MISSOURI HOSPITAL ASSOCIATION

Opioid Webinar Series: Part II

Opioid Use Disorder: A Medication First Model

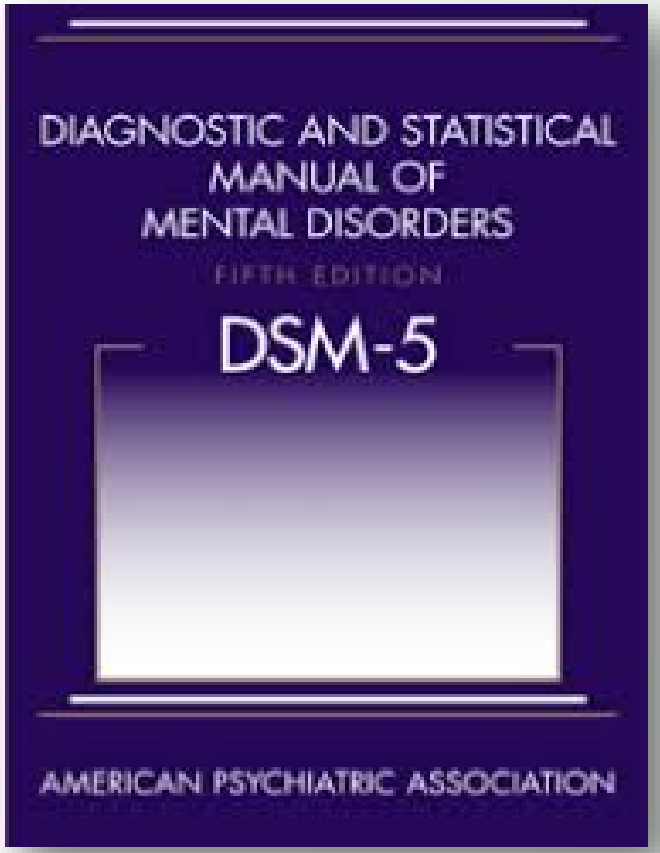
What is Opioid Use Disorder?

A treatable chronic brain disease:

- Repeated use of opioids changes the brain's neural structure
- Behavioral and social contexts are critically important to OUD development and treatment
- Discontinuation of opioid use is extremely difficult – pharmacotherapy is intended to normalize brain structure and function

Diagnosing Opioid Use Disorder

A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following criteria, occurring within a 12-month period.



Source: DSM-5 Diagnostic and Statistical Manual of Mental Disorders

TABLE 1 Summarized DSM-5 diagnostic categories and criteria for opioid use disorder

Category	Criteria
Impaired control	• Opioids used in larger amounts or for longer than intended • Unsuccessful efforts or desire to cut back or control opioid use • Excessive amount of time spent obtaining, using, or recovering from opioids • Craving to use opioids
Social impairment	• Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use • Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems • Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky use	• Opioid use in physically hazardous situations • Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use
Pharmacological properties	• Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount • Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal

Source: DSM-5 Diagnostic and Statistical Manual of Mental Disorders

FDA-Approved Medications to Treat Opioid Use Disorder

- Methadone, buprenorphine and naltrexone are effective in saving lives.
- The most effective medication varies by individual.
- It is critical to have all FDA-approved options available for all people with OUD.
- There is an ongoing need for continuation of research on new medications, approaches and formulations to expand patient options.

FDA-Approved Medications to Treat Opioid Use Disorder

	Naltrexone (Vivitrol®, ReVia®)	Buprenorphine/Naloxone (Suboxone®)	Methadone
Mechanism	Opioid antagonist	Opioid partial agonist/partial antagonist	Opioid agonist
Availability	Extended-release injection, tablet	Sublingual, buccal, implant, injection	Usually syrup formulary
Initiation	Must wait to initiate until patient has been free of opioids for 7-10 days	Must wait to initiate until after withdrawal symptoms have started to appear	May initiate immediately to avoid withdrawal
Abuse Potential	No abuse potential	Less likely than methadone; only a partial agonist	Low compared to other opiates; very low within methadone clinic
Patient Population	• Concomitant alcohol dependence • Highly motivated patients	• Improving insurance coverage • Decreases mortality in heroin users	Improving insurance coverage
Prescribing Restrictions	None	Must receive DATA 2000 waiver	OTP Clinic

