

**Medication-Assisted Treatment
State Targeted Response to the Opioid Crisis Grant
State Opioid Response Grant**

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**Working with Communities to Address the
Opioid Crisis**

- SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the Opioid Response Network to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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Working with Communities to Address the Opioid Crisis

- The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- The ORN accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

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Contact the Opioid Response Network

- Visit: www.OpioidResponseNetwork.org
- Email: orn@aaap.org
- Call: 401-270-5900

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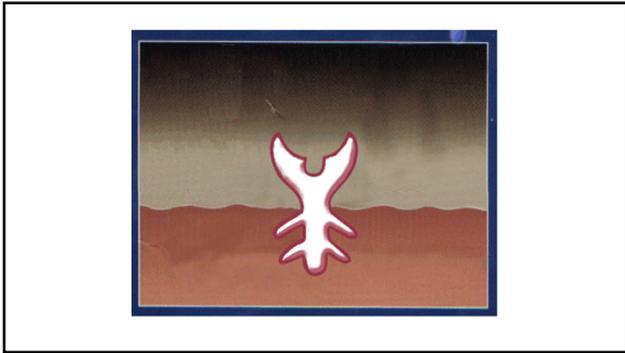


Opium

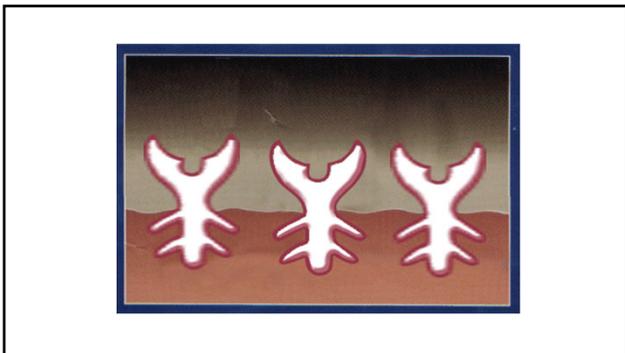
Opioids



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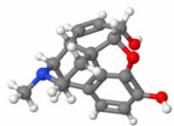


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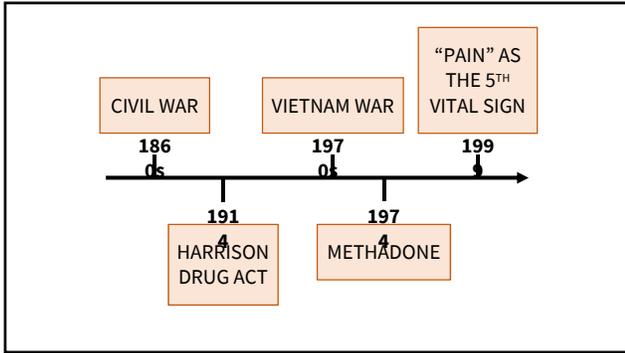
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Heroin

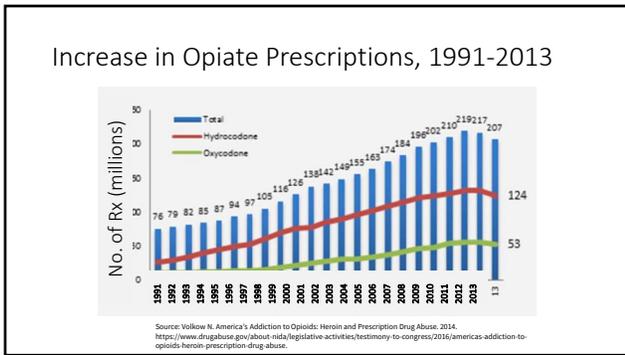


- Very rapid delivery of morphine to the central nervous system
- Potent and relatively inexpensive
- Snorting or smoking as practical alternatives to injecting

