

WICOMICO COUNTY HEALTH
DEPARTMENT

ADDICTIONS PROGRAM

Treating the
Opiate Addict

A note from Wicomico County's Health Officer:

Dear Colleagues,

Drug abuse has become a major public health problem that impacts our community at every level. Addiction results in increased health care expenditures, lost earnings, and legal costs. According to the National Institute on Drug Abuse (2008), thirty-one percent of the homeless population in America suffers from drug and alcohol abuse and sixty percent of adults in Federal prisons are convicted of drug related crimes. Individuals who are employed and are addicted are more likely to have missed two or more days in the past month and have had employment with three or more employers in the past year (NIDA, 2008).

The Wicomico County Health Department is committed to assisting the residents of Wicomico County to further help them achieve recovery and become upstanding citizens of our community. It is important not only for our agency to assist this population, but for the community to embrace and assist those that are struggling. Healthcare providers, physicians, nurse practitioners, and physician assistants play a key role in identifying and helping this population. For this reason we are providing you additional tools to help identify and guide the patient to appropriate care.

We look forward to future relationships and working collaboratively to assist a population in need.

Sincerely,

*Lori Brewster, MS, APRN/BC, LCADC
Health Officer*

Opiate Addiction

What is Addiction? Addiction can be defined by compulsive and uncontrollable use of drugs despite adverse consequences and the body develops a dependence to adapt to the presence of the drug. When a person becomes dependent they will experience withdrawal symptoms once they stop using the drug.

Opiates are powerful narcotics most often used to relieve pain. Derived from opium which is extracted from poppy flowers, opiates are the base of potent drugs such as heroin and most pain medications. They are especially addictive because of their chemical composition. Opiates affect the brain by activating “pleasure” centers that create euphoria while reducing the pain centers in the brain.

Quick Facts:

- * Nearly 1.3 million emergency department visits in 2004 were associated with drug misuse/abuse. (DAWN, 2006).
- * 95% of unintentional poisoning deaths are drug overdoses; in recent years, prescription-drug overdoses have overtaken cocaine and heroin (CDC).
- *55.7% of those 12 and older who misused pain relievers said they received their medication from a friend or family member (NIDA, 2008).

Recent data indicates that prescription drug abuse is on the rise. It was estimated in 2003 that 4.7 million Americans used prescription drugs non-medically, 2.5 of that population used pain relievers. The two substances most frequently abused are benzodiazepines and opioid pain relievers. Heroin use in 2003 was estimated at 3.7 million Americans. In 2002 The Drug Abuse Warning Network (DAWN) reported that drug-related hospital emergency department episodes from 21 metropolitan areas reported 93,519 heroin-related visits.

What factors are contributing to the rise of prescription misuse/abuse? There has been an increase in the number of medicines prescribed, but also there are misconceptions regarding the safety of the medications. Research shows that college students and some parents see nothing wrong in the abuse of

stimulants to improve cognitive function. Evidence is also indicating that some parents are providing their children with the medications to help relieve discomfort. One of the leading reasons for misuse/abuse is related to Americans wanting a “quick fix” to relieve pain or discomfort; other top motives include intent to get high and experimentation (NIDA, 2008).

The increase in misuse/abuse is dangerous for adolescents because they are still developing both physically and cognitively and by abusing substances their development could be delayed or damaged. The elderly population is a greater risk as well for developing health problems related directly to the misuse/abuse of prescription drugs. It is important for physicians to educate their patients regarding the potential hazards for themselves and for children.

Opiate Addiction and Treatment

Screening is the key for prevention and early detection. Early detection and referrals to assist the patient is best way to help stop or delay the progression of addiction. To best assist the opiate addict, it is important for all agencies that are treating the patient to have open communication. The patient is then able to receive the best and safest care.

