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Use of Telehealth for Substance Use Disorder Treatment

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Act on Addiction Summit

Outline & Learning Outcomes

- ▶ Presenter introduction/background
- ▶ Substance use disorders (SUD) - definition & demographics
- ▶ Telehealth/telemedicine - pertinent information
- ▶ Understanding some of the treatment options for individuals with SUDs
- ▶ Understand the unique challenges facing patients with SUDs during a pandemic with resulting stay-at-home orders
- ▶ Understand the role that telehealth offers in treatment of patients with SUDs

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1. Introduction

Who am I?

Sulman Aziz Mirza, MD

- ▶ Board Certified in Psychiatry
- ▶ Board Certified in Child and Adolescent Psychiatry
- ▶ Board Certified in Addiction Medicine
- ▶ Inova Kellar Center
- ▶ LouCouPsych
- ▶ NBPA Mental Health & Wellness Program
- ▶ YouTube - Tell Me More About Your Sneakers



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2. Substance Use Disorders

Definition & Demographics

“ Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home - *SAMHSA*

Demographics - 2017 NSDUH

- ▶ 19.7 million Americans (aged 12+) w/SUD
 - 74% struggled w/ alcohol
 - 38% w/ illicit substances
- ▶ 12.5% of adults had issues w/ both alcohol and illicit
- ▶ 8.5 million American adults had co-occurring disorders
- ▶ \$740 billion cost to society

Adolescents (12-17)

- ▶ 4% struggled with at least one SUD
 - 18% struggled with alcohol use disorder
 - 3% struggled with illicit SUD



Young Adults (18-25)

- ▶ 14.8% struggled with SUD
 - 10 % struggled with alcohol use disorder
 - 7.3% struggled with illicit SUD
- ▶ Heroin use doubled in past decade



Adults over 26

- ▶ 6.4% struggled with SUD
 - 5% with AUD
 - 2% with illicit SUD



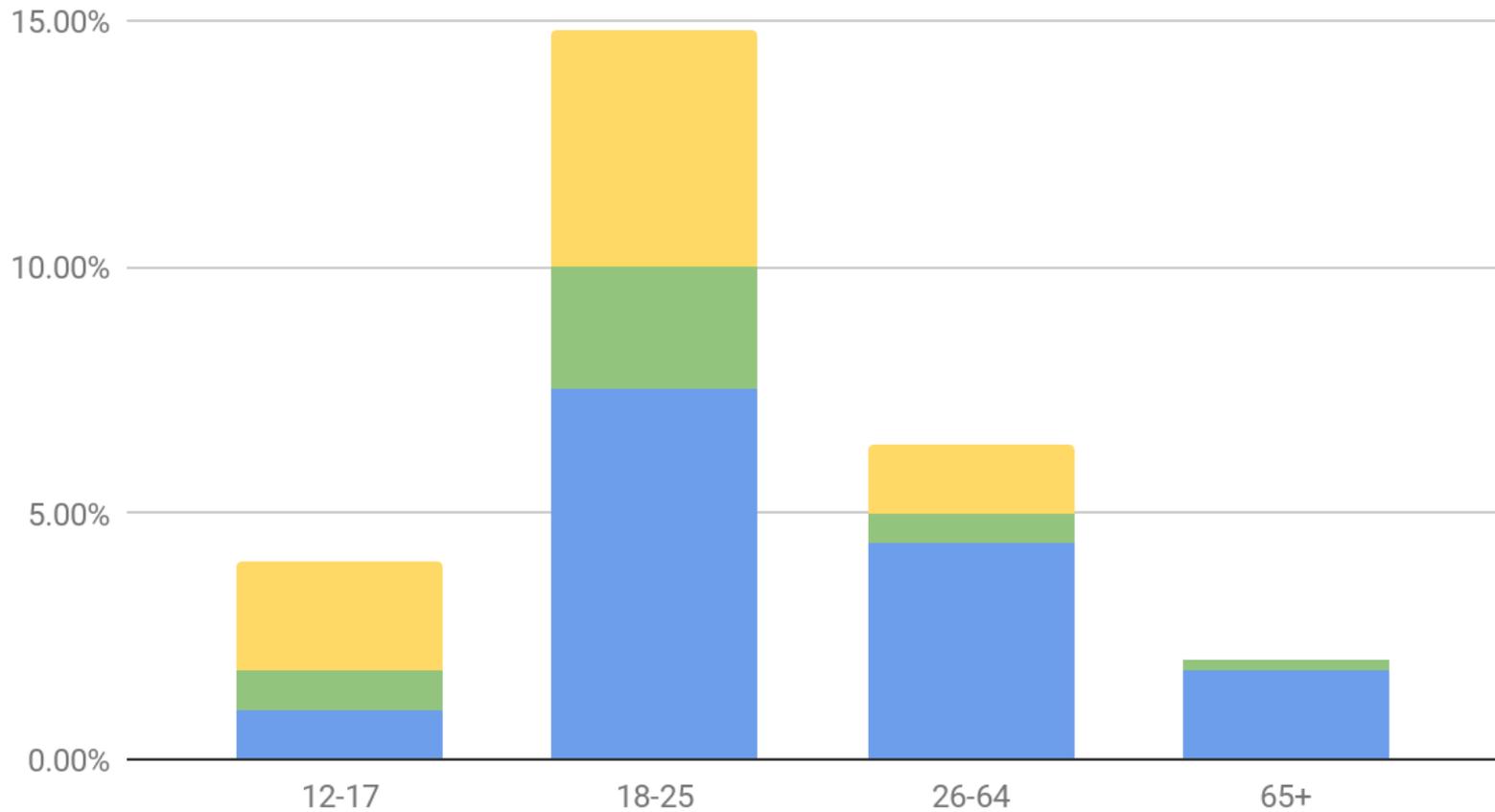
Elderly (65+)

