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ASAM American Society of Addiction Medicine

Opioid Use Disorder

National Council & ASAM ECHO Series

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

1

1

Introduction Poll

- What role/function do you operate in at your CCBHC?

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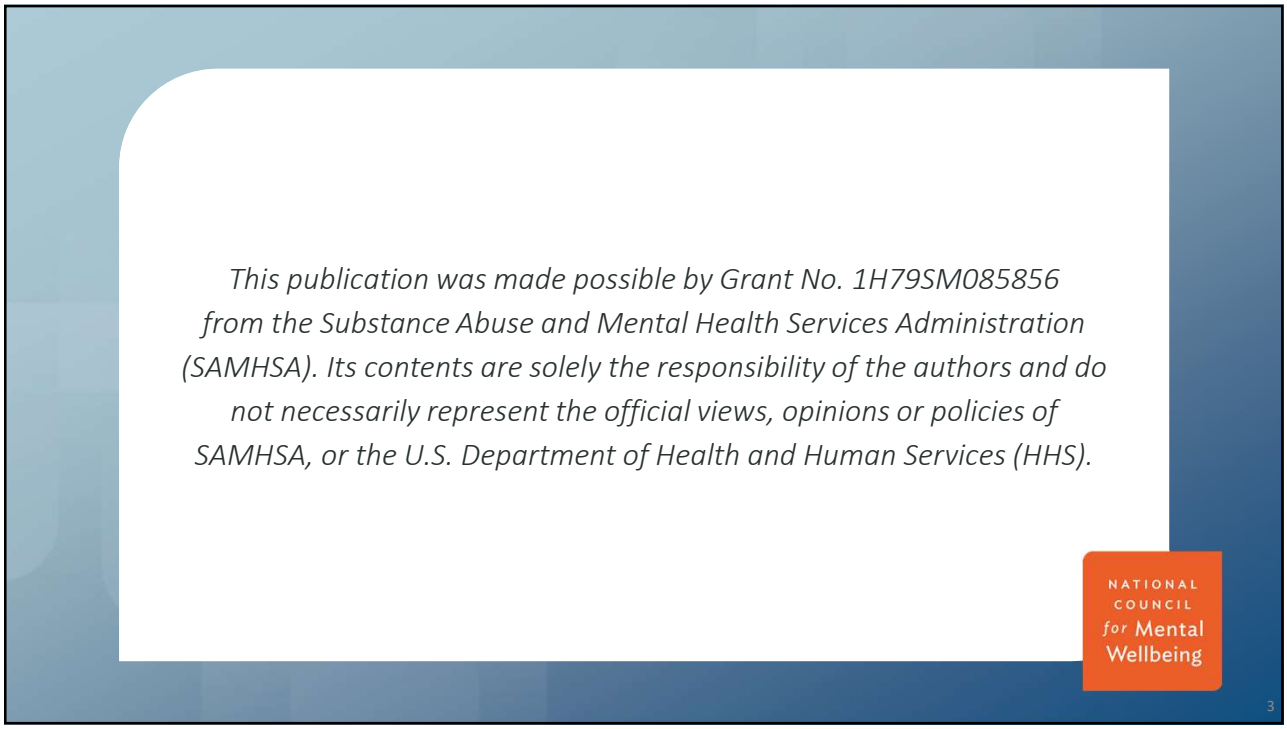
2

2



3

Education Collaboration

National Council for Mental Wellbeing

The National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of more than 3,400 mental health and substance use treatment organizations and the more than 10 million children, adults and families they serve. National Council advocates for policies to ensure equitable access to high-quality services, builds organizational capacity, and promotes mental wellbeing in healthcare.

American Society of Addiction Medicine

ASAM, founded in 1954, is a professional medical society representing over 7,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

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4

4

CCBHC ECHO Series

Session #1 **Updated CCBHC Criteria** March 26, 2024 3:30 pm – 5:00 pm ET	**Session #2** **Co-Occurring Disorders** April 23, 2024 3:30 pm – 5:00 pm ET	**Session #3** **Stimulant Use Disorder** May 28, 2024 3:30 pm – 5:00 pm ET
Session #4 **Alcohol Use Disorder** June 25, 2024 3:30 pm – 5:00 pm ET	**Session #5** **Opioid Use Disorder** July 23, 2024 3:30 pm – 5:00 pm ET	**Session #6** **Cannabis Use Disorder** August 27, 2024 3:30 pm – 5:00 pm ET

5

Disclaimer

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6

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No relevant financial relationships to disclose.