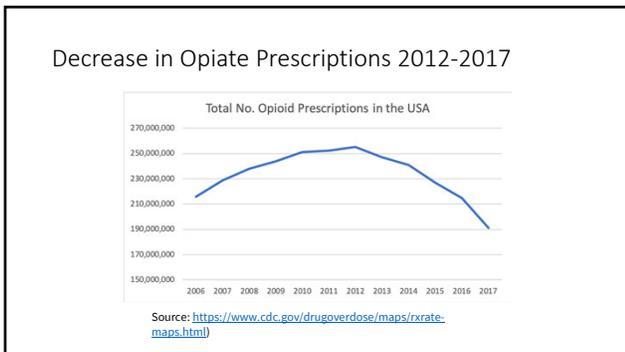
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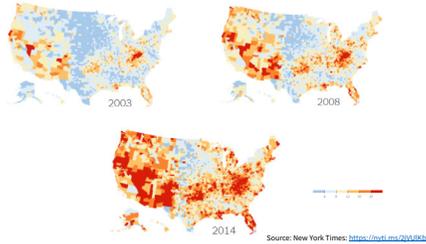


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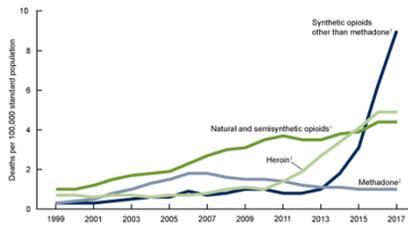
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Overdose Deaths per 100,000



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Age-Adjusted Drug Overdose Death Rates by Opioid Category



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Opioid Use Disorder (OUD) Statistics

- National statistics
- 2.1 million Americans with OUD (SAMHSA)
 - Only 20% with OUD receiving specialty addiction treatment (SAMHSA)
 - Drug overdose now leading cause of death among young adults (CDC)
 - 1999-2017: More than 700,000 Americans died from drug overdoses
 - Approx. 50,000 deaths due to opioids in 2017, up from 10,000 in 2002 (NIDA)
 - Increase in fatalities mostly due to fentanyl and derivatives (NIDA)

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Opioid Response Network (ORN) Treatment Principles

- SUD/OD are treatable chronic brain disorders that can be best managed using the medical model for managing chronic disorders
- Standard medical practice includes identifying, diagnosing and treating patients for SUD/OD using a combination of medications as well as behavioral and psychosocial interventions
- FDA-approved medications are the standard of care and are effective for treating OUD and reducing overdose deaths
- All patients with OUD must be offered an option of treatment with FDA indicated medications - this includes buprenorphine, XR-naltrexone, or methadone
- Evidence-based psychosocial interventions used in combination with medication may improve outcomes

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OUD: A Chronic Brain Disorder

Addiction is an acquired bio-behavioral disorder characterized by:

- Abnormal mood, cognition and decision-making
- Abnormal reactivity to stress and environmental cues
- Overwhelming craving
- Impaired insight and the impaired ability to care for self
- Chronic disease; recurrence during recovery; highest mortality of all psychiatric disorders

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Disease Course

Opioid Use Disorder (OUD) is a chronic condition:

- The risk of symptom recurrence persist for many years
- Periods of symptom remission/exacerbation should be expected
- Recognizing the chronicity and the return to use/recurrence course of the disorder, despite being in treatment, should not imply that the treatment is ineffective and therefore useless
- One should not expect a "cure" after a one-time treatment episode
- However, the sustained remission (recovery) can occur (30-40% of patients), despite prior history of returning to substance use

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Disease Course and Medications

Recurrence/return to use carries a significant risk of overdose and death

Treatment with agonist medications reduces the risk of death 2-3 fold

**Medications
reduce the
risk of death
by 2-3x!**

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Disease Course and Medications (cont'd)

The longer the patient remains on the medication, the better chance of benefiting from treatment:

- It is not known if there is a duration of MAT that would eliminate the risk of return to use
- The risk of return to use should always be considered to be greater once the medication is stopped
- A decision to discontinue medications after a period of successful treatment should occur only after a careful discussion of risks between the clinician and the patient

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Goals of Medication for OUD

- Reduce mortality
 - All cause and drug-related
- Reduce associated morbidity
 - Transmission of blood-borne viruses
 - Infectious complications from IV drug use
- Reduce opioid use
- Increase retention in addiction treatment
- Improve general health and well-being
- Reduce drug-related crime

Source: Volkow, et al, NEJM, 2016

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Treatment of OUD

Most effective treatment for OUD involves a combination of several approaches:

- Medication for Addiction Treatment (MAT) involves use of medications in combination with intervention to increase adherence to medications
- Psychosocial/behavioral approach focused on helping patients develop skills necessary to maintain abstinence
- Self Help/Mutual Help support groups form social network supportive of recovery
- Recovery-oriented activities help patients develop satisfying lives

