

MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER

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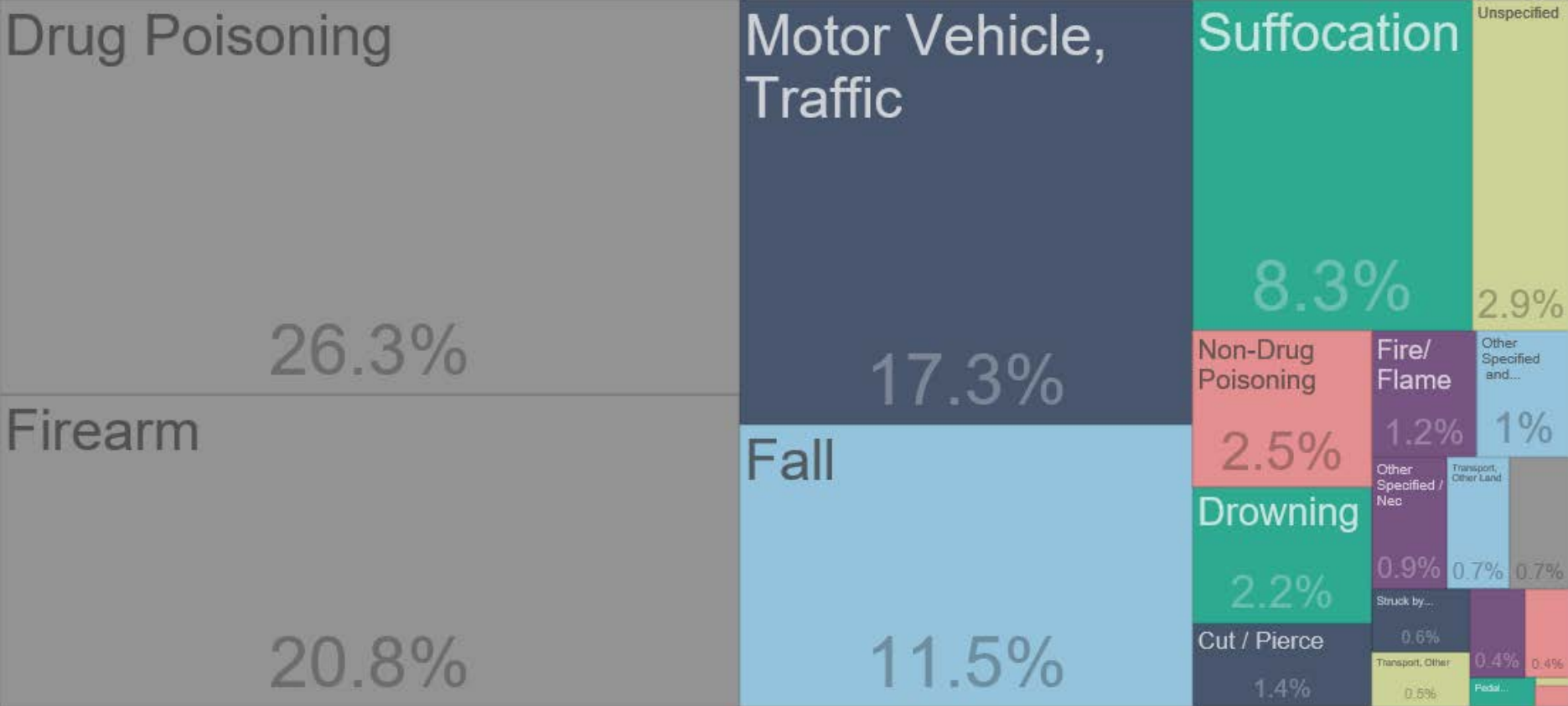
Objectives

2

- ❑ Describe the extent of the opioid use disorder crisis
- ❑ Explain the nature of addiction as a chronic disease
- ❑ Describe the evidence for medication-assisted treatment (MAT)
- ❑ Explain the use of the three FDA approved medications for MAT