Source:https://static1.squarespace.com/static/594939ba197aea24a334ef60/t/59bab107f09ca461180d6429/1505407240927/Opioid+STR+Implementation+Guide_nonDMH.pdf

Medication First Model for the Treatment of Opioid Use Disorder

- The Medication First approach is based on a broad scientific consensus that the epidemic of fatal accidental poisoning (overdose) is one of the most urgent public health crises in our lifetime.
- Increasing access to buprenorphine and methadone maintenance are the most effective ways to reverse the overdose death rate.
- Increased treatment access will best be achieved by integrating buprenorphine induction, stabilization, maintenance and referral throughout specialty addiction programs, as well as mainstream health care.

Bhatraju, E. P., Grossman, E., Tofighi, B., McNeely, J., DiRocco, D., Flannery, M., ... Lee, J. D. (2017). Public sector low threshold office-based buprenorphine treatment: outcomes at year 7. Addiction Science and Clinical Practice, 12(1): 7. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/28245872

Not Treatment as Usual

- Maintenance pharmacotherapy with buprenorphine and methadone can reduce fatal opioid overdose rates by 50-70 percent, reduce illicit drug use and increase treatment retention.
- In traditional addiction treatment programs, the vast majority of patients are not offered ongoing medical treatment. Those who do receive medical care often face intensive psychosocial service requirements that make treatment both burdensome and costly.

Connery HS. Medication-assisted treatment of opioid use disorder: review of the evidence and future directions. HarvRev Psychiatry [Internet]. March-April 2015 [August 2018]; 23(2): 63-75. Available from PubMed: https://www.ncbi.nlm.nih.gov/pubmed/?term=Medicationassisted-+treatment+of+opioid+use+disorder%3A+review+of+the+evidence+and+future+directions.

Missouri STR - Medication First Model

- Patients with OUD receive timely pharmacotherapy treatment – prior to lengthy assessments or treatment plan development.
- Maintenance pharmacotherapy is delivered without contraindicated tapering or time limits.
- Individualized psychosocial services are offered, but not required.
- Medicines are meant to address withdrawal symptoms, cravings, and increase treatment retention.

Medication First Does Not Mean Medication Only

- The Medication First model provides a crucial, stabilizing resource — OUD pharmacotherapy — without conditioning the receipt of medical treatment on other service requirements.
- All participants should be offered a full menu of psychosocial services and be engaged in an individualized manner.
- Once stable on anti-craving medication, people may choose to re-engage in normal life activities rather than invest many hours per day or weeks in group therapy and education.
- Medication First is consistent with the Substance Abuse and Mental Health Administration's working definition of recovery, which prioritizes this form of self-determination.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017, September 20). Recovery and Recovery Support. Retrieved from https://www.samhsa.gov/recovery

Long-Term Retention on Medication is Associated with Improved Outcomes

- Long-term retention on medication is associated with improved outcomes; discontinuing medication often leads to relapse and overdose.
- There is insufficient evidence regarding how these medications compare over the long-term.

Pairing Behavioral Interventions with Medications

- Behavioral interventions do not appear to be necessary in all cases — some people may do well with medication and medical management alone.
- Evidence-based behavioral interventions can be effective in engaging people in OUD treatment, retention and improving outcomes.
- There is inadequate evidence about which behavioral interventions, provided in conjunction with medications, are most effective when treating OUD.

Accessing Medical Treatments for OUD is Inequitable Across Subgroups

- Medication-based treatments for OUD are highly effective across all subgroups of the population, including adolescents and pregnant women; and all racial, sex, gender and socioeconomic groups.
- The nature and extent of OUD in these groups vary greatly, including access to medications.
- There is need for additional study to understand the significance and causes of disproportionate access.

Source: nationalacademies.org/OUDTreatment

Medication-Based Treatment is Effective Across All Settings

Withholding or failing to have available all FDA-approved medications for the treatment of OUD in any care or criminal justice setting is denying appropriate medical treatment.

