"Harm Reduction" or "Palliative Care" – A case of Methamphetamine Use Disorder from Berlin

Till Kinkel, 21st March 2018, Praha

Mrs. J., born March 1978
1,69 m, 90 kg, BMI 31.5 kg/m²

Till Kinkel, 21st March 2018, Praha

History:

Born 1978: Parents: father F10.2, domestic violence, mother: nothing to report
1978-1988: multiple incidents of witnessing domestic sexual violence father>mother, multiple incidents of domestic violence (non-sexual) against patient
1988: death of father (suicide/accident)
1990: step father moved in. Not further violence.
1992: First experience with cannabis at Berlin Techno Scene: „fun“
1993: First experience with cocaine at Berlin Techno Scene: „days of dancing“
1993: First experience with heroin at Berlin Techno Szene: „Warmth“, „To come down“
1993: First experience with heroin Withdrawal: no worries
1993: First engagement into sex work
1993-2000: continous use of cocaine/heroin-cocktails, 2-6 times daily, i.v. groin. No social decay, very high income as street based sex worker.
2000: first incident of severe violence against her integrity (2 days of torture intended to kill her)
2000: break down of funding system, switch to methamphethamine („therapeutic against fear, depression“)
2000: First enrollment in methadone based OST
2000: First admission to detox-clinic (2 days)
2000: Return to street based sex work. Massive use of benzodiazepines, heroin, methamphetamine
2001: „Recovery from traumatic event“ and return to sex work, cocaine/heroin
….

By 2015:

2 detox-attempts as inpatient (2 days, 7 days (- but not „clean“))

2 forced hospitalisations due to major psychotic episodes

No HIV, Hep B (complete seroconversion), Hep C (spontaneous viral clearance)

2.5 years imprisoned (theft, narcotic drugs) – on early 2015 prison sentence suspended to probation

A total of 9 years of opioid substitution therapy with methadone or L-Polamidon®, (continously since 2012)

Since 2010 more and more difficulties to earn money for cocaine >> switch to methamphetamine followed by financial decay.

January 2015:

F10.21	Alcohol use disorder (dependence), in remission since 2013
F11.2	**Opioid (heroin) use disorder (dependence) – main diagnosis**
F14.21	Cocaine dependence (dependence) – in incomplete remission since 2013
F15.2	**Methamphetamine use disorder (dependence) – main diagnosis**
F25.9	Schizoaffective disorder, unspecified
F33.9	Major depressive disorder, recurrent, unspecified
F43.1	Post-traumatic stress disorder (PTSD)
F60.31	Borderline Personality Disorder
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
G25.88	Extrapyramidal and movement disorders: neurloeptic akanthisia
G43.9	Migraine, unspecified
I87.0	Postthrombotic syndome (left leg)
I87.2	Venous insufficiency (chronic) (peripheral)
M25.51	Pain in shoulder
S42.2	Fracture of upper end of humerus
T84.1	Mechanical complication of internal fixation device of bones of limb

Treatment: 20.1.2015

L-Polamidon	75 mg/d (equals 150 mg methadone)	
Diazepam	10 mg	0-0-0-1
Amisulprid	200 mg	1-0-0-0
Fluoxetin	40 mg	1-0-0-0
Bupropion	300 mg	1-0-0-0
Valproat chrono	500 mg	1-0-0-2
Biperiden ret	4 mg	1-0-0-0

Use of illicit drugs:

0.5-1	g/d	**Methamphetamine (inhal.)**
0.2-0.6	g/d	**Heroin (inhal/i.v.)**
6-12	mg/d	**Bromazepam (p.o.)**

Pregabalin occassionally (< once/week300-600 mg p.o.)
Cocaine occassionally (1-2 times/month, i.v.)
Amphetamine occassionally (< once/month, nasal)
MDMA occassionaly (< once/month, p.o.)
Fentanyl occassionally (< once/month, p.o.)
No use of alcohol, cannabis, ketamine

Funding:

Approx. Instable support by her mother and step-father (approx 1000 €/mo)
Approx. 400 €/mo + rent: social welfare
Approx. 20-40 €/d: Theft/Fraud/Dealing/Sex Work:

Expenses:

Approx. 1200-1500 €/mo for Methamphetamine (or eventually cocaine/heroin)
Approx. 300 €/mo nutrition
Approx. 100 €/mo for her dog and household
(most cloths, shoes, cosmetics, jewelery (!) by shoplifting)

EQ-5D-5L: 1-2-3-3-4

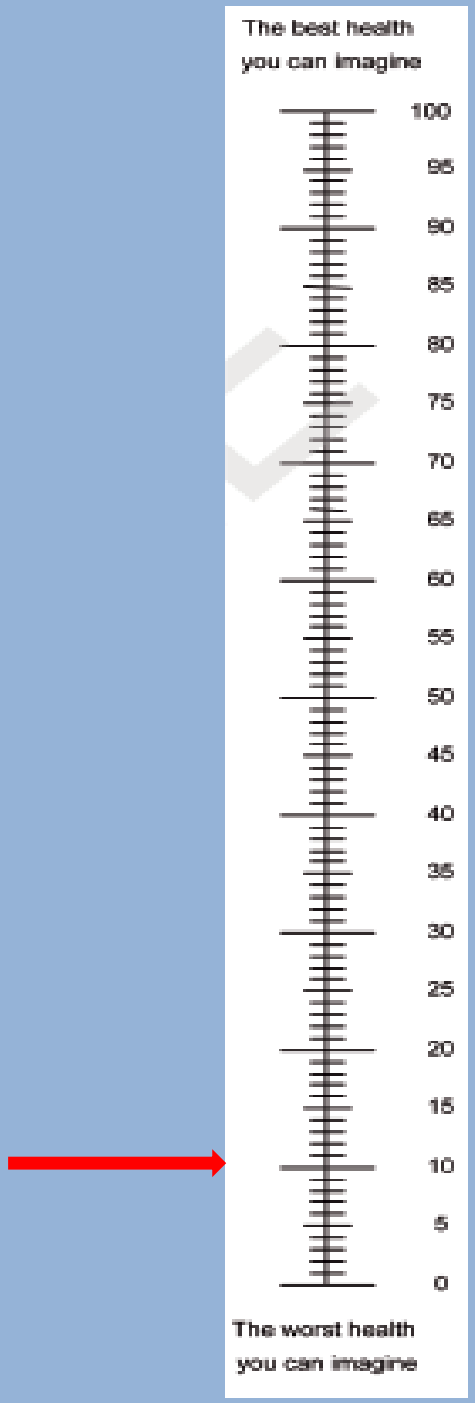
MOBILITY
I have no(**1**)/slight(2)/moderate(3)/severe problems in(4)/unable to(5) walking about

SELF CARE
I have no(1)/slight(**2**)/moderate(3)/severe problems in(4)/unable to(5) washing or dressing myself

USUAL ACTIVITIES
(e.g. work, study, housework, family or leisure activities)
I have no(1)/slight(2)/moderate(**3**)/severe problems in(4)/unable to(5) my usual activities

PAIN / DISCOMFORT
I have no(1)/slight(2)/moderate(**3**)/severe(4)/extreme(5) pain or discomfort