The Wicomico County Health Department has trained certified staff that is able to assist and provide these services for this population. All patients receive a complete psychosocial assessment to determine if they have become dependent on drugs and alcohol and what type of care would best assist them. The staff has the ability to make multiple community referrals to help the patient

Consequences and Signs and Symptoms of Addiction

The consequences of opiate addiction are numerous, severe, and affect all aspects of life:

Areas of Life	Consequences
Physical/Medical	Nausea; Sedation; Weakened Immune System; Infectious Disease; Collapsed Veins; Bacterial Infection; Abscesses; Spontaneous Abortion; Constipation
Mental Changes	Depression; Lethargy; Moodiness
Social/Family	Loss of Relationships; Loss of Employment; Failing Classes; Legal Involvement; Violence
Financial	Can't pay bills; Money used for obtaining drugs; Increase in medical bills

Signs and Symptoms of Addicted Behaviors:

- | | |
|--|--|
| <input type="checkbox"/> Acquisition of drugs from other medical sources | <input type="checkbox"/> Requesting higher doses |
| <input type="checkbox"/> Requesting specific drugs | <input type="checkbox"/> Selling prescription drugs |
| <input type="checkbox"/> Concurrent abuse of related illicit drugs | <input type="checkbox"/> Recurrent losses of prescriptions |
| <input type="checkbox"/> Stealing or borrowing drugs from others | <input type="checkbox"/> Purposeful over-sedation |
| <input type="checkbox"/> Negative Mood Change | <input type="checkbox"/> Increasingly un-kept or impaired |
| <input type="checkbox"/> Requests frequent early renewals | <input type="checkbox"/> Contact with street drug culture |
| <input type="checkbox"/> Multiple trips to the Emergency Room or visits with other physicians. | |

Clinical Features of Individuals with and without an addiction:

Symptom	Without An Addiction	With An Addiction
<i>Tolerance</i>	Very Slow Development	Rapid Development
<i>Patterns of Use</i>	Consistent and Follow Medication Schedule	Binging Patterns
<i>Route of Admission</i>	Orally	Orally, IV, Snorting
<i>Dose</i>	Remains steady	Increases rapidly
<i>Withdrawal</i>	Symptoms are infrequent or mild	Frequent and Severe
<i>Source of Drugs</i>	Receive from Primary Prescribing Physician	Primary Physician, Other Doctors, Street

Levels of Care and Diagnostic Criteria For Addiction

Screening tools can be utilized by any medical professional, family member, or the patient to help identify if there is signs or symptoms of dependence. It is recommended that the primary doctor who is prescribing potentially addictive narcotics screen their patients on a routine basis for the development of addiction. There are sample tools located in the Appendix. Early detection is very helpful when dealing with addiction. If a patient is exhibiting signs of addiction, the prescribing doctor should refer the patient for a more in-depth assessment by a certified addictions counselor.

The addictions counselor will complete a detailed psychosocial evaluation to determine if the patient has an abuse or dependence diagnosis based on criteria from the DSM-IV-TR. If they meet the criteria for a diagnosis, the certified addictions counselor will also recommend the appropriate level of treatment based on ASAM Criteria.

ASAM has six dimensions for criteria. They are as follows:

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Dimension 2: Biomedical Conditions and Complications

Dimension 3: Emotional, Behavioral or Cognitive Conditions or Complications

Dimension 4: Readiness to Change

Dimension 5: Relapse, continued Use or Continued Problem Potential

Dimension 6: Recover/Living Environment.

Levels of care are recommended based on the severity of each dimension. Each Level of Care is defined by the following:

Level 0.5 Early Intervention: At this level the patient should not be at risk for withdrawal. This dimension is for patients who are at risk of developing a substance related problem or there is not enough documented information for a diagnosis of a substance disorder.

Level I Outpatient Treatment: At this level the patient should not be at risk for withdrawal. Treatment is designed to help the individual achieve permanent changes in his or her alcohol and/or drug using behavior and mental function. The patient should have at least a diagnosis of alcohol abuse based on DSM-IV-TR criteria.

Opiate Addiction and Treatment

Level II Intensive Outpatient Treatment/Partial Hospitalization: Patients can be at a minimal risk for withdrawal. They may also be appropriate to receive medication management treatment while participating in group and individual sessions.

Level III Residential/Inpatient Treatment: This level of care should be provided to patients in a 24 hour live in setting. Level III Care is for patients who are or will experience withdrawal symptoms that and are not at that time appropriate for medication management treatment through Level I or Level II care. The patient is severe enough to need safe and stable living environments in order to develop recovery skills.

