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ASSISTING PATIENTS WITH OPIOID USE DISORDER (OUD) TREATMENT:

IDENTIFICATION AND TREATMENT

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MAKING RESEARCH RELEVANT

AIR®

Learning Objectives

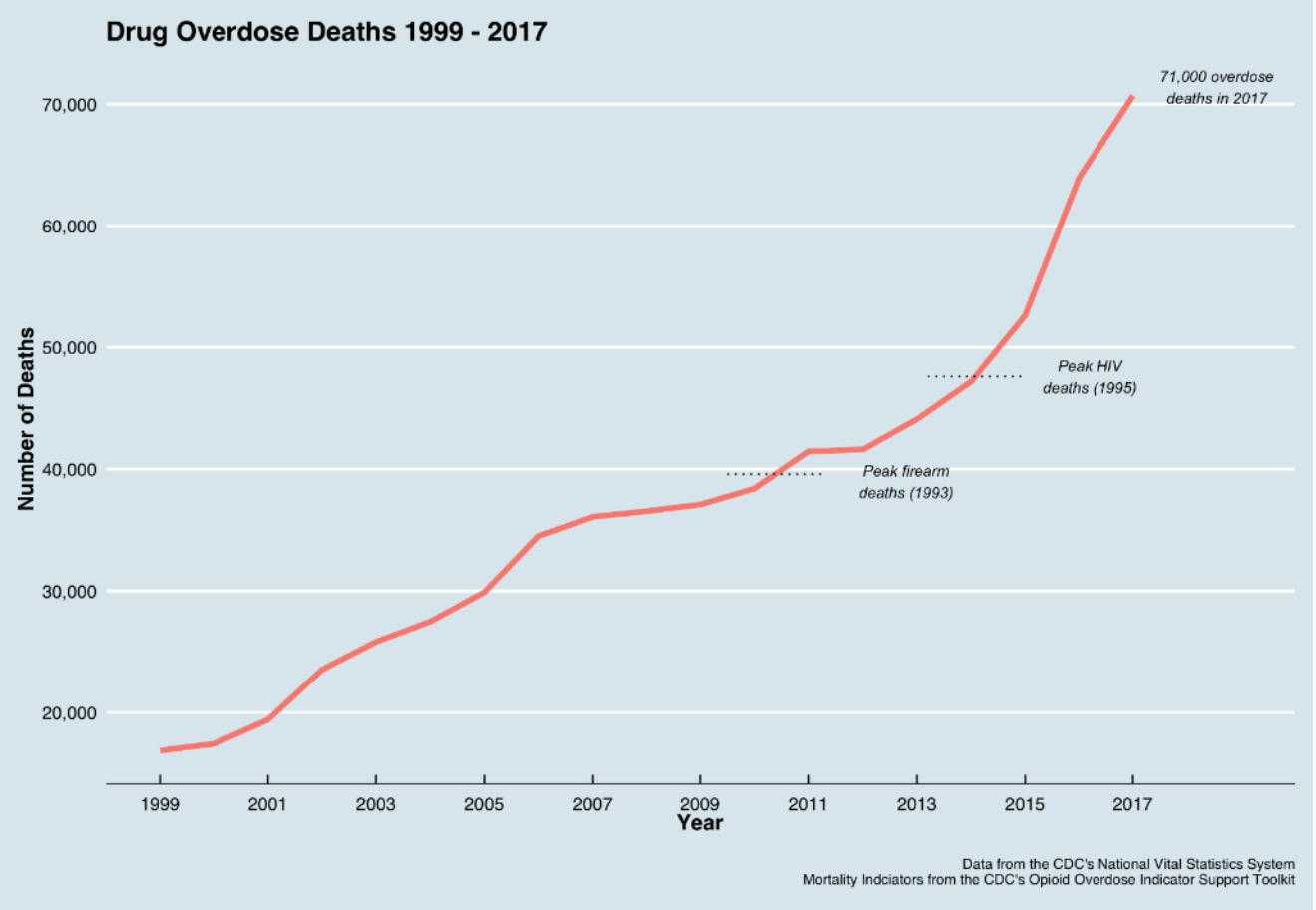
1. Describe the DSM 5 terminology and diagnostic criteria for opioid use disorder.
2. Name the three medications that are FDA approved for treatment of opioid use disorder.
3. Engage patients in shared decision making that includes treatment options and the evidence for each option.
4. Be prepared to initiate treatment or facilitate referrals.