- Treatment with pharmacotherapy is effective in a broader range of care settings than is currently the norm.
- There is no scientific evidence that justifies withholding medications in any setting or denying social services (e.g. housing, income supports) to individuals on medications.
- Withholding medical treatment or denying services under these circumstances is unethical.

Source: nationalacademies.org/OUDTreatment

10 Do's and Don'ts of Medical Treatment for OUD

1) **Do not** initiate a taper or discontinuation of buprenorphine or methadone in response to any client infraction (e.g. missing therapy sessions).
2) **Do not** mandate participation in individual or group counseling as a requirement for continued medical treatment.
3) **Do not** set a time limit for maintenance medical treatment.
4) **Do not** encourage rapid buprenorphine taper protocols with the goal of transitioning to antagonist medications or no medications at all.

10 Do's and Don'ts of Medical Treatment for OUD

5) **Do not** discharge a client based on positive drug test results for illicit substances.
6) **Do not** discharge a client from a residential setting without enough medication to supply them to their first outpatient physician visit.
7) **Do not** withhold medical treatment if the treatment provider does not have staffing capacity to provide psychosocial services at the time the client presents.

10 Do's and Don'ts of Medical Treatment for OUD

8) **Do not** switch a client from injectable to oral naltrexone solely for cost saving purposes.

9) **Do** individualize dose decisions based on individual client factors, particularly craving intensity and environmental support.

10) If and when adherence to treatment protocols becomes disrupted by client behaviors described above, **do** increase client accountability measures (e.g. drug testing, frequency of medication/dosing visits) **without** discontinuing the needed medications.

Confronting Barriers to Pharmacotherapy Access

The major barriers to the use of medications for OUD include:

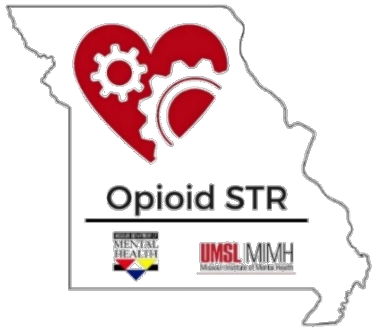
- High levels of misunderstanding and stigma toward OUD and medications to treat it
- Inadequate education for professionals working with people with OUD
- Current regulations around methadone and buprenorphine, such as waiver policies and restrictions on settings where medications are available
- Fragmented system of care for people with OUD and lack of funding

Source: nationalacademies.org/OUDTreatment

Engaging Patients In Care Coordination

EPIC

Increasing access to treatment for opioid overdose survivors: *Connecting individuals from emergency rooms to treatment after beginning medication-based treatment in the emergency room*