DSM-IV-TR Criteria

The DSM-IV-TR has criteria to assist the diagnosing professional determine if the patient has an abuse or dependence diagnosis. Listed below are the criteria set by the DSM-IV-TR:

Criteria for Abuse or Dependence	
Substance Abuse:	
1. Recurrent use resulting in failure to fulfill major obligations.	<input type="checkbox"/>
2. Recurrent use in physically hazardous situations.	<input type="checkbox"/>
3. Recurrent substance related legal problems.	<input type="checkbox"/>
4. Continued use despite social or interpersonal problems caused by substance use.	<input type="checkbox"/>
Substance Dependence:	
Have to have 3 of the following symptoms to have a Dependence Diagnosis	
1. Tolerance	<input type="checkbox"/>
2. Withdrawal	<input type="checkbox"/>
3. Larger amounts over a longer period than intended.	<input type="checkbox"/>
4. Persistent desire or unsuccessful efforts to cut down or control use.	<input type="checkbox"/>
5. Great deal of time spent in activities necessary to obtain, use or recover from effect.	<input type="checkbox"/>
6. Important activities given up due to substance use.	<input type="checkbox"/>
7. Continued use despite knowledge of physical or psychological problem caused or worsened by use.	<input type="checkbox"/>

Wicomico County Health Dept.

Addictions Program:

The Addictions Program at Wicomico County Health Department is able to provide Level I (outpatient); Level II (IOP); Dual Diagnosis, and Medication Assisted treatment for residents of Wicomico County. All patients are screened and assessed to determine diagnosis and appropriate levels of care. A patient's fee is based on their ability to pay and insurance coverage. For individuals that do not have insurance and need higher levels of care, we are able to refer them to a Hudson Health Services to receive treatment in a state bed. There is limited funding for detoxification so each patient is based on medical necessity.

The Wicomico County Health Department's Methadone Program operates in accordance with guidelines and regulations set forth by the Alcohol and Drug Abuse Administration, Code of Maryland Regulations (COMAR), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the Federal Food and Drug Administration. The Wicomico Health Department's Methadone Program abides by the Federal Regulations on Confidentiality regarding Alcohol and Drug Abuse Patients Records. To insure the confidentiality of our patients' records, we will require the patient to sign a written consent or provide a copy of Power of Attorney before releasing any information. The only time information can be released without a written consent is in the case of child abuse, neglect or in any emergency situation.

The program goals have been established to assist addicts to help themselves. Responsibility is the core of the program with an emphasis on the addict's effort to alleviate his/her problems. Every patient is expected to take an active interest in their treatment and to cooperate with the staff. Treatment consists of more than receiving methadone daily. Addictions counseling and community referrals are an essential aspect of the program which is attempting to change more than just a medical problem. The methadone program assists the patient in evaluating all aspects of their life that have been affected by their addiction. The measurement for the success of the program lies in the individual patient's progress while on the program, but is not necessarily measured by the achievement of total abstinence from methadone. Some patients will be able to achieve abstinence through detoxification and others may require methadone maintenance for an indefinite period of time. This program is geared to provide for the individual patient's needs.

Success is measured by the following criteria:

1. The patient's ability to remain free of illicit drugs and alcohol;
2. The patient's ability to continue or obtain his/her education and/or regular employment during the entire time he/she is on the program;
3. The patient's ability to remain free of illegal activities;
4. The patient's ability to achieve stabilization in his/her interpersonal relationships with family members; and
5. The patient's movement away from self-destructive behavior, especially dependence on drugs, toward long-range stability and appropriate coping lifestyle.

Opiate Addiction and Treatment

Only persons with a documented history of opiate addiction are considered eligible for this form of treatment. Although there is no time limit as to how long a person remains on methadone, the long-term goal of medication assisted treatment is eventual detoxification and abstinence. Patients are encouraged to work closely with their counselors regarding how their detoxification is to be carried out (length of detox, how frequently decreases should occur, etc.).