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FDA Approved Medications

- **Methadone** – full μ -opioid receptor agonist
- **Buprenorphine** – partial μ -opioid receptor agonist
- **XR-Naltrexone** – antagonists of μ -opioid receptors

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FDA Approved Medications: AGONISTS

- Methadone (MET), Buprenorphine (BUP)
 - Constant stimulation of opioid receptors “stabilizes” system’s functioning
 - Prevents withdrawal, relieves craving, stabilizes affect, minimizes pathological brain responses, blocks effects of other opioids
 - By reducing drug-seeking, provides opportunity for the patient to begin changing their behavior and address other problems
- Limitations
 - Regulatory oversight (less for BUP)
 - Potential for side-effects (BUP has ceiling effect and is safer than MET)
 - Risk of misuse and diversion

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FDA Approved Medications: ANTAGONISTS

- Naltrexone:
 - Prevents activation of opioid receptors “stabilizes” system’s functioning
 - Blocks effects of exogenous opioids and re-development of physical dependence and can relieve craving
- Limitations
 - Can only be administered after opioids are stopped and opioid withdrawal resolves (in patients with no physical dependence, otherwise withdrawal will be precipitated)

Source: Comer et al., 2006, Krupitsky et al., 2011, Bisaga et al. et al., 2014, 2015, Lee et al., 2016)

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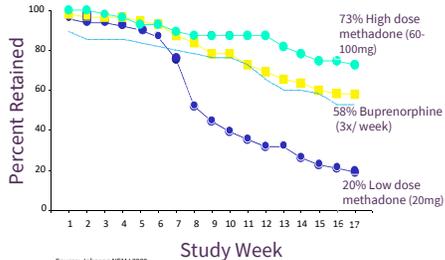
Mortality Risk During and After Buprenorphine Treatment



Source: Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. Sordo, et al. BMJ 2017.

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Buprenorphine vs. Methadone Treatment Retention



Source: Johnson NEMJ 2000

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MAT: Treatment Choice

- Patients presenting for treatment should be thoroughly assessed for medical (dependence on other substances, uncontrolled medical problems) and psychiatric (suicidality, psychosis) stability
- All patients should be educated about the chronic nature of the disorder and engaged in the process of shared decision making in developing treatment plan

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MAT: Treatment Choice

- Prescribers should discuss all available treatment options:
 - Residential programs vs. office-based treatment vs. OTP
 - Risks of treatment without medications
 - Explain difference between methadone, buprenorphine and naltrexone
- Prescribers should assess patient's motivation for MAT, treatment goals, and preferences for any particular medication before a final recommendation for the first-line treatment
 - When available and appropriate the final discussion should involve a family member or a significant other

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Standard Medical Management

- Provision of medication induction and/or maintenance
- Monitoring of compliance with medication
- Monitoring of patients' drug use, symptoms, and progress
- Education regarding OUD and medication treatment
- Encouragement for abstinence & treatment adherence
- Encouragement for mutual-support groups or self-help
- Brief advice modeled on standard drug counseling
- Treatment of medical complications of opioid use
- Referrals to specialty services in the community

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Cognitive Behavioral Therapy (CBT)

- In maladaptive behavioral patterns, learning plays a critical role
- Teach patients to identify and correct problematic behaviors by applying learned skills
- Anticipating problems and enhancing self control by developing coping strategies
- Exploring consequences, self monitoring for cravings early and identifying risky situations

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Community Reinforcement and Family Training (CRAFT)

- Community Reinforcement and Family Training
 - Increase family compliance with an intervention to increase the rate of treatment for the patient
- Motivation building, functional analysis, communication skill training, life enrichment and other skills
- Targets the family of those with substance use disorders
- Has been shown to improve engagement in treatment

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Contingency Management

Progressive Voucher

- Highly effective in increasing treatment retention and promoting abstinence
- Provides tangible rewards to reinforce positive behaviors, such as abstinence
- Voucher based reinforcement involves vouchers that are exchanged for goods and services
- Vouchers increase in value with more negative urine drug screens

Fish Bowl Technique

- Highly effective in increasing treatment retention and promoting abstinence
- Prize incentives provide chances to win cash prizes
- Each negative urine is a chance to win

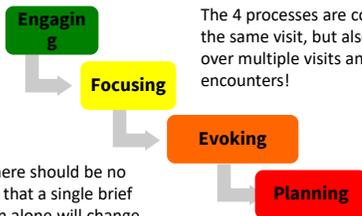
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Motivational Interviewing (MI)

- A **guiding style** of communication
- Particular focus on the language of change
- Evoking the patient's **own reasons** for change

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The 4 Processes of MI



The 4 processes are completed in the same visit, but also iteratively over multiple visits and over many encounters!