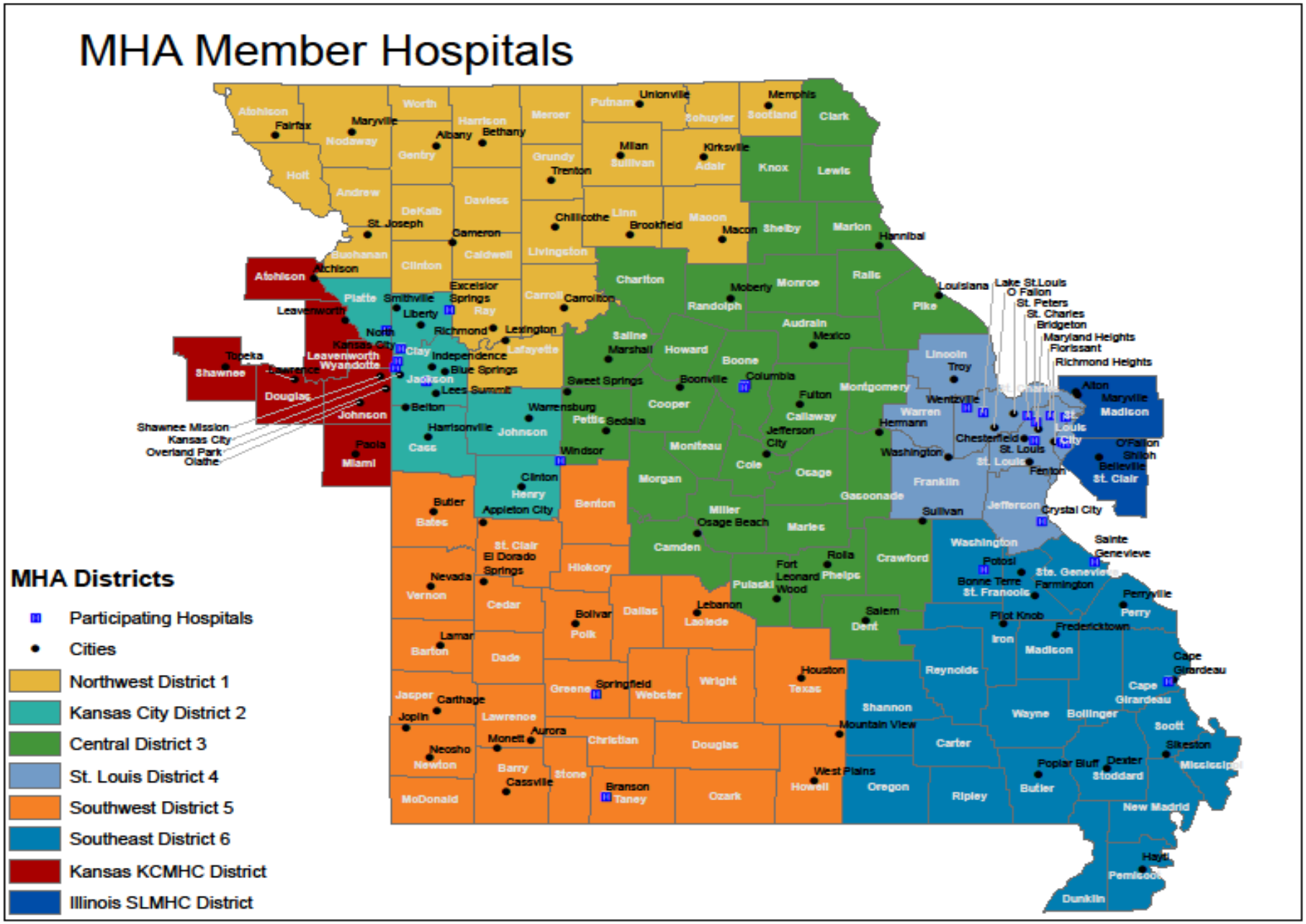
Behavioral Health Network of Greater St. Louis


IDENTIFICATION:
SUD Screening and Clinical Support Tools (PDMP)
MEDICATION FIRST:
ED-Induction, Bridge Rx and Maintenance MAT [PDMP]
RECOVERY SUPPORT:
Immediate Linkage/Warm Handoff
Promoting Therapeutic Alliance
HARM REDUCTION:
Overdose Education and Naloxone Distribution
(OE/ND)
SUD REFERRAL:
Support Patient Navigation, Case Management, Medication Maintenance
EVALUATION:
Data Driven Program Design and Development
EPIC

Key Deliverables

STRATEGIC GOALS	KEY DELIVERABLES
Hospital Surveillance Infrastructure Review	• Quantitative/Qualitative Analysis • HIDI EPICC Web Portal
Multisector Mapping/Statewide Alignment	• Identify institutional resources/gaps • Convene stakeholders
Community Infrastructure Development/Linkage	• ED-Initiated Opioid Overdose Programming • Maternal and Neonate Care Coordination
Increase MAT Physician Infrastructure	• Partner with MOCEP to educate/promote efficacy • Integrate Medication 1st Model in all programming development (as medically appropriate)
Inform/Educate Hospitals on OUD Evidence-Based Practices/Treatment/Harm Reduction Strategies	

MHA Member Hospitals



Get Waivered to Prescribe

- PCSS-MAT offers free waiver training for physicians to prescribe medication for the treatment of OUD.
- Eight hours of training on medication-assisted treatment (MAT) is required for physicians to obtain a waiver from the Drug Enforcement Administration to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of OUD.
- Upcoming trainings offered in Missouri:
  - May 4, 2019 | Register online: Click here. SSM Health St. Clare Hospital
  - May 22, 2019 | Register online: Click here. Holiday Inn St. Louis Downtown
  - May 25, 2019 | Register online: Click here. Holiday Inn at the Plaza Kansas City

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Thank you!