Accidental Deaths in the US

Age Range: 0 – 85

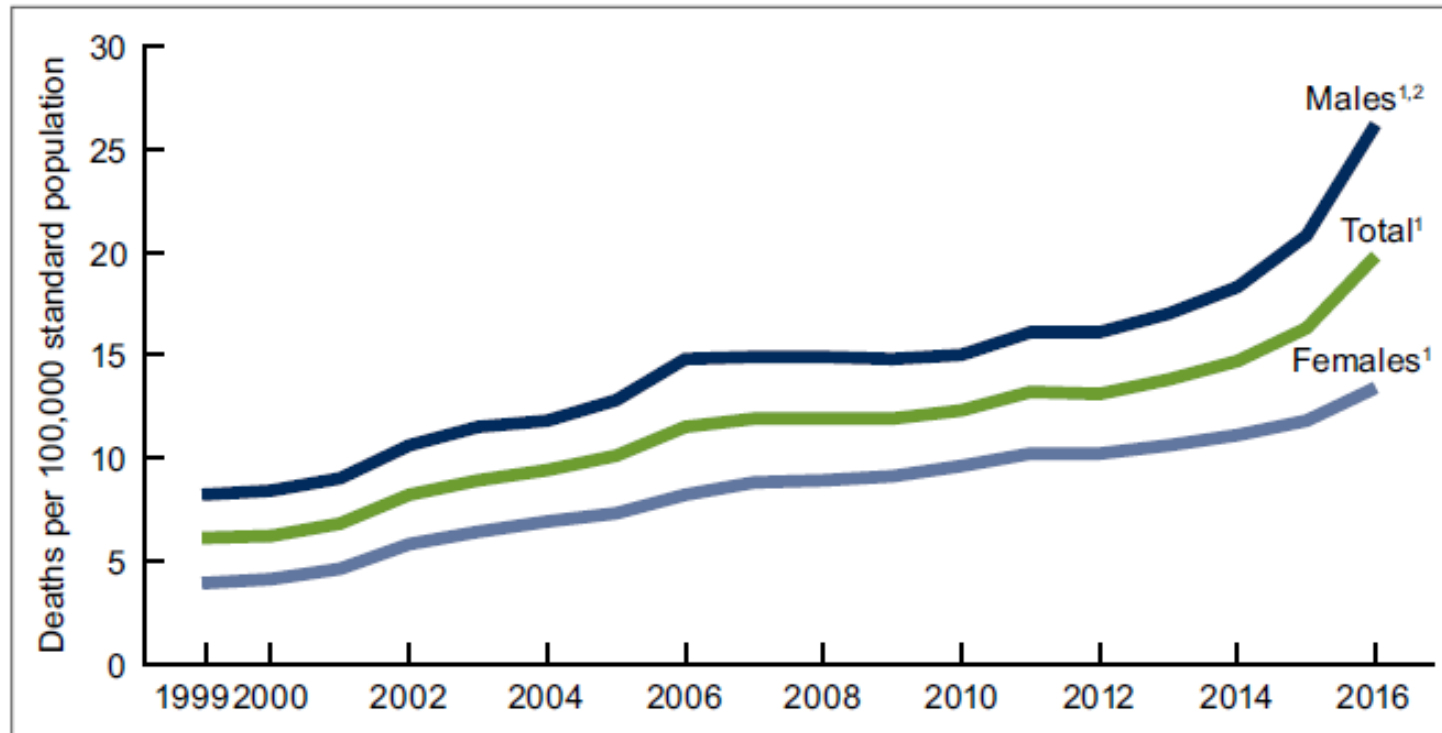


Data source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates.

In 2016, the age-adjusted rate of drug overdose in the US was more than three times the rate in 1999

4

Figure 1. Age-adjusted drug overdose death rates: United States, 1999–2016



¹Significant increasing trend from 1999 to 2016 with different rates of change over time, $p < 0.001$.

²2016 rate for males was significantly higher than for females, $p < 0.001$.

