexone
- Buprenorphine/Naloxone [Suboxone]
- Controlled drugs
- Food addiction



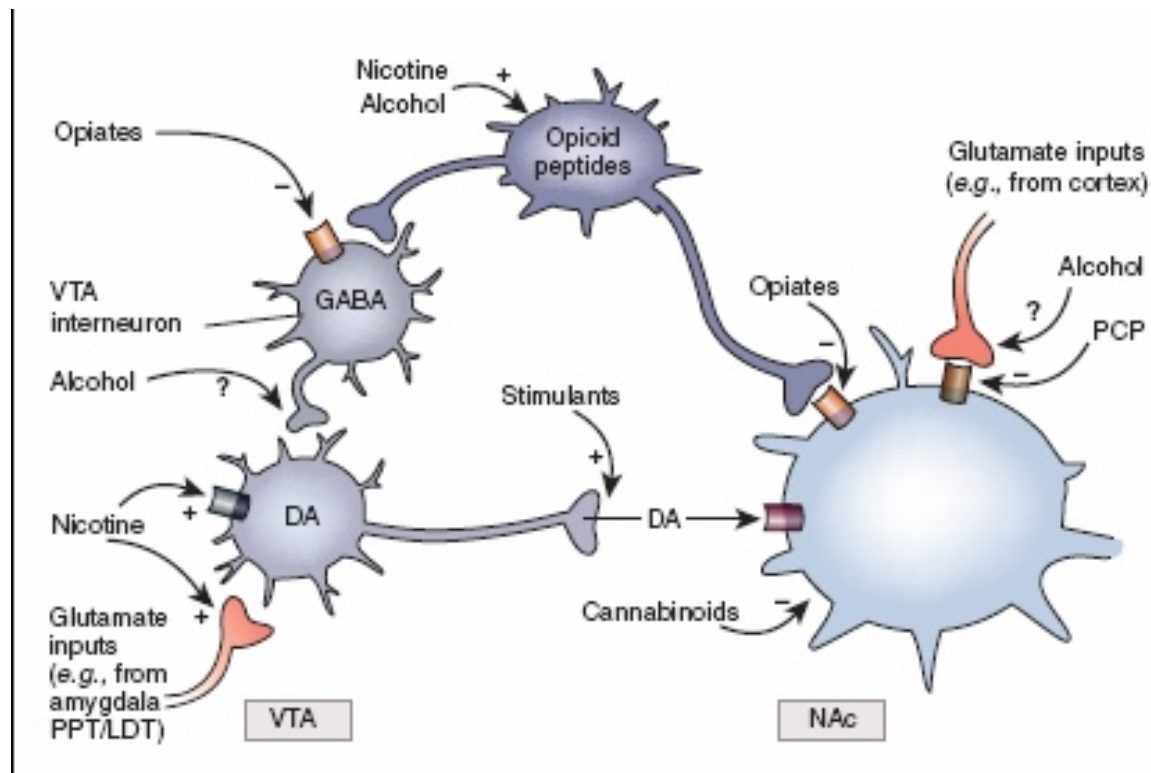
# *CAUSES OF DEATH CLASSIFIED BY RISK AND CONDITION, NZ 1997. TOBIAS & TURLEY, AUST NZ J PUBLIC HEALTH 2005*

- Dietary factors 30%
- [BMI associated w 12% of total deaths]
- Tobacco 18%
- Deprivation 17%
- Lack physical activity 10%
- Alcohol 3%
- Illicit drug use 0.5%
- Unsafe sex 0.5%

