Evidence Based Medication Treatment for Substance Use Disorders

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Objectives

- Because substance use and substance use disorders impact so many aspects of a person's life, treatment is not simple.
- Effective treatment addresses many components of life, and to be effective, an individual treatment plan addresses particular aspects of the illness and its consequences.
- It is important that substance use disorders are seen as a chronic disease process that requires ongoing care to be effective.
- Resiliency factors will also be addressed.
- Medications have become an important, but underutilized aspect of addiction treatment.

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Specific Objectives

1. Identify the evidence-based treatments for substance use disorders
2. Explore the myths and misinformation that exists surrounding medications for treatment of addiction.
3. Identify the medications that have been shown to be helpful for substance use disorders.

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Focus on opioids

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When I have a patient with an OUD -- What are my options

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What are my options?

- Support
  - This is hard to do on your own
  - Cutting out negative influences (erase dealer's number, consider getting a new phone, new social media)
  - Building up positive influences
    - Significant other, family, friends, sober network
    - Mutual aid groups
      - AA, NA, CA… all the "A"s
      - SMART recovery
      - Celebrate Recovery, Rational Recovery, Recovery Dharma….
      - Sober apps, Facebook groups, tiktok – anywhere you can find the 'attagirl' that you need to keep going

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What are my options?

- Get life to be stable
  - Near impossible to do without some access to stable housing/food/shelter/safety
- Fill life with other things
  - Distraction – hobbies, activities, work
  - Spiritual – church, meditation, religious community
  - Meaning – volunteering, service work, caretaking
  - Exercise, sunshine, good food… all the things that make life enjoyable

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What are my options?

- Formal treatment
  - Level 1 groups
  - IOP/PHP/Residential
  - Therapist/Counselor/Social Worker
  - PCP
  - Addiction focused physician

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What are my options?

- Pharmacological options
  - Naltrexone
  - Buprenorphine
  - Methadone
  - Known as MAT (medication assisted treatment) or MfAT (medication for addiction treatment)

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What is naltrexone?

- Opioid blocker
  - Stops effects of opioids if taken
  - Provides safety = opioids will not have effect
- Described as a 'sobriety maintenance' medication
- Not habit forming (no dependence issues)
- Can be given as a pill
  - (naltrexone 50 mg by mouth every day)
- Can be given as an intramuscular injection
  - (naltrexone 380 mg shot every 28 days)

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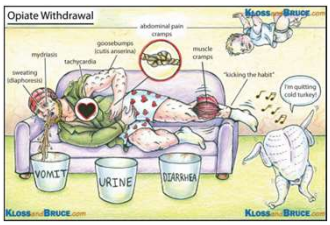
What is naltrexone?

- Need to be off opioids for ~10-14 days
  - Otherwise it will precipitate withdrawal
  - This is the hard part…



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What is methadone?

- Full opioid agonist
  - Stimulates the opioids receptors fully
  - Long half life
  - Minimal euphoria
  - Calms cravings, withdrawal
- Can only be given in the context of an OUD in opioids treatment programs
  - Very (very) regulated
  - Begin at 30 mg or 40 mg PO
    - Dose up to 60-120 mg typically given once per day
  - Direct observed treatment (go **every day** to clinic)
  - Can eventually get take-homes up to a month over time (weeks to months)
- Added support in counselors, other patients, regimented plans

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What is methadone?

- Opioid treatment programs are scarce
  - Two in Omaha, One in Lincoln
  - Limited hours
- Side effects
  - Sedation, QTc prolongation
  - Respiratory depression is real concern in overdose or with other medications that sedate

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What is buprenorphine?

- Partial agonist, strong affinity
- “Dimmer switch” – if methadone is full on, naltrexone is full off – buprenorphine is “mood lighting”
  - Variable based on what receptor is being affected
- Calms cravings, treats withdrawal symptoms
- Long half life, minimal euphoria

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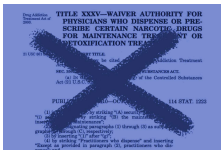
- Can be filled at pharmacies for up to 1 month at a time refilled up to 6 months
- Used to need a separate DEA license – that is no more as of 2024


TITLE XXXV—WAIVER AUTHORITY FOR PHYSICIANS WHO DISPENSE OR PRESCRIBE CERTAIN NARCOTIC DRUGS FOR MAINTENANCE TREATMENT OR DETOXIFICATION TREATMENT

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What is buprenorphine?

- A few pharmacological peculiarities
  - Must be given sublingually
    - Not effective orally (swallowed)
    - Comes in tablets or films
  - It will 'rip off' opioids that are on the receptor and induce withdrawal if someone has opioids on board
    - Caution has to be paid as to how his medicine is started

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What is buprenorphine?

Option 1 to start
- ❖ Patient in withdrawal
- ❖ Receptors empty
- ❖ Buprenorphine given
- ❖ Cravings/Withdrawal treated

Option 2 to start
- ❑ Patient still taking opioids
- ❑ Receptors are therefore full
- ❑ Tiny (teeny tiny) doses are given at first slowly increasing over ~week
- ❑ Open receptors filled slowly – then can stop original opioids at maintenance dose
- ❑ Cravings/Withdrawal treated

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What is buprenorphine?

- Comes as 2, 4, 8, 12 mg sublingual strips
- Comes as 2, 8 mg sublingual tablets
  - Usually end up ~12-20 mg with typical max ~24 mg
- Comes as Suboxone (buprenorphine/naloxone) or just as buprenorphine plain
  - Also comes as brand name Zubsolv with different mg strengths
- Comes as injectable Sublocade or Brixadi (up to a month of coverage)
- Also comes in forms more commonly used for pain management

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Why do we use these drugs?