- ▶ >1 million with SUD of nearly 50 million elderly
 - >97% of these with AUD
 - $\frac{2}{3}$ develop AUD before 65
 - >9% with illicit SUD



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Illicit SUD AUD + Illicit SUD AUD

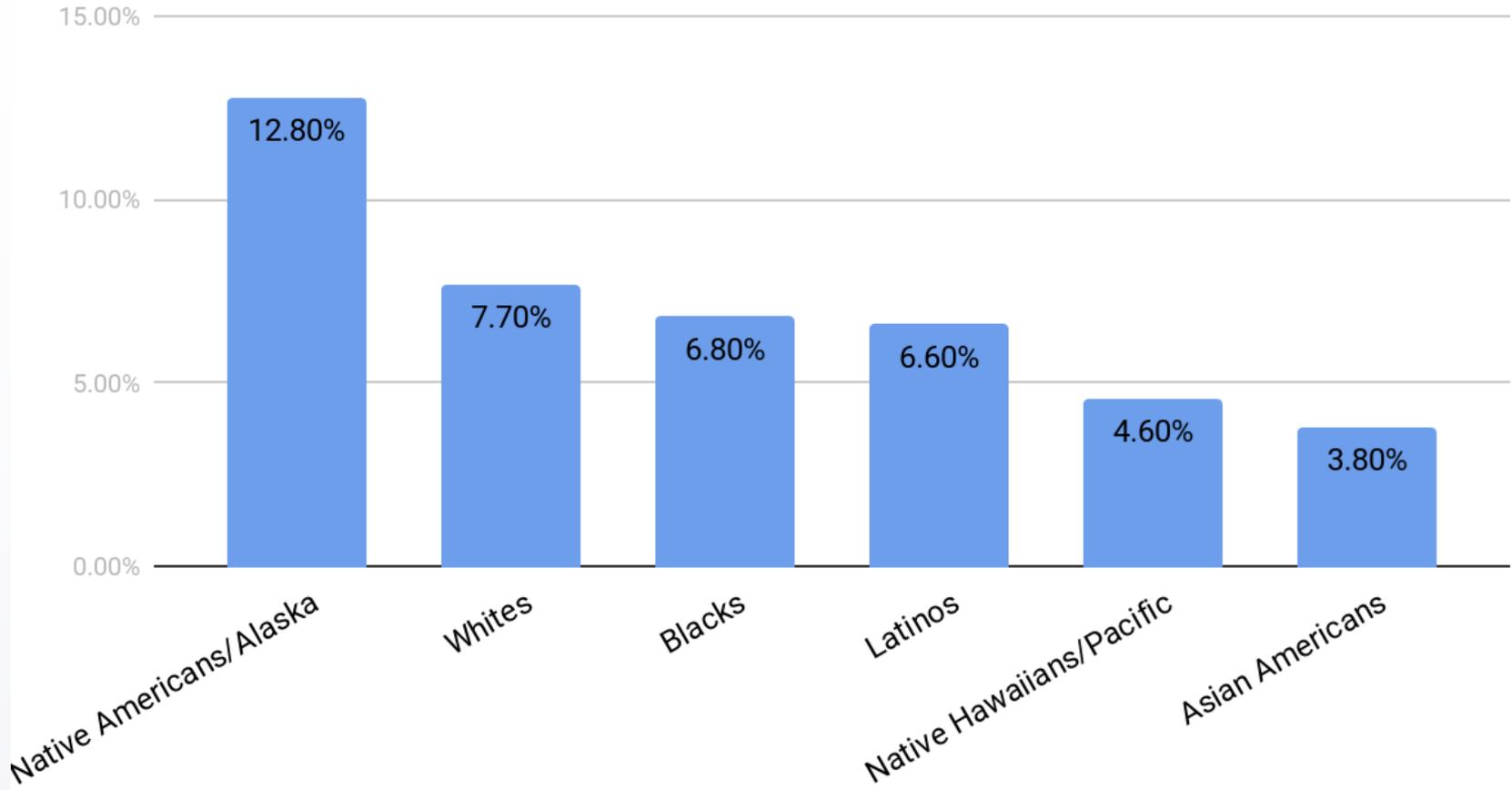


Other Demographics

- ▶ Nearly 2:1 for male:female
