



Opioid Use Disorder

TREATMENT AND RECOVERY OPTIONS



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Agenda

01 Opioid Use Disorder Background

02 OUD Treatment Options

03 iCHASM Work in Recovery



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What is Opioid Use Disorder?





What is Opioid Use Disorder in the New DSM-5?

When used properly, prescription opioids can be helpful pain-relief, cough suppression and antidiarrheal medications. The danger, however, is that opioids often give users a powerful high or euphoria their brains can start to crave.

Opioid medications carry a high potential for **abuse, dependence and addiction**

Abuse



Dependence



Addiction



Abuse

Abuse is when someone is not taking prescription pain medications according to their doctor's orders, taking more than prescribed or for longer than prescribed.

Dependence

Dependence is when the body becomes physically dependent on a chemical to function. When the chemical is taken away, the body's function is disrupted—producing withdrawal symptoms. People who've become dependent but who are not yet addicted are able to stop or taper off their use as directed by their doctor.

Addiction

Addiction is when a person continues to use the drug despite harm and consequences. They are unable to stop on their own. They've lost power over the medication—it now controls them. People who are addicted are most often also physically dependent and will therefore also experience withdrawal if they stop using.

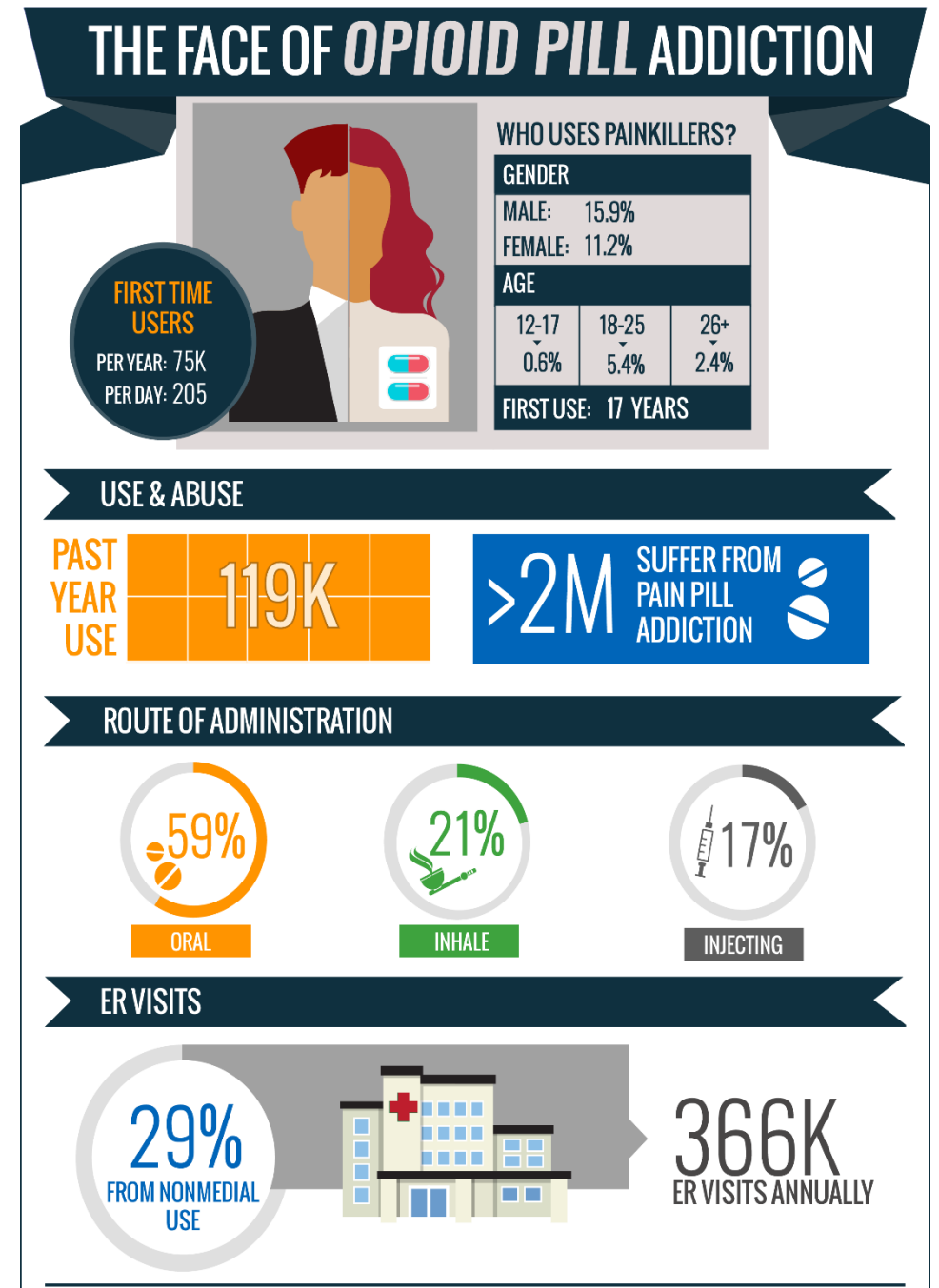


Opioid Use Disorder (OUD)

- OUD is defined in the DSM-5 as a problematic pattern of opioid use leading to clinically significant impairment or distress
- OUD was previously classified as Opioid Abuse or Opioid Dependence in DSM-IV

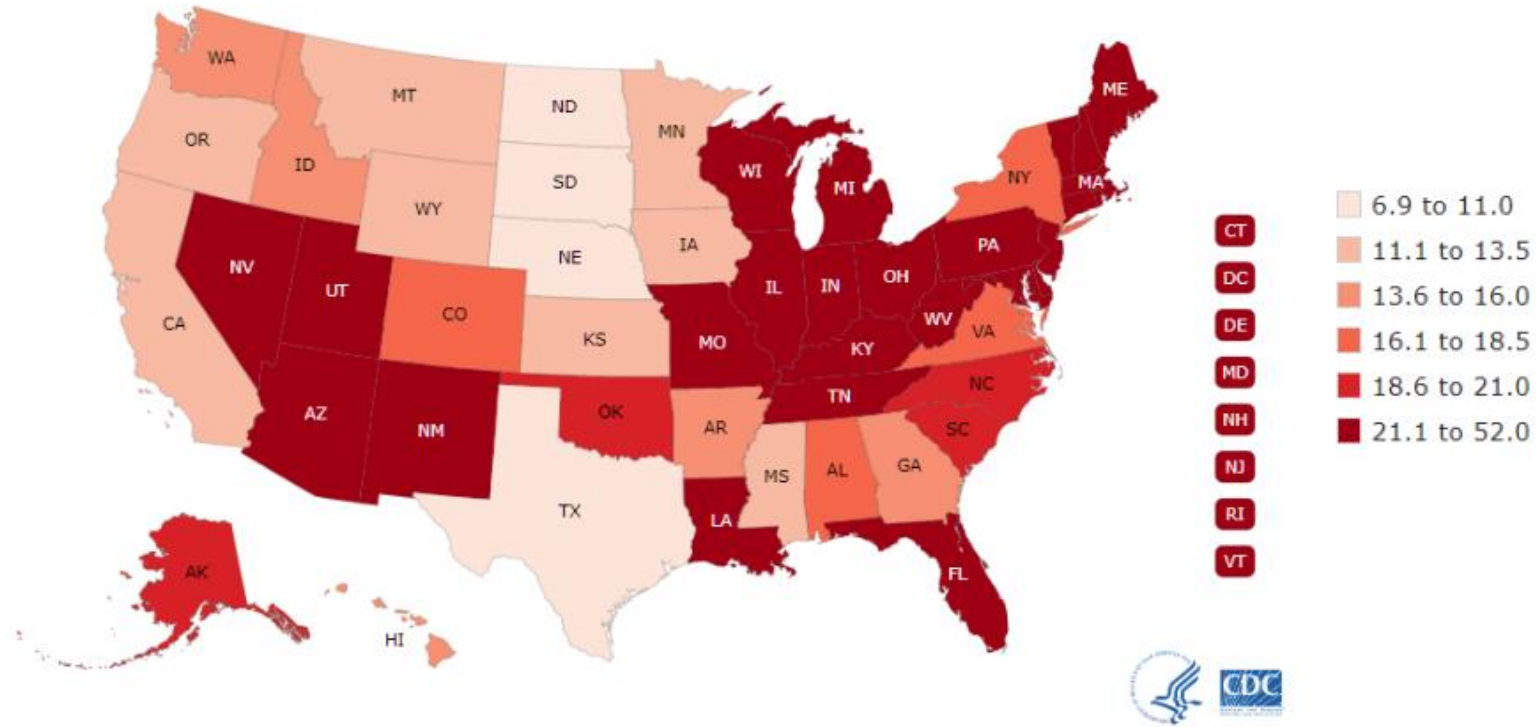
Who has OUD?