# Mesolimbic dopaminergic system



# CONVERGING ACUTE EFFECTS OF RECREATIONAL DRUGS



Nature  
Neuroscience Vol.  
8,1445-49 2005

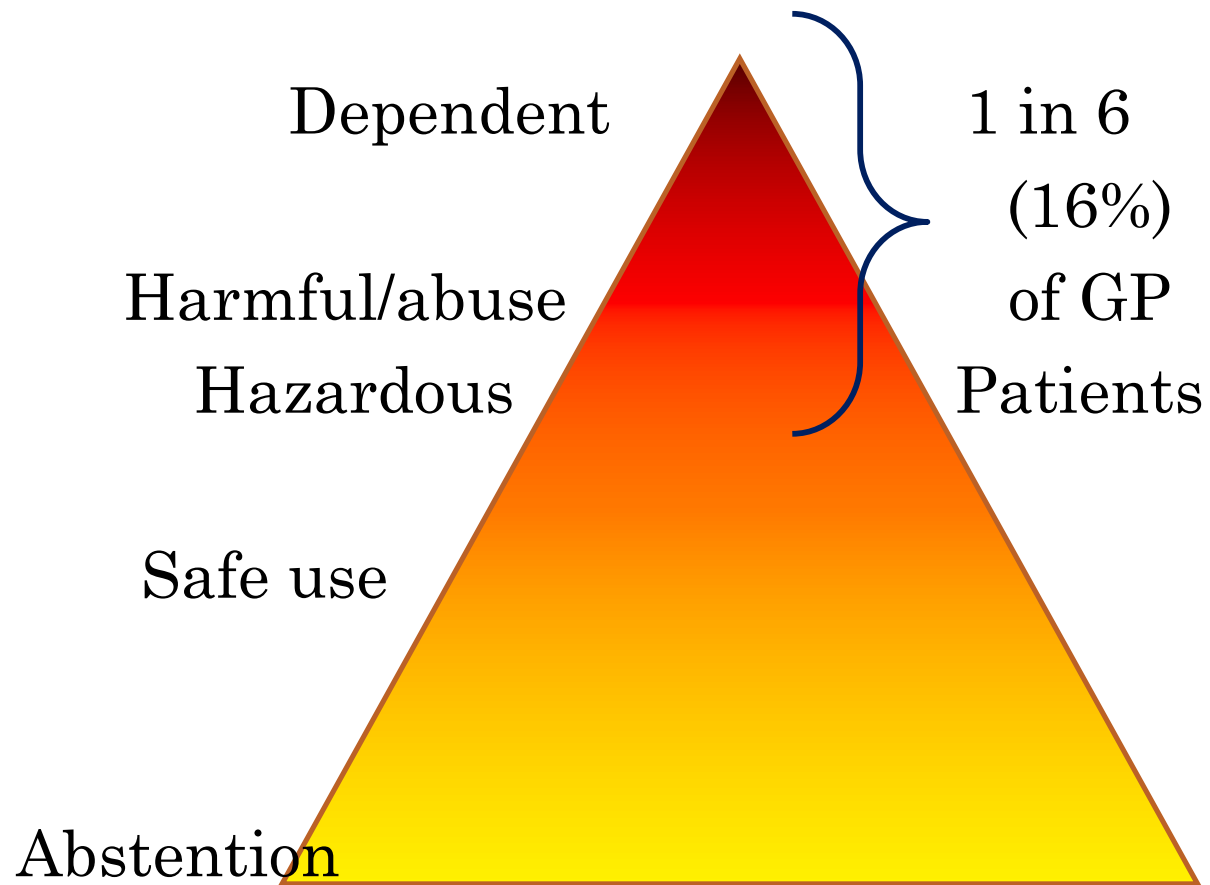
-GABAergic interneuron feedback projections provide tonic inhibition of VTA neurons

-D<sub>1</sub> and D<sub>2</sub> receptors thought to mediate the action of rewards

# Continuum Of Use

NO USE	MODERATE	PROBLEMATIC	HAZARDOUS	HARMFUL [ABUSE]	DEPENDENCE
	<p>Experiential use / Social use</p> <ul style="list-style-type: none"> <li>• No Major problems</li> </ul>	<p>Some Problems:</p> <ul style="list-style-type: none"> <li>• Missed Work</li> <li>• Comedown /Hangover</li> <li>• Family/ Whanau quarrels</li> </ul>	<p>Problems <b>and</b> ↑ risk of long-term harm</p> <ul style="list-style-type: none"> <li>• relationship problems</li> <li>• crime</li> </ul>	<p>Problems <b>and</b> ↑ risk of harm <b>and</b> long term damage</p> <ul style="list-style-type: none"> <li>• Health</li> <li>• Violence</li> <li>• Break-ups</li> <li>• Loss of Job</li> </ul>	<p>All problems <b>and</b> 3 or more of the following:</p> <ul style="list-style-type: none"> <li>• Withdrawal</li> <li>• Using to relieve withdrawals</li> <li>• Not able to predict or control use</li> <li>• Persist despite harm</li> <li>• Rapid return to dependence if relapse after abstinence</li> </ul>