 - While men may be more likely to abuse substances, the risk of progression to a SUD is essentially equivalent
- ▶ Nearly 2:1 for unemployed (17%):employed (9%)
- ▶ >65% of the 2.3 million in prison & jails
- ▶ 75% of those in prison & jail with mental illness struggle with SUD, with opposite also true

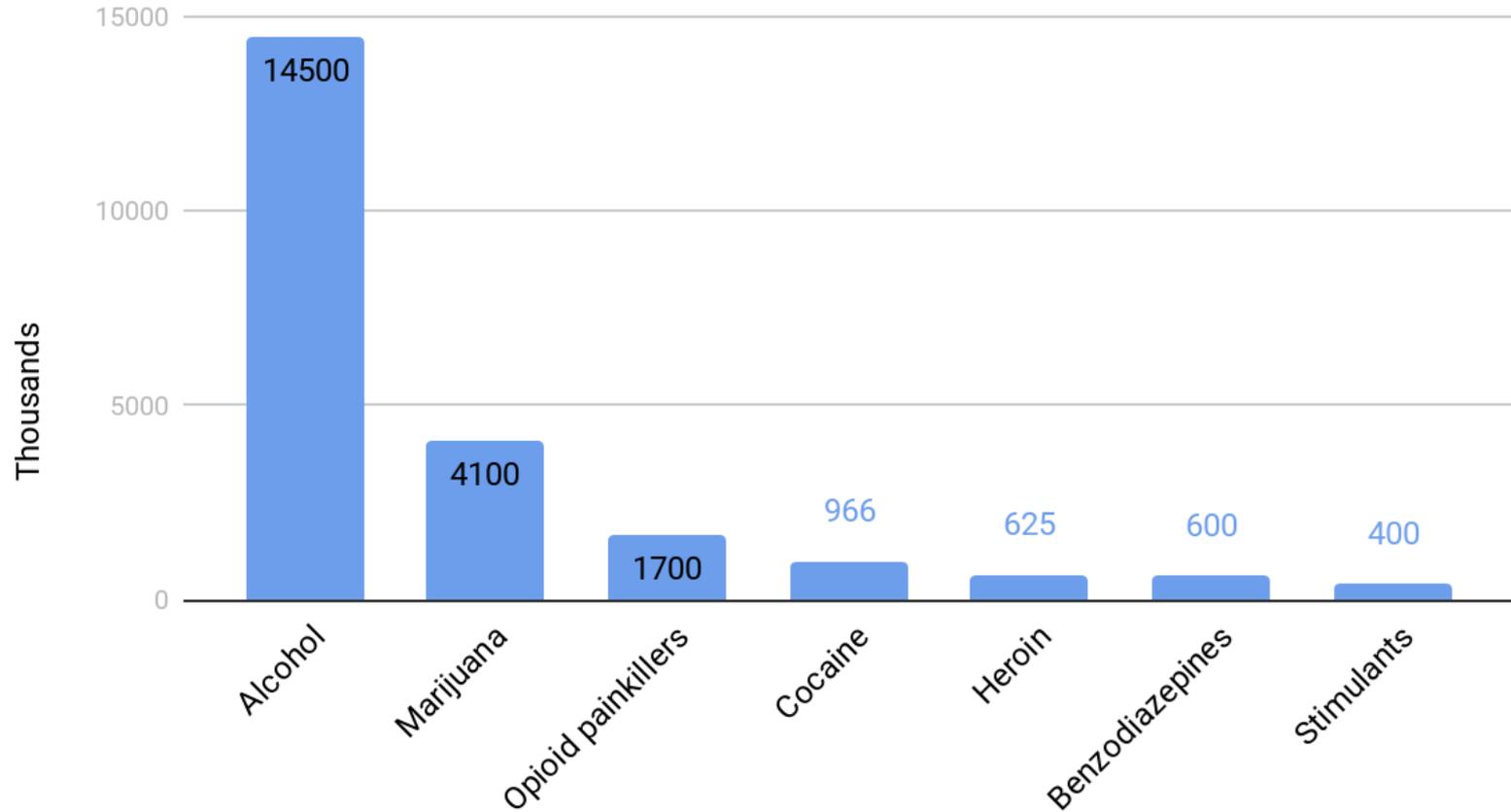
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Ethnic Differences



