

Managing opioid use disorder

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Outline

Awareness about substance use disorders

Opioid trends

What is opioid use disorder?

Treatments for managing opioid use disorder

Role of prosecutors and criminal justice system in improving public safety and health

What do you think of when I say

Addict?

Personal Views about substance use disorder

We all have some (maybe a lot) of direct experience with people who have substance use disorders.

We may feel sympathy, anger, and other emotions.

How do my experiences:

- shade how I see and I think about it?
- impact how I treat people?
- how I talk about substance use disorders?

The impact of those feelings on your behaviors, words and actions and in turn your impact on other people is essential to consider in your roles as:

As a friend and family member

In your work

As an expert resource to those in your communities

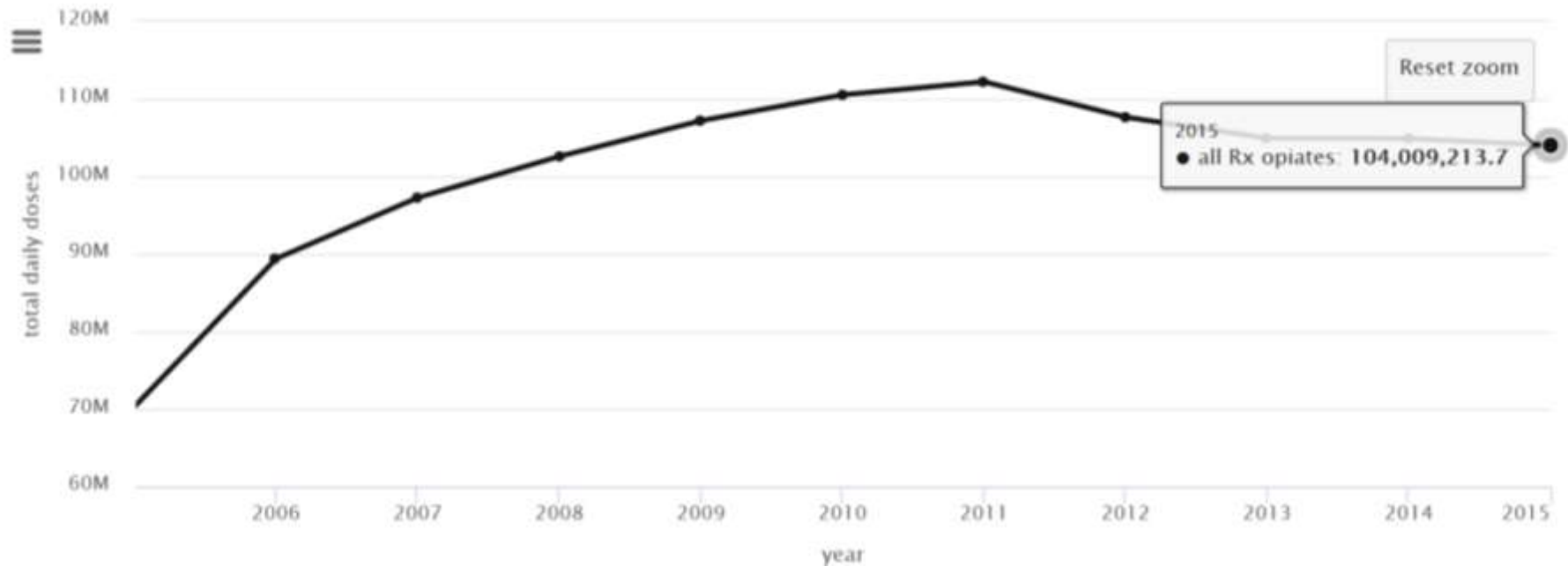
You can help create meaningful dialogue to improve individuals' lives, public safety and public health.

Why does opioid use disorder matter?

