HOW DO I EVALUATE MY PATIENT WHO I THINK IS DEPENDENT ON A SUBSTANCE?

1. **Take a History : Identify all the substances your client is currently using**
   * *Opiates*—IV/ORAL/SNORTED? When did they start? How often and how much is used on a daily basis?
   * *Benzodiazepines*—Prescribed? Obtained from friends or off the street? IV/PO/SNORTED? Ask about SOMA ( this drug is metabolized to a meprobamate derivative and is addictive) When did they start? How often and how much is used on a daily basis?
   * *Alcohol*—Seizures? Withdrawal, and if so the severity of the withdrawal. When did they start? How often and how much is used on a daily basis?
   * *Stimulants:* Methamphetamine/Cocaine/Adderall/Ritalin. IV/PO/SNORTED? When did they start? How often and how much is used on a daily basis?
   * *Marijuana:*When did they start? How often and how much is used on a daily basis?
   * *Spice /Bath Salts:* IV/PO? When did they start? How often and how much is used on a daily basis?
   * *Inhalants: When did they start? How often and how much is used on a daily basis?*
   * *LSD/mushrooms: When did they start? How often and how much is used on a daily basis?*
2. **Determine :** 
   * *Your client’s acute intoxication and/ or withdrawal potential* 
     1. *Does your patient demonstrates adequate ability to tolerate and cope with withdrawal discomfort, does not pose an imminent danger to self or others, and has minimal risk of severe withdrawal? If so, you may manage this client closely as an outpatient.*
     2. *If however, your client has experienced severe withdrawal in the past, has low tolerance for withdrawal discomfort, is psychiatrically unstable, or has significant medical illnesses that could worsen with withdrawal and usual outpatient management, this client should be admitted for supervised withdrawal.*
   * Your client’s Biomedical Conditions/Complications.
     1. *Are their medical problems under reasonable control?*
     2. *Is their cardio-pulmonary status so precarious they are best managed in an inpatient setting? If they will be given benzodiazepines for withdrawal, consider if they have sleep apnea, and will need CPAP. Is yor client an uncontrolled insulin dependent diabetic that may need on site medical and nursing monitoring to ensure stabilization?*
   * Your client’s emotional, behavioral, or cognitive conditions and complications
     1. If your client has any AXIS I diagnoses, which include a major depressive disorder, an anxiety disorder, Bipolar disorder, Schizophrenia, ADHD, or are taking psychotropic for any other reason, does their mental health provider know of their substance use disorder? Have they recently re-evaluated them?

* Readiness to Change

i. Is your client motivated to make any change? If so, why? Often your patient will have an idea of what they think will help them, and what level of care they would like to start with.

ii. Always engage your client with motivational strategies, highlighting the benefits of change, that will impact them legally, with pursuits at work and school, and their relationships with their family and significant others.

* What is your client’s relapse, continued use or continued problem potential?

1. If your client is opioid dependent, they may need methadone or buprenorphine maintenance treatment, or Opiate Blockade with VIVITROL to maintain abstinence.
2. If they are alcohol dependent, they may need anti-craving medications that include Naltrexone, Acamprosate, or Topiramate.
3. Do a Physical Exam—**Hypertension:** (Withdrawing from alcohol? Toxic from Stimulants? ) **Tachycardia:** Present in acute withdrawal and acute intoxication syndromes. **Weight:** weight loss with loss of muscle mass occurs commonly in the alcohol, opiate, stimulant dependent individual.
   * Look specifically for :
     1. *HEENT:* Evidence of head trauma, Jaundice, Nystagmus, Nasal Septal perforation from snorting drugs, Thrush (HIV?), Dental Carries, and presence of dental pain. Do they have pale conjunctiva?
     2. *Lungs:* Wheezing/rales/cough: present with smoked cannabis, cigarettes, methamphetamine, opiates. Have they aspirated, and do they have pneumonia?
     3. *Heart:* Do they have a murmur located at the LSB radiating to the base? Consider SBE (Subacute Bacterial endocarditis) from durg injecting. Any evidence of heart failure? (Elevated JVD, S3, peripheral edema)
     4. *Abdomen:* Is there abdominal tenderness to palpation? Is there Hepatosplenomegaly? Is there tense ascites? Any dilated veins over the abdomen?
     5. *Extremities:* Is there edema? Is there any skin rash?
     6. *Skin:* Track Marks, abscesses or cellulitis from injection use.
     7. *Neuro;* Cranial nerves intact?
     8. Lymph: Cervical, axillary, inguinal adenopathy?
4. **Obtain a Urine Drug Screen!** 
   * You can obtain this at any outpatient hospital lab, or send the patient to Beacon Labs.
   * The labs offer various immunoassay panels, but a typical panel would include:

Opiates-*- (the typical screening immunoassays won’t detect fentanyl, buprenorphine, methadone, and may not pick up oxycodone or hydrocodone. They do pick up any opiate that is broken down to morphine i.e. heroin, codeine, morphine). You must specifically ask the lab to screen for methadone, fentanyl, oxycodone or hydrocodone.*

Benzodiazepines  *Immunoassays for benzodiazepines are directed at nordiazepam (also known desmethyldiazepam), nitrazepam, and/or oxazepam. Immunoassays have varying reactivity to other benzodiazepines. Because ambien, Xanax, klonipin, Ativan are not metabolized to desmethyldiazepam, they may not be detected on routine assays. To detect these medications, the urine may need to be sent out for liquid chromatography/MS with specific instructions to test for these agents.*

Cocaine : this is reliably detected by the immunoassays

Amphetamines *–will not tell you if the amphetamine is methamphetamine however. Adderall will give you a + amphetamine result, but will not give you a + methamphetamine report.*

Cannabis: Even though it is legal, it has addictive potential, and is now recognized as causing withdrawal symptoms that can be protracted.

Barbiturates:

Ask the lab to send the urine out for EtG, EtS, which are *the urine* metabolites of alcohol.

For more information on urine drug screening in primary care see:

<http://store.samhsa.gov/shin/content/SMA12-4668/SMA12-4668.pdf>

1. **Check the Alaska Prescription Drug Monitoring Program.**

https://alaska.pmpaware.net/login/?

* + This site will provide current amounts of scheduled substances that are prescribed, and the providers prescribing them. It is not unusual that multiple providers are prescribing without knowledge that their client is obtaining the same drug from other providers, or obtaining other controlled substances not reported to them.

1. **Check if your client has made any ER visits to your local hospital for symptoms of intoxication or withdrawal, or with complaints that resulted in being given their preferred controlled substance.**
2. **Obtain ROI from all other providers giving your client any scheduled substance who are named on the AK prescription drug site.**
3. **Obtain Routine Labs:** CMP, CBC, UA, HIV, HEP C ANTIBODY. Place PPD
4. **Encourage your client to obtain a substance abuse evaluation. This recommendation can be said in the following manner:** 
   * “Let’s see if there is a problem, and if there is, get advice on what treatment is recommended and available”

**WHERE CAN I SEND MY PATIENT FOR RESIDENTIAL TREATMENT?**

It depends on if your client has psychiatric co-morbidities, process additions: i.e. gambling, sexual addition, or a history of severe trauma (PTSD) that should be addressed. It will also depend on whether your client has a significant medical problem that that requires medical oversight.

For client with **psychiatric disorders needing trauma based treatment** with or without chemical or process addictions (sex addiction/gambling addiction)

ELEMENTS BEHAVIORAL HEALTH SYSTEMS OFFERS:

* 1. Malibu Vista (women)
     1. [www.malibuvista.com](http://www.malibuvista.com) 1-888-991-7033
  2. The Ranch in TN ( Specialty treatment for Sex, Love, and Relationship for men and women and ED for women
     1. [www.recoveryranch.com](http://www.recoveryranch.com) 1-888-539-4611
  3. Lucida FL (Women’s Mood Disorder Program)
     1. [www.lucidatreatment.com](http://www.lucidatreatment.com) 1-888-995-1593

1. For Substance Abuse Disorders / **Dual Diagnosis:**
   1. The Right Step TX (Dallas, Wimberly, Houston)
      1. [www.rightstep.com](http://www.rightstep.com) 1-888-891-6598
   2. Clarity Way
      1. [www.clarityway.com](http://www.clarityway.com) 1-999-989-9155
   3. Lucida FL
      1. [www.lucidatreatment.com](http://www.lucidatreatment.com) 1-888-995-1593
   4. Journey
      1. [www.journeycenters.com](http://www.journeycenters.com) 1-888-531-6018
   5. Sundance
      1. [www.sundancecenter.com](http://www.sundancecenter.com) 1-800-890-1103
   6. Copac (Gender separate 12 step Immersion/ Extended Care)

