

A BRIEF INTRODUCTION TO OPIOID USE DISORDERS AND MEDICATION ASSISTED TREATMENT

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PSSST...

- Did you do your pre-test?
- If not, now's a good time!
- You need to complete if you are claiming educational credit...



DISCLOSURES

- Nothing to declare or hide...

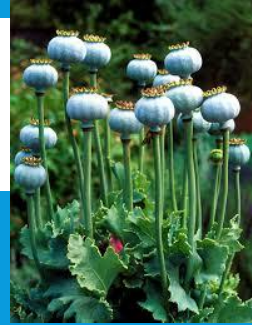


OBJECTIVES

- After review, the participant will be able to:
 - 1) Identify criteria for opioid use disorders
 - 2) Identify treatments for opioid use disorders
 - 3) Describe collaborative care partners



WHAT ARE OPIOIDS?



- Opiates- drugs derived from opium.
- Opioids- term previously used to describe synthetic opiates.
- Now it is common to refer to all as “opioids.”

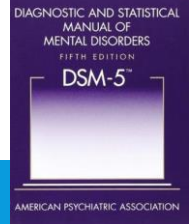


PSYCHIATRIC DISORDERS-GENERAL RULES

- Symptoms
- Duration
- Impact on functioning
- Not better explained by something else...



OPIOID USE DISORDER



• Pattern of use, number of concerns (>2), time-frame (within a 12 month period), length of remission/maintenance

1. Larger amounts used, or for longer than intended
2. Can't cut down/control use
3. Focus/time spent on obtaining drug or recovering
4. Craving
5. Recurrent issue with fulfilling obligations/roles due to use
6. Using despite ongoing problems re: above
7. Important activities are given up/reduced (social, occupational, etc...)
8. Recurrent use despite physical hazards
9. " " " " despite medical/psychological impact from use
10. Tolerance
11. Withdrawal Specifiers: Early Remission (>3 months); Sustained (> 12 months); On Maintenance Therapy
Severity: Mild, Moderate, Severe



OPIOIDS

Rush of euphoria, tranquility, then drowsiness, mood changes, mental clouding, motor slowing.

Constipation

Overdose: respiratory collapse

Coma

(potent effects on brainstem and spinal cord)



HOW IS OPIOID MISUSE A DIFFERENT TYPE OF PROBLEM THAN MISUSE OF OTHER SUBSTANCES?

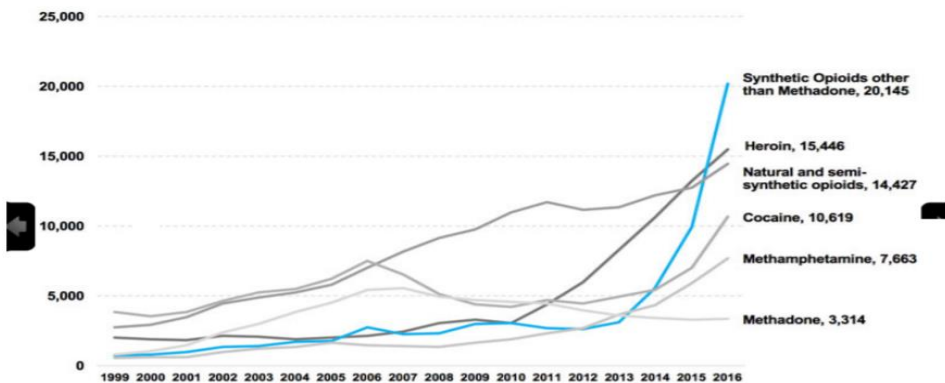
- The good news- withdrawal is usually not potentially life-threatening, as opposed to withdrawal from alcohol, some CNS depressants
- Depending on supply and demand, some individuals cycle from prescription misuse to street use.
- Bad news- for unknown quantities (particularly with heroin, "counterfeit" pills, and synthetic analogues/fentanyl) one time use can result in death. In other words, a person might not even have time to become "addicted..."