Agenda

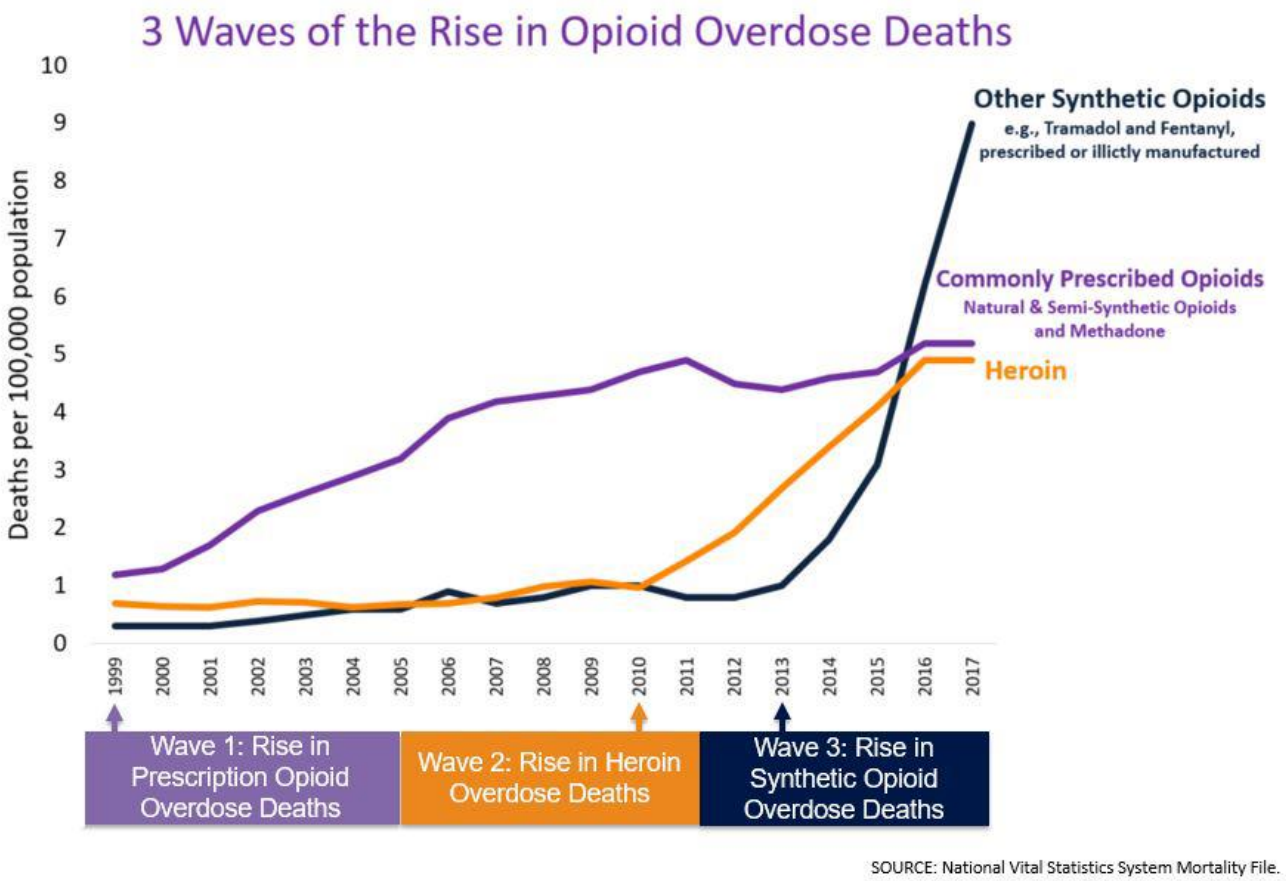
- Background on the opioid crisis
- Identifying opioid use disorder in clinical setting
- Discussing treatment options
- Next steps

Background

Drug Overdose Deaths in United States, 1999–2017



Opioid Overdose Deaths (by type) 1999 to 2017



Source: https://www.cdc.gov/drugoverdose/images/epidemic/3WavesOfTheRiseInOpioidOverdoseDeaths.png

Public Health Interventions to Address Opioid Crisis

Prevention

- Prescribing limits
- Patient education
- Provider education
- Disposal of unused opioids

Reducing Misuse

- Drug (re)formulation
- Insurance utilization
- Pain clinic regulations
- Prescription drug monitoring programs

Treatment and Recovery

- Insurance coverage of medications for addiction treatment (MATs)
- MAT patient limits
- More waivered prescribers
- MATs in jails and prisons

Harm Reduction

- Naloxone access
- Good Samaritan laws
- Syringe access
- Overdose prevention sites

Epidemic of Poor Access to Care

Nearly 80% of Americans with opioid use disorder (OUD) don't receive treatment.

There are not enough psychiatrists and addiction medicine specialists to address the demand.

Similar to the HIV crisis in the 1990s, primary care physicians can do this work well.

OUD treatment fits into medical home model.

Source: Wakeman S, Barnett M. NEJM 2018; 279(1):1-4.

IDENTIFYING OUD

Clinical Case

Joe is a 53-year-old man who works in construction. He comes to your office and explains he's looking for a new primary care physician because his primary care physician retired.

- History of work-related injury 4 years ago causing low back pain.

- Taking hydrocodone/acetaminophen 10/325 four times a day for the past 4 years (confirmed by checking PDMP). Reports this dose allows him to control his pain and continue to work.

- In-office urine drug screen shows presence of only hydrocodone and no other substances.

Question 1

Does Joe have opioid use disorder?

A. Definitely yes.
B. Probably yes.
C. Unsure; there is not enough information to make a diagnosis.
D. Probably not.
E. Definitely not.