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Substances Abused



3. Telehealth/ Telemedicine

What it is exactly?

“

Telehealth...the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store - and-forward imaging, streaming media, and terrestrial and wireless communications.

-Health Resources Services Administration

History of Telehealth/ medicine

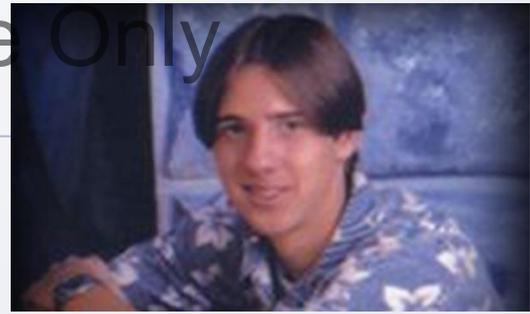
- ▶ In Africa, smoke signals would signal disease outbreaks
- ▶ Late 19th Century, house calls shifted to phone calls, and then during the American Civil War
- ▶ 1950s - radiographs traveled over phone lines
- ▶ NASA necessitated remote physiological monitoring
- ▶ MGH - Logan Airport & VA telepsychiatry in 1960s/70s



The Internet

- ▶ Electronic health/medical records, e-prescribing
- ▶ Teleradiology
- ▶ Supervision of midlevel providers (NP/ PAs)
- ▶ 2016 - Kaiser announced they were doing more virtual visits than in-person visits
- ▶ Yelp, ZocDoc, online booking, social media, online reviews
- ▶ Wild, wild web

Ryan Haight Act



- ▶ 2001, 18yo Ryan Haight died of Vicodin OD he had ordered online through a doctor he never met, delivered through online pharmacy
- ▶ Created in 2008, enforced by DEA
- ▶ Requires any prescriber who writes a prescription for a controlled substance to do an in-person medical evaluation initially, and then at least every 24 months

Insurance Reimbursement

- ▶ Despite numerous benefits, primarily increased access to providers especially in more rural and remote areas, as well as numerous studies showing improved monitoring and outcomes of chronic medical conditions, insurance companies could not agree on reimbursement, and many commercial insurers decided to not reimburse equivalently or at all

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4. Treatment Options for SUDs