ANXIETY / DEPRESSION
I am not(1)/slightly(2)/moderately(3)/severely(**4**)/extremely(5) anxious or depressed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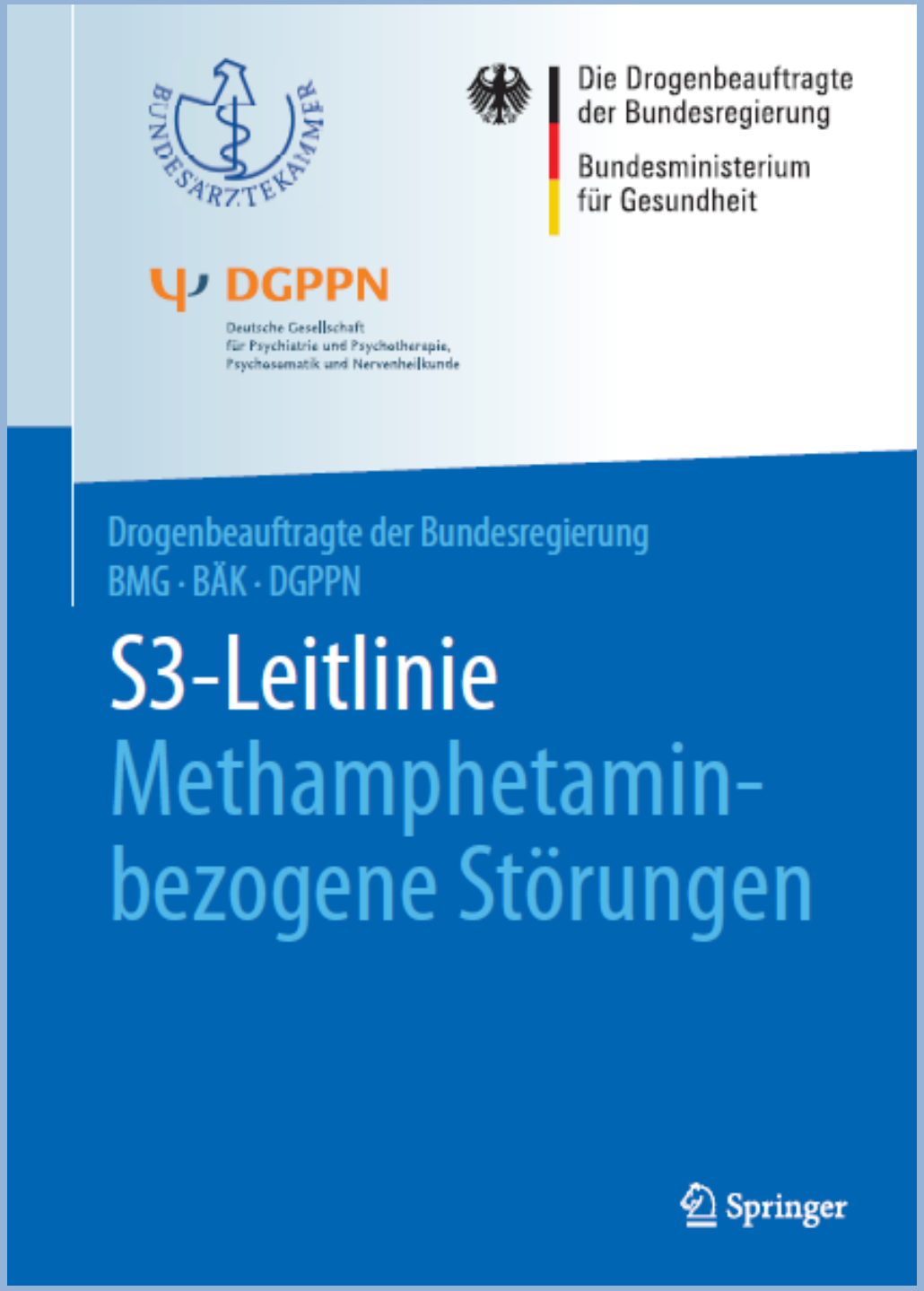
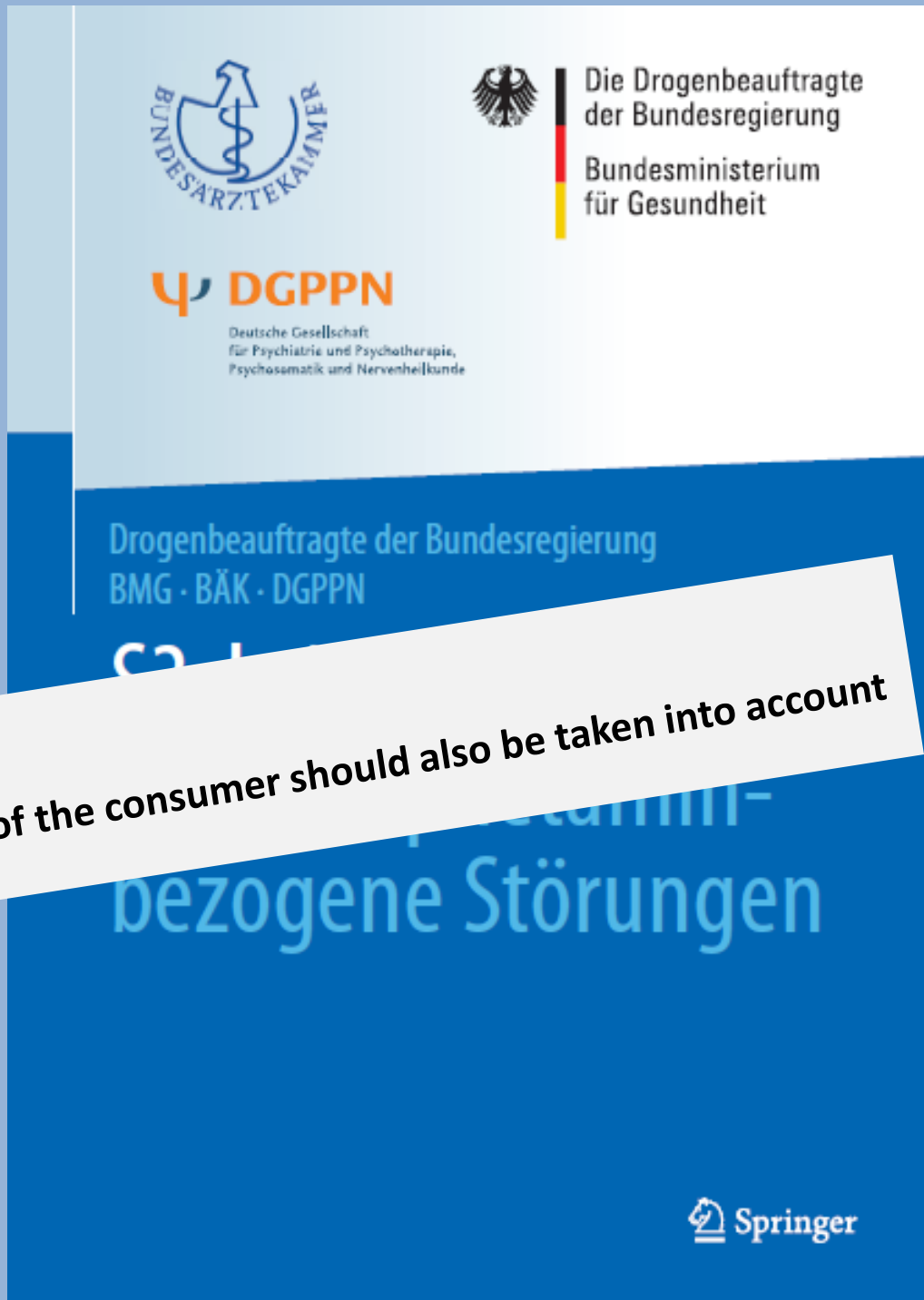
The worst health you can imagine