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No relevant financial rel ationships to disclose.

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7

7

Agenda

- Welcome & Introductions (15 Min)
- Didactic Presentation (30 Min)
- Didactic Presentation Q&A (10 Min)
- Case Presentation(s) (30 Min)
- Closing Announcements (5 Min)

Project ECHO®

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8

8

Recording Notice

By joining this TeleECHO Session, you consent to being recorded for educational and quality improvement purposes. Your participation is appreciated.

For questions or concerns, email education@asam.org.

9

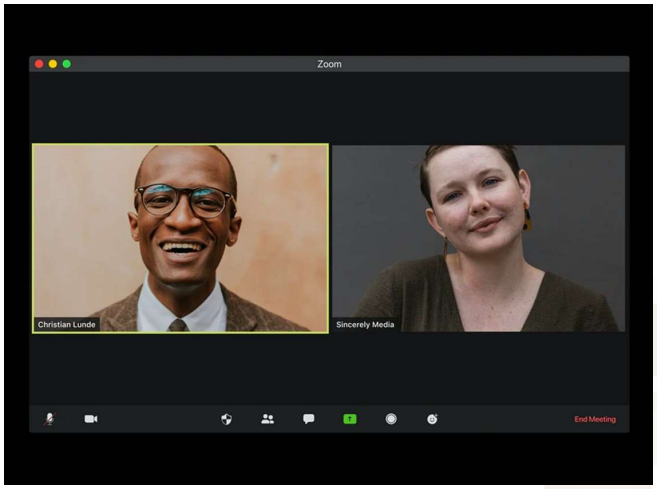
Helpful Tips

- Mute microphone when you are not speaking.
- Position webcam effectively.
- Test both audio and video.
- Communicate clearly during clinic.
  - Speak clearly.
  - During discussion, use chat function only if audio is not working properly.

10

Please Turn On Your Camera

To promote face-to-face mentorship and the sharing of knowledge, please turn on your device's camera during the ECHO session if possible.



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11

11

Introductions

In the interest of preserving time for presentations, please briefly state the following when called upon the session facilitator:

1. Full Name
2. Location
3. Role within a CCBHC

If your mic is not functioning, please type your introductions in the Zoom chat box.

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12

12

Avoid Use of Stigmatizing Language

The language we choose shapes the way we treat our patients…	
Instead of:	**You can say….**
addict, junkie, substance abuser	Person with a substance use disorder
Addicted baby	Baby experiencing substance withdrawal
Alcoholic	Person with alcohol use disorder
Dirty vs clean urine	Positive or negative, detected or not detected
Binge	Heavy drinking episode
Detoxification	Withdrawal management, withdrawal
Relapse	Use, return to use, recurrence of symptoms or disorder
substance abuse	Use (or specify low-risk or unhealthy substance use)
Substitution, replacement, Medication assisted treatment	Opioid agonist treatment, medication treatment

Saitz, R., Miller, S. C., Fiellin, D. A., & Rosenthal, R. N. (2020). Recommended Use of Terminology in Addiction Medicine.

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13

13

Live Virtual Session: Ground Rules

1. We share cases to give time to process new information. Please participate!
2. Everyone's experiences differ: Assume the best intentions.
3. Monitor your participation: Everyone is accountable.
4. If someone says something that is not your understanding of the evidence, ask questions to clarify.

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14

14

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15

15

Learning Objectives

- List the three FDA-approved medications for the treatment of opioid use disorder.
- Describe the evidence base for the use of medication for opioid use disorder.
- Gain comfort in dispelling myths about the use of medication for opioid use disorder.

16

OUD Treatment

- Behavioral support provided throughout all levels of care
- Medication for opioid use disorder (MOUD)
  - Methadone
  - Buprenorphine (Suboxone®, Bunavail™, Zubsolve®, Subutex, Probuphine® implant, Sublocade injection)
  - Injectable extended release (ER) naltrexone (Vivitrol®)
- Approximately 1/2 of treatment providers offer methadone or buprenorphine.[1]
- Detox alone 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): 2020; . [2] Strang et al. *BMJ*. 2003. 326:960-1.