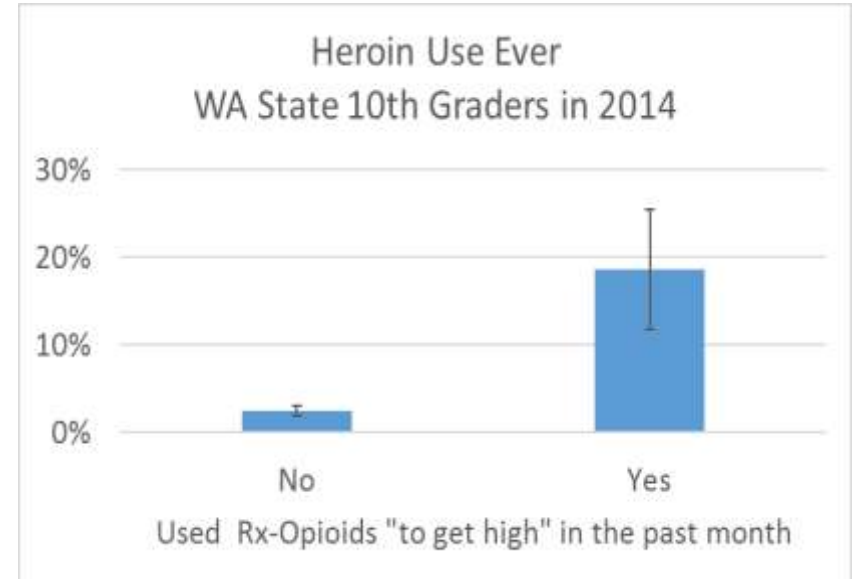
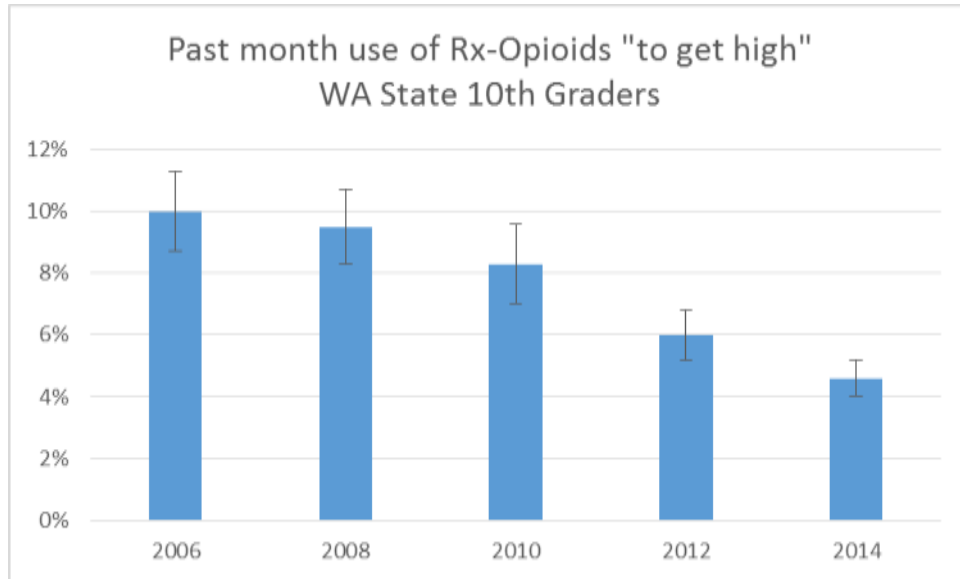
Epidemiology/Human toll

Rhetoric- Stigma- Care seeking

Opioids distributed in WA State (DEA ARCOS)