# SPECTRUM OF ALCOHOL USE



# STANDARD DRINK

- NZ: 10g alcohol [12.7ml ethanol]
- 330ml beer
- 100ml wine
- 30ml spirits
  
- 1 can RTD (ready to drink, alcopops) = 1.5 SD
  
- <http://alac.org.nz/WhatsInAStandardDrink.aspx>





# SAFE ALCOHOL LIMITS

## Women

- No more than 4 drinks per day
- No more than 14 drinks per week
- And have some alcohol-free days each week

## Men

- No more than 6 drinks per day
- No more than 21 drinks per week
- And have some alcohol-free days each week



# SCREENING QUESTIONS FOR EVERY ADULT PATIENT

smoking

Hopefully we are routinely taking a smoking history



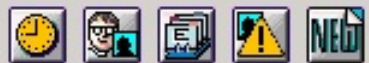
alcohol

SINGLE SCREENING QUESTION:

**How many times in the past year have you had**

- **[Women] 5 or more drinks per day?**
- **[Men] 7 or more drinks per day?**





**GLITTER Twinkl**  
23 Galaxy Drive, Grey Lynn

**Patient Manager**

- Patient Transactions | A/c t
- Recalls | Screening | Accidents
- History | Appointments
- Daily Record | Medications



Rep	Date	Read Code
<input type="checkbox"/>	21 Nov 1995	Asthma (H)
<input type="checkbox"/>	11 Aug 2008	Ex-moderate

**Find Read**

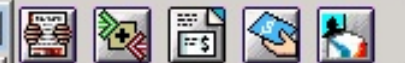
Keywords:

Look In:

Include Inactive:

History / symptoms (1.00)  
Social/personal history (13.00)  
Alcohol consumption (136.00)

- Read Term
- Teetotaler (1361.00)
  - Trivial drinker - <1u/day (1362.00)
  - Light drinker - 1-2u/day (1363.00)
  - Moderate drinker - 3-6u/day (1364.00)
  - Heavy drinker - 7-9u/day (1365.00)**
  - Very heavy drinker - >9u/day (1366.00)
  - Stopped drinking alcohol (1367.00)
  - Alcohol consumption unknown (1368.00)
  - Suspect alcohol abuse - denied (1369.00)
  - Ex-trivial drinker (<1u/day) (136A.00)
  - Ex-light drinker - (1-2u/day) (136B.00)
  - Ex-moderate drinker - (3-6u/d) (136C.00)



DS NZ GG  
0.00 CAS

smoker (10-19/d) 00:09:57

	P
er	<input type="checkbox"/>
1379.00) - quit 2007	<input type="checkbox"/>
)	<input type="checkbox"/>



GLITTER Star (1234.3) A 1 - N PAY DUP EC R> GG  
23 Galaxy Drive, Grey Lynn, 12340568, xxxxxxxxxxxx 06 Jul 1985 23 yrs Female Asian not defined 0.00 CAS

Patient Dashboard (ProCare)

Web

PATIENT INFORMATION POTENTIAL PROGRAMMES AND EPISODIC CARE CONSULTS FOR THIS PATIENT

Ethnicity "Asian not defined" Not Funded / Not Enrolled  
Not High Needs Patient

PATIENT RISK FACTORS

CLASSIFICATIONS

Blood Pressure	160/90	23 Jan 2002	<a href="#">Record</a>
Weight / Height	Not recorded		<a href="#">Record</a>
Alcohol	Light drinker - 1-2u/day (1363.00)	21 Jun 2006	<a href="#">Record</a>
Smoking	Not recorded		<a href="#">Record</a>
Diabetes Screen	Not relevant		
CVD Screen	Not relevant		
Cervical smear	No Endocervical Cell	3 Apr 2000	
Mammography	Not relevant		
Depression	Recorded	21 Jun 2006	<a href="#">Screen</a>
Vaccinations	Not relevant		
Medications	No long-term medication		

IHD  
Diabetic  
Asthma  
History of CHF  
Hypertension  
COPD  
  
[Read Code here](#)

[Help](#) [Test Log](#) [Set PHO ID](#) Version 2.8

Print Close Help

# SCREENING FOR OTHER DRUG USE

- Do you use non-prescription or recreational drugs?
- Do you ever feel the need to cut down on their use?
- In the last year have you ever used them more than you meant to?
- Do you want help with your drug use?