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17

OUD Behavioral and Peer-Based Interventions

Behavioral Interventions and Approaches

- Motivational Enhancement Treatment (MET)
- Contingency Management (CM)
- Assertive Community Treatment (ACT) (Engagement Only)
- Seeking Safety (SS)

Peer and Community Supports

- 12-step groups
- SMART recovery
- Peer recovery coaching
- Housing supports
- Job placement supports
- Intensive Case Management
- Syringe service programs (SSPs)

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18

18

Behavioral Health Interventions for OUD

Interventions and Approaches	Substance Use Disorder(s)	Mental Health Condition(s)	Availability by Profession & Training
Cognitive Behavioral Therapy (CBT)	Substance Use Disorders (Alcohol, Cocaine, Nicotine, Marijuana, Methamphetamines)	Depression, Anxiety Disorders, Adjustment Disorders, and Mood Disorders	LPC, LCSW, LMFT, Psychologists, some Licensed Alcohol and Drug Abuse Counselors
Dialectical Behavioral Therapy (DBT)	Substance Use Disorders (all)	Borderline personality disorder, depression, bipolar, PTSD, Bulimia, binge eating.	LPC, LCSW, LMFT, and Psychologist. The Linehan Board of Certification has developed certification standards for clinicians.
Assertive Community Treatment (ACT)	Substance Use Disorders (co-occurring with other mental illness or problems)	• Schizophrenia, • Bipolar, Depression, and Anxiety • Other: homelessness, criminal justice systems, frequent hospitalizations	Mobile mental health treatment teams often include a team leader, psychiatrist with nurse practitioner or physician assistance, substance abuse specialists, and peer specialist.
Seeking Safety (SS)	Substance Use Disorders (all)	Trauma and PTSD	Anyone can conduct Seeking Safety. It does not require any specific degree, licensure, or certification Manualized Training is available.
Contingency Management Interventions / Motivational Incentives	Alcohol, stimulants, marijuana, opioids, and nicotine	None	Program progress tracked by team. Voucher-based reinforcement or prize incentives

19

19

OUD Peer and Community-Based Supports

Focus	Supports	Details	Resources
Peer-Based	Alcoholics Anonymous and other 12-step groups	Free, peer-led, and available in most communities Abstinence-focused	Alcoholics Anonymous (AA)
	Self-Management and Recovery Training (SMART)	Peer-led; available in-person and online Concepts from cognitive behavioral therapy (CBT)	Smart Recovery
	Peer Recover Support Specialists	Individuals in long-term recovery Scope often depends on where they are employed	SAMHSA Peer Support Role Information
Community Based	Community Harm Reduction Programs	Syringe services programs (SSPs) Naloxone distribution programs Fentanyl test strip distribution	The Centers for Disease Control and Prevention Resources on: • Syringe Services Programs • Naloxone Purpose and Program Information • Fentanyl Test Strips

20

20

OUD Treatment

Compared to treatment without medication or with placebo, OUD medications have been shown to:

- Reduce illicit opioid use,
- Increase treatment retention, and
- Reduce risk of opioid overdose death (Methadone and buprenorphine)

"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.

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21

21

Medications for Opioid Use Disorder (MOUD):

- Medication Similarities:
  - Help control cravings (block negative reinforcement)
  - Reduce the experience of using opioids on top of the medication (block positive reinforcement)
- Medication Differences:
  - Mechanism of action
  - Regulation
  - Outcomes based on current evidence

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.

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22

22

MOUD Pharmacology

	Action in the Brain	Relieves withdrawal symptoms	Provides Opioid Blockade	Pain Relieving Properties
Methadone	Opioid agonist (turns receptor on fully)	X (30-40mg)	X (>60mg)	X
Buprenorphine	Opioid Partial Agonist (turns receptor on partially)	X (4-8mg)	X (12-24mg)	X
XR Naltrexone	Opioid Antagonist (blocks the receptor)		X	

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.

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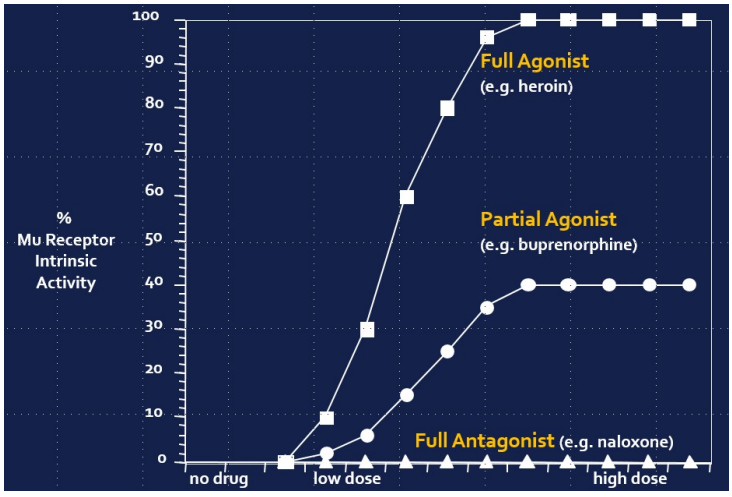
23