What can we offer?



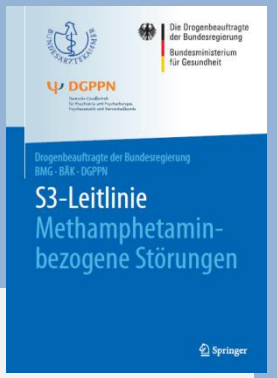


2-10

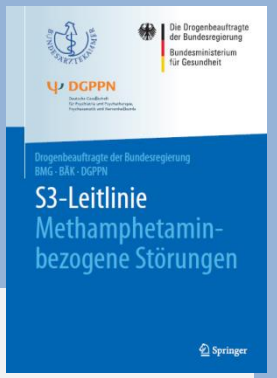
In treatment planning, the treatment goals of the consumer should also be taken into account

Tabelle 4: Stufenweise Interventionsziele; nach [7]

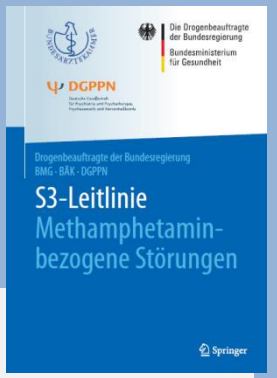
Ziele	Maßnahmen
Überlebenssicherung	Krisenintervention; Notfallmaßnahmen; Erste Hilfe; vitale Stabilisierung
Gesundheitsförderung	Aufklärung; Vermittlung in das (Selbst-)Hilfesystem; Adhärenzmotivation; Förderung von Therapiebereitschaft
Soziale Sicherung	Tagesstrukturierende Maßnahmen; Förderung von Alltags- und Sozialkompetenz; Wohnraumsicherung, Einkommenssicherung
Stabilisierung abstinenter Phasen	Änderung bzw. Umwandlung von Reiz-Reaktionsmuster zum Suchtmittel; Vermittlung von Fähigkeiten zur Kompensation von Suchtdruck (Craving); Vermittlung niedrigschwelliger Hilfen; kurzzeittherapeutische Angebote; Reduktion von Ambivalenzkonflikten
Akzeptanz der Abhängigkeit	Anerkennung der chronischen Vulnerabilität für substanzbezogene Abhängigkeit; Kenntnisse zu den bestehenden und drohenden Gesundheitsfolgen
Akzeptanz der Therapienotwendigkeit	Motivationsförderung; Anerkennung störungsspezifischer Therapien; Förderung der Inanspruchnahme von Selbsthilfe und Übernahme von Selbstverantwortung
Abstinenz	Annahme des Abstinenzziels; zielfokussierte, selbstwirksame und sozial kompetente Reaktion auf Konsumtrigger; systemische Anpassung der Lebensgestaltung



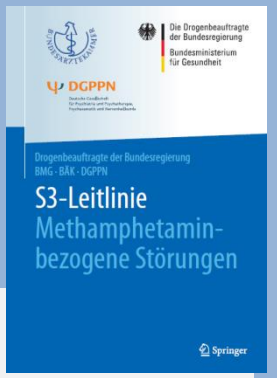
4-7: in the case of methamphetamine-dependence, inpatient qualified detoxification should be offered.



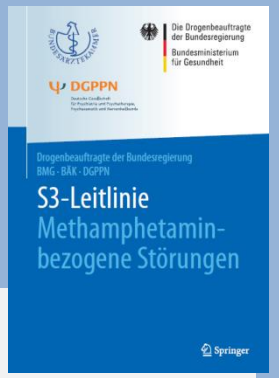
4-12: If as part of the methamphetamine withdrawal depressive anxiety symptoms, fatigue and / or hypersomnia prevail, bupropion or … desipramine can be used



4-13 When (in the context of methamphetamine withdrawal) sleep disorders and / or restlessness prevail, sedative antidepressants may be used.

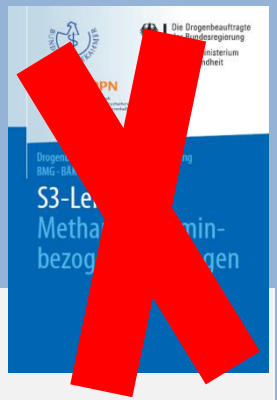


4-18 benzodiazepines may be used in inpatient qualified detox to treat (auto)aggressive behavior or pronounced anxiety symptoms. (as low as possible and limited in time)



4-21/23: Dexamphetamine may be used in exceptional and well justified cases for the relief of withdrawal symptoms during inpatient detoxification if other withdrawal attempts have failed.

In the outpatient setting, dexamphetamine should not be given.



The patient clearly states:

„no inpatient treatment!“

„the only reason to stay alive is my dog“

„I will decide to end my life as soon as my dog has left“

„I want to be helped, not saved“

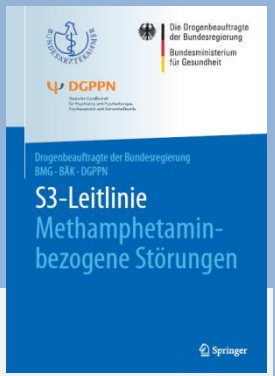
Harm Reduction

Harm reduction refers to policies, programs and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

…

It is therefore essential that harm reduction information, services and other interventions exist to help keep people healthy and safe. Allowing people to suffer or die from preventable causes is not an option.

"What is harm reduction?" - A position statement from Harm Reduction International (HRI)



<u>9-1 Appropriate Harm Reduction Interventions should be recommended to Methamphetamine-consumers / -dependents, who don't want to or are incapable of stopping consumption permanently</u>.