- As of 2016, about 2.1 million Americans have OUD
- 11.5 million people self-reported misusing prescription opioids in the same year
- Over 80% of those with OUD do not receive treatment
 - Why? Limited treatment capacity, stigma, financial barriers, and more



CDC 2017: Overdose Deaths

Age-adjusted rates of drug overdose deaths by state, 2017



<https://www.overdose-lifeline.org/the-overdose-epidemic.html>

OUD in America

OUD in Missouri



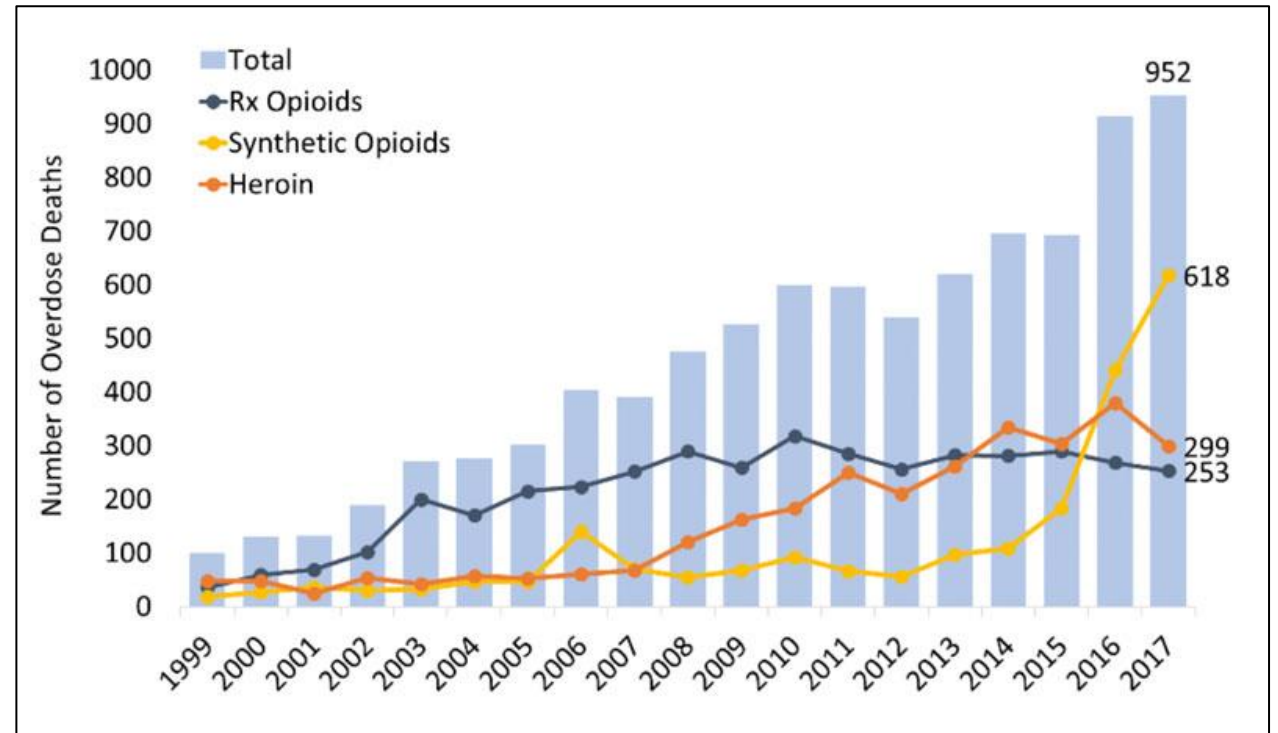
952

Opioid overdose deaths in Missouri in 2017.



