CLINICIAN'S POCKET GUIDE FOR

Drugs, Alcohol and Tobacco Screening, Brief Intervention, Referral & Treatment

WEST VIRGINIA PHYSICIANS
MAKING A DIFFERENCE

Tobacco, alcohol and drug misuse cause significant health problems alone and complicate the management of other medical problems. All patients should be screened for:

- Tobacco use
- Drug Use
- Alcohol use
- Prescription medication misuse

Any at-risk use should be addressed with a brief intervention and a referral for further assessment and treatment, if appropriate.

West Virginia Medical Professionals Health Program

WVUHealthcare

West Virginia Department of Health & Human Resources

This pocket guide was produced with grant funds from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) administered through the WV DHHR Bureau for Behavioral Health and Health Facilities.

SCREENING

ALWAYS REMEMBER TO:

- **Have a non-judgmental attitude!**
- Be aware of your own **pre-conceptions** and **attitudes** about substance abuse.
- **Acknowledge** that you recognize that this information is difficult to talk about.
- Ask **open-ended** questions initially and move to more **directed questions** as needed.
- Assure the patient that you are **asking because of concern for his/her health.**
- Pay attention to the **manner** in which the patient responds (eg. Indications of discomfort).
- Always ask about **current** and **past** substance use.
- Try to **avoid using labels** (like "alcoholic" or "addict").

TIMING THE SUBSTANCE USE SCREENING:

- Ask about **prescription medications** and **more socially acceptable substances** (like caffeine) first and then move on to tobacco, alcohol and illicit substances.
- Ask about **family history** of alcohol or drug abuse first and then ask about the patient's own use.
- Ask about **general health habits** such as sleep, exercise and diet first and then get into over-the-counter drugs, caffeine, tobacco, alcohol and illicit drugs.
- Ask about l**eisure activities/hobbies and ways of coping with stress.**
- Ask about substance use **whenever the patient brings it up** for some other reason (such as talking about their boss at work,etc.)

TOBACCO **#2): any use is a + screen** **#3) X #4):** **= "pack-years"**	**1) "Have you ever smoked cigarettes or used other tobacco\ products?"** If **"YES"**, ask: 2) "Have you smoked/used any in the **past 30 days?**" If "YES" ask: 3) "On average, how many cigarettes do you smoke (or times do you use) **per day**?" 4) "How long have you been smoking (using) at that rate?" • If daily use, can administer the **Fagerström Tolerance Test**.

AND

ALCOHOL **#2):>4(men) or >3(women) is a + screen** **#3):** **even once is a + screen** **#4) & #5):** **"YES" is a + screen**	**1) "How often did you have a drink containing alcohol, even beer or wine, in the past year?" If any at all**, administer **AUDIT** or ask: 2) "How many drinks do you have on a **typical day** when you drink?" 3) "How often did you have 5 (for men)/4 (for women) or more drinks on one occasion in the **past year**?" If #2) or #3) is +, ask: 4) "Has anyone **ever** thought you might have a problem with alcohol?" 5) "Have you or someone else **ever** been **injured** as a result of your drinking? 6) If **daily** use, "Have you ever had seizures or other **withdrawal** when you stop?"

AND

PRESCRIPTION MEDICATION MISUSE **#1):** **any "YES" is a + screen**	**1) "Have you ever taken prescription medication that was not prescribed for you or in a way that was not prescribed?"** If **"YES",** ask: 2) "Tell me more about that..." or "Did you do this **only for the feeling/experience** that it caused or to **'self-medicate'**?" 3) "Have you done this in the **past 3 months**?"