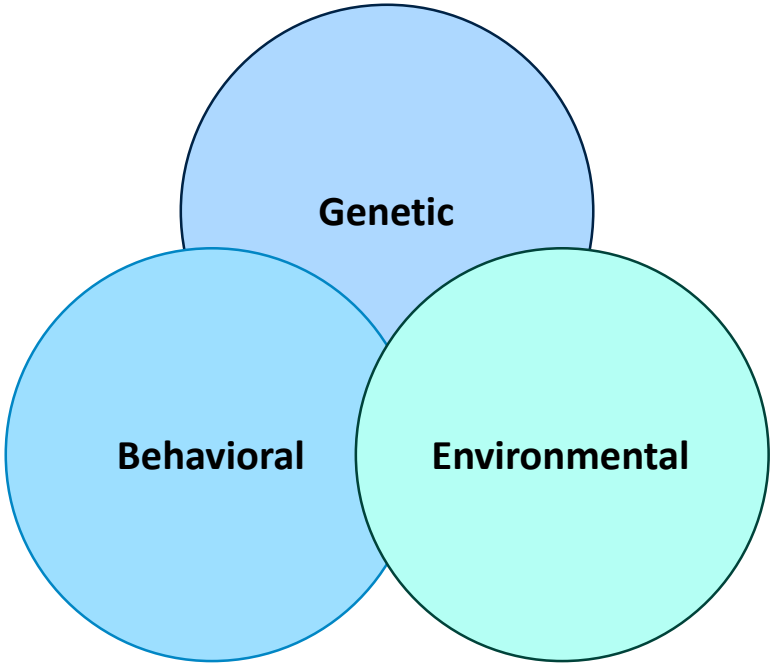
What questions would you ask Joe to help you determine whether he might have opioid use disorder?

What Is Substance Use Disorder (SUD)?

- Many people use drugs and alcohol, but not all people develop substance or alcohol use disorder.
- Substance use disorder is not simply about the use of drugs; it is about the behaviors and symptoms around the use of drugs.
- Many people get better without formal treatment.
  - Treatment shortens the time it takes to get better.
  - Treatment reduces negative outcomes along the way (HIV, mental illness, overdose death).

Who Develops Substance Use Disorders?

- Genetic component
- Environmental component
- Behavioral component
- Early exposures associated with increased risk
  - Adverse childhood experiences
  - Early exposure to drugs and alcohol



Source: McLellan, A. T., Starrels J. L., et al. (2014 Jan). *Public Health Reviews, 35*(2).

Screening for Opioid Misuse

- SAMHSA recommends universal alcohol, tobacco, prescribed and illicit drug misuse screening annually in general medical practices.
- USPSTF Draft Recommendation Grade "B" screening for drug use in adults age >18 years including pregnant women. "Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred."

Source: Substance Abuse and Mental Health Services Administration. (2018). *Medications for opioid use disorder.* TIP 63. HHS Publication No. (SMA) 18-5063. Rockville, MD: Author.
https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/drug-use-in-adolescents-and-adults-including-pregnant-women-screening

Screening Instruments

- Numerous validated screening tools are available.
- Single-item screening is often used in primary care settings.
  - "How many times in the past year have you used an illegal drug or a prescription medication for nonmedical reasons?" (A positive screen is 1 or more days.)
  - A positive response leads to full Drug Abuse Screening Test (DAST-10).

Source: https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

DAST-10

In the past 12 months...		Circle	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No
Scoring: Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.		**Score:**	

Interpretation of Score		
Score	**Degree of Problems Related to Drug Abuse**	**Suggested Action**
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

- Validated screening instrument
- Can be used for any drug
- Can be administered by either provider or patient

Sources: Skinner, H. A. (1982). The drug abuse screening test. Addictive Behaviors, 7(4), 363-371.
Villalobos-Gallegos, L., Pérez-López, A., Mendoza-Hassey, R., Graue-Moreno, J., & Marín-Navarrete, R. (2015). Psychometric and diagnostic properties of the Drug Abuse Screening Test (DAST): Comparing the DAST-20 vs. the DAST-10. Salud Mental, 38(2), 89-94.

Opioid Use Disorder Diagnosis

Diagnostic and Statistical Manual of Mental Disorders 5 Criteria	
1. More or longer than intended 2. Unable to cut back or control 3. Time dedicated to obtaining, using, recovering from	**Loss of control**
4. Physical or psychological consequences 5. Activities given up 6. Failure to fulfill major obligations (work, school or home) 7. Continued use despite social or interpersonal problems caused or made worse 8. Recurrent use in hazardous situation	**Continued use despite consequences**
9. Craving, strong desire, or urge	**Craving or compulsion**
10. Tolerance (unless taken solely under appropriate medical supervision) 11. Withdrawal (unless taken solely under appropriate medical supervision)	

Severity is based on number of symptoms: **Mild** 2–3 symptoms, **Moderate** 4–5 symptoms, **Severe** ≥6 symptoms.

Source: American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: Author.

Does Language Matter?

- A randomized controlled trial was held with mental health professionals.
- Two groups were given same clinical scenario: one with a “substance abuser” and the other with a “person with substance use disorder.”
- Those in the “substance abuser” condition agreed more with the notion that the character was personally culpable and that punitive measures should be taken.
- DSM IV terms of “dependence” and “abuse” were changed to “use disorders” in transition to DSM 5.