71.8

Opioid prescriptions for every 100 persons in Missouri in 2017.





2 What are OUD treatment options?

Medication Assisted Treatment (MAT)

- Among many options, MAT is considered the gold-standard of OUD treatment
- MAT utilizes medication and therapy services to offer holistic treatment for individuals with OUD
- Combining treatment in this way > MAT is considered a “whole patient” approach

Therapy

Addresses behavioral component



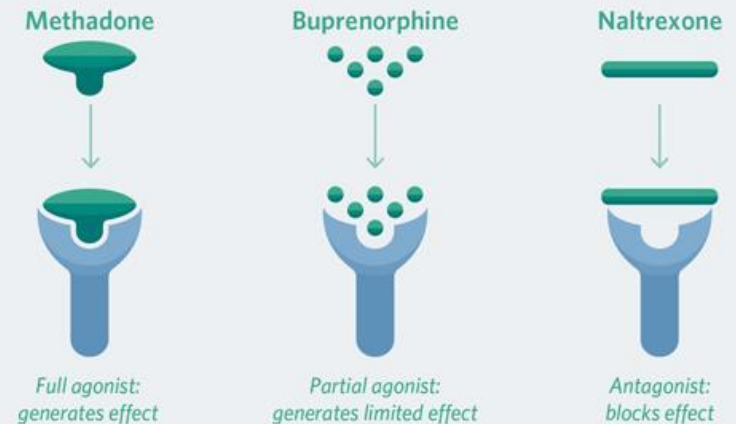
Medication

Addresses biological component

How does MAT work?

- MAT medications include methadone, buprenorphine, and naltrexone
- Irrespective of the medication selected, the goal is the same:
 - getting the patient to feel normal, have little to no side effects or withdrawal symptoms, and have controlled cravings.
- Each activates opioid receptors in different ways to ease withdrawal and craving symptoms
- Medications used in MAT are covered under Medicare, Medicaid, and other forms of health insurance

Figure 1
How OUD Medications Work in the Brain



MAT Myths Debunked



MAT JUST TRADES ONE ADDICTION FOR ANOTHER: MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat OUDs and help sustain recovery (10).



MAT IS ONLY FOR THE SHORT TERM: Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT (11).



MY PATIENT'S CONDITION IS NOT SEVERE ENOUGH TO REQUIRE MAT: MAT utilizes a multitude of different medication options (agonists, partial agonists, and antagonists) that can be tailored to fit the unique needs of the patient (2).



MAT INCREASES THE RISK FOR OVERDOSE: MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression (14).

$$l \leq \frac{l_1 k}{k}; k = \frac{4}{\sqrt{4EJ}};$$

THERE ISN'T ANY PROOF THAT MAT IS BETTER THAN ABSTINENCE: MAT is evidence-based and is recommended for opioid addiction. American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies all emphasize MAT as first line treatment.

More evidence supporting MAT

- **Decreases opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission.**
 - One study found that after buprenorphine became available in Baltimore, heroin overdose deaths were reduced by 37 percent.
- **Increases social functioning and retention in treatment.**
 - Patients treated with medication stayed in therapy versus patients receiving treatment that did not include medication.
- **Treatment of opioid-dependent pregnant women with methadone or buprenorphine improves outcomes for their babies.**
 - MAT reduces symptoms of neonatal abstinence syndrome and length of hospital stay.