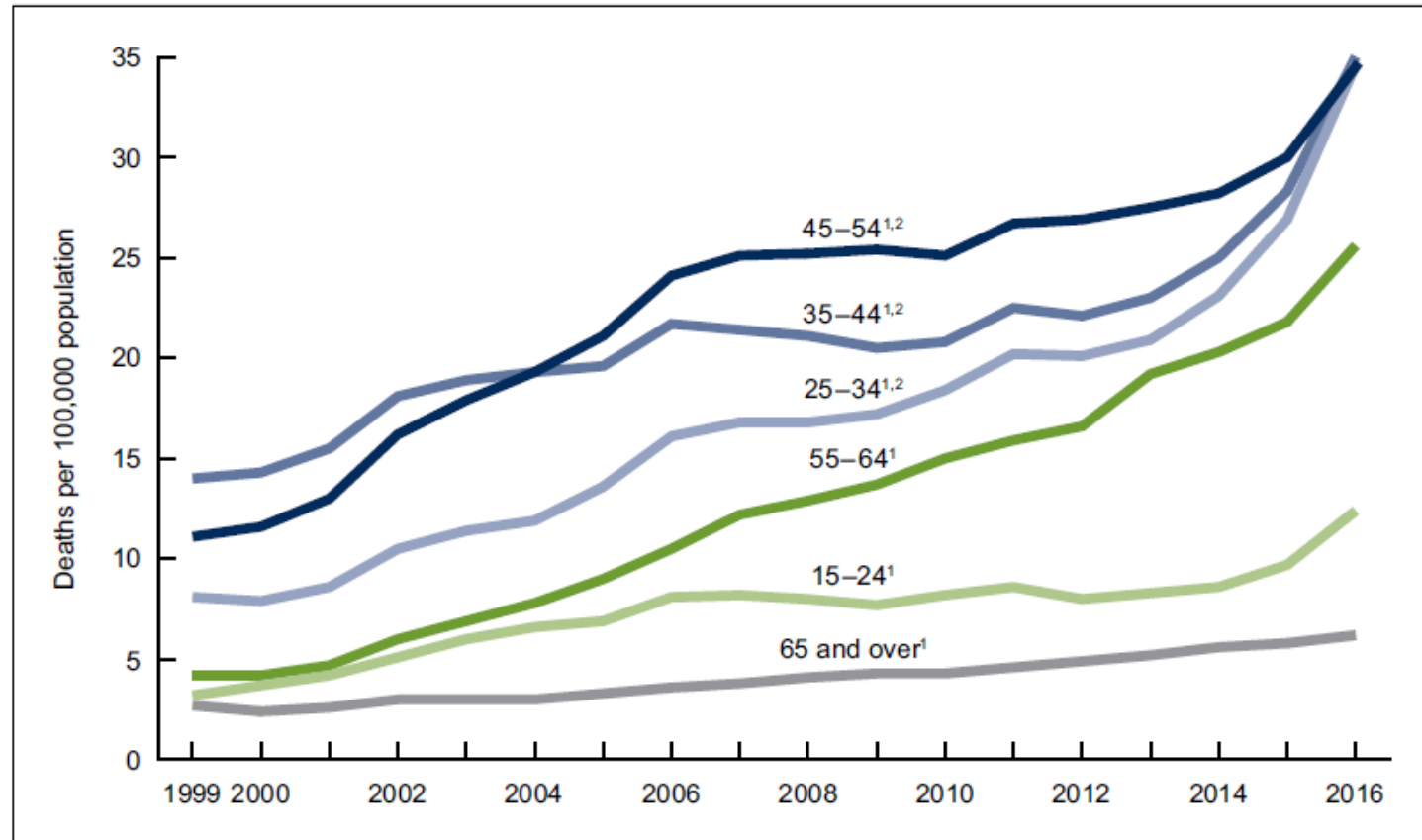
NOTES: Deaths are classified using the *International Classification of Diseases, Tenth Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. The number of drug overdose deaths in 2016 was 63,632. Access data table for Figure 1 at:

https://www.cdc.gov/nchs/data/databriefs/db294_table.pdf#1.

SOURCE: NCHS, National Vital Statistics System, Mortality.

Among persons aged 15 and over, adults aged 25-34, 35-44, and 45-54 had the highest rates of drug overdose deaths in 2016

Figure 2. Drug overdose death rates, by selected age group: United States, 1999–2016