AND

DRUGS **#1) & #2):** **any "YES" is a + screen** **#4):** **any "YES" is a + screen**	**1) "Have you ever used any drugs such as marijuana, heroin, cocaine, PCP, LSD, methamphetamine, Ecstasy?"** If **"YES",** administer the **DAST-10** or ask: 2) "Which have you used **in the past 3 months?**" For each substance, ask: 3) "How much are you using per day?" & "When did you last use?" 4) "Have you ever used any drugs by injection?" If **"YES"**, recommend HIV/Hepatitis B&C testing

SCREENING

FAGERSTRÖM TOLERANCE TEST	• An 8-question tool designed to measure physical dependence to nicotine • Can help assess for need for medication to assist with cessation • Can be self-administered or administered by healthcare professional http://mayoresearch.mayo.edu/ndc_education/upload/ftnd.pdf http://www.nova.edu/gsc/nicotine_risk.html
AUDIT (Alcohol Use Disorders Identification Test)	• A 10-question screening tool • Can be self-administered or administered by healthcare professional • Takes about 5 minutes • Recommended by WHO and NIAAA www.niaaa.nih.gov/guide • Click "Guide" & select English or Spanish version
DAST-10 (Drug Abuse Screening Test)	• A 10-question screening tool • Adapted from the DAST • Can be self-administered or administered by healthcare professional • Recommended by NIDA http://archives.drugabuse.gov/diagnosis-treatment/DAST10.html
CRAFFT (FOR ADOLESCENTS) **Any "YES" is a + screen**	1. "Have you ever ridden in a **CAR** driven by someone (including yourself) who was 'high' or had been using drugs or alcohol? 2. "Do you ever use drugs or alcohol to **RELAX**, feel better about yourself or fit in?" 3. "Do you ever use alcohol or drugs while you are **ALONE**?" 4. "Do you ever **FORGET** things you did while using alcohol or drugs?" 5. "Do you **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?" 6. "Have you ever gotten in **TROUBLE** while you were using drugs or alcohol?"

BRIEF INTERVENTION BASICS

STAGES OF CHANGE

Precontemplation
Contemplation
Preparation
Action
Maintenance

OARS
(Techniques)

Open-Ended Question
Affirmation
Reflective Listening
Summary Statements

READS
(Principles)

Roll with **R**esistance
Express **E**mpathy
Avoid **A**rgumentation
Develop **D**iscrepancy
Support **S**elf-efficacy

EFFECTIVE MOTIVATIONAL STYLES

Collaboration: Partnership that honors patient's expertise and perspective

Evocation: Explore patient's perceptions of his/her preferences, goals and values to spark motivation for change

Autonomy: Affirm patient's right and capacity for self direction

BRIEF INTERVENTION

STEP 1: RAISE SUBJECT	• "I'd like to take a few minutes to talk about your _____ use."

STEP 2: PROVIDE FEEDBACK	• "Your answers to the screening questions show that you may be at risk for problems related to your _____ use. I am concerned about this."
	• Provide medical information about the particular substance use concern.
	  ➢ General information (such as "Low-Risk" drinking limits)
	  ➢ Specific information (to patient's situation/medical conditions, etc)
	• For alcohol, reinforce "Low-Risk" drinking limits
	• Make clear recommendations:
	  "I think it would be good for you to_____."

STEP 3: ASSESS READINESS TO CHANGE	• On a scale of 0-10, how ready are you to change any aspect of your _____ use?" **(Show the Readiness Ruler)**
	  ➢ **If >1**, ask "Why did you choose that and not a 0?"
	  ➢ **If ≤**, ask "What would make this a problem for you?" or "Have you ever done anything you wish you hadn't while using _____?"
	  ➢ **If >5**, ask "On a scale from 0-10, how confident are you that you can change this behavior?"

STEP 4: ENHANCE MOTIVATION	• "What connection do you see between your _____ use and your _____ medical problems/social problems/ER visit, etc.)?"
	  ➢ If the patient sees a connection, **reflect** what the patient has said.
	  ➢ If the patient doesn't see a connection, help explore the reasons for ambivalence.
	• "Can we explore the pros & cons of continued use vs. cutting down/ stopping?" **(Can use a Decisional Balance Sheet)**
	• Help to create a **discrepancy** between what the patient is saying & important priorities/goals that may be threatened by his/her substance use.