Increases in Drug Overdose Deaths



Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

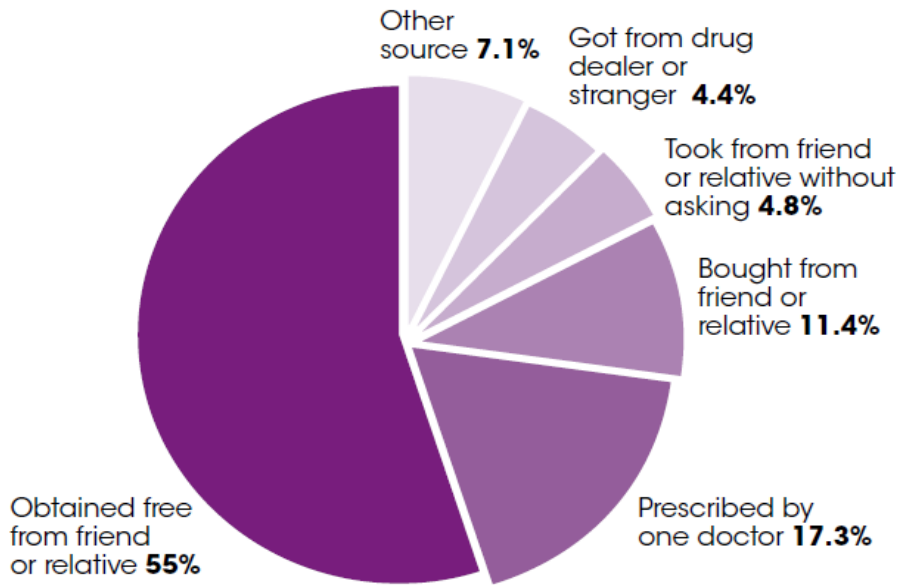


Drugs Involved in U.S. Overdose Deaths™ - Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with over 20,000 overdose deaths. Source: CDC WONDER

<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>



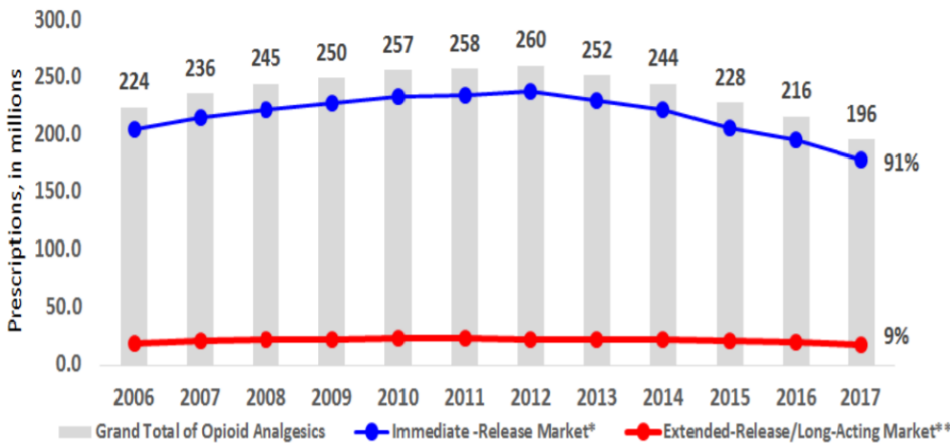
People who abuse prescription painkillers get drugs from a variety of sources⁷



CDC



Nationally Estimated Number of Prescriptions Dispensed for Opioid Analgesic Products from U.S. Outpatient Retail Pharmacies



Source: IQVIA, National Prescription Audit (NPA) and static data 2006-2011. January 2006-December 2017. Static data extracted March 2017 and 2012-2017 data extracted February 2018.

*Immediate-Release formulations include oral solids, oral liquids, rectal, nasal, and transmucosal

**Extended-Release/Long-Acting formulations include oral solids and transdermal patches

Note: Include opioid analgesics only, excluding injectable formulations as well as opioid-containing cough-cold products and opioid-containing medication-assisted treatment (MAT) products



HOW DID WE GET HERE?



Marketing by pharmaceutical companies



Risk-benefit ratio based on inadequate information



New supply and demand-change back to "street"



CONCEPTS

- Medical disorders (brain-based)
 - -Not unlike other chronic/relapsing diseases with nature/nurture components (asthma, diabetes, etc...)
 - -Medication treatment alone is not sufficient
- Less than 20% of those who are using heroin or abusing prescription opiates are receiving treatment
- Risk of relapse greatest in the first 3-6 months after cessation



HOW DO WE KNOW SOMEONE HAS A PROBLEM? (I.E., WHAT IS OUR INDEX OF SUSPICION?)