[F Goodyear-Smith et al, BJGP, 2008]

- **Are you having problems with any other drug use?**



# E-CASE FINDING & HELP ASSESSMENT TOOL [E-CHAT]

## Case-finding and Help Assessment Tool (CHAT)\*

1 How many cigarettes do you smoke on average a day?  
 None  Less than 1 a day  1-10  11-20  21-30  31 or more

2 Do you ever feel the need to cut down or stop your smoking?  
 No  Yes

3 Do you want help with your smoking?  
 No  Yes but not today  Yes

4 Do you drink alcohol?  
 No  Yes *If No, go to question 9*

5 Do you ever feel the need to cut down on your drinking alcohol?  
 No  Yes

6 In the last year, have you ever drunk more alcohol than you meant to?  
 No  Yes

7 Do you want help with your drinking?  
 No  Yes but not today  Yes  
*If yes to 6, 6 or 7 use AUDIT*

9 Do you use non-prescription or recreational drugs?  
 No  Yes *If No, go to question 13*

10 Do you ever feel the need to cut down on your non-prescription or recreational drug use?  
 No  Yes

11 In the last year, have you ever used non-prescription or recreational drugs more than you meant to?  
 No  Yes

12 Do you want help with your drug use?  
 No  Yes but not today  Yes

13 Do you gamble?  
 No  Yes *If No, go to question 16*

14 Do you sometimes feel unhappy or worried after a session of gambling?  
 No  Yes

15 Does gambling sometimes cause you problems?  
 No  Yes

16 Do you want help with your gambling?  
 No  Yes but not today  Yes

Over the last 2 weeks, how often have you been bothered by any of the following problems?

17 Little interest or pleasure in doing things  
 Not at all  Several days  More than half the days  Nearly every day  
 0 1 2 3

18 Feeling down, depressed, or hopeless  
 Not at all  Several days  More than half the days  Nearly every day  
 0 1 2 3

19 Do you want help with your mood?  
 No  Yes but not today  Yes

*If yes to 17, 18, 19 use PHQ-9*

20 Over the last 2 weeks have you been worrying a lot about everyday problems?  
 No  Yes

21 Do you want help with your anxiety or worrying?  
 No  Yes but not today  Yes

*If yes to 20, 21 use GAD-7*

22 Is there anyone in your life of whom you are afraid or who hurts you in any way?  
 No  Yes

23 Is there anyone in your life who controls you and prevents you doing what you want?  
 No  Yes

24 Do you want help with any abuse or violence that you are experiencing?  
 No  Yes but not today  Yes

25 Is controlling your anger sometimes a problem for you?  
 No  Yes

26 Do you want help with controlling your anger?  
 No  Yes but not today  Yes

27 As a rule, do you do more than 30 minutes of moderate or vigorous exercise (such as walking or a sport) on 5 days of the week?  
 Yes  No

28 Do you want help with getting more exercise?  
 No  Yes but not today  Yes

\* Goodwin-Adams P, Crane R, Arnold B, Elley C, Sullivan S, McGee A. Case-finding of lifestyle and mental health problems in primary care: validation of the 'CHAT'. *British Journal of General Practice*, 58 (546): 25-31, 2008



# OTHER SCREENING TOOLS

BPAC tools in your PMS: CHAT, PHQ-9, GAD-7,  
AUDIT, Kessler-10



## NNT ALCOHOL

For every 7  
interventions,  
1 patient will  
reduce drinking  
to safer levels