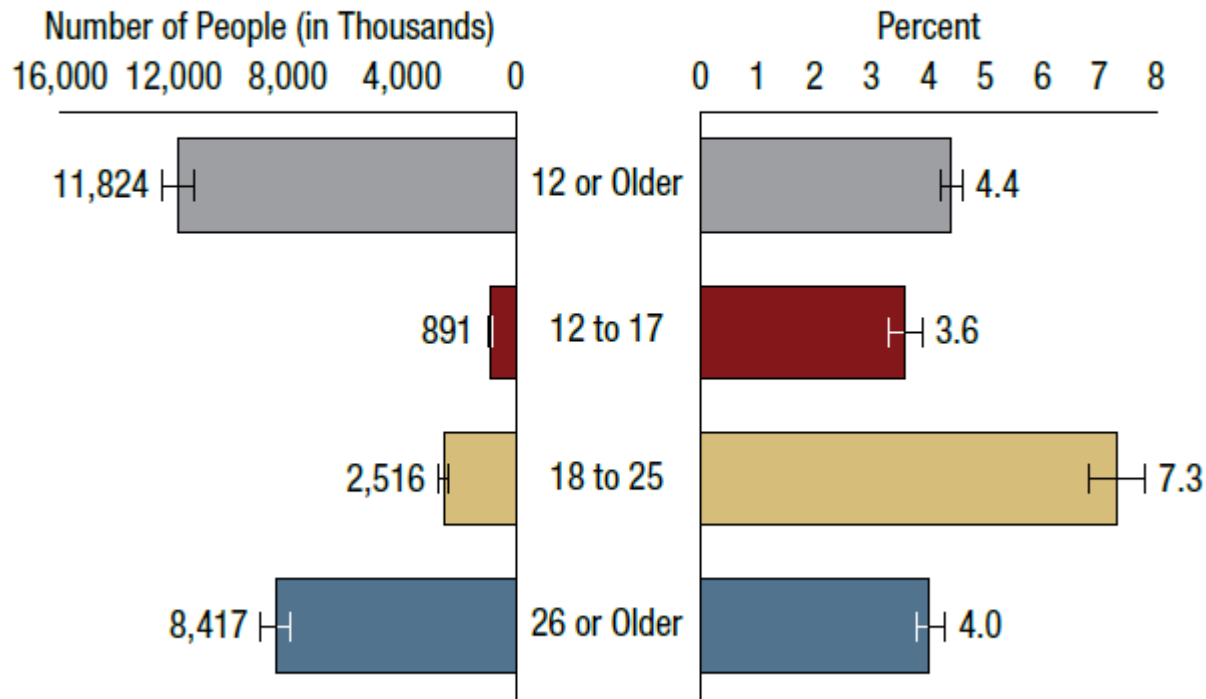
¹Significant increasing trend from 1999 to 2016 with different rates of change over time, $p < 0.005$.

²2016 rate was significantly higher than for the rate for age groups 15–24, 55–64, and 65 and over, $p < 0.05$.

NOTES: Deaths are classified using the *International Classification of Diseases*, Tenth Revision. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db294_table.pdf#2.

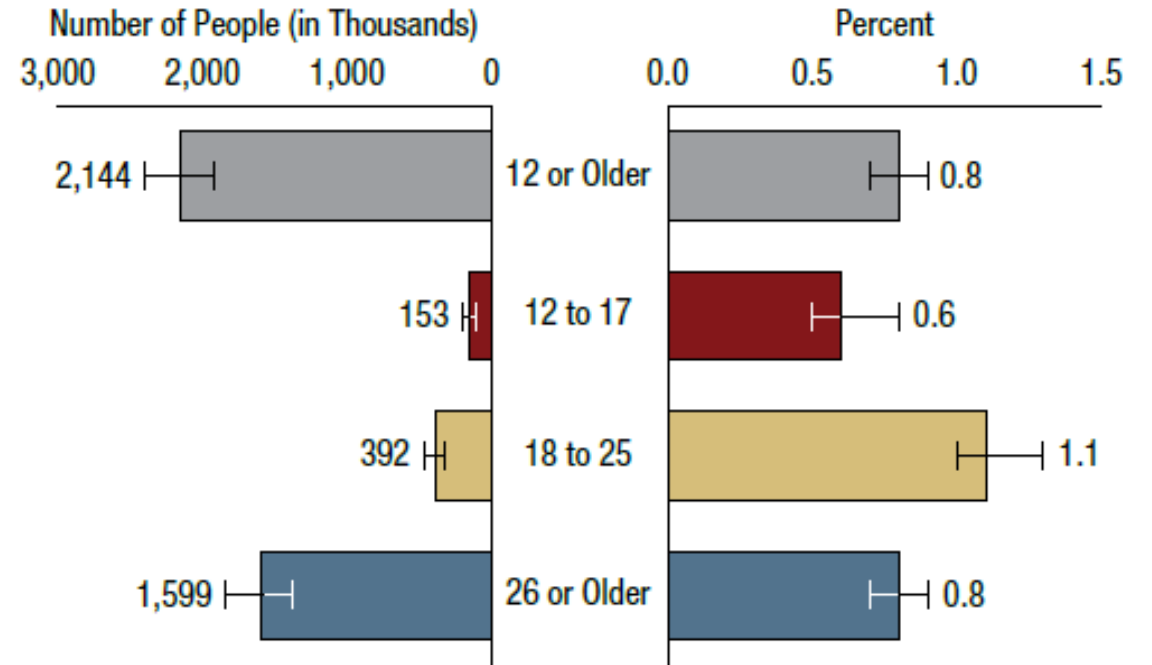
SOURCE: NCHS, National Vital Statistics System, Mortality.