Residential Treatment Centers in Alaska

[www.copacms.com](http://www.copacms.com) 1-888-991-7896

1. For Substance Abuse Disorder / Co-Morbidity / Poly Addiction: Trauma Informed
   1. Promises Malibu
      1. [www.promises.com](http://www.promises.com) 1-888-757-9893
   2. Promises Austin
      1. [www.promises.com](http://www.promises.com) 1-888-757-9893
   3. Professionals Treatment at Promises , Santa Monica, CA
      1. [www.promises.com](http://www.promises.com) 1-888-757-0893
   4. SAID TRS Dallas Women’s Program
   5. Young Adult West LA
      1. 1-888-991-9523
   6. Bright Water Landing
      1. 1-888-991-9523

Another well respected residential treatment center is:

**Hazelden in Springbrook, Oregon**

Hazelden.org/Oregon

1-866-866-4662

**RESIDENTIAL PROGRAMS IN ALASKA**

* + Bartlett Regional Hospital / Rainforest Recovery Center

3250 Hospital Drive

Juneau, AK 99801

Phone: 907.796.8690

Fax: 907.586.5605

<http://www.bartletthospital.org/media/20404/2015-rrc-client-intake-packetc.pdf>

<http://www.bartletthospital.org/media/12792/rrc-revised-roi-9_2013.pdf>

* + - **NEEDING MONITORED DETOX?** When individuals are experiencing withdrawal from alcohol or other drugs, they will be evaluated and will receive appropriate treatment through Bartlett Regional Hospital's Emergency Department. Individuals who are admitted into the medical detoxification program will be further evaluated for appropriate referral for continued treatment services based on their needs. People who are addicted to prescription medications may contact RRC's clinical services coordinator to arrange for detoxification and outpatient or residential treatment
    - For individuals who have completed detoxification but are unable to maintain sobriety without removal from their using environment, RRC provides a residential program that offers a combination of education, individual, group and family therapy. RRC maintains a close connection with the 12-step community, and all RRC residential clients attend a variety of 12-step meetings and functions. Individuals who have completed residential services will be "stepped down" into less-intensive levels of care, depending on each individual's needs
  + The Salvation Army **Clitheroe Center** , Anchorage AK.
    - <http://salvationarmyalaska.org/alaska/clitheroe_center_page>
    - Outpatient Office: 3600 E. 20th Avenue, Anchorage, AK 99508
    - Outpatient Phone: (907) 276-2898
    - Residential Facility: Point Woronzof
    - Residential Facility Phone: (907) 243-1181
  + **Akeela**, Anchorage, Alaska
  + Alaska Addiction Rehab Services **Nugens Ranch**
  + Central Penninsula General hospital/**Serenity House** Residential Treatment, Soldotna, Ak.
  + Claire House for Women
    - Assisting homeless Addicts
    - 907-563-4545
    - transitionalliving.org
  + New Life Development 3916 E. 9th Avenue, Anchorage, Alaska 99508
  + *Reentry Supportive Housing Program* 
    - *Criteria for acceptance:* 
      * *Willing to take any steps to change your life?*
      * *Clean and sober for at least 30 days and willing to participate in random drug testing and UA’s throughout the program?*
      * *Will to participate in case management/counseling?*
      * *Willing to be involved in a mentored relationship to build support?*
      * *Willing to commit to a minimum of 6 months residency and abide by all house rules?*
      * *Willing to do assigned work in the house, neighborhood and/or community?*
  + Teen Challenge of Alaska –Faith Based

http:/www.teenchallengepnw.com

Darn Van Dyken

Executive Director

Pacific Northwest Adult and Teen Challenge

Alaska Campus 907-202-8850

* + Alaska Dream Center –Faith Based

8117 E New Hope St.

Palmer, AK 99645

<http://dreamcenterak.org>

Rob and Cherise Hyslip : Director

Men and women accepted

907-746-3736

All residential treatment centers usually require your History and Physical, a current list of prescribed medications, allergies, and screening for TB.