STEP 5: NEGOTIATE AND ADVISE (may need to refer to treatment at this point; see STEP 8)	• "What would be your goal as far as your _____ use?"
	  ➢ Try to come up with a **specific goal**
	• "What steps can you take to cut back on your use?"
	  ➢ Try to come up with a **specific plan**
	• "What things can you do to improve your **confidence** that you can change?"
	• **Summarize:** "This is what I heard you say:_____"
	• **Provide handouts and other educational materials.**

STEP 6: ARRANGE FOLLOW UP	• "I would like to see you back in a month to see how you are doing with this." Or • "I would like you to follow up with your primary car doctor about this."

STEP 7: FOLLOW UP	• "How did you do with your goal with using _____?"
	  ➢ If **some change**, reinforce & support continued progress.
	  ➢ If **no change**, acknowledge that change is difficult, affirm any positive steps taken, address barriers to change, renegotiate the goal with using and plan, engage significant others.
	  ➢ Consider the use of a **medication** (naltrexone, acamprosate, disulfiram, buproprion, varenicline, nicotine replacement, buprenorphine)
	  ➢ Consider referral to **mutual help group** (AA, NA).

STEP 8: REFERRAL TO TREATMENT	• "I think you might benefit from some professional treatment beyond what we can provide for you here." • Provide information on specific programs, if possible. (Eligibility for programs will depend on patient's insurance.)

TREATMENT RESOURCES

OTHER USEFUL NUMBERS

METHADONE PROGRAMS IN WEST VIRGINIA		
BECKLEY TREATMENT CENTER, INC.	BEAVER, WV	(304) 254-9262
CHARLESTON TREATMENT CENTER,INC.	CHARLESTON, WV	(304) 344-5924
CLARKSBURG TREATMENT CENTER	CLARKSBURG, WV	(304) 622-7511
CRC HEALTH GROUP, INC WHEELING TREATMENT CENTER	TRIADELPHIA, WV	(304) 547-9197
HUNTINGTON TREATMENT	HUNTINGTON, WV	(304) 525-5691
MARTINSBURG INSTITUTE	MARTINSBURG, WV	(304) 263-1101
PARKERSBURG TREATMENT CENTER	PARKERSBURG, WV	(304) 420-2400
VALLEY ALLIANCE TREATMENT SERVICES, INC.	MORGANTOWN, WV	(304) 284-0025
WILLIAMSON TREATMENT CENTER, INC.	WILLIAMSON, WV	(304) 235-0026

WV Prescription Drug Abuse Quitline 1-866-WV-QUITT
http:/wvrxabuse.org

WV Quitline – Smoking Cessation 877-966-8784
http://www.bebetter.net/wvquitline_home.html

WV Suboxone Prescribers
http://www.buprenorphine-doctors.com/suboxone-doctors/West-Virginia-WV.cfm

SUICIDE HOTLINES

WV
http://www.suicide.org/hotlines/west-virginia-suicide-hotlines.html

National 800-784-2433 (800-SUICIDE)
Life line Chat 800-273-8255 (800-273-TALK)
http://www.suicide.org

WVSBIRT
https://sbirt.1stchsservices.org/

WV PROGRAMS FOR PREGNANT MOTHERS

Drug Free Moms and Babies Program
Shenandoah Valley Medical Systems, Inc.,
(304) 263-7023
mfigueroa@svms.net

Greenbrier Valley Medical Center (304) 647-6017
molly.mcmillion@gvmc.com

WVU Department of Obstetrics and Gynecology (304) 293-4880
celeonard@wvuhealthcare.com or (304) 594-1313

Pregnancy Connections
Thomas Memorial Hospital (304) 766-3983
sandy.young@thomas.org

TREATMENT RESOURCES

Comprehensive Opioid Addiction Treatment
WVUHealthcare/Chestnut Ridge Center Outpatient/Morgantown (304) 598-4214
http://wvuhealthcare.com/hospitals-and-facilities/chestnut-ridge-center
ACT Unit/ Fairmont, 28 day (304) 363-2228
Bob Mays Recovery Center/Residential/Clarksburg (304) 623-2178
Renaissance/Huntington, Residential (304) 525-7851 x4503
Turning Points/Beckley, Residential treatment (304) 252-6783

WV Consumer Advocacy and Outreach (CACO) Division **(304) 356-4826**
Adults with Mental Health Issues and Addictions
http://www.dhhr.wv.gov/bhhf/sections/programs/ConsumerAffairsCommunityOutreach/Pages/default.aspx