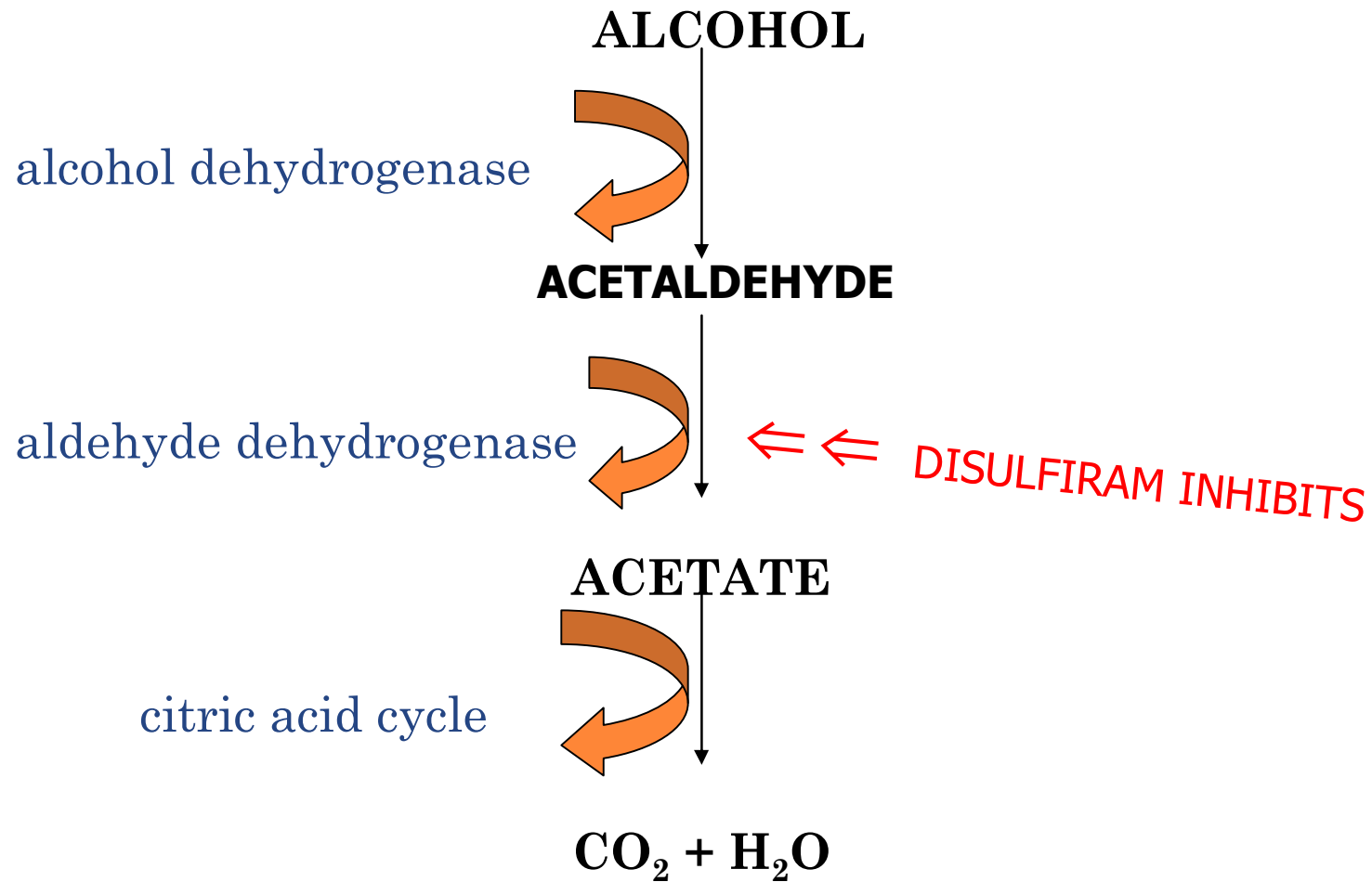


# BRIEF INTERVENTIONS E.G. FLAGS

- Feedback on the risks of continuing use, linking in to presenting problems
- Listen to any concerns, and for any readiness to change
- Advice change in order to limit bio-psycho-social consequences of ongoing use
- Goals: explore reducing or abstaining, what is realistic
- Strategies for achieving goals, eg identify the first step needed or Relapse Prevention
- FOLLOW UP



# DISULFIRAM (ANTABUSE)



# DISULFIRAM – ALCOHOL REACTION

Within 5 – 30 minutes of alcohol:

- Hot flushed face
- Throbbing of head and neck
- Dyspnoea, nausea, vomiting, sweating, thirst, chest pain, hypotension, weakness, vertigo, blurred vision, confusion, marked distress
- Lasts up to several hours, may be ill several days
- Exhaustion, sleep



# CLINICAL USE

- Start 12 – 48 hours after last alcohol
- 100– 500mg daily, usually 200mg
- Warn re sauces, mouthwash, cough mixt, perfume, aftershave
- Sensitisation to alcohol may continue for 6 – 14 days after last dose of disulfiram
- Continue 6 – 12 months, or long term



# CAUTIONS

- Frailty, hx serious heart disease, stroke, hypertension, diabetes
- Psychotic illness, severe personality disorder
- May be teratogenic
- May interact w metronidazole, isoniazid