As a patient moves toward recovery, abstaining and detoxification from our program, there is a continued concern for support and referral for the future. As part of the process of discharge, the counselor will assist the patient in referral to program, such as Narcotics Anonymous, Alcoholics Anonymous and/or counseling for individual or group therapy.

Detoxification is the gradual detoxification from narcotics, including methadone. Detoxification is the treatment of choice for persons who do not have extensive histories of narcotic addiction. Patients on detoxification are subject to the same program rules as maintenance patients, as well as some additional rules. Eligibility will be determined by the judgment of the Medical Director in accordance with FDA regulations.

Criteria for Methadone Maintenance:

Eligibility Criteria:

Patients have to meet the following criteria to be eligible for Methadone Maintenance Treatment. The criterion is set by 42 CFR 8.12 (e) regulations.

1. The patient must have a diagnosis of Opiate Dependence as defined by the DSM-IV-TR.
2. The patient must be currently abusing opiate substances.
3. The patient should have a documented history of at least one year of opiate use.

There may be individuals in special populations who have a history of opioid use, but who are not currently physiologically dependent:

1. Persons recently released from a penal institution (within 6 months of release)
2. Pregnant Patients
3. Previously treated patients-as listed in regulations (up to 2 years after discharge)

Pregnant females are treated by Wicomico County Health Dept. Addictions program for methadone maintenance and are referred to Center For Clean Start to receive their addictions treatment. Center For Clean Start specializes with this population and can provide the patient a wide array of services.

In-Eligible Criteria:

1. Individuals who abuse opioids but who condition does not meet criteria for opioid dependence per DSM-IV-TR criteria.
2. Individuals with less than one year of opioid addiction and no previous treatment episodes.
3. Individuals who cannot attend treatment regularly (counseling and medicating times).
4. Individuals who have allergic reaction to methadone.
5. Individuals who are diagnosed with a dependence to sedatives.

Admission Process:

Scheduling Appointments:

An individual who is requesting Methadone Treatment will be seen for a comprehensive assessment within 2 working days of the initial contact. Pregnant women are seen within 24 hours of initial contact. Prior to scheduling an appointment, the patient and/or referral may be transferred to a supervisor to verify how quickly the patient should be seen.

Addiction Assessment:

The Certified Addictions Counselor will complete a comprehensive psychosocial assessment to determine a patient's diagnosis, appropriate level of care, and motivation for treatment. During the assessment, patients will be asked to sign a Consent to Release or Obtain Information form to communicate with the patient's referral source and obtain any documentation to help document the patient's addiction history. A urine screen will also be obtained to identify current substances being used by the patient.

If the patient meets criteria determined by federal regulations for methadone treatment, they will be referred for a Behavioral Assessment that is completed by the Methadone Nurse. Patient's may not be referred for a BA if they are positive for benzodiazepines or are not willing to participate in addictions treatment.

Behavioral Assessment:

The Methadone Nurses will complete a behavioral assessment that includes: pain, nutrition, mental health, and medical history. If the patient has not already signed a Consent for Release or Obtain Information Form for current doctors and past medical records, they will request that the patient sign at that time. The nurse will fax these releases to obtain copies of the medical records.

The patient will also be provided instructions to receive a physical and blood work as soon as possible. If they do not have a primary physician, the nurses will provide them agencies or providers that work with the patient's ability to pay. The nurse will provide the patient a date to see the Methadone Physician.

Mental Status Exam:

The physician will review the physical and blood work results to ensure there are not medical conditions or current medications that could be harmful or interfere with the methadone medication. Once the physician meets with the patient and determines they are eligible for the program and will write the initial orders to begin the patient on methadone.

The initial dose is based on the patient's current physical status and amount of opiates being abused. The doctor and nurses will monitor the patient's signs and symptoms of withdrawal and/or over medication and increase the dose slowly.

Treatment Modalities:

Once the patient has received their first dose of methadone, they will be required to meet with their addictions counselor and nurse to monitor signs and symptoms of withdrawal or over medicating. Once the patient has reached a steady state, they are to begin attending group sessions and work towards maintaining abstinence from all substances. If a patient is unable to maintain abstinence they will be recommended to increase their level of care based on the severity of their use. The patient will also be encouraged to develop a support system outside of treatment which can be through their religious affiliation or self help meetings.