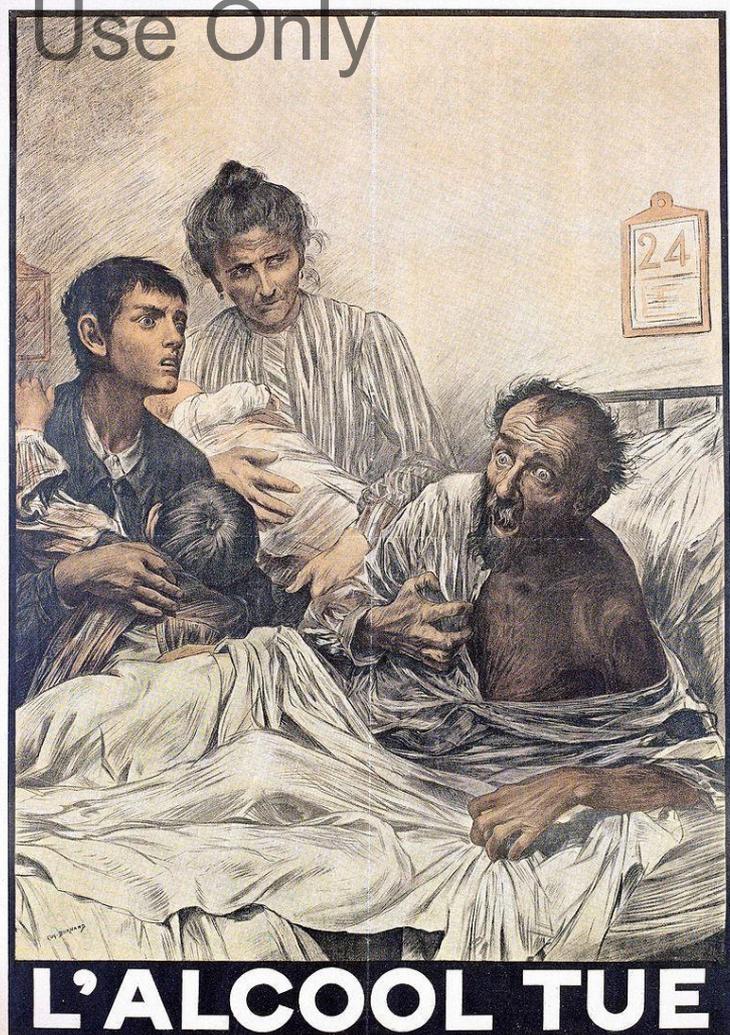
Focus on alcohol, opioids & benzodiazepines

Alcohol Treatment Options

- ▶ Behavioral treatments
 - Psychologists, Therapists, CSAC
- ▶ Mutual-Support Groups
 - AA, SMART (Self-Management and Recovery Training)
- ▶ Medication (Naltrexone, Campral, Antabuse)/ Sinclair Method
- ▶ Residential treatment centers/ Rehab

Alcohol Cessation

- ▶ Withdrawals can lead to delirium tremens
 - About 3-10 days after last drink, can last 2-3 days
 - Shaking, confusion, irregular heart rate/ activity, sweating, hallucinations (tactile), fevers, seizures
- ▶ DTs can be fatal
 - 15-40% w/o treatment, 1-4% w/ treatment (often in ICU)



Alcohol Treatment Outcomes

- ▶ Hard to measure due to inconsistency on “recovery”
- ▶ 2001 NESARC publication
 - 25% still dependent
 - 27.3% in partial remission
 - 11.8% drinking with high risk of relapse
 - **17.7% low risk drinking**
 - **18.2% abstaining from drinking**

Opioid Treatment Options

- ▶ Behavioral
- ▶ Mutual support groups (NA, SMART, etc)
- ▶ Medication (MAT)
- ▶ Detox centers/ RTCs

MAT Works

- ▶ A lot of myths and biases but medication assisted treatment (MAT) is the gold standard
- ▶ Methadone, Buprenorphine (Suboxone), Naltrexone
- ▶ Cessation/ withdrawal is not fatal, but extremely uncomfortable and debilitating



Opiate Withdrawal Timeline



START

Take your last dose



72 Hours

Physical symptoms at peak

Chills, fever, body aches, diarrhea, insomnia, muscle pain, nausea, dilated pupils



1 Week

Physical symptoms start to lessen

Tiredness, sweating, body aches, anxiety, irritability, nausea



2 Week

Psychological and emotional symptoms

Depression, anxiety, irritability, restlessness, trouble sleeping



1 Month

Cravings and depression

Symptoms can linger for weeks or months

Benzodiazepine Treatment Options

- ▶ Behavioral treatments
- ▶ Mutual-Support Groups (NA, SMART, Benzo Buddies)
- ▶ Medication (Ashton protocol)
- ▶ Residential treatment centers/ Rehab

Benzodiazepine Cessation

- ▶ Same receptor in brain, so same risks inherent
 - Shakes, seizures, cardiac abnormalities and death
- ▶ Treatment via gradual taper
 - Ashton protocol (switch to diazepam and taper gradually) can take months-year+ if done conservatively

Many of the most commonly prescribed benzos are those which are most readily abused, including:	ALPRAZOLAM (Xanax) 	CLONAZEPAM (Klonopin) 	CHLORDIAZEPOXIDE (Librium) 
DIAZEPAM (Valium) 	LORAZEPAM (Ativan) 	TEMAZEPAM (Restoril) 	TRIAZOLAM (Halcion) 