# NALTREXONE (REVIA)

- Opioid antagonist
- Alcohol facilitates brain opioid systems
- Reduces craving
- Reduces intoxication
- Reduces continuation of drinking
- Dose: 50mg daily
- Addiction specialist only



# BUPRENORPHINE/NALOXONE (SUBOXONE)

- Buprenorphine previously temgesic sublingual, [now subutex NOT available in NZ]
- Approved indication in NZ = ONLY for treatment of opiate dependence, within framework of medical, social and psychological treatment
- 2mg buprenorphine + 0.5mg naloxone
- 8mg buprenorphine + 2mg naloxone
- Naloxone to deter intravenous misuse
- Used as maintenance or to wean opioid users
- NSS: 16/16/16/8mg, Mon/Wed/Fri/Sun = \$58 per week



# SUBOXONE CONTINUTED

- Controlled drug classification = C4 (ie Schedule 3 Class C controlled Drug Part 4, “Misuse of Drugs Act 1975”)





## TREATMENT OF PEOPLE DEPENDENT ON CONTROLLED DRUGS (SEE SECTION 24 OF THE MISUSE OF DRUGS ACT 1975)

Section 24(1) states that “...every medical practitioner commits an offence against this Act....who prescribes, administers or supplies any controlled drug for or to any person, whom the practitioner has reason to believe is dependent (on that or any other controlled drug) in the course, or for the purpose of treatment of dependency **except....**



...**except** if the medical practitioner is acting with the permission in writing, given in relation to that particular person by an authorised medical practitioner.”  
S24(2)(d).



Only gazetted specialist services (e.g. Alcohol & Drug Services), gazetted GP's and Authorised GP's can prescribe for people dependent on controlled drugs. See S24(2)(a)(b)(c)



# CLASSIFICATION OF CONTROLLED DRUGS

- Class A drugs pose a very high risk of harm
- Class B drugs pose a high risk of harm
- Class C drugs pose a moderate risk of harm



- Class A: eg. heroin; methamphetamine
- Class B1: eg. morphine; opium; cannabis oil
- B2: eg. methylphenidate; amphetamine
- B3: eg. fentanyl; pethidine



# CLASS C

- C1: eg. cannabis plant; Catha edulis plant(Khat)
- C2: eg. codeine; dihydrocodeine
- C3: eg. Pholcodine
- C4: eg. buprenorphine; barbiturates (no longer prescribed)
- C5: eg. benzodiazepines; phenobarbitone; ephedrine; pseudoephedrine
- C6: eg. codeine/paracetamol; (mixtures of class C drugs with other substances)




# REAL WEIGHT LOSS

A practical guide to changing your lifestyle  
and achieving long-term weight loss

**Dr Doug Sellman**

Professor of Psychiatry and Addiction Medicine  
University of Otago, Christchurch School of Medicine



"Dr. Neal Barnard is one of  
the most responsible and  
authoritative voices in  
American medicine today."  
—Andrew Weil, M.D.

# BREAKING THE FOOD Seduction

The Hidden  
Reasons  
Behind Food  
Cravings—and  
7 Steps to  
End Them  
Naturally

**NEAL BARNARD, M.D.**

PRESIDENT AND FOUNDER, PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE

*With Menus and Recipes by Joanne Stepaniak*

# THE SUGAR ADDICT'S *Total* RECOVERY PROGRAM

**All-Natural, Simple Solutions That:**

- Eliminate Food Cravings • Build Energy
- Enhance Mental Focus • Heal Depression

**KATHLEEN DESMAISONS, PH.D., ADDICTIVE NUTRITION**

*Author of Potatoes Not Prozac*

PATRICK  
**HOLFORD**  
David Miller PhD & Dr James Braly

how to  
**QUIT**  
without feeling  
**S\*\*T**

The fast, highly  
effective way to end  
addiction to caffeine, sugar,  
cigarettes, alcohol, illicit or  
prescription drugs



# PARALLELS

- Pleasure, comfort eating
- Harmful consequences
- Screening questions: caffeinated drinks, sugar, narrow palate
- Parallels with successful drug withdrawal: gradual reduction, 'long and slow...to quietly establish a long-term change in lifestyle'.



# ACKNOWLEDGEMENTS

- CADS Auckland colleagues
- University of Auckland School of Pharmacy
- *Addiction Medicine* – Oxford Specialist Handbooks, 2009
- Internet

Thank You