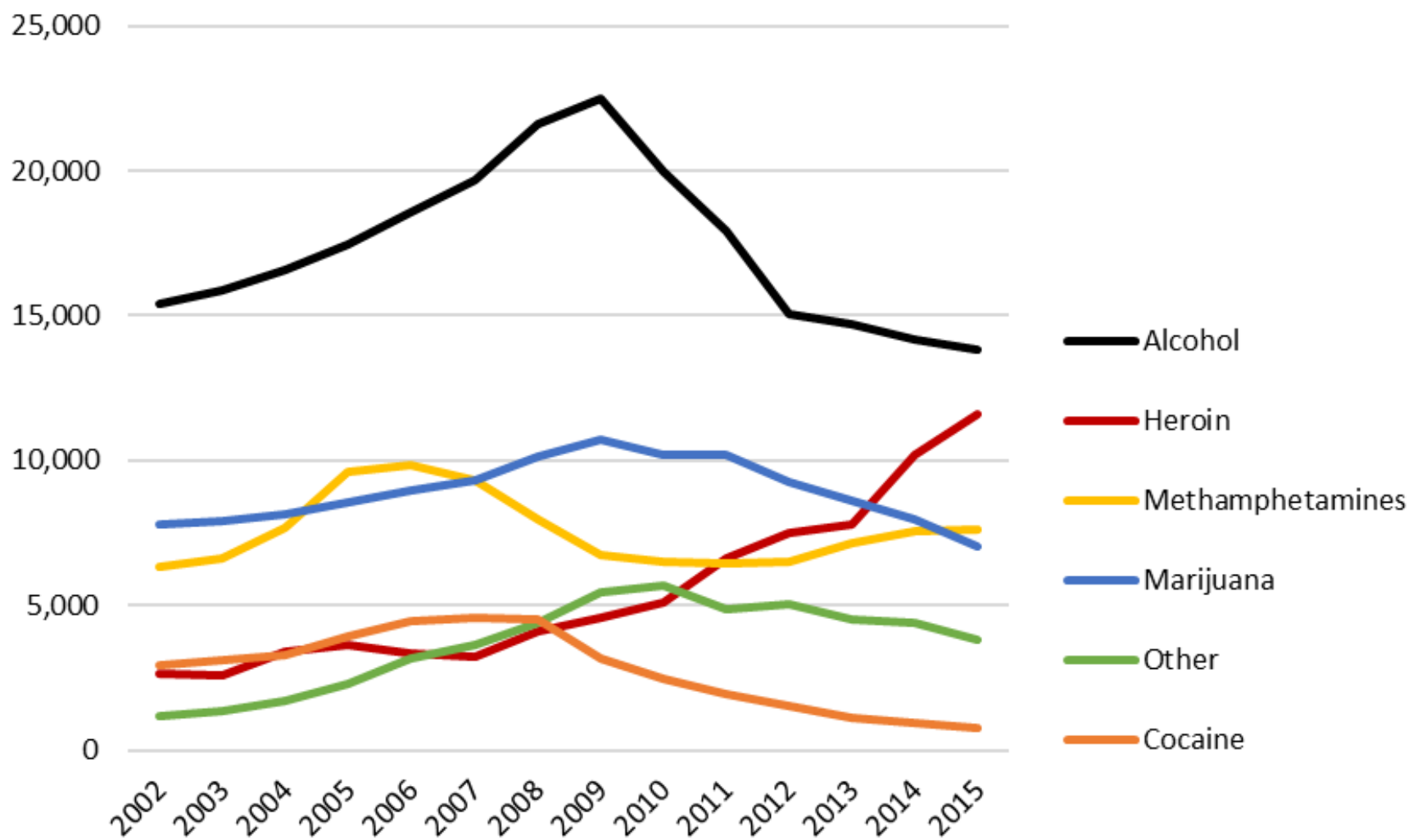
WA Healthy Youth Survey 10th graders in 2014