5. SUDs during COVID-19

Unique challenges

Stay at Home Order

- ▶ Schools, jobs
- ▶ Houses of worship
- ▶ Recreational places, gyms
- ▶ Doctors offices, meetings, treatment centers



“

**Idle hands are the
devil's workshop;
idle lips are his
mouthpiece**

-Proverbs 16:27

Social Support

- ▶ The missing piece in SUD treatment, but the most vital
- ▶ Substance use is a way to pass time, and oftentimes the preferred method of passing time
- ▶ When all the time in the world opens up, or when lack of supervision at work/ school is gone, substance use naturally increases due to increased access
- ▶ Isolation/ anxiety leading to unhealthy coping via use

Stimulus Money/ Unemployment

- ▶ Why do we never give cash to a person with active SUD?
- ▶ Individuals were getting more money during this time than they were getting normally
- ▶ There was no financial incentive to return to work



Liquor Stores “Essential”

- ▶ Minimize risk of withdrawal and subsequent hospitalizations on already strained system
- ▶ Withdrawal could lead to seeking out unsafe alcohol sources including hand sanitizer, automotive coolant, rubbing alcohol
- ▶ Travel out of state to obtain alcohol



Lack of Access to Treatment

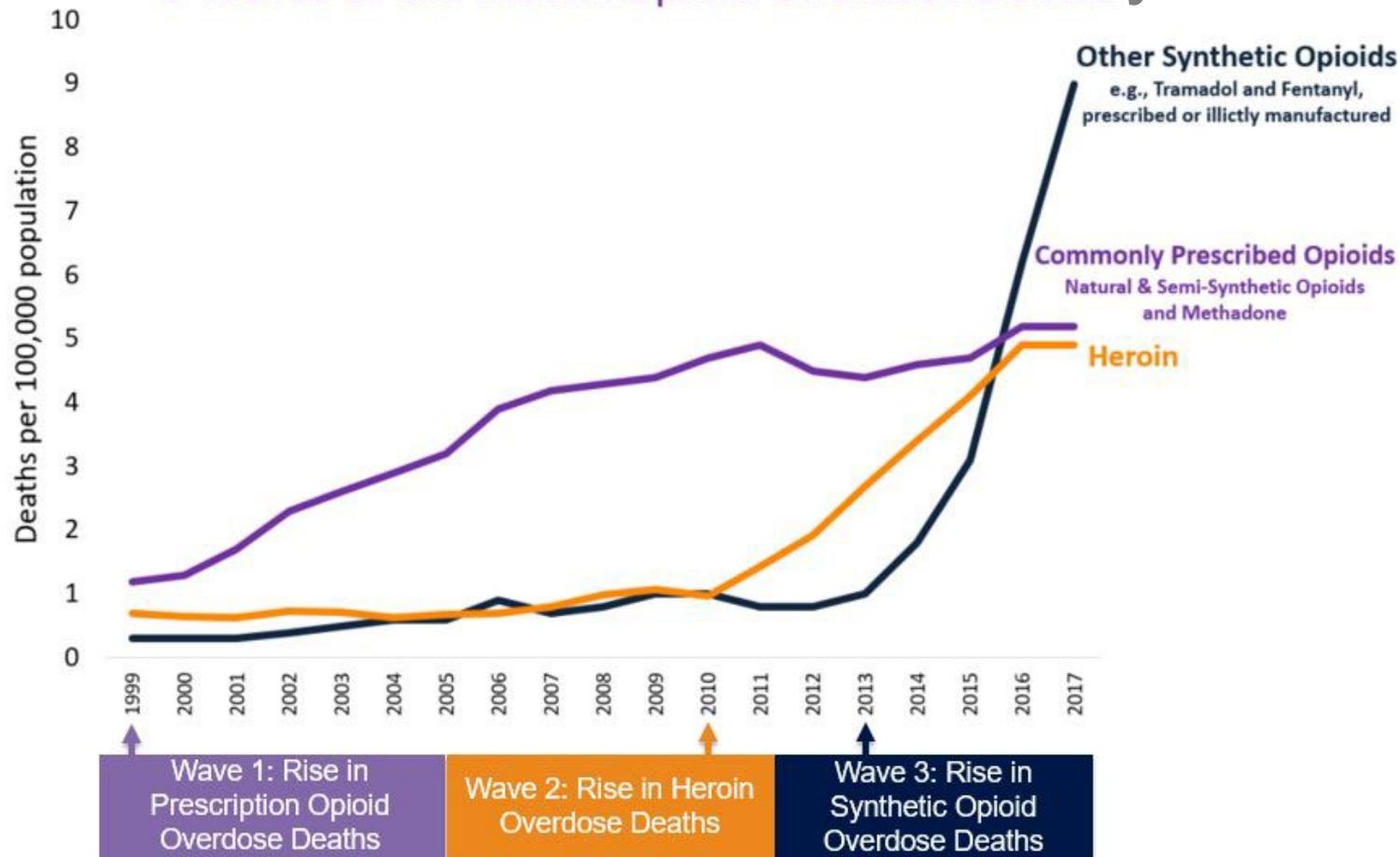
- ▶ AA/NA/SMART meetings cancelled
- ▶ In office visits with treatment cancelled
 - Drug testing
 - Access to medication delivery (methadone, injections, etc)
 - Therapeutic support from providers