Figure 28. Past Year Opioid Misuse among People Aged 12 or Older, by Age Group: 2016



Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Figure 41. Opioid Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: 2016



Note: Opioid use disorder is defined as meeting DSM-IV criteria for heroin use disorder or pain reliever use disorder in the past 12 months.

Figure 45. Need for Substance Use Treatment in the Past Year among People Aged 12 or Older, by Age Group: 2016

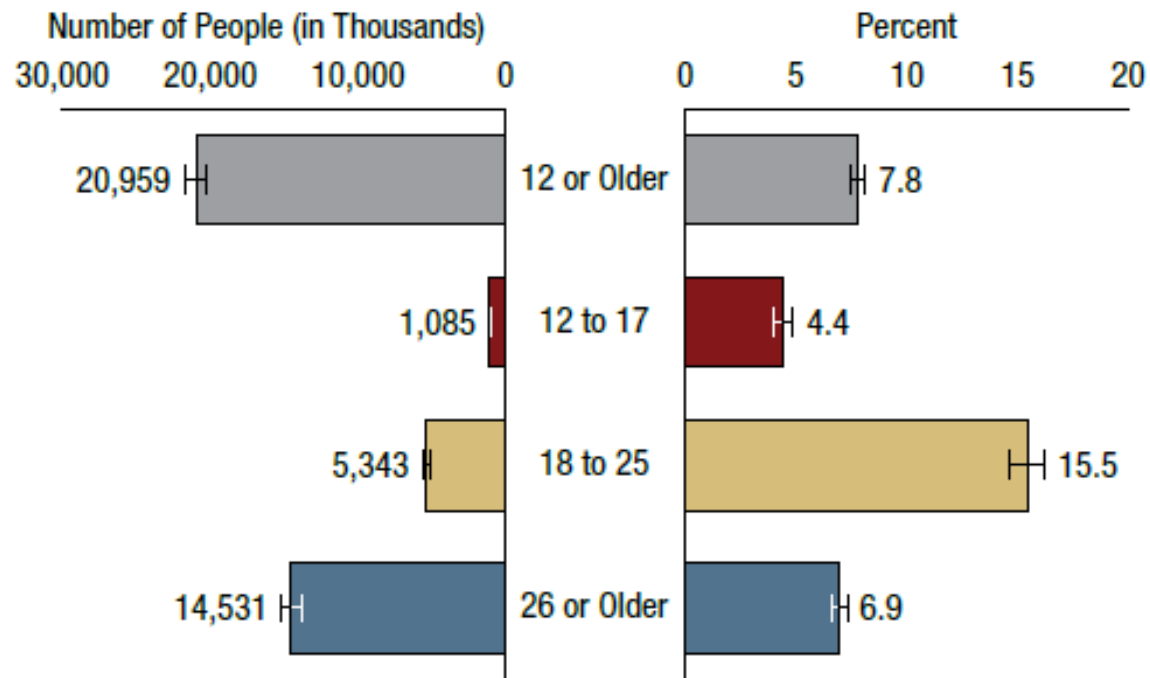
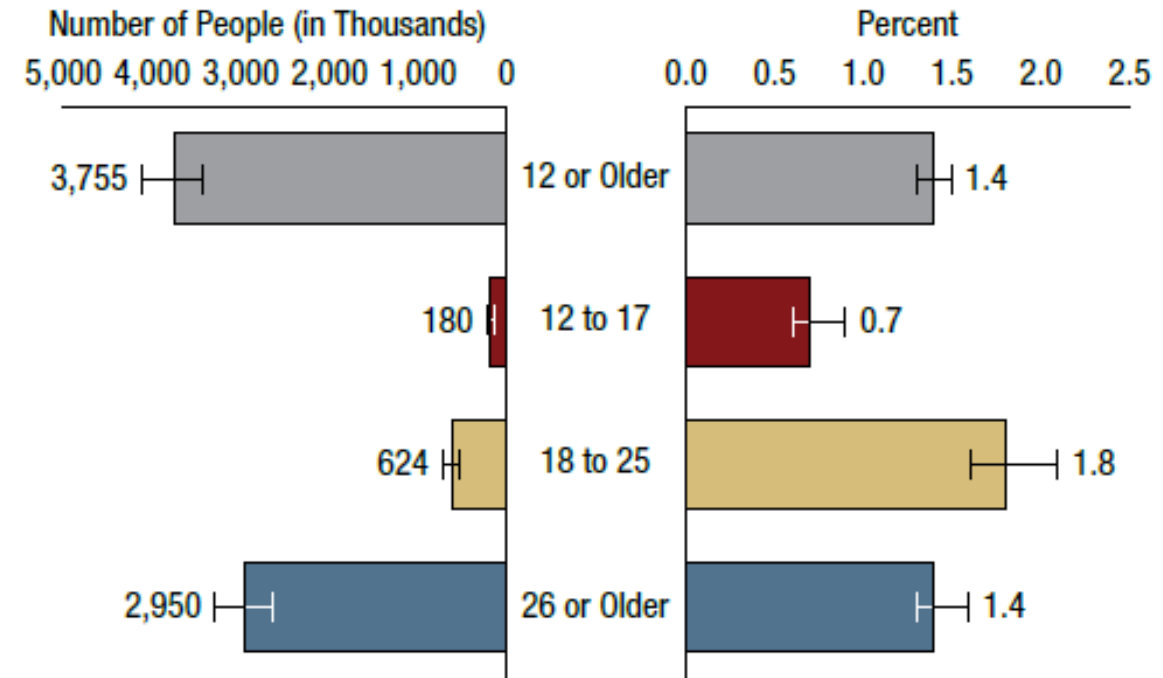