23

MOUD Mu Receptor Activity



Source: ASAM Buprenorphine Waiver Training

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24

24

Opioid Agonist Therapy (buprenorphine or methadone)

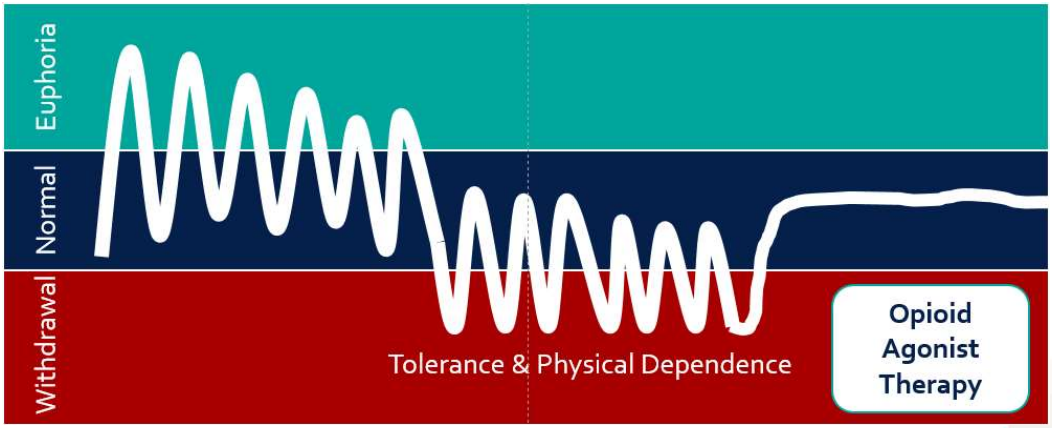

Image used with permission of ASAM. Reproduced from content in the ASAM Buprenorphine Course by the American Society of Addiction Medicine. Alford DP. http://www.bumc.bu.edu/care/

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25

25

MOUD: Overdose Risk

- At high doses of methadone, overdose is possible.
- Overdose with buprenorphine does happen when mixed with other respiratory depressants but is rare on its own.
- Overdose risk while naltrexone is active is almost zero; after 28 days, risk is higher because of reduced tolerance.

Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SMA) 18- 5063FULLDOC. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf

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26

26

MOUD: Regulatory Differences

Methadone

- 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 at least the first 3 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.

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27

27

MOUD: Regulatory Differences

Buprenorphine

- FDA approved for OUD since 2002.
- Can be prescribed in outpatient settings if provider has a waiver from DEA.
  - Currently must apply for a waiver and provider limits: https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php
- UPDATE 2023:
  - Consolidated Appropriations Act eliminates requirement for a separate waiver and eliminates patient limits
  - We are waiting for additional federal agency guidance

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.
https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner
https://www.samhsa.gov/medication-assisted-treatment

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28

MOUD: Regulatory Differences

Injectable XR naltrexone (Vivitrol)

- FDA approved for OUD 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 <u>not</u> 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.

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29

MOUD: 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. Fanucchi, L., et al.

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30

30

Common Myths

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31

31

Isn't allowing someone to use methadone or buprenorphine just trading one drug for another?

- Addiction is about the behaviors someone displays around their drug use.
- Someone who is stable in their recovery and is taking one of these medications is able to participate in all of their daily life activities and no longer exhibits those behaviors.

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32

Aren't lower doses of buprenorphine and methadone better? Why are some people on such high doses?

- Everyone's dose is different.
- Doses are increased or decreased based on someone's symptoms.
- Goal is to have a dose that controls someone's cravings to a level that allows them to be able to engage in other daily activities.
- Doses that are too low will not provide opioid blockade.
- Higher doses have been shown to increase retention in treatment and to reduce illicit opioid use.

Mattick et al. (2014). Buprenorphine maintenance vs placebo or methadone maintenance for opioid dependence; Cochrane Database of Systematic Reviews 2014, Issue 2. Art. No.: CD002207. DOI: 10.1002/14651858.CD002207.pub4

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33

33

Why do some people take these medications for so long? Isn't shorter treatment course better?