SCREENING TOOLS

RxSearch > Patient Request



Support: 1-855-563-4767

Patient Request

Patient Info

First Name* Last Name*

Partial Spelling Partial Spelling

Date of Birth*
MM/DD/YYYY

Phone Number

Prescription Fill Dates

No earlier than 3 years from today

Patient Rx Request Tutorial
Can't view the file? Get Adobe Acrobat Reader
* Indicates Required Field

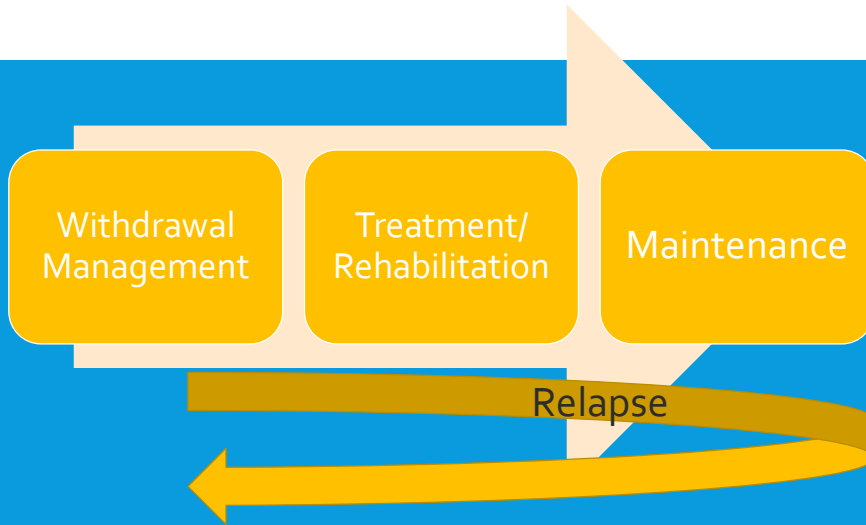
Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

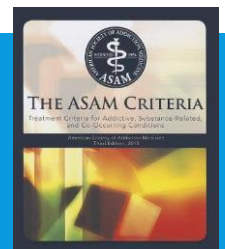
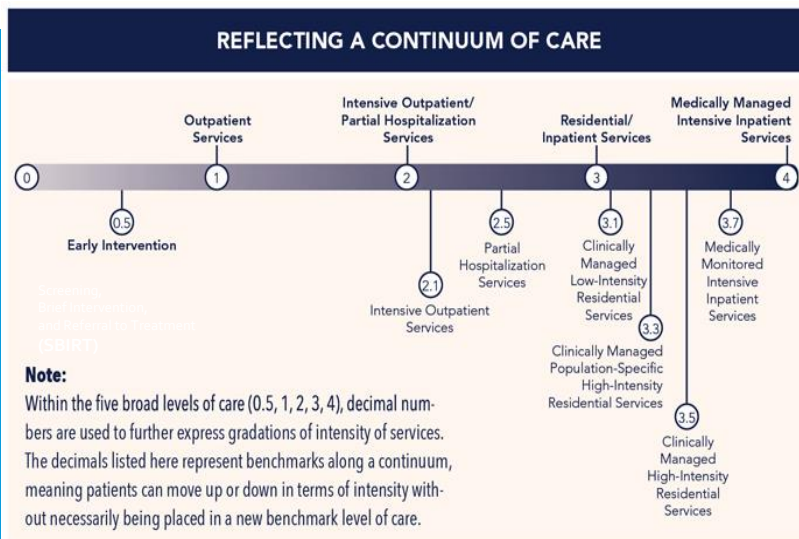
Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16–45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		



CONTINUUM



AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)



WHY TREAT?

- -reduce illicit drug use
- -reduce morbidity/mortality
- -decrease overdose deaths
- -reduce transmission of infectious diseases
- -increase treatment retention
- -improve social functioning
- -reduce criminal activity

SAMHSA



BARRIERS TO MAT

- Access to appropriate treatment....
- Attitude-across all spheres
- Stigma
- Cost
- Assumption of need for highest level of care



MEDICATION ASSISTED TREATMENT FOR OPIOID USE DISORDER

- **Replacement Therapies:**
- **Methadone:** Special outpatient treatment center
- **Buprenorphine:** (partial agonist)/naloxone (antagonist) =
- Indicated for maintenance treatment in opioid use disorder. Office-based
- 1) Induction 2) Stabilization 3) Maintenance
- **Opiate blockade:**
- Naltrexone (Revia/Depade) and monthly injection Vivitrol