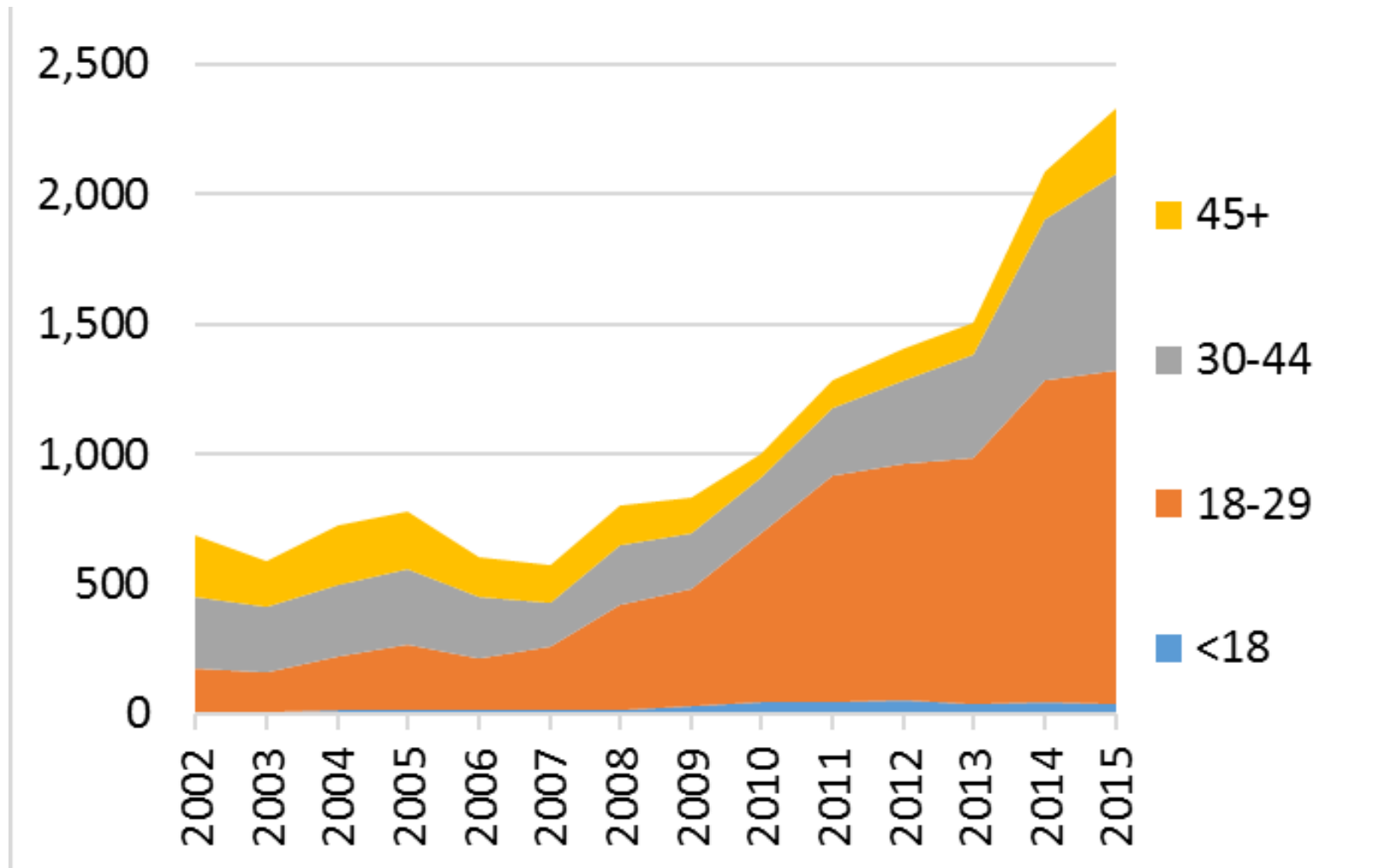
Decreased prescribing is associated with decreased misuse by adolescents.

Misusing Rx-opioids is strongly associated with using heroin.