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What about abstinence

- For some is exactly what is needed
  - Treat withdrawal, provide support
- For others is not a way to set them up for success
  - Study looked at people admitted for "detox" from opioids
  - Relapse rate post discharge
    - 91% reported return to use
    - 59% had return to use in first week
    - 80% returned to use in 1st month
    - Longer treatment meant longer time to return to use

Lapse and relapse following inpatient treatment of opiate dependence

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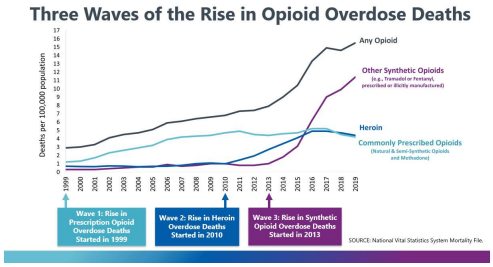
The reason this is of particular importance



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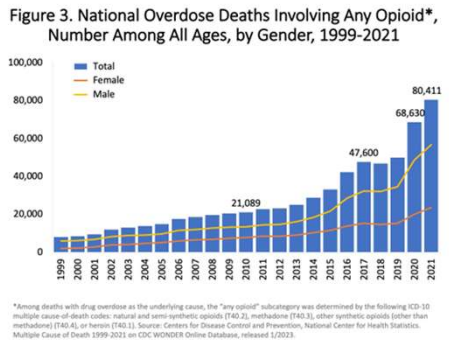

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Overdose facts: CDC, NIDA, SAMHSA, HHS

- More than 1 million people have died since 1999 from a drug overdose
- Nearly 75% of overdose deaths (2020) involved an opioid
- The number of overdose deaths involving synthetic opioids in 2021 was nearly 23 times the number in 2013
- There were over 180K nonfatal opioid overdoses in 2021
  - In some studies up to 70% of people in treatment had a non-fatal overdose in their history

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To treat OUD we do all the things…

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Reduction of death post overdose

- Study of patients for 12 months after non-fatal overdose
  - 11% got methadone
  - 17% buprenorphine
  - 6% naltrexone
- Compared to people who got no treatment
  - Those who got methadone or buprenorphine were LESS LIKELY TO DIE OF ANY CAUSE INCLUDING OPIOID RELATED DEATH

Medication for opioid use disorder after nonfatal opioid overdose and association with mortality: A cohort study

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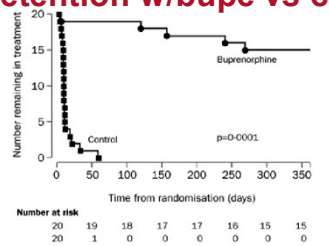
1 year retention w/bupe vs control



1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: a randomised, placebo-controlled trial.

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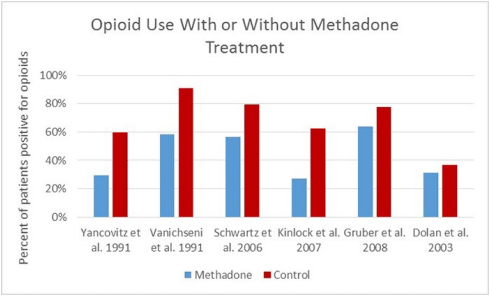

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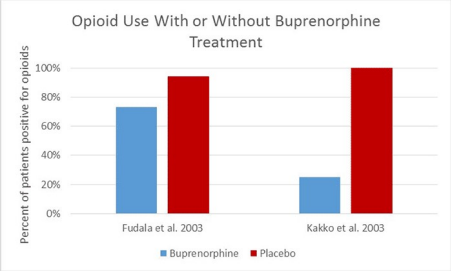

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Buprenorphine:

- Was effective at retaining patients in treatment at any dose above 2 mg compared to placebo
- Was effective at suppressing illicit opioid use at doses of 16 mg compared to placebo
- Maintenance treatment is more effective than rapid tapers
  - Tapering early has upwards of a 70-90% relapse rate

Sublingual and transdermal buprenorphine for opioid use disorder: review and update

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Suicide and OD Risk

- Study looking at the VA population
  - Those with an OUD who did NOT take buprenorphine were more than 4 times as likely to die by suicide or overdose than those who took it

Association between buprenorphine for opioid use disorder and mortality risk

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Other quick findings

- Patients taking methadone
  - Had 33% fewer opioid positive drug screens than controls
  - Were 4.44 x more likely to stay in treatment than controls
  - Had improved treatment outcomes even without regular counseling services

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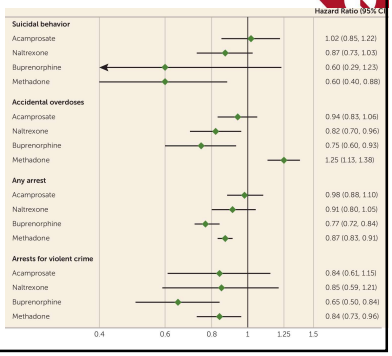
Crime and SI risk

- Buprenorphine treatment and methadone treatment were associated with reduced suicidal behaviors as well as arrest rates for all crimes

Medications for Alcohol and Opioid Use Disorders and Risk of Suicidal Behavior, Accidental Overdoses, and Crime



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Dr Nora Volkow (NIDA)

A great part of the tragedy of the opioid crisis … is that we now possess effective treatment strategies that could address it and save many lives… Ending the crisis will require changing policies to make these medications more accessible

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Bottom Line

- Medication used to treat opioid use disorder has an evidenced based role and should be considered as part of a multi-modal treatment plan in the care of patients with opioid use disorder

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Questions?

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