Relapse Prevention in the Community

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aka...

KEEPING THEM OFF IT!
Relapse prevention in the community

- Relapse prevention is an individual package which is tailored to each patient's needs.

- Relapse prevention should be part of planning from start of any intervention in dependent individuals- specially detox

- Links from hospital to community based supports are essential - and it's best to involve community services early in the admission rather than at discharge.

- Pharmaceutical options improving in terms of choice and evidence base. While important, they are a small part of a complete treatment package and psycho-social component of support is also very important
Preventing Alcohol Damage

Drink less alcohol!

Long term relapse prevention requires a long term lifestyle change to a pattern of behaviours which doesn't involve alcohol.
Relapse prevention in the community:

- The management of harmful drinking and alcohol dependence in primary care
  - SIGN 74 (2003-2004)
- Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) Essential Services Working Group: Quality Alcohol Treatment and Support
  - QATS (2011)
- Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence
  - NICE CG115 (2011)

Whole population approach:

• reduced alcohol consumption;
• supporting families and communities;
• positive public attitudes, positive choices; and
• improved treatment and support.
Alcohol-related deaths registered in Scotland, 1979 to 2012, with five-year moving average and showing the likely range of values around the moving average (NRS)
Community services:

## Alcohol Care and Support

This crib table is to help people make the most appropriate referrals for people with alcohol problems across Glasgow City. There will be some overlap but this table is to help us all to make the most appropriate referrals to meet service user need and maximise their recovery journey.

<table>
<thead>
<tr>
<th>Addaction (ABC) Alcohol Behaviour Change</th>
<th>Glasgow Council on Alcohol</th>
<th>Community Addiction Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>0808 1785901</td>
<td>0141 353 1800</td>
<td></td>
</tr>
<tr>
<td>Non dependent drinkers</td>
<td>Non dependent drinkers</td>
<td></td>
</tr>
<tr>
<td>Hazardous - Risk of health problems</td>
<td>Hazardous - Risk of health problems</td>
<td>Dependent drinkers</td>
</tr>
<tr>
<td>Harmful - Causing health problems</td>
<td>Harmful - Causing health problems</td>
<td>Complex Needs</td>
</tr>
<tr>
<td>Short-term interventions</td>
<td>Medium to long-term interventions</td>
<td>- Physical/Mental co-morbidity</td>
</tr>
<tr>
<td>Motivational interviewing</td>
<td>Counselling</td>
<td>- Social complications</td>
</tr>
<tr>
<td>Solution focused</td>
<td>Cognitive Behavioural Therapy</td>
<td>- Vulnerable adults</td>
</tr>
<tr>
<td>Cognitive Behavioural approaches</td>
<td>Group Work</td>
<td>- Children at risk</td>
</tr>
<tr>
<td>Email: <a href="mailto:abc@addaction.org.uk">abc@addaction.org.uk</a></td>
<td>Email: <a href="mailto:email@glasgowcouncilonalcohol.org">email@glasgowcouncilonalcohol.org</a></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Long-term interventions</td>
</tr>
<tr>
<td></td>
<td>Detoxification</td>
<td>- Relapse Prevention Medication</td>
</tr>
<tr>
<td></td>
<td>Relapse Prevention Medication</td>
<td>- Nutritional interventions</td>
</tr>
<tr>
<td></td>
<td>Nutritional interventions</td>
<td>- Psychological interventions/therapies</td>
</tr>
<tr>
<td></td>
<td>Psychological interventions/therapies</td>
<td>- Social interventions</td>
</tr>
</tbody>
</table>
Acute liaison:
RP: Pharmacology-

Protective Medications

- Help maintain abstinence
- Reduce severity of relapses
- Should be used as part of a larger package of support and treatment
- Should be considered from the start of any intervention…including detoxification
Relapse prevention:

Campral®
(acamprosate calcium)
Delayed-Release Tablets

Each tablet contains: 333 mg of acamprosate calcium.

Keep this and all drugs out of the reach of children.

Dispense in a tightly closed container as described in the USP.

Store at 25°C (77°F) — excursions permitted to 15–30°C (59–86°F) [see USP Controlled Room Temperature].

See package insert for dosing and full prescribing information.

