



WISAM Newsletter: Teleconference Minutes December 22, 2016

Moderator: Aleksandra Zgierska (WISAM President; Madison)

Present: Matthew Felgus (Madison, WISAM's Vice-President), Ted Hall (Baraboo), Joe Bluestein (Madison), Bill Gaertner (Waukesha), Randi Stouffer (Madison), Agron Ismaili (Oak Creek)

Main topics addressed at tonight's teleconference:

1. Naltrexone program in Ho-Chunk Nation.

Ted Hall discussed the naltrexone program in Ho-Chunk Nation. The program uses naltrexone, both oral and injectable, as the treatment for opioid use disorders and to transition from methadone or buprenorphine to naltrexone (for 1-2 years) before achieving a drug-free recovery. Overall, the program is viewed as working well.

2. Clonidine – is it abused...?

Ted Hall's experience has been that clonidine has some street value. It seems to be used not necessarily as an "independent" drug of abuse, but, rather, to mitigate / reduce the severity of opioid withdrawal symptoms. This view was corroborated by Matt Felgus' perspective; he mentioned he does not see too much of clonidine abuse per se (especially, since it has to have a "ceiling" effect in terms of tolerance – if the dose used is too high, the blood pressure will drop), but it is used for the treatment of anxiety. In Matt's experience – consistent with that of others - gabapentin is more "abusable." However, both clonidine and gabapentin have some street value. Ted Hall added that his impression is that those who are opioid-naïve experience gabapentin differently than those who are opioid-dependent; the latter group reports stimulant like effects after gabapentin, rather than sedation. Others have not noted reports of euphoric / stimulant like effects of gabapentin in opioid-dependent individuals but they acknowledged that they use this medication a lot for its anti-anxiety effects in this patient population.

3. Ways to improve community outreach and education about addiction, its deleterious effects and approaches to prevention / treatment.

The teleconference attendees would like to see WISAM expand its outreach and reach to the community to raise awareness about the epidemic of opioid abuse and ways to mitigate its

impact. Examples of such engagement and outreach were discussed, such as presentations at the community centers, making educational materials available, etc. Some of this could be accomplished by finalizing the WISAM's website so that it could become the repository of educational materials, links, or even slides that could be then "re-used" by different WISAM members to present on a given topic in their geographical area. Bill Gaertner expressed interest in becoming a member of the WISAM's educational committee; he will look at the ASAM's website to evaluate the material / links that could be of interests for our local educational pursuits. We also discussed ways to boost WISAM's revenue; specifically, we discussed a possibility of an "industry presence" at the conference; there were no objections – there was an agreement that this is a "standard practice." We should consider to invite pharma, treatment centers, urine drug testing companies, etc. Other ideas for boosting up the society's income that were brought up by the attendees: donation options and silent auction during the conference.

4. Additional items / topics discussed

The AODA treatment center, if it is licensed by the state of Wisconsin, it is required (by the state) to conduct its own independent assessment (intake) upon treatment entry by a patient. Standardizing these processes and making the assessment transferable between the treatment programs (so that it does not need to be repeated when the patient enters a new program after s/he just had an assessment in the other program) could improve patient access to care and shorten the wait time before treatment if delivered. It might require a change in the Wisconsin law to make it happen (assessment by one treatment program is honored by another); it is unclear whether a memorandum of understanding between the programs would be sufficient.

Dr. Zgierska shared the updates about the WISAM membership change: it grew from 50's in 2015 to 80's in 2016.

Dr. Hall briefly described a case of naltrexone-induced loperamide withdrawal (similar to opioid withdrawal); loperamide can cause complications by itself, eg, obstructive bowel or (especially in high doses), a QTc prolongation with the risk of cardiac death. He will present the case and literature surrounding it at our next tele-conference.

The conference adjourned at 8:02 PM.

The next WISAM Teleconference will take place on Thursday, January 26, 2016, 7-8 PM.

Please let Cindy Burzinski, WISAM's Executive Administrator, know if you have suggestions for topics to discuss at the upcoming teleconferences or to consider for the 2017 Annual Conference, or if there are any errors in the current document:

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IMPORTANT REMINDERS

Please remember to **renew your ASAM / WISAM membership** or consider becoming a member. More details can be found at: <http://www.asam.org/membership>

Please **mark your calendars** for the WISAM 2017 Annual Conference on September 14-16, 2017 at the Pyle Center, Madison, WI.

RESOURCES

TO ENHANCE CLINICAL CARE RELATED TO ADDICTION MEDICINE

FREE Provider's Clinical Support System (PCSS) for Medication-Assisted Treatments (PCSS-MAT: <http://pcssmat.org>) and Opioid Prescribing (PCSS-O: <http://pcss-o.org>): excellent free resource, funded by a grant from SAMHSA; it offers free webinars available "real-time" or via the archived library. One can sign up for regular news emails from them.

FREE David Mee-Lee's monthly Tips and Topics, sent via email (one needs to sign-up to it), it is an excellent resource:

dmeelee@changecompanies.net
<http://www.changecompanies.net>

FREE Join Together Daily News is a news service from the Partnership for Drug-Free Kids that provides daily or breaking news on the top substance abuse and addiction news that impacts our work, life and community. It also provides original reporting and/or commentary features published every Wednesday by influential thought leaders in the addiction field or staff.

<http://www.drugfree.org/join-together/>

PAID The Carlat Report: Addiction Medicine (however, it appears to be a paid resource, ~\$109/year); a link to the copy of the recent report is attached so that you can get a flavor of what it is: http://carlataddictiontreatment.com/sites/default/files/CATR_May2016.pdf