Alcoholics Anonymous
http://www.usrecovery.info/AA/West-Virginia.htm

WV Al-Anon & Alateen
http://www.usrecovery.info/Al-Anon/West-Virginia.htm

WV Narcotics Anonymous
http://www.usrecovery.info/NA/West-Virginia.htm

WV Treatment Centers & Programs 1-800-676-2451
http://www.usrecovery.info/Treatment-Centers/West-Virginia.htm

WV Mental Health Organizations
http://www.usrecovery.info/Mental-Health-Organizations/West-Virginia.htm

WV Addiction Services 1-800-304-2219
Addiction Services by Type of Drugs

Long Term Drug & Alcohol Treatment Facilities 1-800-304-2219
http://www.addicted.org/west-virginia-long-term-drug-rehab.html

WV Drug Alcohol Treatment Center & Addiction Rehab Programs
1-800-315-2056
http://www.cswf.org/West-Virginia/

The Healing Place of Huntington-long term residential treatment for males
(304) 523-4673
http://www.thehealingplaceofhuntington.org

If you are concerned about a healthcare professional who may have a problem with mental illness and/or substance disorder, you can call for advice, assistance and guidance:

West Virginia Medical Professionals Health Program
Phone: (304) 933-1030 • www.wvmphp.org

ALL CONTACTS ARE KEPT STRICTLY CONFIDENTIAL!

PATIENT TOOLS

DRINK LIMITS FOR LOW RISK DRINKING		
	Per Week	Per Day
Men	14	4
Women	7	3
Average >65	7	3

DECISIONAL BALANCE SHEET			
Change Behavior		Continue Behavior	
Pros	Cons	Pros	Cons

READINESS RULER

0 1 2 3 4 5 6 7 8 9 10

Not Ready **Unsure** **Ready**

OPIOID EQUIVALENCY*

Opioid	PO	IV/SC/IM	Opioid	PO	IV/SC/IM
buprenorphine	n/a	0.3–0.4 mg	meperidine	300 mg	75 mg
butorphanol	n/a	2 mg	methadone	5-15 mg	2.5-10 mg
codeine	130 mg	75 mg	morphine	30 mg	10 mg
fentanyl	?	0.1 mg	nalbuphine	n/a	10 mg
hydrocodone	20 mg	n/a	oxycodone	20 mg	n/a
hyromorphone	7.5 mg	1.5 mg	oxymorphone	10 mg	1 mg
levorphanol	4 mg	2 mg	pentazocine	50 mg	30 mg

*Approximate equianalgesic doses as adapted form the 2003 American Pain Society (www.ampainsoc.org) guidelines and the 1992 AHCPR guidelines. Not available = "n/a." See drug entries themselves for starting doses. Many recommend initially using lower than equivalent doses when switching between different opioids. IV doses should be titrated slowly with appropriate monitoring. All PO dosing is with immediate-release preparations. Individualize all dosing, especially in the elderly, children, and in those with chronic pain, opioid naive, or hepatic/renal insufficiency.

OPIOID CONVERSION TABLE
http://www.globalrhp.com/narcoticonv.htm

PATIENT TOOLS

A "STANDARD DRINK"

(a standard drink contains approximately 12-14 grams or 0.5 - 0.6 oz of pure alcohol)

Beer (3-5%) (Budweiser, Miller, Coors, Michelob, Heineken, Corona)	**Malt Liquor (7-10%)** (Steele Reserve, Colt 45, King Cobra, Camo 40, Black Bull, Hurricane, Mickey's Private Stock)	**Table Wine (12-13%)** (Chardonnay, Merlot, Pinot Grigio, Reisling, Sangria)	**Fortified Wine (FW), Port, Sherry (17-20%)** (Mad Dog 20/20, Night Train Express, Richard's Wild Irish Rose, Thunderbird)	**Brandy (37-40%)** (Cognac, Martell, Hennessy, E&J, Courvoisier, Remy Martin)	**Liquor/ Distilled "Spirits" (40%)** (Vodka, Gin, Rum, Scotch, Whiskey, Bourbon, Tequila)
					
