Clinician Consultation Center Substance Use Warmline (CCC SUW) Case 1*

A physician called after his first visit with a 36-year old female patient taking methadone for chronic low back pain for 2 years. Physical therapy had been ineffective. She asked the provider for alternatives to methadone as well as treatment for chronic anxiety and insomnia. She had a history of substance use but denied current use. She was one of the physician's newly-inherited panel of patients with histories of comorbid pain and substance use.

The caller was concerned about: (1) cardiac toxicity from methadone; (2) how to titrate the patient off methadone; and (3) whether the patient should be referred to a methadone maintenance program.

The CCC SUW consultant advised the caller to try to get additional details on the patient's past and current substance use to verify whether an opioid use disorder was present (specific DSM categories for opiate use disorders were discussed). If an opioid use disorder seemed likely, the caller was advised not to prescribe methadone because prescribing methadone for opioid addiction maintenance/detoxification requires being registered with the DEA as a Narcotic Treatment Program. The patient would need to be referred to a methadone treatment program or to a provider who holds a buprenorphine waiver. If the patient did not have a diagnosis of opioid use disorder, the caller was advised to work with (and possibly refer the patient to) a pain specialist to discuss buprenorphine and non-opioid therapies (including non-pharmacologic interventions) for chronic pain. The consultant discussed principles of opioid safety (including cardiac monitoring and tapering), how to approach new patients who transfer into care on chronic opioid therapies, and to consider obtaining a DATA 2000 waiver to prescribe buprenorphine.

Clinician Consultation Center Substance Use Warmline (CCC SUW) Case 2*

A nurse practitioner called regarding a young, homeless HIV+ male patient with a 2-year history of daily methamphetamine use and severe agoraphobia and depression. His substance use and mood had worsened since his mother's death 3 months ago. He now presented to re-engage in care after being 'lost to follow-up' for the past year, at the urging of his new partner (who is HIV negative) and other family members.

The NP wanted to know: (1) what medications to use for treatment of his stimulant use disorder and (2) whether structured treatment programs were available.

The CCC SUW consultant discussed multiple evidence-based pharmacologic treatment options now available, including mirtazapine and naltrexone. The decision was made to start mirtazapine to address methamphetamine use as well as the patient's anxiety and depression. The consultant advised that a selective serotonin reuptake inhibitor (SSRI) could be added at a later point to help augment treatment if necessary. The consultant also provided information on alternative treatment options (e.g. naltrexone, bupropion) if the recommended first-line approach was unsuccessful. Finally, the consultant provided the name of a local program dedicated to treating methamphetamine use among men who have sex with men (MSM) and offered to connect the caller to the CCC HIV Warmline and/or PrEPline to discuss further HIV care and prevention for the patient and his partner.

Learn more about the Clinician Consultation Center Substance Use Warmline at http://nccc.ucsf.edu/clinical-resources/substance-use-resources

*Please note these are abbreviated case write-ups. Follow-up and additional detail have been omitted for purposes of brevity.