WA State, Treatment Admissions by Primary Drug

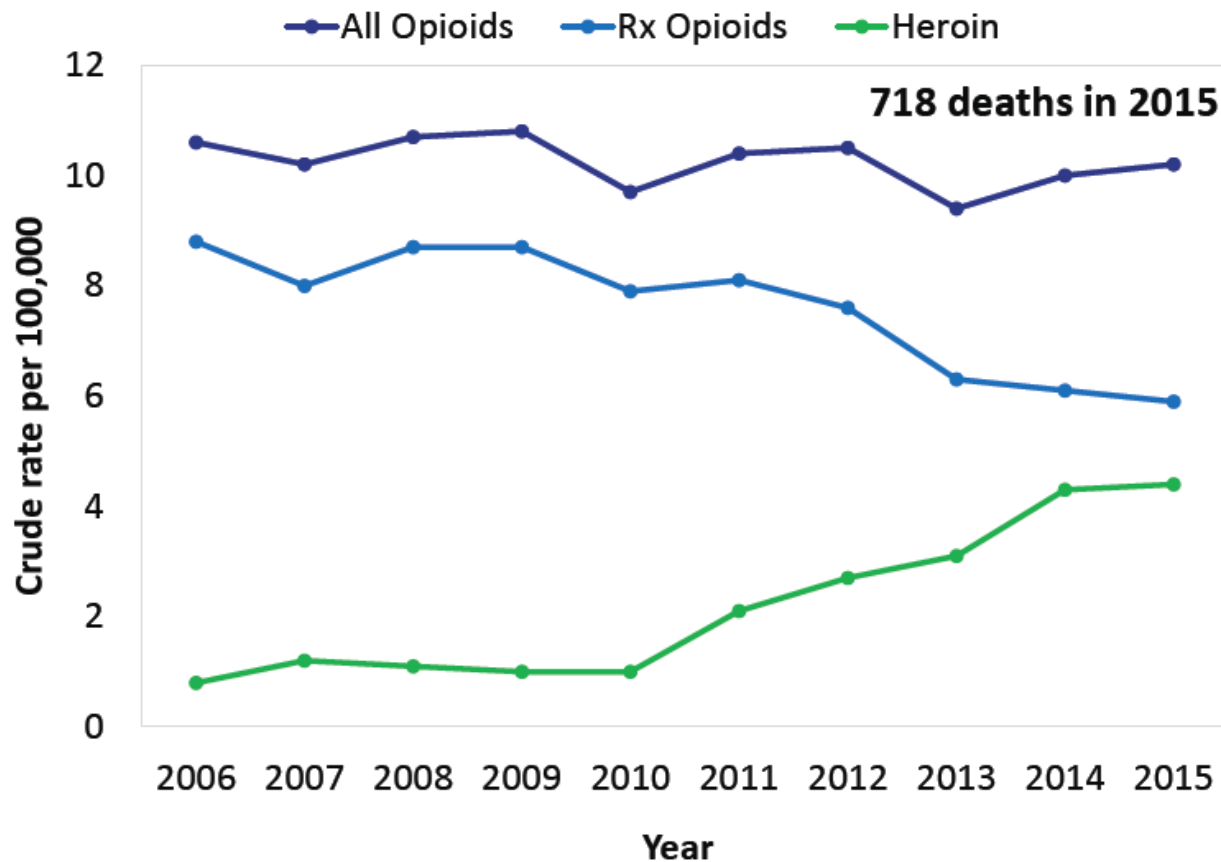


First treatment admit-heroin primary, publicly-funded, WA State



Rx opioid deaths are decreasing while heroin overdoses have risen sharply

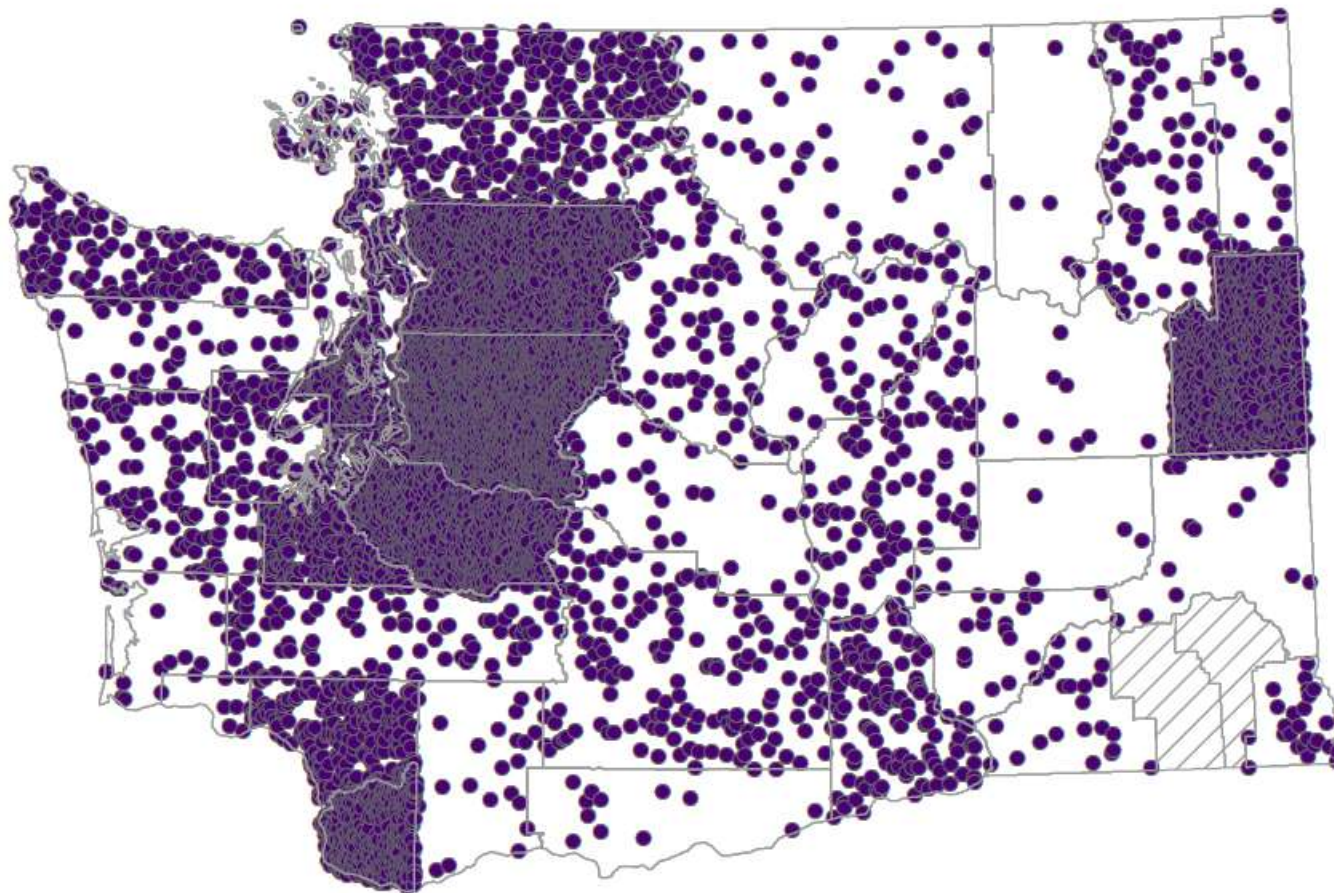
Trends in WA state 2006-15, excluding falls