Figure 46. Received Any Substance Use Treatment in the Past Year among People Aged 12 or Older, by Age Group: 2016



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Addiction as chronic disease

8

Percentage of Patients Who Relapse

TYPE 1 DIABETES



DRUG ADDICTION



HYPERTENSION



ASTHMA



Diagnosis of Opiate Use Disorder

Screening, Brief Intervention, Referral to Treatment (SBIRT)

10

- ❑ A set of services designed to identify an individual's level of risk from alcohol or other substance use and provide an appropriate follow-up service
- ❑ Demonstrated benefit for hazardous alcohol users; less robust evidence of benefit for illicit drug users

SBIRT

11

☐ Three main components

☐ Screening

- ☐ Assess the risk for or presence of a substance use or mental health disorder

☐ Brief Intervention

- ☐ Raising awareness of behavioral change that supports overall health

☐ Referral to treatment

- ☐ A clear pathway for follow-up with individuals identified as having a substance use or mental health disorder

Single-Item Drug Screener

How many times in the past year have you used an illegal drug or a prescription medication for nonmedical reasons?

(A positive screen is 1 or more days.)

Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2010). A single-question screening test for drug use in primary care. *Archives of Internal Medicine*, *170*(13), 1155–1160.

Two-item Drug Use Disorder Screener for Primary Care Clinics Serving US Veterans

Question 1: How many days in the past 12 months have you used drugs other than alcohol? (A positive screen is 7 or more days. If < 7, proceed with Question 2.)

Question 2: How many days in the past 12 months have you used drugs more than you meant to? (A positive screen is 2 or more days.)

Tiet, Q. Q., Leyva, Y. E., Moos, R. H., Frayne, S. M., Osterberg, L., & Smith, B. (2015). Screen of drug use: Diagnostic accuracy of a new brief tool for primary care. *JAMA Internal Medicine*, *175*(8), 1371–1377.