Each patient will develop a treatment plan with their counselor and nurse to identify areas of their life that they currently struggle with. Nurses will keep in contact with primary physicians to notify them of the patient's progression during treatment. Patients are requested to sign Consent to Release Information for all providers they are receiving treatment from, hospital visits or obtain a new medical diagnosis.

If the patient fails to comply with rules and regulations, or refuse services, they are at risk to be placed on supervised withdrawal. It is the goal of the Wicomico County Health Department's Addictions Program to assist patients to obtain abstinence and develop treatment modalities based on individual needs of the patients.

Patients may remain on the program for years, but some may decide that they have re-developed a healthy life style and are ready to stop using methadone. If a patient request to detox off of the medication, the nurses and addictions counselor will increase individual and urines screens to help the patient prevent relapse. All agencies will be notified of the patient's request and progress during the detox process.

The Methadone Nurses dispense the medication at Peninsula Regional Medical Center. Patients will have to attend the methadone clinic Monday through Saturday. The patients are required to obtain a locked box to receive a take home dose on Sundays. Once a patient has maintained abstinence and meets criteria set by federal regulations, they will be able to obtain take home doses.

Medicating hours are as follows: Monday through Friday: 7:00 AM – 9:20 AM and Saturdays from 7:00 AM -9:00 AM. The Addictions Program clinic hours are Monday, Tuesday, and Thursday from 8:00 AM to 8:00 PM and Wednesday and Friday from 8:00 AM to 5:00 PM. The program is able to offer morning and evening group and individual sessions to provide flexibility for those that are employed or have day care issues.

**APPENDIX:
SCREENING TOOLS AND
RESOURCES**

Appendix 1:

Drug Abuse Screening Test (DAST)

Please check the one response to each item that best describes how you have felt over the past 12 months.

Question	Yes	No
1. Have you used drugs other than those required for medical reason?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you abuse more than one drug at a time?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you get through the week without using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you always able to stop using drugs when you want to?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had “blackouts” or “flashbacks” as a result of drug use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you ever feel bad or guilty about your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your spouse (or parents) ever complain about your involvement with drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has drug abuse created problems between you and your spouse or your parents?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you lost friends because of your use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you neglected your family because of your use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you been in trouble at work because of your use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you lost a job because of drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you gotten into fights when under the influence of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you engaged in illegal activities in order to obtain drugs?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you been arrested for possession of illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you gone to anyone for help for a drug problem?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you been involved in a treatment program especially related to drug use?	<input type="checkbox"/>	<input type="checkbox"/>

Scoring:

This quiz is scored by allocating 1 point to each “yes” answer – except for questions 4 and 5, where 1 point is allocated answer – and totaling the responses.

Clinical Opiate Withdrawal Scale (COWS)

For each item, write in the number that best describes the patient's signs and symptoms. Rate on just the apparent relationship to opiate withdrawal.

Resting Pulse Rate: (record beats per minute)

Measured after patient is sitting or lying for one minute

- 0 pulse rate 80 or below
- 1 pulse rate 81-100
- 2 pulse rate 101-120
- 4 pulse rate greater than 120

Sweating:

over past 1/2 hour not accounted for by room temperature or patient activity

- 0 no report of chills or flushing
- 1 subjective report of chills or flushing
- 2 flushed or observable moistness on face
- 3 beads of sweat on brow or face
- 4 sweat streaming off face

Restlessness:

Observation during assessment

- 0 able to sit still
- 1 reports difficulty sitting still, but able to do so
- 3 frequent shifting or extraneous movements of legs/arms
- 5 Unable to sit still for more than a few seconds

Pupil Size:

- 0 pupils pinned or normal size for room light
- 1 pupils possibly larger than normal for room light
- 2 pupils moderately dilated
- 5 pupils so dilated that only the rim of the iris is visible

Bone or Joint Aches:

If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored.