Source: Kelly JF, Westerhoff CM. Int Journal of Drug Policy. 2010. 21:202-207.

Language Matters

Terms to avoid using	Terms to use
Addict, junkie, drug abuser	Person who uses drugs or person with substance use disorder
Substance abuse	Substance misuse or Substance use disorder
Clean (drug test) Dirty (urine drug test)	Negative drug test Positive drug test
Drug habit	Substance misuse, substance use disorder
Staying clean	In recovery/in remission

Source: https://www.addictionpolicy.org/blog/language-matters-infographic

Possible Questions for Joe

1. Any sense of **loss of control** around taking the medication?
2. Any negative **consequence** related to use of the medications?
3. Strong **cravings** when he doesn't take his dose on time?

Possible Questions for Joe

4. Questions about possible **risk factors** for OUD:

   - Is there personal history of alcohol or drug use?
   - Any family history of alcohol or drug use?
   - Any history of depression or other mental illness?
   - Any history of adverse childhood events?

Joe's Case: Option A

- Joe denies any symptoms related to loss of control around his opioid use.
- He denies negative family or work consequences related to the opioid use.
- He denies experiencing cravings for the medication, but he does report feeling like he has flu symptoms when he misses too many doses.
- He denies a personal history of alcohol or substance use disorders.
- He has a remote history of depression but denies symptoms at this time.

Question 2

Does Joe have opioid use disorder?

A. Definitely yes.

B. Probably yes.

C. Unsure; there is not enough information to make diagnosis.

D. Probably not.

E. Definitely not.

Joe's Case: Option B

- Joe reports that he spends much of his day thinking about when he can take the next pill.
- He says that he doesn't think he's getting enough medication because he sometimes has to buy additional pills from someone at work because he runs out of his prescription early.
- He reports he's had to miss some family events because he's run out of medication early and feels too sick to attend.
- He reports that he had some problems with alcohol misuse when he was younger, but he denies current issues.
- His PHQ-9 score is 10 (moderate depression is 10–14), currently untreated.

Question 3

Does Joe have opioid use disorder?

A. Definitely yes.

B. Probably yes.

C. Unsure; there is not enough information to make diagnosis.

D. Probably not.

E. Definitely not.

TREATMENT FOR OUD

Substance Use Disorder Treatment

Acute Care Model

- Enter treatment
- Complete assessment
- Receive treatment
- Discharge

Chronic Care Model

- Prevention
- Early intervention
- Treatment
- Recovery support services

Source: McLellan AT, Starrels JL, et al. *Public Health Reviews.* 2014 Jan; 35(2).

What Does SUD Treatment Look Like?

- Different levels of care
  - The level of care should be based on severity of disease and psychosocial situation.
  - The level of care can vary from 2 hours per week to intensive in-patient programs.
- Treatment may or may not include medications.
  - Not all substance use disorders have medications available to be part of treatment.

OUD Treatment

- Behavioral support
- Medication for addiction treatment (MAT)
  - Methadone
  - Buprenorphine (Suboxone®, Bunavail™, Zubsolve®, Subutex, Probuphine® implant, Sublocade injection)
  - Injectable extended release (ER) naltrexone (Vivitrol®)
- Approximately 1/3 of treatment providers offer methadone or buprenorphine.[1]
- Detox is not a treatment and actually increases risk of overdose without linkage to next level of care.[2]

Sources: [1] SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS): 2017. [2] Strang et al. *BMJ*. 2003. 326:960-1.

OUD Treatment

OUD medications have been shown to

- Reduce illicit opioid use,
- Retain people in treatment, and
- Reduce risk of opioid overdose death better than treatment with placebo or no medication.
- "Discussing medications that can treat OUD with patients who have this disorder is the clinical standard of care."

Source: Substance Abuse and Mental Health Services Administration. (2018). Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, Full Document.