(access to medical care, NSP, anal injection, mouthpiece for pipes, "oralize", don't combine, never combine with SSRI/SNRI/MAO-Inhib/encourage abstinence/healthy diet/drink a lot of water/chewing gums/condoms…)

2015 strategy:

Initial phase: Start 2nd March 2015
*Stop financial support by family
*Outpatient detox from Methamphetamine provided by domestic home care (nurse) and constant detox-sitter (mother) and daily home visits by doctor and psychosocial counsellor
*increase L-Polamidon to 110 mg/d
*increase Diazepam to 5*10 mg/d (and reduction to 2*5 mg/d within 14 days)
*Olanzapin (up to 2 * 10 mg/d)
*Methylphenidate 50 mg/d
*Nitrendipin (up to 4*5 mg/d)
Continue: Elontril 300 mg/d, Akineton 4 mg/d, Fluoxetine 40 mg/d

*fluids
*delicious food (by mother)
*"contingency management" (cash by mother)

Second phase: Start 17 March 2015 (planned)
*psychotherapy (twice weekly)
*ergotherapy
*physiotherapy (shoulder)

2015 strategy:

Achievement:

Severe depression, crying 24/7, begging and threatening mother, (minor) self harm, mild psychotic symptomes.
No somatic issues.

After 4 days relatively sudden recovery.

After 14 days „transfer to 2nd phase“.

After 16 days recrudescence of methamphethamine use (0.5 g in 3 days)

Remarkable: all saliva tests positive for EDDP and BZO, negative for MOR, AMP, COC, THC but no saliva test became negative for Methamphetamine, not even measurable.
(retrospectivly: mother provided methamphethamine after 4 days due to her incapability to stand the coondition of her daughter)

2015 strategy:

„Achievement“:

15 April 2015: accident of the patient

M51.1 Lumbosacral intervertebral disc disorders with radiculopathy
S22.08 instable fracture of T11-T12 vertebrae
S32.01 instable fracture of L1 vertebra
M54.85 Thoracolumbal dorsalgia

Indication for orthopedic surgery

- rejected hospitalisation (by various surgeons ***and*** by patient)

19 April 2015: Violent confrontation with mother and step father (to press money)
20 April 2015: suicide attempt (intended cocaine/heroin overdose i.v.)
21 April 2015: escape from ICU

Untill 28 April: patient missed. (heroin/cocaine use, no medication)

EQ-5D-5L: 4-3-5-4-5

MOBILITY
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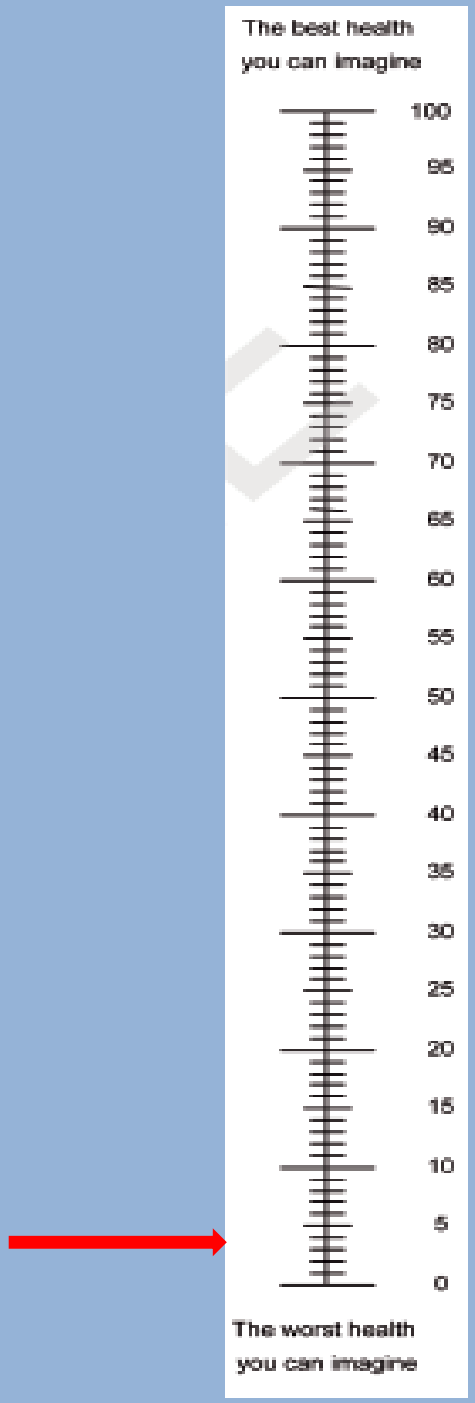
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So what‘s next?