- 0 not present
- 1 mild diffuse discomfort
- 2 patient reports severe diffuse aching of joints/muscles
- 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort

Opiate Addiction and Treatment

Runny nose or tearing:

Not accounted for by cold symptoms or allergies

- 0 not present
- 1 nasal stuffiness or unusually moist eyes
- 2 nose running or tearing
- 4 nose constantly running or tears streaming down cheeks

GI Upset

Over last ½ hour

- 0 no GI symptoms
- 1 stomach cramps
- 2 nausea or loose stool
- 3 vomiting or diarrhea
- 5 multiple episodes of diarrhea or vomiting

Tremor:

Observation of outstretched hands

- 0 No tremors
- 1 tremor can be felt, but not observed
- 2 slight tremor observable
- 4 gross tremor or muscle twitching

Yawning:

Observation during assessment

- 0 no yawning
- 1 yawning once or twice during assessment
- 2 yawning three or more times during assessment
- 4 yawning sever times/minute

Anxiety or Irritability

- 0 none
- 1 patient reports increasing irritability or anxiousness
- 2 patient obviously irritable anxious
- 4 patient so irritable or anxious that participation in assessment is difficult

Gooseflesh skin

- 0 skin is smooth
- 3 piloerection of skin can be felt or hairs standing up on arms
- 5 prominent piloerection

Total Scores: _____

Score:

- 5-12 = Mild
- 13-24 = moderate
- 25-36 = moderately severe
- More than 36 = severe withdrawal

Appendix 3:

Michigan Alcohol Screening Test (MAST)

The MAST Test is a simple, self scoring test that help assess if you have a drinking problem. Please check Yes or No to answer the questions.

Questions	Yes	No
1. Do you feel you are a normal drinker? (“normal” – drink as much or less than most other people)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever awakened in the morning after some drinking the night before and found that you could not remember a part of the evening?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does any near relative or close friend ever worry or complain about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you stop drinking without difficulty after one or two drinks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever feel guilty about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever gotten into physical fights when drinking?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has drinking ever created problems between you and a near relative or close friend?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any family member or close friend gone to anyone for help about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever lost friends because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever gotten into trouble at work because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever lost a job because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you drink before noon fairly often?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have liver trouble such as cirrhosis?	<input type="checkbox"/>	<input type="checkbox"/>
16. After heavy drinking have you ever had delirium tremens (D.T.'s), severe shaking, visual or auditory (hearing) hallucinations?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever gone to anyone for help about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been hospitalized because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has your drinking ever resulted in you being hospitalized in a psychiatric ward?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever gone to any doctor, social worker, clergyman, or mental health clinic for help with any emotional problem in which drinking was part of the problem?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been arrested more than once for driving under the influence of alcohol? If yes how many times_____	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been arrested, even for a few hours because of other behavior while drinking? If yes how many times_____	<input type="checkbox"/>	<input type="checkbox"/>

Opiate Addiction and Treatment

Scoring the MAST Test:

Please score one point if you answered the following:

1. No
2. Yes
3. Yes
4. No
5. Yes
6. Yes
7. Through 22: Yes

Add up the scores and compare to the following score card:

0-2 No apparent problem

3-5 Early or middle problem drinker

6 or more Problem drinker

Appendix 4:

Alcohol Withdrawal Symptoms (AWS)

Type A Symptoms: (CNS Excitation) Patient Appears	Can't Evaluate	Yes	No
1. Anxious or nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bothered by bright light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Bothered by loud noises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotal number of "Yes" responses for Type A only			
Type B Symptoms: (Adrenergic Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is nausea or vomiting present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a tremor visible with or without arm extension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is sweat visible on palms or forehead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the systolic blood pressure greater than 140 mm Hg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the diastolic blood pressure greater than 90 mm Hg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the heart rate greater than 100 beats per minute?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there extra or skipped beats on apical pulse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotal number of "Yes" responses for Type B only			
Type C Symptoms: (Delirium) Does the patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Respond inappropriately to questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Report hearing noises that are not there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Report seeing something that is not there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Not know their name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Not know where they are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Not know the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Not know the month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Not know the day of the week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotal number of "Yes" responses for Type B only			
Total number of "Yes" responses for Type A + B + C			

Source: Pharmacotherapy @ 2003 Pharmacotherapy Publications

Appendix 5:

Benzodiazepine Dependence Questionnaire (BDEPQ)

Instructions: When answering the questions please think about your experiences over the last month. Place a mark in the box below the response that best suits your experiences.