MAT for OUD

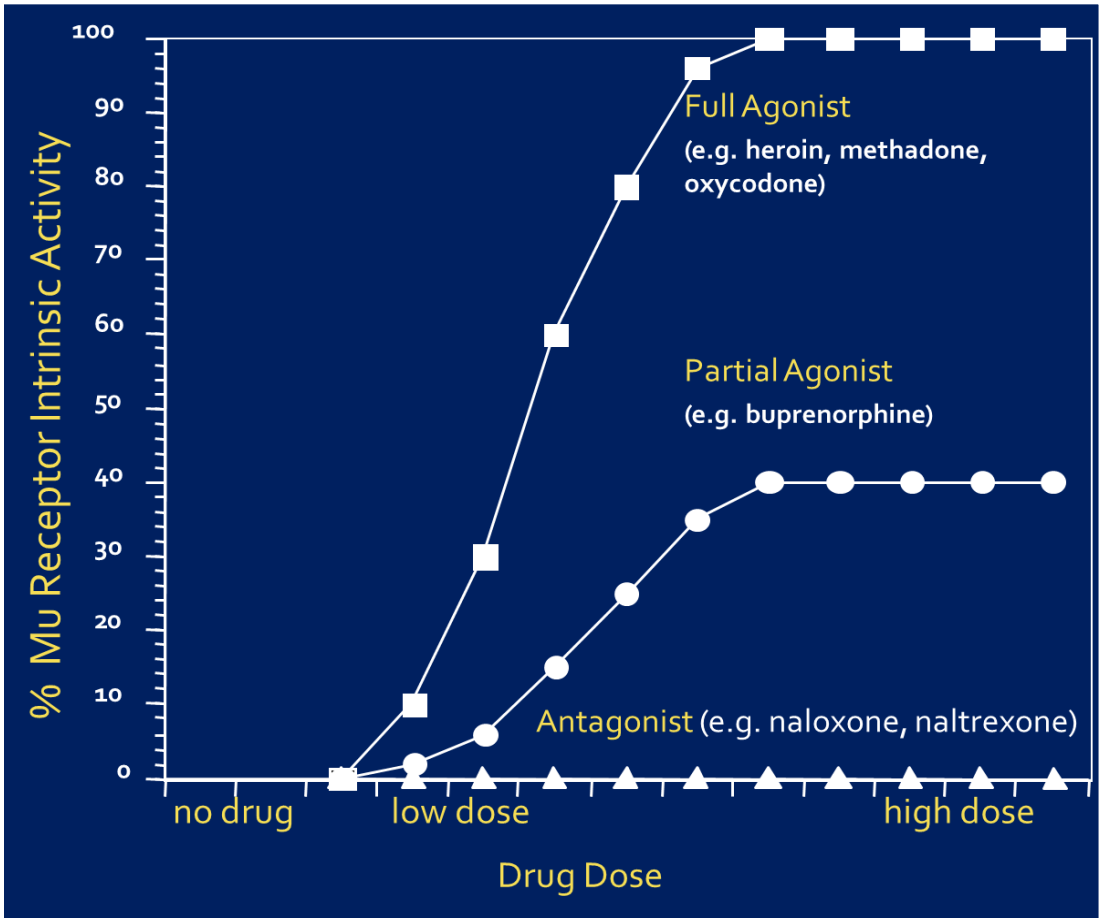
- All three of the medications do two things:
  - Help control cravings (block negative reinforcement)
  - Reduce the experience of using opioids on top of the medication (block positive reinforcement)
- Pharmacology of the medications is different.
- Regulation around each medication is different.
- The availability of evidence is different.

Source: Substance Abuse and Mental Health Services Administration. (2018). *Medications for opioid use disorder.* Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SMA) 18- 5063FULLDOC. Rockville, MD: Author.

MAT for OUD: Pharmacology

- Methadone
  - Full opioid agonist
  - Relieves withdrawal symptoms at lower doses (30–40 mg)
  - Provides opioid blockade at higher doses (>60 mg)
- Buprenorphine (Suboxone®, Bunavail™, Zubsolve®, Subutex, Probuphine® implant, Sublocade injection)
  - Partial opioid agonist (has ceiling effect; safer for overdose risk)
  - Relieves withdrawal symptoms at lower doses (4–8 mg)
  - Provides opioid blockade at higher doses (12–24 mg)
- Injectable extended-release (XR) naltrexone (Vivitrol®)
  - Opioid antagonist
  - Precipitates withdrawal symptoms; must have been without opioids for 10–14 days
  - Provides opioid blockade (28 days)

Opioid Agonists and Antagonists



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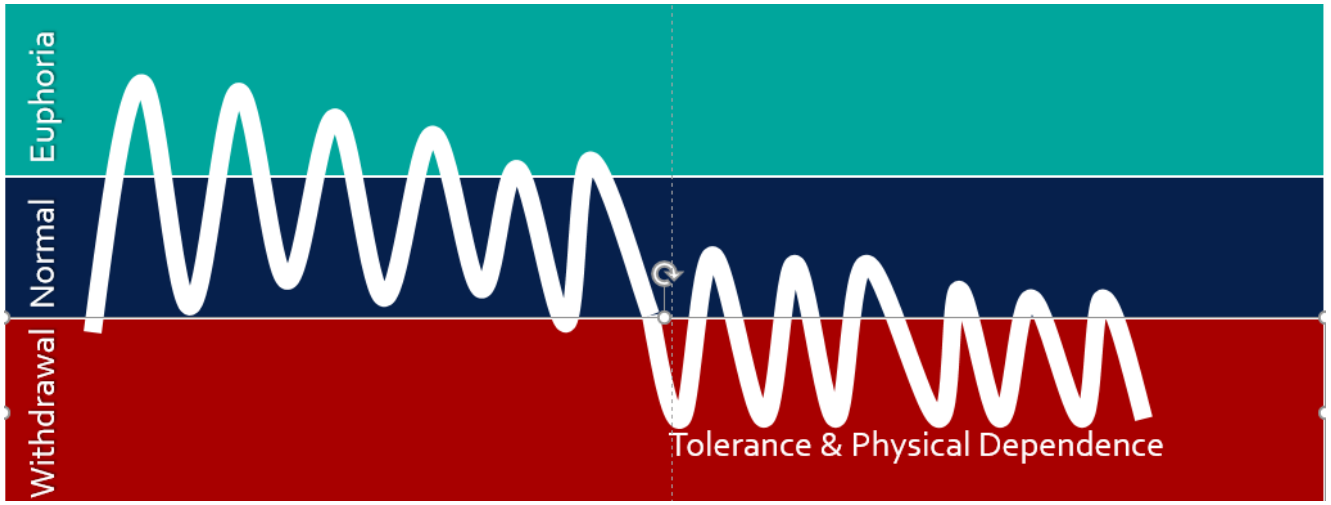
Natural History of Opioid Use Disorder