Early Alcohol Returns

- ▶ Lancet survey in UK 2 months post-lockdown
 - 24% increase, 19% decrease
 - 17% of abstinent had relapse, 12% vice versa
- ▶ Nielsen research in US
 - 54% increase in sales in 3/2020 vs 3/2019
 - Online sales increased 500% in late April
 - 16% reported increase in alcohol consumption

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3 Waves of the Rise in Opioid Overdose Deaths



Opioid Crisis Exacerbated

- ▶ Estimated record 72,000 drug overdoses in 2019 to be shattered in 2020
- ▶ CDC survey in June reported 13% increase/new start of substances since COVID
- ▶ WSJ survey showed 21/30 top counties in US had already showed increased OD deaths, with others unable to provide post-pandemic numbers
 - 18% increase in OD deaths post-stay at home (ODMAP)

Unintended Consequences

- ▶ Social distancing also led to using alone
 - Overdoses are often reversible with early intervention
 - Without someone to get help, early intervention lost
- ▶ Drug supply interruptions
 - The need to seek out unknown alternatives which can be more potent and more dangerous

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6. Utilizing Telehealth for SUDs

An intervention with risks & benefits

COVID-19 and Telemedicine

- ▶ While research showed an increase in access and use of telehealth/ medicine, nothing fast-tracked it to this extent
- ▶ Partial/ temporary repeal of Ryan Haight Act
- ▶ Relaxation on some regulatory requirements (drug tests)
- ▶ Relaxed state licensing requirement for med professionals
- ▶ Insurers forced into equal reimbursement

Telemedicine Transition Issues

- ▶ Issue came with those services that were not prepared for switch or did not have infrastructure in place for it
 - Forced obsolescence for some
 - Interruptions/ delays in service with making transition
 - Sometimes fatal gaps in service
 - Lack of access to infrastructure for patients

Benefits

- ▶ Continuation of care
- ▶ Increased access
- ▶ Prevention
- ▶ Adaptations to technology that could increase interest and retention in the future (mutual support groups)



Risks

- ▶ The biggest concern was of those motivated by money and the return of the so-called “pill mills”
 - Expedited multi-state licensing
 - Relaxation of Ryan Haight opened up controlled substance prescribing without checks in place
- ▶ Lack of validity/ reliability (drug testing)
- ▶ Exposure when in-person

In Real Life

- ▶ Quick transition to technology
- ▶ Clinical skills become paramount (“gut feeling”)
- ▶ Patient-doctor relationship/ rapport
- ▶ Can require more stringent checking for suspicions
 - PMP, drug testing at labs
- ▶ Education and understanding
- ▶ Need for in-person evaluation when clinically appropriate

For the Future

- ▶ Concerns re: repeal of temporary accommodations made
- ▶ Patients concerned about going back to in-person
 - UMichigan (2019) showed telemedicine for SUDs was associated w/ high patient satisfaction scores and can be just as efficacious as in-person interventions especially those with limited access when providing psychotherapy and medication assisted treatment

Recommendations for Future

- ▶ Development of standardized treatment guidelines
- ▶ Increasing access to buprenorphine via increased training and certifications
- ▶ Increased access for those with co-occurring mental health disorders via online therapy/ groups

Thanks!

Any questions?

www.inova.org

www.loucoupsych.com