Source: Department of Health death certificates

Opioid Deaths by County 2000 - 2013

Total deaths = 7834



1 Dot = 1 death attributed to any opiate in the 14-year period

Data suppressed when count is 1 to 4

Data from Center for Health Statistics, Washington State Department of Health.
Map created by Alcohol & Drug Abuse Institute, Univ. of Washington.
Residents who died outside Washington excluded.
Dots are randomly allocated within counties.

Stigma

There is *stigma* associated with *people* who have opioid use disorder and with the treatment *medications* for opioid use disorder.

“Methadone just swaps one addiction for another.”

Impacts of stigma

Prevents people with substance use disorders from

- Seeking help from friends, family, employer
- Starting treatment
- Staying in treatment
- Getting recovery support
- Telling medical providers about addiction history

Makes is difficult to locate/open treatment facilities

What are opioids?

Opioids act on opioid receptors to have an effect similar to morphine.

Opiate receptors are found primarily in the brain and the gut.

Opioids relieve pain, depress breathing, cause euphoria/"high", suppress cough and diarrhea.

Endorphins = endogenous morphine.

Opiates are drugs naturally found in or made from the opium poppy such as morphine (natural) and heroin (man made).

Opioids include (semi)-synthetic drugs that are chemically similar to and bind to opiate receptors. e.g. fentanyl, oxycodone

What is opioid dependence?

- A physical state where the body adapts over time to taking opioids.
- People develop tolerance, need more to get the same effect.
- People develop withdrawal, without opioids a temporary state of extreme discomfort.

What is opioid dependence?

- Happens to anyone who takes opioids for a while.
- Changes to the brain, natural endorphin system, may be long lasting or permanent.
- A person may make choices to use opioids initially, but structural changes to the brain mean that for many it is hard/impossible to simply make a choice to stop.

What is Opioid use *disorder*?

- **Biological**- dependence
- **Psychological**- compulsive use, pre-occupation (always thinking about)
- **Social**- Gets in the way of important life activities- relationships, work, school

What is Opioid use disorder?

Keep using even though you know it is hurting you

Try to quit but can't

Lots of time spent using or recovering from using

Using in dangerous situations

Craving

What is Opioid use disorder?

Some people get OUD and some do not.
Why is complicated and not completely understood.

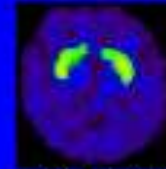
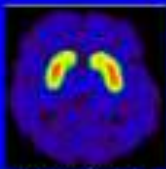
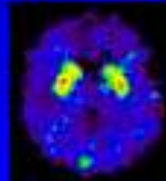
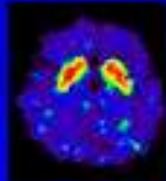
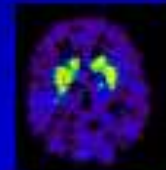
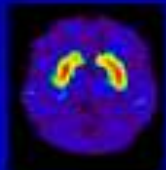
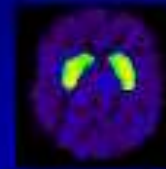
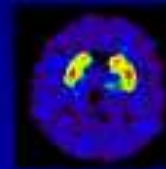
Important factors:

- Genetics
- Personality type
- Trauma
- Psychological/Mindset & Social/Setting

Changes in Metabolism

Functionally...

Dopamine D2 Receptors are Decreased by Addiction



Control

Addicted



Goals of OUD Treatment

- Provide tools (behavioral change, environmental change, medications) to help patients manage their OUD.
- Teach patients how to use those tools.
- Facilitate a continuing care model (OUD is chronic).
- Collaborate with patients to adapt treatment as their needs and circumstances change.