- The length of treatment needed depends on the individual, but in general, the longer someone stays on the medicine the better their outcomes (lower risk for return to use, better health outcomes, less risk of death).
- Opioid use disorder is a chronic condition, meaning that the treatments are generally long-term.
- The same as high blood pressure or diabetes- medicines for opioid use disorder help you to live longer and control your condition.

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34

34

Methadone ruins your bones and rots your teeth

- Methadone has not been shown to affect bone or tooth health
- During active opioid use disorder, people often don't eat well or maintain their hygiene (for example not brushing teeth regularly) so these symptoms are usually due to years or even decades of unhealthy food intake or lack of dental hygeine

35

"I'm allergic to suboxone"

- Often when people believe they are allergic to buprenorphine (Suboxone) it is because they took the buprenorphine too soon after using heroin or another opioid.
- When someone starts buprenorphine, they have to be in at least moderate withdrawal (dope sick)
- If someone tells you they got really sick when taking buprenorphine (Suboxone), ask about the circumstances and the symptoms. If the symptoms were normal withdrawal symptoms, it is likely they just took it too soon.

36

What are the treatment recommendations for pregnant women?

- Methadone and buprenorphine are the standard of care for pregnant people with OUD.
- Available research suggests lower severity of neonatal abstinence syndrome among infants exposed to buprenorphine as compared to methadone, however clinical guidelines don't recommend transitioning someone from methadone to buprenorphine if they are stable.
- Naltrexone is not recommended for use during pregnancy.

Document. HHS Publication No. (SMA) 18-5063FULLDOC. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf; Meyer et al. (2015). Methadone and buprenorphine for opioid dependence during pregnancy: A retrospective cohort study. Journal of Addiction Medicine; 9(2):81-86.; https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy

37

How do you treat chronic pain in the setting of opioid use disorder?

- Optimize all non-opioid therapy for pain management (physical therapy, yoga, tai chi, ibuprofen, acetaminophen, other procedures, etc.).
- Buprenorphine can treat OUD and has some pain-relieving properties, but not to the extent of methadone.
  - Typically it is dosed more frequently (instead of one time a day—could be 2–4 times per day).
- Patients who are thought to require opioid therapy for pain management are not candidates for injectable naltrexone.

38

We hear that people sell buprenorphine, but you say that people typically don't use it to get high… then why would someone buy it?

- Most people who report buying buprenorphine on the street report they buy it because they want to
  - Avoid withdrawal (79%).
  - Maintain abstinence (67%).
  - Self-wean off drugs (53%).
- Buprenorphine does not provide a good "high" to someone who uses opioids regularly.

Cicero et al. (2018). Understanding the Use of diverted buprenorphine. Drug and Alcohol Dependence, 193:117-123

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39

39

Someone with opioid use disorder should never be given opioid pain medications.

- False!
- People with OUD can receive opioids for pain management, especially in relation to a surgery or an acute injury, but it is typically done in very controlled settings (small volumes given, close follow-up, etc.).

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40

40

References

- Mattick et al. Buprenorphine Maintenance Versus Placebo or Methadone maintenance for Opioid Dependence (Review). Cochrane Database of Systematic Reviews. 2014;Issue 2.Art. No.:CD002207.
- SAMHSA Tip 63. Can be accessed here: https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002
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41

Didactic Presentation Discussion

42

Case Presentations

43

Closing Announcements

44

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1. Go to www.asam.org
2. On the top right part of the screen, click on "Login."
   - Seach for the course Treatment of Opioid Use Disorder – July 23, 2024, 3:30 PM – 5:00 PM ET
3. Click Complete Post Test to answer multiple choice questions.
4. Click Complete Evaluation to provide valuable activity feedback.
5. Click the button Claim Medical Credits in the box titled Claim Credits & Certificate. Choose the type of credit and click submit. Click the button View/Print Certificate to save or print your certificate. You can view/print your certificate at any time by visiting the ASAM e-Learning Center, clicking Dashboard, and clicking Transcript/Achievements.

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45

45

Interested in Presenting a Case?

Have a patient or clinical system question you need assistance with?

↓

Contact Kendra Peterson at kpeterson@asam.org or via Zoom chat

↓

Complete the Case Presentation Form and submit one week before the session

↓

Present at an upcoming session

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46

46

Save the Date! CCBHC ECHO Series

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47

47