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Acamprosate

- Originally intended as an antidepressant
- Noticed in clinical trials that people were drinking less alcohol
- Seems to affect alcohol cravings
  - Less frequent
  - Less powerful

- But it's more complicated than that
Acamprosate

- Taken three times daily
- No supervision required
- Clean drug
  - Good side effect profile
  - Safe
  - Few drug interactions
  - No blood tests required after starting
- Treatment usually lasts 1 year
- Indicated for dependent and binge drinking
Disulfiram (Antabuse)
Disulfiram

**Disulfiram**

**LIVER**
- Ethanol: $\text{CH}_3\text{CH}_2\text{OH}$
- Mixed function oxidase
- Aldehyde dehydrogenase
- Alcohol dehydrogenase
- Acetaldehyde: $\text{CH}_3\text{CHO}$
- Aldehyde oxidase
- Acetic acid: $\text{CH}_3\text{COOH}$

Flow:
- Ethanol $\rightarrow$ NAD$^+$ (75%) $\rightarrow$ Acetaldehyde $\rightarrow$ NAD$^+$ (75%) $\rightarrow$ Acetic acid
- 25% Ethanol $\rightarrow$ O$_2$
- 25% Acetaldehyde $\rightarrow$ O$_2$

Mainly Extra-hepatic
Disulfiram

- Intended to have no effect when not drinking
- Should cause a reaction when drinking
  - Heat
  - Flushing
  - Pounding headache
  - Nausea
  - Severe, persistent vomiting
  - Palpitations
  - Shortness of breath
  - Can last for several hours
- Reactions can occur up to 2 weeks after stopping disulfiram
Disulfiram

- Some people can have much more severe reactions, including death
  - Can't always be predicted
  - Predictable severe reactions should be avoided
  - Heart problems
  - High blood pressure (even if treated)
  - Strokes
  - Self-harm/suicidal thoughts

- Indicated for dependent drinking
Disulfiram

- Trace amounts of alcohol can cause reactions
  - Foods, vinegar
  - Cosmetics
- Should be supervised by pharmacy or family member
- Can cause inflammation of liver
  - Jaundice
  - Fever
- Reduces the pleasure felt from using cocaine
  - But not used for this use in the UK
Naltrexone
Naltrexone

- Blocks opioid receptors
- Reduces dopamine release in the brain's "pleasure centres"
- Reduces the amount of pleasure felt while using alcohol
- May also help alcohol cravings
- Does it reduce pleasure from other sources?
RP: Psychosocial Interventions -

• Motivational interviewing:
  – helping people to recognise problems or potential problems related to their drinking
  – helping to resolve ambivalence and encourage positive change and belief in the ability to change
  – adopting a persuasive and supportive rather than an argumentative and confrontational position.
RP: PSIs contd.

- **Cognitive behavioural therapies** focused on alcohol-related problems should usually consist of one 60-minute session per week for 12 weeks.

- **Behavioural therapies** focused on alcohol-related problems should usually consist of one 60-minute session per week for 12 weeks.

- **Social network and environment-based therapies** focused on alcohol-related problems should usually consist of eight 50-minute sessions over 12 weeks.

- **Behavioural couples therapy** should be focused on alcohol-related problems and their impact on relationships. It should aim for abstinence, or a level of drinking predetermined and agreed by the therapist and the service user to be reasonable and safe. It should usually consist of one 60-minute session per week for 12 weeks.
Relapse prevention: the truth…

Not everyone receives/wants structured relapse prevention.

Usual package is-
- Therapeutic engagement/assessment
- Motivational Interviewing
- Pharmacological
- Family support
- And signposting/referral to AA/Community rehabs
Relapse prevention: the challenges

• for every person who is accessing specialist alcohol services there are a further 11 in need who are not (SANA 2009)
• Missed opportunities
• services should aim to reduce the delay between detoxification and interventions for the prevention of relapse. This would be facilitated by joint working (HTAR 2003)
• among individuals who recognize their alcohol problems, treated individuals achieve higher remission rates than do untreated individuals but still a high relapse rate
• Natural history of alcohol dependence

• Co-morbidities- physical / psychological
• Culture, availability and affordability
Thanks

• Derek Scollon, MO, Northeast Addiction Services
• Trina Ritchie, SMO, GG&C Addiction Services