Psychological and Social Problems



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graph TD; A[Psychological and Social Problems] --> B[Opioid use disorder]; C[Brain changes and Dependence] --> B
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Opioid use disorder

Brain changes and Dependence

Psychological and Social Problems



**Counseling &
social supports**



Opioid use disorder



**OUD treatment
medicines**



Brain changes and Dependence

But aren't they still addicted?

- What is the definition of OUD?
 - Is it simply physical dependence?
- How does the change of lifestyle and psychosocial stability associated with long-term medication assisted treatment fit with that definition?

A person can be on treatment medications and be in recovery.

Medications in Opioid Use Disorder Treatment

Methadone

- Delivered through approved clinics which have many regulations stipulating counseling services and drug screen urinalyses
- In larger cities in WA State

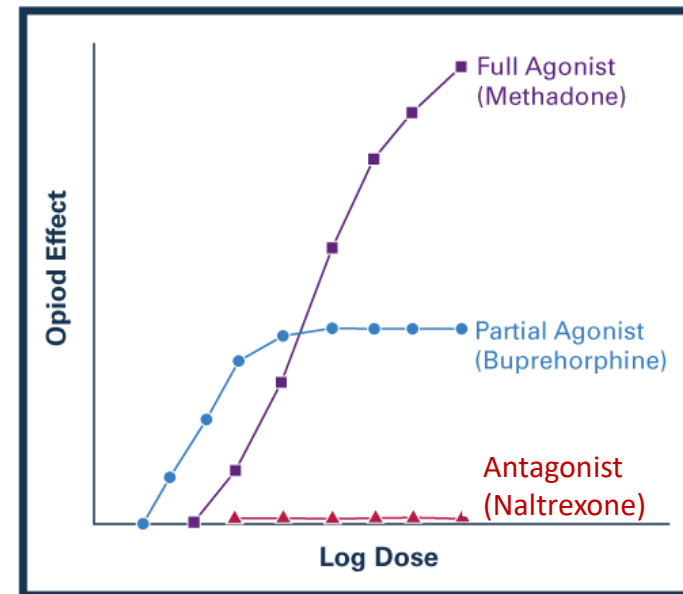
Buprenorphine (Suboxone®, Subutex®, Zubsolv®)

- Mainly delivered through physicians in office-based practice
- May also be provided through Opioid Treatment Programs

Vivitrol extended release naltrexone

- Delivered through physicians in office-based practice

- Learn more at www.drugabuse.gov



OD Death rate 50% lower when on methadone or buprenorphine

ADDICTION

RESEARCH REPORT

SSA | SOCIETY FOR THE
STUDY OF
ADDICTION

doi:10.1111/add.13193

Impact of treatment for opioid dependence on fatal drug-related poisoning: a national cohort study in England

Matthias Pierce^{1,2}, Sheila M. Bird³, Matthew Hickman⁴, John Marsden⁵, Graham Dunn², Andrew Jones² & Tim Millar¹

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ABSTRACT

Aims To compare the change in illicit opioid users' risk of fatal drug-related poisoning (DRP) associated with opioid agonist pharmacotherapy (OAP) and psychological support, and investigate the modifying effect of patient characteristics, criminal justice system (CJS) referral and treatment completion. **Design** National data linkage cohort study of the

Informed Medical Treatment Decision Making

Opioid use disorder is a chronic and life threatening condition

As with any serious medical condition patients must receive complete information about treatment options:

- social support,
- counseling, and/or
- medications

What can you do?

Help address stigma

Build awareness about opioid use disorder and treatment




Support treatment interventions- Drug Court, Jail

Support overdose prevention efforts- Good Sam Law, Naloxone

stopoverdose.org

Helping individuals and communities in Washington State respond to prevent opioid overdose.