2016 – strategy?

Palliative Care

for people with life-limiting illnesses. It focuses on providing relief from the symptoms, pain, physical stress, and mental stress of a terminal diagnosis. The goal is to improve quality of life for both the person and their family
https://en.wikipedia.org/wiki/Palliative_care

1. Accept the patient‘s wish to be helped (but not saved).
2. Accept the patient‘s wish to live free of fear, pain, panic, night-mares, withdrawal, freezing, hunger, and stress as long as her dog is alive (the dog has only 6 years of age)
3. Accept the patient‘s wish to be „allowed to die“
4. Accept the patient‘s reluctance to be hospitalised
5. Accept the patient needs medication *and* drugs

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Medication:

- L-Polamidon 75 mg/d (dose as desired by the patient)
- Oxycodon 4*100 mg/d (dose as maximum in-label-dose)
- Diamorphin 200-400 mg/d i.v. (dose as desired by the patient)
- Novaminsulfon 4* 1.000 mg/d p.o. (dose as maximum in-label-dose)
- Ibuprofen ret 2*800 mg/d p.o. (dose as desired by the patient)

- 1/2016-9/2016: 75 mg Dexamfetamin/d (p.o.) (dose as affordable by the patient)

- Diazepam: 3*10 mg/d (as desired by the patient)

- Amisulprid 600 mg/d, Akineton 4 mg/d, Fluoxetine 40 mg/d, Pantozol 20 mg/ Macrogol and Naloxegol 25 mg/d

Palliative Care

for people with life-limiting illnesses. It focuses on providing relief from the symptoms, pain, physical stress, and mental stress of a terminal diagnosis. The goal is to improve quality of life for both the person and their family

Continued:

Methamphetamine use (0.5 g/d)

Funding:

Stable support by her mother and step-father (1200 €/mo)
400 €/mo: invalidity pension
Flat-rent: social welfare
Abstinence from Theft/Fraud/Dealing/Sex Work

Expenses:

Approx. 600 €/mo for Methamphetamine (or very eventually cocaine)
Approx. 400 €/mo nutrition
Approx. 100 €/mo for her dog and household
Approx. 200 €/mo for cloths, shoes, cosmetics, jewelery)

EQ-5D-5L: 3-3-3-1-1

MOBILITY
I have no(1)/slight(2)/moderate(**3**)/severe problems in(4)/unable to(5) walking about

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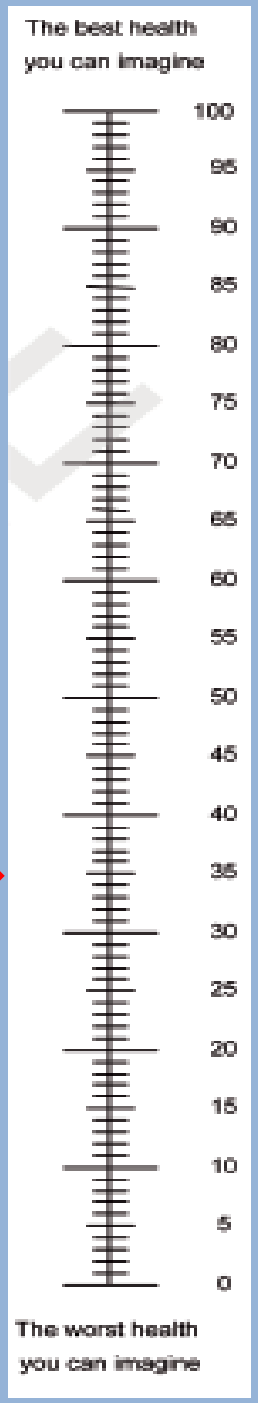
ANXIETY / DEPRESSION
I am not(**1**)/slightly(2)/moderately(3)/severely(4)/extremely(5) anxious or depressed

„well, it‘s ok as it is“



„Thank you very much“