Experts weigh in

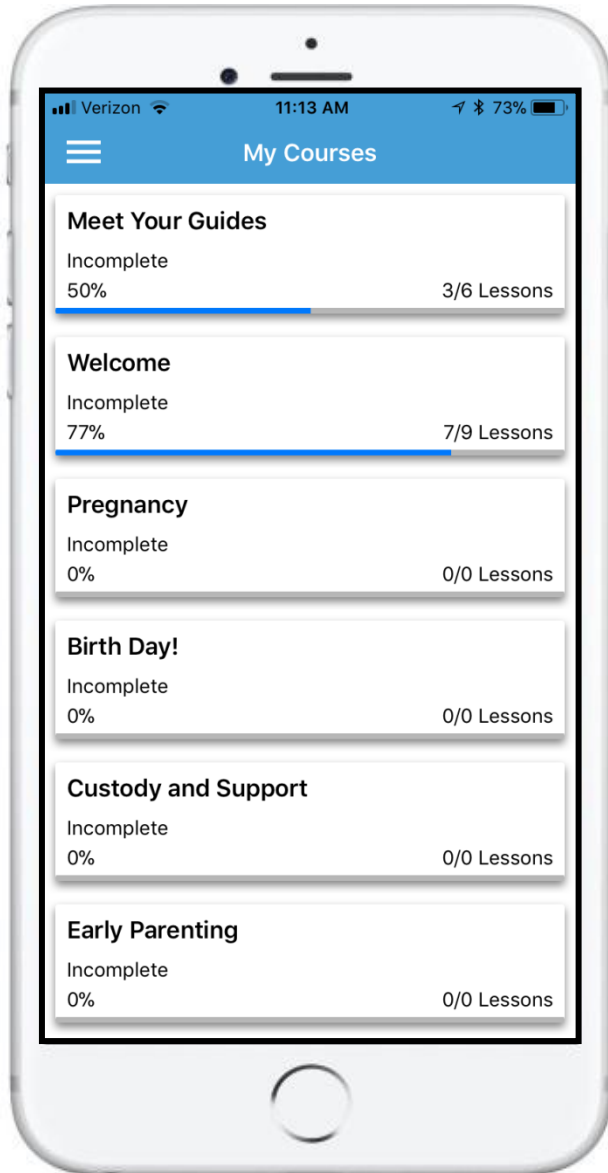
- *“The drug that we’re replacing is a dangerous one that will kill you, and we’re replacing it with a drug that allows you to go back to work and have money in your pocket and allow you to live normally again.”*
 - Dr. Stuart Gitlow, past president of the American Society of Addiction Medicine.
- *“I don’t think that there’s any areas where the data is shaky. It clearly shows better outcomes with medication-assisted therapy than without it. Studies have shown that outcomes are much better when you are on MAT. For **one**, it decreases risk of relapse — significantly. **Second**, MAT has also been shown to be effective in preventing infectious diseases like HIV. **Third**, MAT has been shown to be effective in preventing overdoses.*
 - Dr. Nora Volkow, the director of the National Institute on Drug Abuse.

An illustration featuring several large, pink, pill-shaped containers with white caps. Each container is tilted at an angle. On top of each container, a person is depicted in various states of distress or struggle. One person is covering their face with their hands, another is sitting on the edge of the container, and others are shown in similar poses of despair. The background is a teal color with dark blue shadows cast by the containers.

3

How has iCHASM helped with recovery?

uMAT-r



uMAT-r mobile application

[description]