12 oz.	6-8 oz.	5 oz.	3.5 oz.	1.5 oz.	1.5 oz.
"Double Deuce" = 2 drinks "Quart" = 2 $^{1/2}$ drinks "40" of beer = 3-4 drinks "40" of malt liquor = 6-7 drinks		"Pint" = 2 $^{1/2}$ drinks "Pint" of FW = 4 drinks "Fifth" = 5 drinks "Fifth" of FW = 7 $^{1/2}$ drinks		"Half Pint" = 4 $^{1/2}$ drinks "Pint" = 8 $^{1/2}$ drinks "Fifth" = 17 drinks "Handle" = 40 drinks	

BLOOD ALCOHOL CONTENT (%)

Drinks		Body Weight 90 lb	100 lb	120 lb	140 lb	160 lb	180 lb	200 lb	220 lb	240 lb
1	M	–	.04	.03	.03	.02	.02	.02	.02	.02
	F	.05	.05	.04	.03	.03	.03	.02	.02	.02
2	M	–	.08	.06	.05	.05	.04	.04	.03	.03
	F	.10	.09	.08	.07	.06	.05	.05	.04	.04
3	M	–	.11	.09	.08	.07	.06	.06	.05	.05
	F	.15	.14	.11	.10	.09	.08	.07	.06	.06
4	M	–	.15	.12	.11	.09	.08	.08	.07	.06
	F	.20	.18	.15	.13	.11	.10	.09	.08	.08
5	M	–	.19	.16	.13	.12	.11	.09	.09	.08
	F	.25	.23	.19	.16	.14	.13	.11	.10	.09
6	M	–	.23	.19	.16	.14	.13	.11	.10	.09
	F	.30	.27	.23	.19	.17	.15	.14	.12	.11

Subtract .015 every hour after drinking

> Legal Driving Limit

ASSESSING QUANTITY

COCAINE:	• Often comes in $10 (a **"dime"**) **"vials", "pills", "bags."** Crack Used in **"rocks."** • Powder also bought in 1/4 ounce, 1/8 ounce ("eightball").
HEROIN:	• $10=1 **"pill"** = 1 **"cap"** = a **"dime"** - 1 **"bag"** (also $6 and $20 bags). • Also used in **"grams"** in some areas. • Can be **"raw"** (uncut; up to 90% pure) or **"scramble"** (cut: 5-10% pure)
BENZOS:	• Ask about "pills" and then specify "...benzos like Valium, Xanax, Klonopin? • **Xanax*** – 0.25mg "white football"; 0.5mg "peach football"; 1mg "blue football"; 2mg white "bar" (4 segments) **Xanax XR** – 0.5mg "white pentagon"; 1mg "beige square"; 2mg "blue circle"; 3mg "green triangle" • **Klonopin*** ("pins")(round) – 0.5mg "orange"; 1mg "blue"; 2mg "white" • **Valium*** – (cut-out "V" in center) – 2mg "white"; 5mg "yellow"; 10mg "blue" *(the appearance of generic brands may vary but doses are the same)
MARIJUANA:	• **Ounces; joints** (small cigarette size); **blunts** (large joint often in hollowed-out cigar or rolled in cigar paper); **bowls** (of pipe/"bong")
OPIOIDS (Rx):	• **Oxycontin ("Oxys")** – 10, 20, 30, 40, 60, 80, 160mg • **Percocet ("Percs")** – 2.5, 5, 7.5, 10mg oxycodone • **Vicodin** – 5, 10, 15mg hydrocodone
NICOTINE:	• **Pack** contains 20 cigarettes (5-10 cigars); **Carton** contains 10 packs • **Snuff, Snus, "Dip", Chewing/Dipping tobacco** comes in cans, tins, pouches • Often report smokeless tobacco use in number of **times/"dips"/"pinches"** per day
ALCOHOL:	• Ask about beer & wine specifically; many people don't consider them to be alcohol • Ask if beer is 12,16 ("a pint"), 22 ("a double-deuce"), 32 ("a quart), or 40 (a "40") ounces. • Ask if the bottle/pint/quart/fifth/etc. is wine, beer, or liquor. • Ask if it is consumed alone or shared with friends. "Miniature" = 1.6oz Pint = 16oz Quart = 32oz "Fifth" = 25oz Liter = 33.8oz "Handle" = 1.75 liters Gallon = 128oz Case = 24/12oz beers Table Wine Bottle (750mL) = 25oz Mixed drinks often contain >1.5oz of liquor