1. In the last month, have you taken another sedative or tranquillizer as soon as the effects of the previous one began to wear off?

Never Sometimes Often Always

2. Have you taken sedatives, tranquillizers or sleeping pills in the last month because you like the way they make you feel?

Never Sometimes Often Always

3. In the last month, have you felt that you cannot face anything out of the ordinary without a sedative or tranquillizer?

Never Sometimes Often Always

4. Do you feel that you cannot get through the day without the help of your sedatives or tranquillizers?

Never Sometimes Often Always

5. Do you need to carry your sedatives or tranquillizers with you?

Never Sometimes Often Always

6. Have you tried to reduce the number of sedatives, tranquillizers or sleeping pills you take because they interfered with your life?

Never Sometimes Often Always

7. Have you found that you needed to take more pills to get the same effect in the last month compared to when you first took them?

Never Sometimes Often Always

Opiate Addiction and Treatment

8. Do you need to take sedatives, tranquillizers or sleeping pills to deal with the problems in your life?

Never Sometimes Often Always

9. Do you feel terrible if you do not take a sedative, tranquillizer or sleeping pill?

Never Sometimes Often Always

10. In the last month, have you been worried that your doctor might not continue to prescribe the sedatives, tranquillizers or sleeping pills you are taking?

Never Sometimes Often Always

11. Could you stop taking sedatives, tranquillizers or sleeping pills tomorrow without any difficulties?

- No, it would be impossible
- Perhaps, with a lot of difficulty
- Yes, with some difficulty
- Yes, without difficulty

12. Do you count down the time until you can take your next sedative, tranquillizer or sleeping pill?

Always Often Sometimes Never

13. Have you experienced relief when you have taken sedatives, tranquillizers or sleeping pills in the last month?

Never Sometimes Often Always

14a. In the last month, have you felt bad or sick as the effects of sedatives tranquillizers or sleeping pills wore off?

- Yes (Answer the Next Question)
- No (Skip to Question 15)

Opiate Addiction and Treatment

14b. Have you taken another sedative, tranquillizer or sleeping pill to reduce these unpleasant after-effects?

Never Sometimes Often Always

15. In the last month, have you taken sedatives, tranquillizers or sleeping pills against your doctor's advice or more frequently than recommended?

Never Occasionally Sometimes Often

16. Are you concerned about the number of pills you have taken in the last month?

A great deal A lot A little Not at all

17. Have you taken more pills in one day or night than you planned to?

Everyday Often Sometimes Never

Instructions: In the next set of questions please check the box below the answer that matches what you think.

18. I feel powerless to prevent myself taking a sedative or tranquillizer when I am anxious, uptight or unhappy.

Strongly Disagree Somewhat Disagree Somewhat Agree Strongly Agree

19. I would not be able to handle my problems unless I take a sedative or tranquillizer.

Strongly Disagree Somewhat Disagree Somewhat Agree Strongly Agree

20. I get so upset over small arguments that I need to take a sedative or tranquillizer.

Strongly Disagree Somewhat Disagree Somewhat Agree Strongly Agree

RESOURCES

Adult Children of Alcoholics: World Service Organization, Inc.
310-534-1715; www.adultchildren.org

Al-Anon Family Group: Headquarters
888-4AI-ANON; www.al-anon.alateen.org

Al-Anon – Spanish:
www.al-anon.org/alspan.html

Lower Eastern Shore Al-Anon Family Groups
410-742-2504

Lower Shore Intergroup: Alcoholics Anonymous
410-543-2266; www.isiaa.org

National Institute On Drug Abuse
301-443-1124 (English) 240-221-4007 (Spanish); www.nida.nih.gov

Ocean Gateway Area of Narcotics Anonymous
800-317-3222; www.ogana.org

SAMHSA’s national Clearinghouse for Alcohol & Drug Information
800-487-4889; www.ncadi.samhsa.gov