**Educational
Modules**



**Medication
Reminders**



**Personalized
coaching**



**Social
Networking**



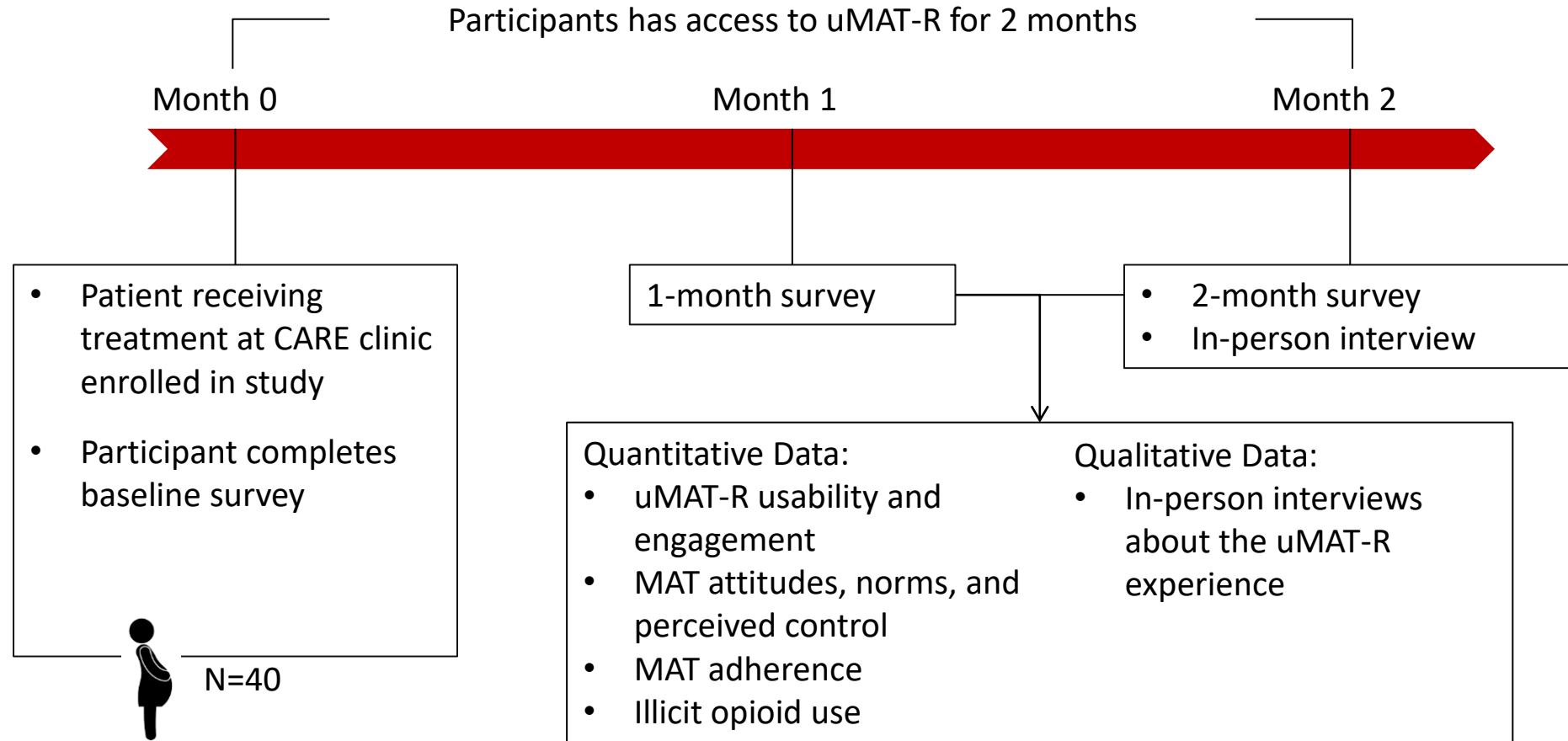
**Clinical
Surveys**

Participants

- Pregnant or up to 1 year postpartum
 - Expanded to all individuals
- Adult (≥ 18 years of age)
- U.S. resident
- Currently on MAT
- Fluent in English
- Own a smartphone with an iOS or Android operating system



Study Period Outline



Feedback from participants

- *“I haven’t had time to do meetings so having these courses to do helps a lot!! I’ve been wanting to do some “homework” for my recovery for a while now so this has turned out to be great so far.”*
 - One participant’s feedback on the course content.
- *“I really thought that it pretty much touched bases with every aspect of my life.”*
 - A participant’s feedback regarding what she liked about the content.
- *“I think it was a very good app because it had a lot of information about being pregnant and having a substance abuse problem. So it had different women with different stories and I could actually see it, you know? There was videos on there. It was just--it's a really good app. I really liked it.”*
 - A participant’s feedback on her overall impression of the mobile app.



THANK YOU