However, there should be no expectation that a single brief conversation alone will change people's behavior.

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State Targeted Response to the Opioid Crisis (STR)

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STR

- \$15.2 million over two years (May 2017-April 2019)
- Focus: Advance prevention strategies, expand access to treatment and recovery supports, increase retention in treatment services, and reduce opioid-related deaths
- Location/counties: All regions of Wisconsin

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STR: Numbers Served

	Year One	Year Two
Treatment	740	1,348
Recovery	405	912

*These numbers may be duplicated. Those who received recovery services may also have received treatment services. Those who received services in year one may also have received services in year two.

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STR

- Awarded grants to Alliance for Wisconsin Youth coalitions to complete prevention projects.
- Established "ED2Recovery" through partnership with Wisconsin Voices for Recovery to help overdose survivors avoid another overdose and encourage them to stay engaged in treatment.

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STR: ED2Recovery Numbers Served

Year One	Year Two
90	190

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STR

- Awarded a grant to the Marshfield Clinic to equip their AmeriCorps workers with recovery coach training.
- Awarded grants to counties and tribes to fund unmet treatment needs.
- Awarded grants to two groups to operate regional opioid treatment centers in high-need areas.
- Awarded grants to four organizations to offer/expand medication-assisted treatment in their communities.

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STR: Conferences

- Hosted “Wisconsin’s Opioid Crisis: A Trauma-Informed Response”
 - March 2018 (Wauwatosa), about 200 professionals attended.
 - April 2019 (Green Bay), about 600 professional attended.
- Hosted “Opioid Forum”
 - April 2018 (Milwaukee), about 500 professionals attended.
 - March 2019 (Green Bay), about 600 professionals attended.

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State Opioid Response Grant
(SOR)

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SOR

- \$23,958,666, plus \$6,253,212 one-time supplemental funding in 2019 (Oct. 2018-Sept. 2020)
- \$11,979,333 million per year
- Focus: Increase access to medication-assisted treatment, reduce unmet treatment need, reduce opioid-related deaths
- Location/counties: All regions of Wisconsin

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SOR: Projects

- Prevention projects through the Alliance for Wisconsin Youth
- Wisconsin Addiction Recovery Helpline
- "ED2Recovery" Program
- Unmet treatment needs (25 counties, 7 tribes)
- Eight medication-assisted treatment implementation and expansion projects
- Two regional opioid treatment centers
- Workforce development trainings

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SOR: Supplemental Projects

- Pharmacy medication-assisted treatment survey and best practices
- Emergency department induction (treatment on demand)
- DHS medical consultant
- Nonprofit opioid treatment program
- Naloxone distribution (NARCAN® Direct Program)

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SOR: Workforce Development Trainings

2020 Opioid Forum
May 5-7, 2020
Wisconsin Dells

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Project ECHO

- Training for treatment providers in pharmacotherapy and behavioral interventions for opioid misuse and addiction
- Free video conferences held third Friday of every month (12:30-1:30 p.m.)
- Case-based learning from specialists in addiction medicine



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Making progress

- Expanding access to medication-assisted treatment
- Enhancing wraparound services

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Helplines/Hotlines

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Wisconsin Addiction Recovery Helpline

- 24/7 free, confidential service
- Call 211 or visit addictionhelpwi.org
- Referrals to treatment and recovery services
- Help navigating insurance coverage questions



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UW Addiction Consultation Provider Hotline

- Support for treatment providers managing patients with addictions
- Free service, open to all providers statewide
- Call 800-472-0111
- Questions answered by addiction medicine experts at UW-Madison School of Medicine and Public Health and UW Health.

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dhs.wisconsin.gov/opioids

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