TEAM PLAYERS

- Patient
- Addiction counselor(s)
- Care/Case Managers
- Nurses
- Lab staff
- Receptionists
- Prescribers
- Pharmacists



MEDICAL COMMUNITY



- Education of healthcare students and prescribers
- Center for Disease Control Prescribing Guidelines
- Prescription Drug Monitoring Programs
- Practitioner Board recommendations
- MAT (Medication Assisted Treatment)



PREVENTION RESOURCE & MEDIA CENTER

Free Materials | Initiatives | In the Community

[Home](#) / [Initiatives](#) / Prescription Drug & Opioid Abuse

- Initiatives
- Underage Drinking
- Binge Drinking
- Prescription Drug & Opioid Abuse**
- Mental Health

Preventing Prescription Drug & Opioid Abuse

Prescription drug abuse is a growing problem in North Dakota.

[Browse data related to prescription drug abuse in North Dakota.](#)



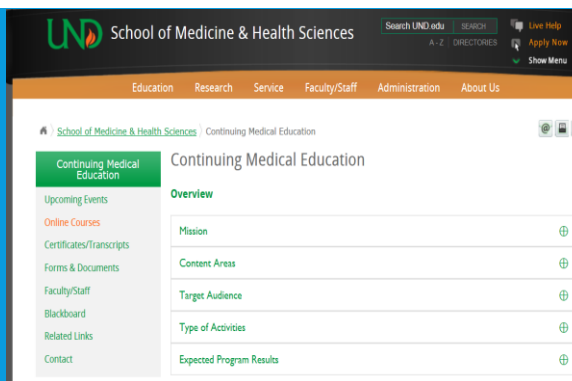
Lock. Monitor. Take Back. is an evidence-based prevention effort with the primary goal of reducing access to prescription drugs, especially opioids, by encouraging North Dakotans to be safe with their medications, including promoting North Dakota Take Back locations, and promoting ways communities can support this effort at the local level.



To support these community efforts, the Department of Human Services, Behavioral Health Division in collaboration with the Reducing Pharmaceutical Narcotics Task Force is launching 'Stop Overdose'. This statewide campaign is built on saving lives by sharing information and providing resources for those impacted by this public health concern from family and friends to prescribers, pharmacists, behavioral health



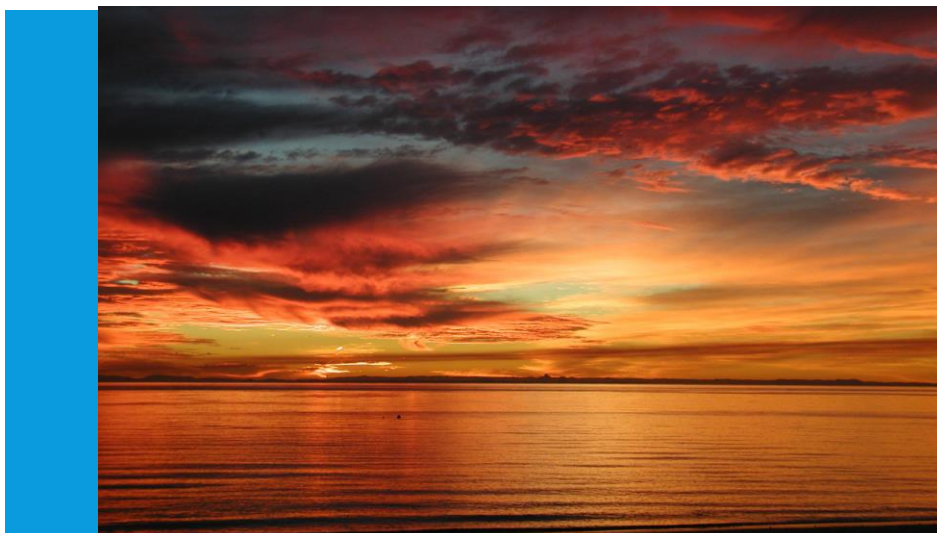
RESOURCES....



- Sign in to CME attendee portal, go to Courses, and there is a series of presentations on opioid issues... (among other lectures)



HOPE



QUESTIONS? COMMENTS?



REMINDER

- Complete your post-test online
- Complete your evaluation online
- Make sure you/your group signed the attendance sheet
- Submit any cases or ideas to Julie Reiten at:
▪ julie.a.reiten@und.edu