[Overdose](#) • [Naloxone](#) • [Getting Help](#) • [For professionals](#) • [Resources](#) • [About](#)

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STOPOVERDOSE.ORG > SECTIONS > FOR PROFESSIONALS > Drug court

Drug court

Learn about naloxone and medication-assisted treatment

In this section:

- [Overdose prevention & naloxone](#)
- [Medication-assisted treatment](#)

Overdose prevention and naloxone

Drug court participants who use opioids are at particularly high risk for fatal overdose due to the decrease in opioid tolerance during incarceration and the future chance of relapse. Many drug court programs across the country are taking the lead to prevent overdose by educating their

[First responders](#)

[Health care providers](#)

[Pharmacists](#)

[Treatment providers](#)

[Drug court](#)

<http://stopoverdose.org/section/drug-court/>

Medication-assisted treatment

Medication-assisted treatment (MAT) can significantly improve outcomes for drug court participants by increasing engagement in treatment, preventing relapse, decreasing illicit drug use and reducing parole violations and reincarceration rates. Successful maintenance on medications is also effective long-term prevention against opioid overdose.



The National Drug Court Institute provides an excellent overview of MAT in its Drug Court Practitioner Fact Sheet: [Medication-Assisted Treatment for Opioid Use Disorders in Drug Courts](#)

Implementing MAT

The following resources provide more information on integrating medication-assisted treatment into drug court programs:

- The National Association of Drug Court Professionals's [Adult Drug Court Best Practice Standards](#) contains national, research-based, best practice standards for behavioral health care for drug court practitioners.
 - [Volume I](#) includes guidance on medications for opioid use disorder (p. 44) and clinical diagnostic tools (p.55).
 - [Volume II](#) includes guidance on preventing opioid overdose (p. 17).
- [How to Develop an MAT Protocol](#), presentation from the 2012 NADCP conference. Steps and tools to develop and implement MAT protocols in drug courts.
- [Medication-Assisted Treatment in Drug Courts: Recommended Strategies](#) A report from the Legal Action Law Center that features three in-depth profiles of drug courts with effective MAT programs and lessons from 10 courts in urban, rural, and suburban areas. It also provides the evidence behind MAT, including its effectiveness in reducing illicit opioid use and criminal behavior.

Training on MAT



The National Drug Court Institute (NDCI) in collaboration with American Academy of Addiction Psychiatry developed a [9-module online MAT training curriculum](#) to educate drug court professionals on medication-assisted treatment for substance use disorders with a major focus on opioid use disorders.

Treatment meds in jail

Withdrawal in jail takes jail staff resources

- Inmate feel terrible

Period after release is extremely high risk for relapse and fatal overdose

Research shows decreased drug use and mortality. Impacts on recidivism not clear.

Substance Abuse and Rehabilitation

Dovepress

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REVIEW

Pharmacotherapy for opioid dependence in jails and prisons: research review update and future directions

This article was published in the following Dove Press journal:
Substance Abuse and Rehabilitation
27 April 2016
Number of times this article has been viewed

Anjalee Sharma¹
Kevin E O'Grady^{1,2}
Sharon M Kelly¹

Purpose: The World Health Organization recommends the initiation of opioid agonists prior to release from incarceration to prevent relapse or overdose. Many countries in the world employ these strategies. This paper considers the evidence to support these recommendations and the

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New Position Statement on Substance Use Disorder Treatment

POSTED NOV 16, 2016

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Scientific evidence has firmly established that substance use disorders represent a chronic, relapsing disease requiring effective treatment with a view toward long-term management. NCCHC's newly updated **position statement** reflects this science and new national guidelines for treatment of opioid use disorder and is intended to ensure that people with substance use disorders in custody receive evidence-based care in accordance with national medical standards.

The statement advocates the following principles for care of adults and adolescents with substance use disorders in correctional facilities; these principles reinforce and expand on principles articulated in NCCHC's *Standards for Health Services*. Several points are of primary medical focus in this position statement: screening and identification, continuation or initiation of MAT while incarcerated, monitoring and withdrawal according to national medical standards (if needed), prerelease initiation of treatment and care coordination, and linkage of medication treatment programs with nonpharmacological treatment options.

The **position statement** puts forth 14 guiding principles:

Screening, Evaluation, and Care Coordination Upon Entry

Overdose Education

Learn about opioid overdose
Watch a training video
Preventing prescription opioid abuse
Good Samaritan Law
Check your own risks [HERE](#)



Naloxone

The drug to reverse an opioid overdose
Learn about naloxone
Find naloxone near you
Start a naloxone program



Getting Help

Opioid use disorder
Support for families
Crisis and treatment resources



For Professionals

Drug court
First responders
Health care providers
Pharmacists
Treatment providers



Resources

[Sample protocols](#)

[WA State Opioid Plan](#)

[Materials and toolkits](#)

[Local data on opioids](#)

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