

Addiction Treatments, Resources and Guidelines



ALCOHOL



OPIOIDS



TOBACCO

Medication Treatments	<p>Naltrexone: 50 mg oral daily or 380 mg intramuscular injection every month</p> <p>Acamprosate: 666 mg oral 3 times/day</p> <p>Topiramate: 100 mg oral daily</p>	<p>Naltrexone: 380 mg intramuscular injection once/month</p> <p>Buprenorphine: 2-24 mg sublingually daily</p> <p>Methadone maintenance: 60-120 mg oral daily</p>	<p>Nicotine Replacement Therapy: (NRT) combinations are OK</p> <p>Varenicline: 0.5 mg daily x 3 days, then 0.5 mg twice/day x 4 days, then quit on day 7 and start 1 mg twice/day</p> <p>Bupropion: SR 150 mg oral twice/day (ok with NRT)</p>
Non-Medication Treatments	<ul style="list-style-type: none"> • Counseling (outpatient) • Intensive Outpatient Therapy (IOP) • Residential (inpatient) • Spirituality-based groups: <ul style="list-style-type: none"> – Alcoholics Anonymous (AA) • Non-spirituality-based groups: <ul style="list-style-type: none"> – Smart Recovery – Life Ring 	<ul style="list-style-type: none"> • Counseling (outpatient) • Intensive Outpatient Therapy (IOP) • Residential (inpatient) • Spirituality-based groups: <ul style="list-style-type: none"> – Narcotics Anonymous (NA) • Non-spirituality-based groups: <ul style="list-style-type: none"> – Smart Recovery – Life Ring 	<ul style="list-style-type: none"> • Counseling (outpatient) • 1-800-QUIT-NOW
Withdrawal Management	<ol style="list-style-type: none"> 1. Review Prediction of Alcohol Withdrawal Severity Scale (PAWSS) 2. Prescribe: <ul style="list-style-type: none"> – Carbamazepine – Oxazepam – Benzodiazepine <p><i>(See other side for scale and dosing charts)</i></p>	<ul style="list-style-type: none"> • Rx Buprenorphine 8/2 mg/day <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • "Kick Kit" <ul style="list-style-type: none"> – Clonidine 0.1 mg BID – Loperamide 2mg TID prn – Dicyclomine 10mg BID – APAP 650mg TID <p>X 10 Days</p>	<ul style="list-style-type: none"> • Nicotine Replacement Therapy
Treatment Services	<p>Internal:</p> <ul style="list-style-type: none"> • Use Order Set "Adult MAT for Alcohol Use Disorder" • Imbedded Behavioralist • Kaseman Behavioral Health <ul style="list-style-type: none"> – SUD Counselors – Intensive Outpatient Program – Recovery Readiness Group <p>External:</p> <ul style="list-style-type: none"> • Turquoise Lodge: 505-841-8978 • MATS (Metropolitan Assessment and Treatment Services): 505-468-1550 	<p>Internal:</p> <ul style="list-style-type: none"> • Use Order Set "Adult MAT for Opioid Use Disorder" • Imbedded Behavioralist • Kaseman Behavioral Health <ul style="list-style-type: none"> – SUD Counselors – Intensive Outpatient Program – Recovery Readiness Group <p>External:</p> <ul style="list-style-type: none"> • Turquoise Lodge: 505-841-8978 • MATS (Metropolitan Assessment and Treatment Services): 505-468-1550 	<p>Internal:</p> <ul style="list-style-type: none"> • Use Order Set "Nicotine Replacement" • Imbedded Behavioralist • Kaseman Behavioral Health <ul style="list-style-type: none"> – SUD Counselors – Recovery Readiness Group <p>External:</p> <ul style="list-style-type: none"> • 1-800-QUIT NOW (Free NRT)

Alcohol Withdrawal Management

Prediction of Alcohol Withdrawal Severity Scale (PAWSS)