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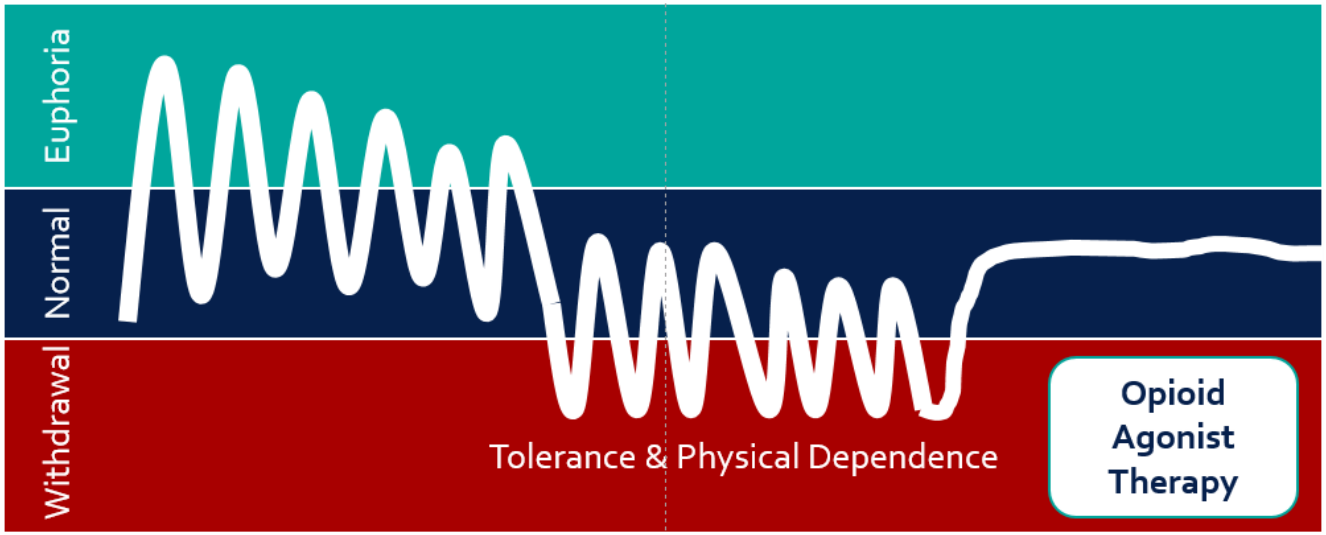
Alford DP. http://www.bumc.bu.edu/care/

Opioid Agonist Therapy



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Alford DP. http://www.bumc.bu.edu/care/

Buprenorphine and Methadone for OUD: Physiologic Effects

- Methadone and buprenorphine are opioid agonists
- Methadone and buprenorphine help with pain.
- Methadone and buprenorphine help with withdrawal symptoms. (People DO NOT need to "detox" to start these medications.)
- Overdose risk
  - At high doses of methadone, overdose is possible.
  - Overdose with buprenorphine can happen in opioid-naïve individual or when mixed with other respiratory depressants; it is rare on its own.
  - Both medications have increased risk for overdose when mixed with other drugs or alcohol.

XR Naltrexone for OUD: Physiologic Effects

- Naltrexone is an opioid antagonist, so people must go through full withdrawal before they can get the injection.
  - Typically, 10–14 days of no opioid use is recommended.
  - If it is given too early, people will go into precipitated withdrawal.
- Opioids will not work when the injection is active in the body.
  - It lasts for approximately 28 days.
- Overdose risk
  - Overdose risk while on naltrexone is active is almost zero; after 28 days, the risk is higher because of reduced tolerance.

MAT for OUD: Regulatory Differences

Methadone

- It was approved for OUD treatment in the 1970s.
- In the United States, it is only available in certified opioid treatment programs with strict regulations around administration.
  - It requires observed dosing 6 days/week during first months of treatment.
  - Counseling must be available.
  - Wraparound services vary by site.

Source: Substance Abuse and Mental Health Services Administration. (2018). *Medications for opioid use disorder.* Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SMA) 18- 5063FULLDOC. Rockville, MD: Author.

MAT for OUD: Regulatory Differences

Buprenorphine

- It is FDA approved for OUD since 2002 and can be prescribed in outpatient settings with a waiver (requires additional education).
- Initially only physicians, now nurse practitioners and physician assistants can prescribe it.
- Each prescriber has a patient limit at any given time (30, 100, 275).
- Counseling must be offered (on-site or via referral), but medication should not be withheld if the patient does not engage.
- List of waivered providers is on SAMHSA treatment finder (not comprehensive).

