

# Nurses Forum 2

TREATMENTS FOR CO-MORBID ALCOHOL  
USE DISORDER AND STIMULANT USE  
DISORDER IN OUR MAT PATIENTS

Katie Bell MSN RN-BC CARN PHN





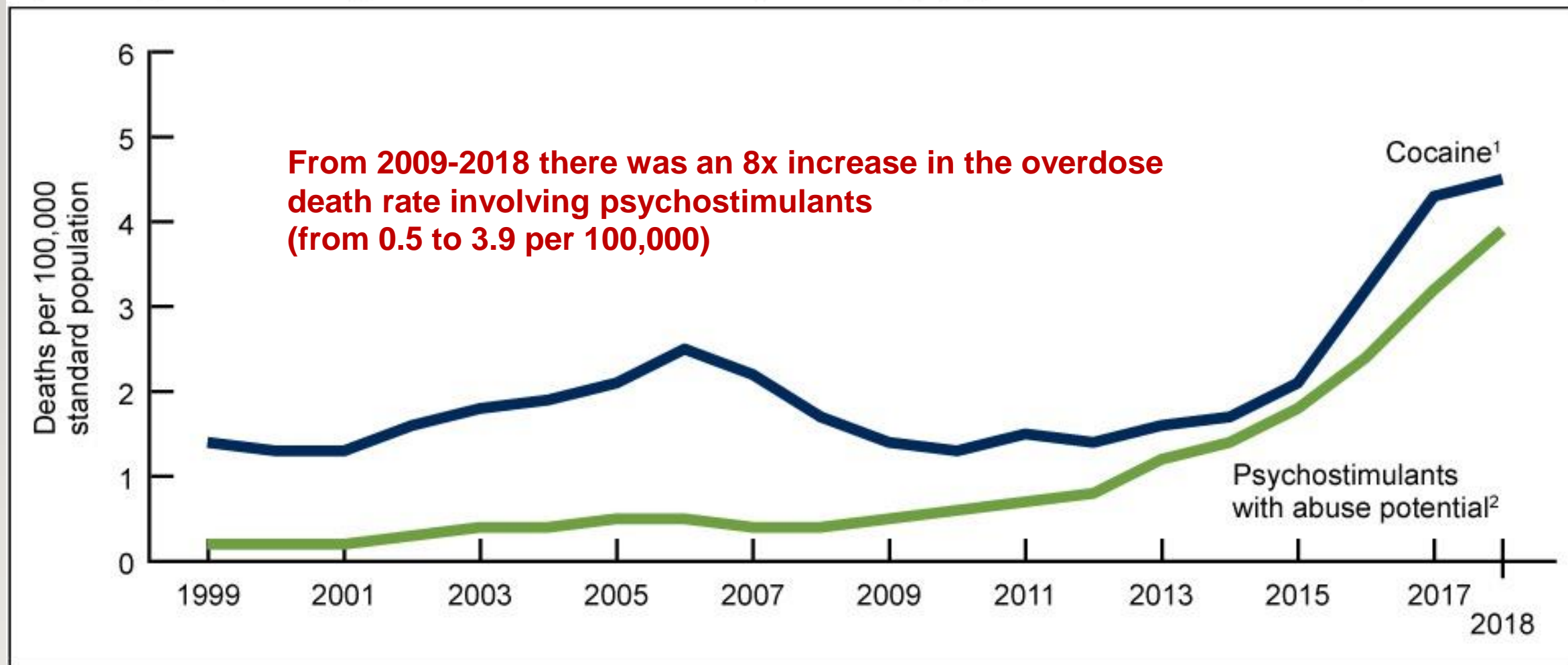
# Forum Format

- Please turn on your Cameras if you have one
- Go to gallery view and unmute your microphones – a forum is a discussion.
- Intros – Enter your Name, Clinic and MAT Role in the chat
- 12:00 -12:35 – Topic. Case. Discussion prompts.
- 12:35 – Essentials for Addiction Nurses – Nursing Associations and Credentialing
- 12:40 – Pop Quiz (with clues). Lunchtime Drawing!
- 12:45 – Poll Survey

# Alcohol Use Disorder

- Genetic and learned behavior. Intergenerational trauma. Easy access. Socially acceptable.
- Chronic, progressive, relapsing condition. Cravings can be intense.
- Internal triggers such as anxiety and depression or mood disorders. Alcohol can help access feelings for those who have PTSD numbing.
- External triggers – environment, relationships, family stressors, habitual behavior.
- Medications: Naltrexone, XL-Naltrexone, Acamprosate, Gabapentin, Disulfiram.

Figure 4. Age-adjusted drug overdose death rates involving stimulants, by type of stimulant: United States, 1999–2018



<sup>1</sup>Significant increasing trend from 1999 through 2006, decreasing trend from 2006 through 2012, and increasing trend from 2012 through 2018 with different rates of change over time,  $p < 0.05$ .

<sup>2</sup>Significant increasing trend from 1999 through 2005, 2008 through 2012, and 2012 through 2018 with different rates of change over time,  $p < 0.05$ .

NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: cocaine, T40.5; and psychostimulants, T43.6. Deaths may involve multiple drugs. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, with ranges of 75%–79% from 1999 through 2013 and 81%–92% from 2014 through 2018. Access data table for Figure 4 at: [https://www.cdc.gov/nchs/data/databriefs/db356\\_tables-508.pdf#4](https://www.cdc.gov/nchs/data/databriefs/db356_tables-508.pdf#4).

SOURCE: NCHS, National Vital Statistics System, Mortality.

# Treating StimUD

- Methamphetamine and cocaine are primary stimulants. Suboxone film can be currency to obtain meth when there is co-morbid addiction.
- Stimulant Use Disorder – intense dopamine reward. Many patients have little desire to make changes with their stimulant use.
- Self-treating (self-medicating) – ADD/ADHD- focus, depression, fatigue.
- Meth use is tied closely to surviving housing instability – homelessness, couch surfing, short-term motel living.
- Methamphetamines are often used to cope with opioid withdrawal, hunger and cold.
- Methamphetamine is inexpensive. Injectable with or without opioids. Also, nasal insufflate (snorting) and smoking.
- No FDA approved medications for StimUD. Providers treat the symptoms.

# Discussion Prompts

- With an incomplete intake, what else does the nurse need to know? (hint: look at the UDS results).
- Identify immediate care needs. What does the nurse do?
- Identify the high-risk behavior in this patient.
- Name some contributing factors that increase this patient's risk.
- What do we need to discuss with this patient first?
- Identify some strengths in this patient – how would you build on the strengths?

## Robert

- Robert 35 yo Latinx divorced male with 2 teen-aged children with whom he has lost contact. Robert is referred to our MAT program by the Bridge SUN. He has been initiated on Bup/nlx 16 mg/4 mg daily – he was given a 3-day supply to get him to this appointment. He arrives late for his appointment with the MAT provider. He appears to be intoxicated with a strong odor of alcohol. Patient agrees to meet briefly with the Nurse Case Manager to establish care. This is a brief conversation due to the impairment. He is doing his best to answer questions, repeatedly apologizing. Robert says that “the suboxone is helping with ‘most of my cravings for heroin but I feel like drinking more.” States he wants to get help for both his heroin addiction (1/2 gram IV daily), his drinking( pint of vodka daily) and what is becoming almost daily meth use (smokes).

# Robert

- Robert says he is living in his car and working odd jobs to maintain basics – food, gas, alcohol and drugs. He reports that his addictions have taken over and it is becoming increasingly difficult to find work and to show up for his jobs. says he has no local family support and has not applied for insurance because he moved from another part of the state. Reports he has had 2 heroin overdoses in the past year and was revived by a friend who used Narcan. Patient reports that he has had several episodes of abstinence, all of them at the residential level of care. He returns to use of alcohol, heroin and methamphetamine soon after discharge from residential. Urine Drug Screen Submitted today: Pos for AMP, BUP, BZO, MET, OPI, ETOH



# Discussion Prompts

- With an incomplete intake, what else does the nurse need to know? (hint: look at the UDS results).
- Identify immediate care needs. What does the nurse do?
- Identify the high-risk behavior in this patient.
- Name some contributing factors that increase this patient's risk.
- What do we need to discuss with this patient first?
- Identify some strengths in this patient – how would you build on the strengths?

# Essentials for Addictions Nursing

Addictions Nursing Certification Board

- Certified Addictions Registered Nurse (CARN)

<https://ancbonline.org/>

Find ANCB on Facebook.

Also, UCLA ISAP OASIS-TTA page is an excellent resource:

<https://uclaisap.org/oasis-tta/index.html>

# Pop Quiz

- Why can we not use Naltrexone for people with Alcohol Use Disorder who are prescribed Methadone or Buprenorphine for treating Opioid Use Disorder?



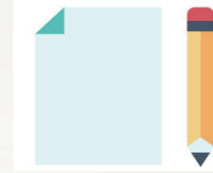
## *Next CCI Nurses Forum*

Wednesday Dec. 1 - 12:00 -12:45

*Assessment/Intake for MAT/SUD patients:  
Care and Interventions for early Engagement*

# Poll Questions

1. On a scale of 1 – 5, please select the number that best represents your experience with today's session



- 5 – Excellent
- 4 – Very Good
- 3 – Good
- 2 – Fair
- 1 – Poor

2. Please select the number that best represents your response to the statement: Today's session was a valuable use of my time.



- 5 – Strongly Agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly Disagree

3. I can apply learnings from today's webinar to my MAT work.



- 5 – Strongly Agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly Disagree