Part A: Threshold Criterion	Score (1 point)
1. Have you consumed any amount of alcohol (i.e. been drinking) within the last 30 days? OR Did the patient have a positive blood level alcohol level (BAL) on admission? If the answer is YES to either question, proceed with test:	
Part B: Patient Interview	
2. Have you ever experienced previous episodes of alcohol withdrawal?	
3. Have you ever experienced and alcohol withdrawal seizure?	
4. Have you ever experienced delirium tremens or DTs?	
5. Have you ever undergone alcohol rehabilitation treatment? (i.e. inpatient/outpatient treatment programs or Alcoholics Anonymous attendance)	
6. Have you ever experienced blackouts?	
7. Have you combined alcohol with other "downers" like benzodiazepines or barbiturates during the last 90 days?	
8. Have you combined alcohol with any other substance of abuse during the last 90 days?	
Part C: Clinical Evidence	
9. Was the patient's blood alcohol level (BAL) on presentation >200 mg/dL?	
10. Is there evidence of increased autonomic activity? (i.e. HR>120 bpm, tremor, sweating, agitation, nausea)?	
Total Score	

NOTES: Maximum score+10. This instrument is intended as a screening tool. The greater the number of positive findings, the higher the risk for development of alcohol withdrawal syndromes. A score of ≥4 suggests HIGH RISK for moderate to severe AWS, prophylaxis and/or treatment may be indicated.

Number of Items	Specificity (%)
1	90.6
2	98.4
3+	100

**Note*: If patient has history of complicated withdrawal (eg. seizures or DTs), are pregnant, or medically frail, consider medically observed withdrawal*

Withdrawal Seizure Prophylaxis or Benzodiazepine Wean

Option 1: Seizure Prophylaxis with A or B

A. Carbamazepine

Equal efficacy with oxazepam and lorazepam in outpatient double-blind trials in reducing withdrawal symptoms

Day	Dose Schedule A	Dose Schedule B
1	800mg	200mg QID
2	700mg	200mg QID
3	600mg	200mg TID
4	500mg	200mg TID
5	400mg	200mg BID
6	300mg	200mg BID
7	200mg	200mg

Malcolm, et al. *Journal of General Internal Medicine*, 2002;17:349-355
Malcolm, et al. *American Journal of Psychiatry*, 1989;146:617-621

B. Gabapentin

Equal efficacy with lorazepam in outpatient double-blind trial in reducing withdrawal symptoms

Day	Dose Schedule	Day	Rescue Dose
1	400mg TID	1	100mg x3, 300mg x1 for HS dosing only
2	400mg TID		
3	400mg TID		
4	400mg BID	2-4	100mg x3 (each day)

Myrick, Malcolm, et al. *Alcohol Clin Exp Res*, 2009;33(9):1582-1588

Option 2: Benzodiazepine Wean

Diazepam / Chlordiazepoxide / Lorazepam

**Note*: benzodiazepines have a high abuse potential and can be lethal if combined with alcohol. Optimal treatment should include a family member to dispense medications and frequent (e.g. Daily) contact.*

Table 4. Fixed and Symptom-Triggered Dosing for Oral Alcohol Withdrawal Medications

Medication	Fixed Schedule	Symptom-triggered schedule*
Day 1		
Diazepam (Valium)	10 mg every 6 hours	10 mg every 4 hours
Chlordiazepoxide (Librium)	25 to 50 mg every 6 hours	25 to 50 mg every 4 hours
Lorazepam (Ativan)	2 mg every 8 hours	2 mg every 6 hours
Day 2		
Diazepam	10 mg every 8 hours	10 mg every 6 hours
Chlordiazepoxide	25 to 50 mg every 8 hours	25 to 50 mg every 6 hours
Lorazepam	2 mg every 8 hours	2 mg every 6 hours
Day 3		
Diazepam	10 mg every 12 hours	10 mg every 6 hours
Chlordiazepoxide	25 to 50 mg every 8 hours	25 to 50 mg every 6 hours
Lorazepam	1 mg every 8 hours	1 mg every 8 hours
Day 4		
Diazepam	10 mg at bedtime	10 mg every 12 hours
Chlordiazepoxide	25 to 50 mg at bedtime	25 to 50 mg every 12 hours
Lorazepam	1 mg every 12 hours	1 mg every 12 hours
Day 4		
Diazepam	10 mg at bedtime	10 mg every 12 hours
Chlordiazepoxide	25 to 50 mg at bedtime	25 to 50 mg every 6 hours
Lorazepam	1 mg at bedtime	1 mg every 12 hours

* For patients with a SAWS (Short Alcohol Withdrawal Scale) score ≥12, or CIWA-Ar (Clinical Institute Withdrawal Assessment for Alcohol, Revised) score >9.

Maldonado, et al. *Alcohol*, 2014;48:375-390 <https://doi.org/10.1016/j.alcohol.2014.01.004>