Sources: Korthuis et al. *Annals of Internal Medicine*. 2017; 166:268-278.
Substance Abuse and Mental Health Services Administration. (2018). *Medications for opioid use disorder.* TIP 63. HHS Publication No. (SMA) 18- 5063. Rockville, MD: Author.

MAT for OUD: Regulatory Differences

- Injectable XR naltrexone (Vivitrol)
  - It has been FDA approved for relapse prevention since 2010.
  - No additional license, waiver, etc. is required.
  - No controlled substance license is required to prescribe it (i.e., anyone with prescribing authority can prescribe it).
- Oral naltrexone is available but has not been shown to improve outcomes for opioid use disorder; it is not recommended for OUD.

Source: Substance Abuse and Mental Health Services Administration. (2018). *Medications for opioid use disorder.* TIP 63. HHS Publication No. (SMA) 18- 5063. Rockville, MD: Author.

MAT for OUD: Treatment Outcomes

Outcome	Methadone	Buprenorphine	XR Naltrexone
Increased retention in treatment	X	X	X
Reduced illicit opioid use	X	X	X
Reduced risk of overdose death	X	X	
Reduced all-cause mortality	X	X	
Reduced HIV risk behaviors	X	X	

Source: Substance Abuse and Mental Health Services Administration. (2018). *Medications for opioid use disorder.* TIP 63. HHS Publication No. (SMA) 18-5063. Rockville, MD: Author.

Retention in Treatment at 12 Months With Reduced Illicit Drug Use

Treatment	
Treatment without medication	6%
XR Naltrexone[a,b]	10–31%
Buprenorphine[a]	60–90%
Methadone[a]	74–80%

[a] Based on a meta-analysis of research studies, the rates of success are lower in real-world settings.
[b] Most XR Naltrexone studies were only 3–6 months; 12-month registry study only had percentage discontinued due to meeting goals. The numbers presented here are different from the report referenced because these values were updated based on Jarvis et al.'s study.
Sources: California Health Care Foundation. *Why health plans should go to the MAT in the fight against opioid addiction.*
Jarvis et al. *Addiction.* 2018;113(7):1188-1209.

Duration of Treatment

- Longer length of treatment is associated with better outcomes (methadone and buprenorphine).
  - Patients should continue as long as they benefit and no contraindications.
- Data are limited for long-term use of XR Naltrexone, but the current recommendation is that patients should continue as long as they benefit and want to continue.

Source: Substance Abuse and Mental Health Services Administration. (2018). *Medications for opioid use disorder.* Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SMA) 18- 5063FULLDOC. Rockville, MD: Author.

Treatment Selection: Methadone, Buprenorphine or XR Naltrexone?

- Shared medical decision making
  - Patient preference and past experience
  - Ease of withdrawal/ability to abstain from opioids for at least 10 days (for injectable naltrexone)
  - Risk of overdose
  - Patients with occupations that do not allow agonist treatment (individuals operating heavy machinery, transportation drivers, physicians, pilots)
- Access to treatment
- XR Naltrexone not recommended during pregnancy

NEXT STEPS

Practice Recommendations

Communicating with patients

- Screen for opioid misuse.
- Use DSM 5 language (opioid use disorder).
- Talk to patients about treatment options, evidence base, and know where to refer locally.
- Prescribe buprenorphine in your own practice (get a DATA waiver and use it).

DATA Waiver

1. Complete a SAMHSA-approved buprenorphine waiver training:
    a. American Academy of Addiction Psychiatry
    b. American Society of Addiction Medicine
    c. Providers Clinical Support System (PCSS) for MAT. Apply through DEA website to get the waiver.
2. Get your “X” DEA number.
3. Start prescribing!