URINE TOXICOLOGY BASICS

- Drug screens are typically done with immunoassay; use cutoffs for various drugs
- Confirmation generally performed with GC/MS (more specific & expensive) or 2nd assay
- **"Opiate"** screens usually test for morphine. Will often NOT detect synthetic opioids (Demerol, Methadone, Dilaudid, Fentanyl, Buprenorphine).
- **"Amphetamine"** screen may be false + for many cold preparations (eg. pseudoephedrine)
- **"Benzodiazepine"** screens vary; may miss some common benzos like alprazolam
- Remember that **opiates** and **benzodiazepines** are often given for medical reasons before urine is obtained

If you are unsure of meaning of a test result, **"WEED it"**:

1. **W**rite out patients medicines
2. **E**xamine the patient carefully
3. **E**quate test result with physical examination
4. **D**uplicate the test

ALCOHOL & SEDATIVE HYPNOTICS

Although >95%of alcohol withdrawal cases are uncomplicated and self limited, withdrawal can be fatal!

Remember:
- Management of benzodiazepine & barbiturate withdrawal is the same as that for alcohol
- Chronic alcohol use can affect the liver; lowering dose of some medications may be necessary
- Concomitant benzodiazepine abuse may delay, intensify & prolong withdrawal

DELIRIUM TREMENS (DTS) • Typically seen within 72 hours after last use; can be within hours or up to 1 week • Always evaluate for other causes of delirium (head trauma, metabolic, etc.)	**Increased risk of DTs:** • history of DTs • chronic alcohol use • head trauma • older age • concomitant medical problems **Signs & Symptoms of DTs:** • hypertension • anxiety/agitation • tachycardia • hyperactive reflexes • tremulousness • hallucinations • diaphoresis • disorientation • insomnia
ALCOHOL WITHDRAWAL SEIZURES • Alcohol withdrawal seizures are independent of DTs • Typically seen 12-48 hours after last use; can be as much as 1 week later • Always evaluate for other causes of seizures (head trauma, hypoglycemia), etc.	**Increased risk of Withdrawal Seizures:** • history of withdrawal seizures • head trauma • history of other seizure disorder • concomitant benzodiazepine abuse
WERNICKE'S ENCEPHALOPATHY • Prevention with **thiamine** is crucial	**Signs & Symptoms of Wernicke's Encephalopathy:** • nystagmus • confusion • lateral gaze paralysis • diplopia • ataxia • short-term memory deficits

TREATMENT OF WITHDRAWAL

- Remember that **Delirium Tremens is much easier to prevent** than to treat once present
- A shorter-acting benzodiazepine does not speed-up the detox

Symptom-triggered:
- Monitor signs and symptoms of withdrawal regularly (q10-60 mins) and initiate benzodiazepine at earliest sign of withdrawal:
  Valium (diazepam) 10mg IV then 5-10mg PO/IV q 15-60 mins until sedated
- If available, use protocol linked to standardized assessment **(AWS; CIWA)**

Standing order of benzodiazepine:
- May be more practical due to staffing or if patient at very high risk for DTs or withdrawal seizures
  - Valium (diazepam) 10-20mg PO or IV q 6 hours
  - Librium (chlordiazepoxide) 50-100mg po q 6 hours
  - Ativan (lorazepam) 2-4mg PO or IV or IM q 1-6 hours

Need to individualize dose:
- Some patients will need much higher doses
- Give enough until sedated or cessation of signs and symptoms of withdrawal
- Taper by 20-25% of dose/day (after pt. stable for 24 hrs); slower if patient unstable

HEROIN & OTHER OPIOIDS

REMEMBER: You can die from overdose but not withdrawal (except neonates & very ill)

OPIOID INTOXICATION/ OVERDOSE	**Signs & Symptoms:** • respiratory depression • apathy • slurred speech • impaired judgment • constricted pupils • drowsiness • pruritus • impaired attention • coma

TREATMENT OF OVERDOSE

1) Establish adequate oxygenation
2) Administer Naloxone (Narcan) (response typically seen in 1-2 minutes)
   - Start with 0.1-0.4mg IV (2mg IV if comatose or apneic)
   - May need to repeat dose if overdose on methadone or Oxycontin
   - May need higher doses (10mg) if overdose on high potency opioid (Fentanyl)

OPIOID WITHDRAWAL	**Signs & Symptoms:** • dilated pupils • lacrimation irritability/dysphoria • anxiety • piloerection • restlessness • diaphoresis • diarrhea • craving • abdominal cramping • rhinorrhea • nausea/vomiting aches (especially back/legs) • tachycardia • hypertension

TREATMENT OF WITHDRAWAL *(in hospitalized patients)*

- If patient says he/she is **on a methadone program**, call the program, document the dose and staff person you talked to and resume that dose unless patient is overly sedated.
  If unable to contact program, only give 20-40mg PO (10-20mg IV if unable to take PO) until confirmed

- If patient says he/she is **on buprenorphine (tablets or film) maintenance**, and is not in significant pain, continue maintenance dose. If in significant pain, may need to discontinue buprenorphine & start opioid. (May require higher dose).

- If patient is **in significant pain**, place on a standing dose of an opioid.
  - Remember, someone who is dependent on opioids will likely need a higher dose!

- If patient is **not in significant pain, not likely to go to surgery** and **not pregnant**, can start on buprenorphine/naloxone (Suboxone): Requires DEA waiver.
  - 4-8mg sublingually initially w/ 2-4mg every 8-12 hours prn for additional sxs.

- If the patient is **unable to take sublingual** (eg. delirious, agitated), can use **Buprenex** 0.3-1.2mg IM or IV (not "push") q 6-12 hours.

- Can treat various signs/symptoms symptomatically:
  - **muscle aches** - ibuprofen
  - **nausea** - Phenergan, Bentyl
  - **insomnia** - trazodone
  - **spasms** - methocarbamol
  - **irritability** - benzodiazepines
  - **diarrhea** - Imodium, Kaopectate

IMPORTANT FACTS ABOUT BUPRENORPHINE:

- Use higher doses for higher heroin use or current pain issues.
- Begin to taper 3-4 days prior to discharge.
- **Don't give within 6-12 hrs. after an opioid; may precipitate withdrawal!**
- May need to wait >24 hours after long-acting (methadone, Oxycontin, MS Contin).
- **Opioids will be relatively ineffective for 8-24 hrs after buprenorphine.**
- Use NSAIDs, ketorolac, regional anesthesia for additional pain control.

COMMONLY ABUSED SUBSTANCES
OTHER THAN ALCOHOL, NICOTINE & CAFFEINE

DRUG NAME	STREET NAMES	CLASS/ DEA SCHEDULE	HOW TAKEN	INTOXICATION EFFECTS	WITHDRAWAL EFFECTS	DETECTION PERIOD (DAYS)
Cocaine	Coke; Blow; Bump; Toot; Snow; Flake; C; Crack; Ready; Rock; Ready Rock	Stimulant II	IN; IV; smoked	↑energy/confidence/anxiety;psychosis ↑BP/HR/temp; stroke; MI; ↓appetite; rhabdo	fatigue; lethargy; hypersomnia; depression; suicidal ideation; craving	3-4
Methamphetamine	Crystal Meth; Speed; Crank; Meth; Ice; Chalk; Fire; Getgo; Methlies Quik; Glass	Stimulant II	IV; IN; smoked	↑energy/confidence/anxiety;psychosis ↑BP/HR/temp; stroke; MI; ↓appetite; rhabdo	fatigue; lethargy; hypersomnia; depression; suicidal ideation; craving	2-3
Heroin/Prescription Opioids	Dope; Junk; Smack; Black Tar; Herrron; H; OxyContin-Oxys; Percocet-Percs; Meth	Opioid I/II/III	IV; IN; smoked; PO	apathy; lethargy; constricted pupils; pruritis; constipation; ↓respiration; coma; death	diaphoresis; rhinorrhea, dilated pupils; diarrhea; nausea/vomiting; irritability	2-3
Marijuana	Pot; Weed; Reefer; Dope; Grass; Boom; Herb; Hash; Blunt; Sinsemilla; Sinse	I II **(Marinol)**	smoked; PO (rarely)	red eyes; ↑appetite/HR; euphoria; lethargy; ↓concentration/memory/judgment/coord.	irritability; anxiety; insomnia; nausea	1-7 (light) 35 (heavy)
LSD Mescaline/Psilocybin	Acid; Window Pane; Microdot; Blotter; Cactus; Mescal; Magic Mushrooms; Shrooms	Hallucinogen PO/I	mucosally PO	hallucinations; illusions; delusions; restless; disorientation; ↓judgment/coordination	none	<1
Benzodiazepines/ Barbiturates	Pills; Tranks; Klonopin-Pins; Xanax-Bars; Zanny Bars; **Rohypnol**- Roofies; Roofenol	Sedative-Hypnotic IV	PO IV (rarely)	relaxation; sedation; disinhibition; slurring; ↓judgment/coordination/resp; amnesia; coma	disorientation; ↑HR/BP/temp; tremors; hallucinations; agitation; seizures	1-14 30 (long act)
MDMA	Ecstasy; X; Clarity; E; XTC; Rave; Rolls; Adam; Lover's Speed; M&M; M; Essence; Molly	Psychedelic-Stimulant/I	PO (tablet) smoked (rare)	↑energy/confidence/anxiety/empathy ↑BP/HR/temp; illusions; MI; bruxism	fatigue; lethargy; hypersomnia; depression; suicidal ideation	1-3 5 (chronic)
Ketamine Hcl (Ketalar)	Special K; K; Jet; Ket; Kit Kat; Super K; Vitamin K; Super Acid; Cat Valiums; Purple	Dissociative-anesthetic/III	IN; IM PO (liquid)	nystagmus (↔, ↑↓); ataxia; analgesia; rigidity; ↓judgment/resp.; confusion; coma	nonspecific	2-4 14 (chronic)
Nitrates (amyl/butyl/ cyclohexyl/Nitrates)	Poppers; Snappers; Amys; Rush; Bullet; Sweat; Climax; Locker Room; Bolt; OZ	Inhalant Vasodilator	Inhaled (IN)	syncope; giddiness; ↓senses; amnesia; ↓BP, enhanced orgasm; hypoxia; nausea; coma	minimal-irritability; headache	–
Nitrous Oxide	Laughing Gas; Whippets; balloons	Inhalant General Anesthetic	Inhaled (oral)	mild euphoria; ↓inhibitions/pain; sedation; frost burn; neuropathy	minimal-irritability	–
Paint/Glue/Toluene Hydrocarbons	Glue; Hardware; Gas	Solvent; Adhesive; Propellant	huffed/inhaled (IN + oral)	bad breath; slurred speech; nausea/vomit ↓judgement/ coordination/resp; arrhythmias	irritability; headache; insomnia; depression	–
Anabolic Steroids	Roids; Juice; Amolds; Gym Candy; Pumpers; Equipose; Stanazolol; Winstrol; Testosterone	Anabolic Steroid III	IM PO	agitation; aggressiveness ("roid rage") ↑BP/HR/temp/ sweat; insomnia; paranoia	insomnia; depression; irritability	20 >90 (injected)
Mephedrone (MDPV)	Bath Salts; Plant food; Pond Scrum Remover	Psychedelic Stimulant/I	IN; IV; PO	↑energy; ↑HP/BP;agitation; euphoria; insomnia; hallucinations; delusions; panic	unknown	hours;days
Synthetic Cannabonoid	K2; Spice; Bliss; Scooby Snax	I	Smoked	sedation; disassociation; euphoria; paranoia; psychosis	unknown; likely similar to Marijuana	hours;days