Medications for Opioid Use Disorder (MOUD)

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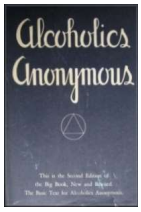
Why can't it be "both"?

Recovery



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MAT or MOUD

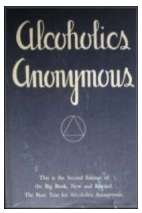
Objectives

At the conclusion of today's session, the participant will be able to accomplish the following:

- Describe the role of Medications for Opioid Use Disorder (MOUD) in the treatment of Substance Use Disorder (SUD)
- Discuss stigma and its effects surrounding the use of MOUD in the treatment of SUD
- List barriers and opportunities associated with MOUD-related stigma

Why does it have to be "either/or"?

Abstinence



OR

MAT or MOUD

What is MAT or MOUD?

Use of prescribed medications in combination with an array of other evidence-based interventions or therapies to promote long-term recovery

Medications are effective in:

Reducing opioid cravings	Boosting treatment engagement	Improving treatment retention	Higher likelihood of achieving long-term abstinence from opioids

Methadone

- Full opioid agonist
- Only available at licensed methadone clinics
- Strict regulations
- Requires patient to visit the clinic daily at first and then very frequently thereafter

Medications for Opioid Use Disorder (MOUD)

- Buprenorphine
- Methadone
- Naltrexone

Naltrexone

- Opioid antagonist
- Decreases cravings by blocking the effect of opioids
- Non-addictive, no street value
- Expensive and often requires PA for insurance to cover
- Monthly injection

Buprenorphine

- Partial opioid agonist
- Less abuse potential
- Ceiling effect limits high a user may experience
- Less barriers to accessibility as compared to other FDA approved MOUD medications

MOUD has been show to:

- Decrease overdose rate by 50%
- Prevent spread of HIV/AIDS and Hepatitis C
- Decrease criminal activity
- Increase employment rate
- Increase social functioning
- Lower relapse rates in patients on MOUD vs. abstinence alone

Andraka-Christou, B. (2020). *The opioid fix: America's addiction crisis and the solution they don't want you to have.* Baltimore, Johns Hopkins University Press.

MOUD Therapy is endorsed by the following:

- World Health Organization (WHO)
- National Institute on Drug Abuse (NIDA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Food and Drug Administration (FDA)
- U.S. Surgeon General
- American Society of Addiction Medicine (ASAM)
- American College of Gynecologists (ACOG)

Stigma

- Stigma held by
  - individuals
  - healthcare professionals
  - society
- Can affect
  - willingness to seek treatment
  - treatment offered
  - delivery of treatment
  - retention in treatment
  - policies and government funding of programs

Barry CL, McGinty EE, Pescosolido BA, Goldman HH. Stigma, discrimination,treatment effectiveness, and policy: public views about drug addiction and mental illness. Psychiatr Serv. 2014. Oct;65(10):1269-72.

Ashford RD, Brown AM, Curtis B. Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. Drug Alcohol Depend. 2018 Aug 1;189:131-138.

Stigma Definitions

- "**A mark of disgrace or infamy; a stain or reproach, as on one's reputation**" (Dictionary.com)
- "**The negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual**." (APA Dictionary of Psychology)

Types of Stigma

- **Public stigma** – negative or discriminatory attitudes of others
- **Self-stigma** – negative thoughts and feelings the person with the condition experiences about their condition
- **Institutional** – systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness
- Stigma can also be:
  - Enacted
  - Anticipated
  - Perceived
  - By association

Stigma, Prejudice and Discrimination Against People with Mental Illness. (n.d.) American Psychiatric Association. Retrieved November 1, 2022, from https://www.psychiatry.org/patients-families/stigma-and-discrimination

Stigma Definitions

CDC defines stigma as "discrimination against an identifiable group of people, place, or nation"

Often viewed as an issue with the person's character and choices instead of as a disease

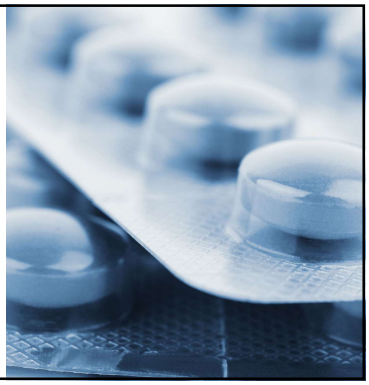
Effects of Stigma on Individuals

- Shame and hopelessness
- Avoidance and isolation
- Hesitancy to seek care
- Fear of judgement
- Unemployment & financial issues
- Lack of healthcare resources

Stigma, Prejudice and Discrimination Against People with Mental Illness. (n.d.) American Psychiatric Association. Retrieved November 1, 2022, from https://www.psychiatry.org/patients-families/stigma-and-discrimination

Myths about MOUD

- Is it a disease or moral failure?
- Are we just replacing one drug for another?
- Is the patient really in recovery?
- Are they accepted in the recovery community?



MOUD Specific Effects of Stigma

- Less likely to ask about medication options
- Embarrassment of taking the medication
- Stopping the medication because of what others might think
- Stigma of being seen at a MAT/MOUD clinic
- Stigma of filling the prescription

Amy Werremeyer, Sydney Mosher, Heidi Eukel, Elizabeth Skoy, Jayme Steig, Oliver Frenzel & Mark A. Strand (2021): Pharmacists' stigma toward patients engaged in opioid misuse: When "social distance" does not mean disease prevention, Substance Abuse, DOI: 10.1080/08897077.2021.1900988

Drug vs. Medicine

Drug

- Motivation to use is brain reward "getting high"
- Dosage escalation and increased frequency of use
- Self monitoring, progressive loss of control, secrecy, dishonesty
- Progressive deterioration of quality of life
- Use often associated with breaking laws and other harmful or self-destructive behaviors
- Social life/friendships often with other users

Medicine

- Motivation to use is to treat or prevent a disease
- Dose is typically consistent and stable
- Monitoring is done in collaboration with healthcare team
- Improves quality of life
- Obtained with a valid prescription for a valid medical purpose
- Often seen in conjunction with other health-promoting or recovery-enhancing behaviors
- Strong recovery support system (friends, family, AA/NA, etc.)

Biggest Barriers

- Access
- Affordability
- Attitudes

Effects of Stigma Enacted by Healthcare Workers

- Delivery of poorer quality of care
- Early care discontinuation
- