Contents

Foreword: More than “Just Say No” xv
Bimal H. Ashar

Preface: The Internist’s Challenge: Addressing Our Patients’ Unhealthy Substance Use xvii
Jeffrey H. Samet, Patrick G. O’Connor, and Michael D. Stein

Addressing Unhealthy Substance Use in Primary Care 567
Christine A. Pace and Lisa A. Uebelacker

Unhealthy substance use is common in primary care populations and is a major contributor to morbidity and mortality. Two key strategies to address unhealthy substance use in primary care are the process of screening, brief intervention, and referral to treatment (SBIRT) and integration of treatment for substance use disorders into primary care. Implementation of SBIRT requires buy-in from practice leaders, careful planning, and staff and primary care provider training. Primary care–based treatment of opioid and alcohol use disorders can be effective; more data are needed to better understand the benefits of these models and identify means of treating other substance use disorders in primary care.

Inpatient Addiction Consult Service: Expertise for Hospitalized Patients with Complex Addiction Problems 587
Zoe M. Weinstein, Sarah E. Wakeman, and Seonaid Nolan

Substance use disorders are highly prevalent and are a large driver of costly inpatient medical care; however, historically the substance use disorder has gone unaddressed during an inpatient stay. Inpatient addiction consult services are an important intervention to use the reachable moment of hospitalization to engage patients and initiate addiction treatment. Addiction consultation involves taking an addiction-specific history, motivational interviewing, withdrawal symptom management, and initiation of long-term pharmacotherapy. Addiction consult services have the potential to decrease readmissions and utilization costs for medical systems and improve substance-related outcomes for patients.

Addressing Adolescents’ and Young Adults’ Substance Use Disorders 603
Nicholas Chadi, Sarah M. Bagley, and Scott E. Hadland

Adolescents and young adults (AYAs) have unique needs and important biopsychosocial differences when compared with older adults who use substances. As their brains continue to develop, youth are especially susceptible to the reinforcing effects of substances in the context of a still-developing capacity for executive control and decision making. In this article, the authors highlight key differences in the neurobiologic, epidemiologic, and relational aspects of substance use found in AYA. They also discuss how best to engage with youth who use substances and how
prevention and intervention can be adapted for optimal effectiveness for this distinct and high-risk population.

Preventing Opioid Overdose in the Clinic and Hospital: Analgesia and Opioid Antagonists 621
Stephanie Lee Peglow and Ingrid A. Binswanger

Drawing from existing opioid prescribing guidelines, this article describes how medical providers can reduce the risk of overdose. Through primary prevention, providers can prevent initial exposure and associated risks by educating patients, using risk stratification, minimizing opioid dose and duration, and avoiding coprescribing with sedatives. Secondary prevention efforts include monitoring patients with urine toxicology and prescription monitoring programs and screening for opioid use disorders. Tertiary prevention includes treating opioid use disorders and providing naloxone to prevent overdose death. Specific preventive strategies may be required for those with psychiatric disorders or substance use disorders, adolescents, the elderly, and pregnant women.

Office-Based Addiction Treatment in Primary Care: Approaches That Work 635
E. Jennifer Edelman, Benjamin J. Oldfield, and Jeanette M. Tetrault

Primary care is an important setting for delivering evidence-based treatment to address substance use disorders. To date, effective approaches to treat, care largely incorporate pharmacotherapy with counseling-based interventions and rely on multidisciplinary teams. There is strong support for primary care–based approaches to address alcohol and opioid use disorder, with growing data focused on people living with human immunodeficiency virus and those experiencing incarceration. Future work should focus on the implementation of these effective approaches to decrease health disparities among people with substance use and to identify optimal approaches to address substance use in primary care and specialty settings.

Pharmacotherapy for Alcohol Use Disorder 653
Stephen R. Holt and Daniel G. Tobin

Alcohol use disorder is a common, destructive, and undertreated disease. As understanding of alcohol use disorder has evolved, so has our ability to manage patients with pharmacotherapeutic agents in addition to nondrug therapy, including various counseling strategies. Providers now have a myriad of medications, both approved and not approved by the US Food and Drug Administration, to choose from and can personalize care based on treatment goals, comorbidities, drug interactions, and drug availability. This article explores these treatment options and offers the prescriber practical advice regarding when each option may or may not be appropriate for a specific patient.

When and How to Treat Possible Cannabis Use Disorder 667
Annie Lévesque and Bernard Le Foll

Cannabis (marijuana) is a drug product derived from the plant Cannabis sativa. Cannabinoid is a general term for all chemical constituents of the
cannabis plant. Legalization of marijuana in numerous US states, the availability of cannabis of higher potency, and the emergence of synthetic cannabinoids may have contributed to the increased demand for related medical services. The most effective available treatments for cannabis use disorder are psychosocial approaches. There is no pharmacotherapy-approved treatment. This article reviews the current state of knowledge regarding effective treatments for cannabis use disorder.

Nontraditional Alcohol and Opioid Agonist Treatment Interventions

Christopher Fairgrieve, Nadia Fairbairn, Jeffrey H. Samet, and Seonaid Nolan

Despite the availability of effective medications and psychosocial interventions for the management of a substance use disorder, some individuals repeatedly fail the most aggressive treatment regimens. For such individuals, alternative treatment options exist seeking to mitigate the negative consequences of the use of harmful substances. Participation in a managed alcohol program, the use of sustained-release oral morphine or injectable opioid agonist treatment, or the creation of safe injecting facilities are examples of such nonstandard approaches. This article reviews the available evidence of these treatment modalities.

New and Emerging Illicit Psychoactive Substances

Ryan Graddy, Megan E. Buresh, and Darius A. Rastegar

Several novel psychoactive substances have emerged in recent years. Users are typically young men who use other substances. In the category of stimulants, cathinones ("bath salts") have predominated and can lead to agitation, psychosis, hyperthermia, and death. Synthetic cannabinoids ("spice") are more potent than marijuana and can lead to agitation, psychosis, seizures, and death. There are no rapid tests to identify these substances, and general treatment includes benzodiazepines for agitation and supportive therapy. Many synthetic opioids are potent analogues of fentanyl and carry a high risk of overdose. In addition, there are several designer benzodiazepines that have emerged.

The Role of Technology-Based Interventions for Substance Use Disorders in Primary Care: A Review of the Literature

Babak Tofighi, Ana Abrantes, and Michael D. Stein

The burden of alcohol and drug use disorders (substance use disorders [SUDs]) has intensified efforts to expand access to cost-effective psychosocial interventions and pharmacotherapies. This article provides an overview of technology-based interventions (eg, computer-based and Web-based interventions, text messaging, interactive voice recognition, smartphone apps, and emerging technologies) that are extending the reach of effective addiction treatments both in substance use treatment and primary care settings. It discusses the efficacy of existing technology-based interventions for SUDs, prospects for emerging technologies, and special considerations when integrating technologies in primary care (eg, privacy and regulatory protocols) to enhance the management of SUDs.
Sleep Management Among Patients with Substance Use Disorders 733
Subhajit Chakravorty, Ryan G. Vandrey, Sean He, and Michael D. Stein

Sleep and substance use disorders commonly co-occur. Insomnia is commonly associated with the use of and withdrawal from substances. Circadian rhythm abnormalities are being increasingly linked with psychoactive substance use. Other sleep disorders, such as sleep-related breathing disorder, should be considered in the differential diagnosis of insomnia, especially in those with opioid use or alcohol use disorder. Insomnia that is brief or occurs in the context of active substance use is best treated by promoting abstinence. A referral to a sleep medicine clinic should be considered for those with chronic insomnia or when another intrinsic sleep disorder is suspected.

Pain and Addiction: An Integrative Therapeutic Approach 745
Ajay Manhapra and William C. Becker

The current opioid crisis highlights an urgent need for better paradigms for prevention and treatment of chronic pain and addiction. Although many approach this complex clinical condition with the question “Is this pain or is this addiction?” it is more than the sum of its parts. Chronic pain among those with dependence and addiction often evolves into a complex disabling condition with pain at multiple sites, psychosocial dysfunctions, medical and psychiatric disorders, polypharmacy, and polysubstance use, all interacting with each other in complex ways (multimorbidity). The authors offer an integrative therapeutic approach to manage this complex clinical scenario.

Weighing the Risks and Benefits of Electronic Cigarette Use in High-Risk Populations 765
Deepa R. Camenga and Hilary A. Tindle

This article reviews the current evidence on electronic cigarette (e-cigarette) safety and efficacy for smoking cessation, with a focus on smokers with cardiovascular disease, pulmonary disease, or serious mental illness. In the United States, adult smokers use e-cigarettes primarily to quit or reduce cigarette smoking. An understanding of the potential risks and benefits of e-cigarette use may help clinicians counsel smokers about the potential impact of e-cigarettes on health.

Smoking Cessation for Those Pursuing Recovery from Substance Use Disorders 781
Karen J. Derefinko, Francisco I. Salgado García, and Daniel D. Sumrok

This article summarizes the literature regarding the similar biopsychosocial mechanisms of tobacco use and alcohol and substance use disorders and the evidence for and against the provision of tobacco cessation for those in treatment for alcohol and substance use disorders. The practicality of treatment, focusing on methods, timing, and breadth of intervention strategies, is also presented. Common methodologies that may be used across tobacco use and alcohol and substance use disorder to prevent lapse and relapse are discussed. Physicians can and should adhere to the policy that tobacco use is a common and dangerous comorbid condition that demands concomitant treatment.