USPSTF Evaluated Screening Instruments for Illicit Drug Use

ASSIST (WHO)	Alcohol, Smoking, and Substance Involvement Screening Test
CAGE-AID	Cut down, Annoyed, Guilty, Eye-opener – Adapted to Include Drugs
CRAFFT	Car, Relax, Alone, Forget, Friends, Trouble
DAST	Drug Abuse Screening Test
DUDIT	Drug Use Disorders Identification Test
RAFFT	Relax, Alone, Forget, Friends, Trouble
RAGS	Reduce, Annoyed, Guilty, Start
RPDS	Rapid Drug Problems Screen
SSI-SA	Simple Screening Instrument for Substance Abuse

Lanier D, Ko S. Screening in Primary Care Settings for Illicit Drug Use: Assessment of Screening Instruments — A Supplemental Evidence Update for the U.S. Preventive Services Task Force. Evidence Synthesis No. 58, Part 2. AHRQ Publication No. 08-05108-EF-2. Rockville, Maryland: Agency for Healthcare Research and Quality. January 2008.

DSM-5 Criteria for Opioid Use Disorder

Long Time Craving Control ➡ TRASHeD ➡ Withdrawn*

Longer use or larger amounts used than intended

Time spent obtaining opioids, using, or recovering from use

Craving opioids

Failed attempts at **control** or cutting back opioid use

Opioid **T**olerance

Role failure due to opioid use

Activities reduced because of recurrent opioid use

Social problems resulting from recurrent opioid use

Health problems resulting from recurrent opioid use

Dangerous opioid use: use despite risk of physical hazard

Opioid **w**ithdrawal syndrome

In the above mnemonic, the satisfaction of two or more criteria in a 12-month period defines opioid use disorder. Criteria are listed in order of severity, progressing from milder criteria to those criteria that most impair function or cause distress. Severity scaling is determined by the number of criteria that are met and may be remembered by “5 or 4 is a moderate score” (2-3 = mild; ≥ 6 = severe).

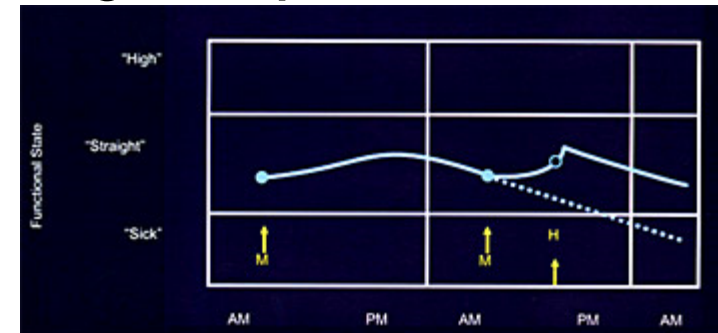
*Conner HS. *Harvard Review of Psychiatry* (2015); 23(2)

Medication-assisted Treatment of Opioid Use Disorder

Methadone

16

- ❑ Full opioid receptor agonist
- ❑ Dispensed only in accredited/licensed treatment programs
- ❑ Medical director must meet regulatory requirements



Stabilization of patient in state of normal function by blockade treatment. From *Arch Intern Med*, 1966, 118: 304

Buprenorphine

17

- ❑ Partial opioid receptor agonist/antagonist
- ❑ Available through treatment programs and in outpatient settings
- ❑ Requires special training to prescribe

Naltrexone

18

- Full opioid receptor antagonist
- Available from treatment programs and outpatient offices
- No special training to prescribe or administer

Reimbursement

19

- ❑ Treatment of OUD in the outpatient setting is just like treating any other chronic disorder
- ❑ Medicaid, Medicare, and commercial insurance companies should pay for any care considered reasonable and necessary

Diagnoses Codes – ICD-10

20

- ❑ F11 Opioid related disorders
 - ❑ F11.1 Opioid abuse
 - ❑ F11.10 Opioid abuse uncomplicated
 - ❑ F11.11 Opioid abuse in remission
 - ❑ F11.12 Opioid abuse with intoxication
 - ❑ F11.2 Opioid dependence
 - ❑ F11.20 Opioid dependence uncomplicated
 - ❑ F11.21 Opioid dependence in remission
 - ❑ F11.23 Opioid dependence with withdrawal

QUESTIONS

21