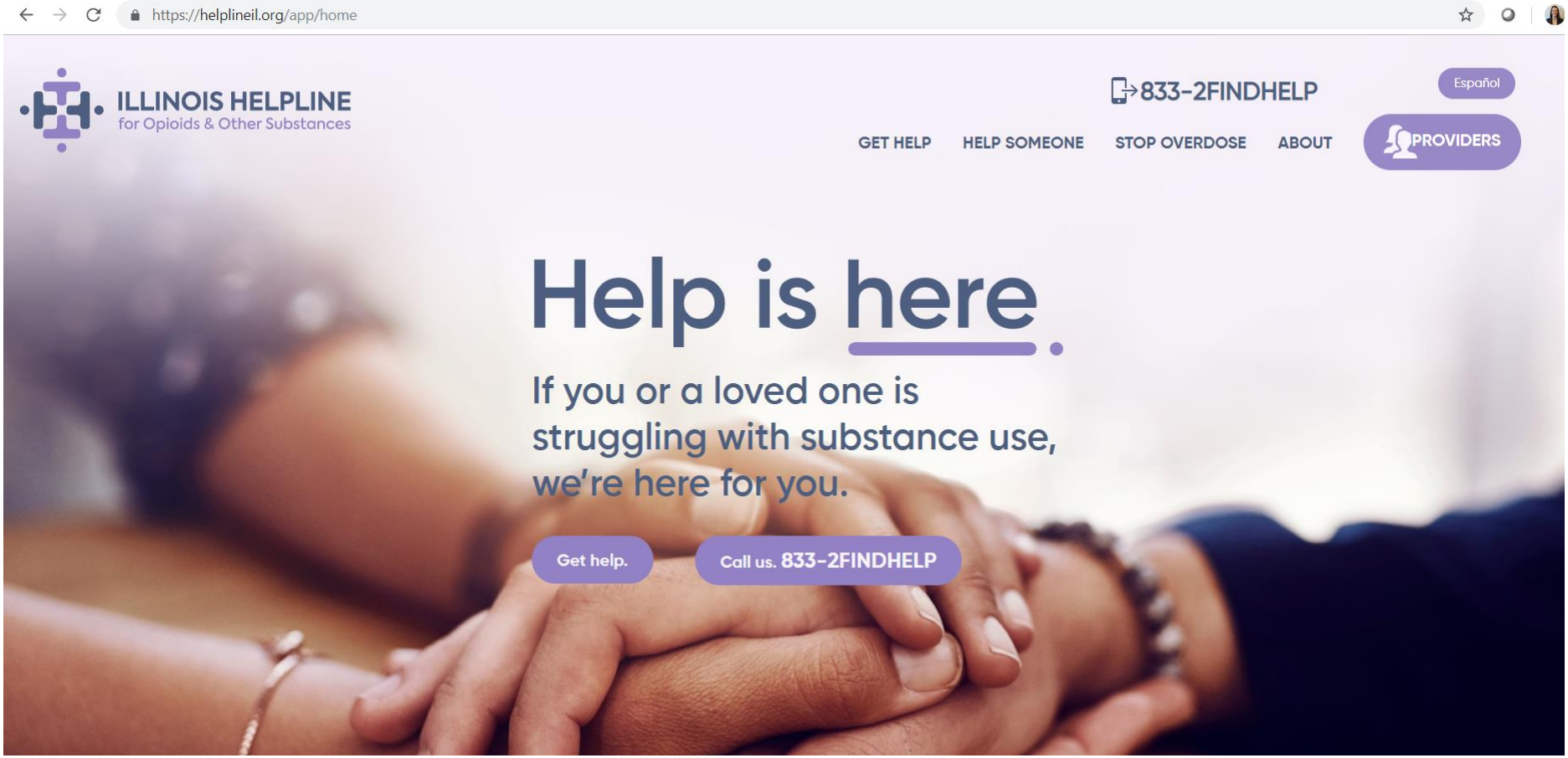
Source: https://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training

Resources for Additional Information and Training

- PCSS-MAT
  - Archived and live webinars
  - https://pcssnow.org/
- State Targeted Response- Technical Assistance Requests
  - https://opioidresponsenetwork.org/
- Rush Opioid Use Disorder Treatment Fellowship (next fellowship starts in Jan ‘20)
  - Contact: Kristin Hill (Kristin_Hill@rush.edu)
- ECHO
  - SIU- http://www.siumed.edu/cpd/opioid-echo.html
  - UofC- https://www.echo-chicago.org/topic/opioid-use-disorder/

Search for services by location using

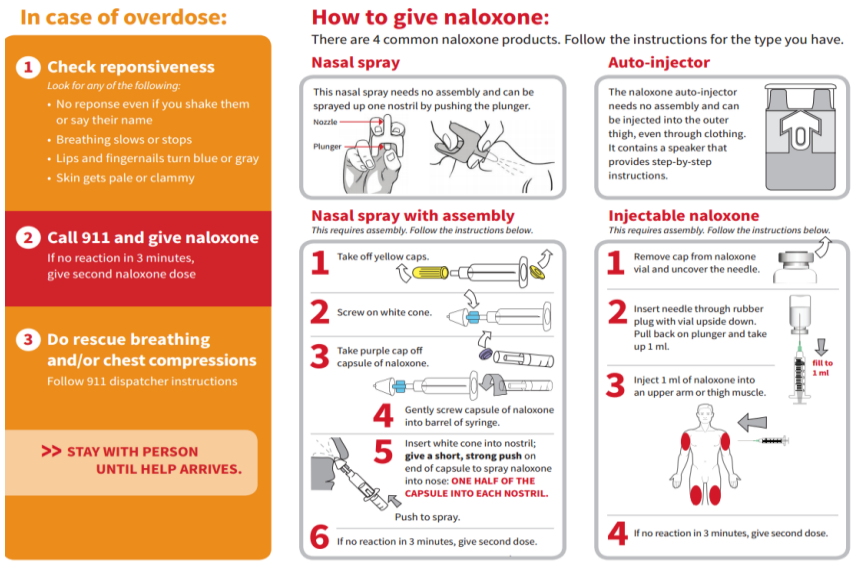
Illinois Helpline



Additional Practice Recommendation

Prescribe Naloxone!

- Patients with history of overdose
- Patients on >50 MME of prescribed opioids
- Patients using illicit opioids
- Friends and family of individuals who use opioids (may depend on laws in your state)



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QUESTIONS

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MAKING
RESEARCH
RELEVANT

THANK YOU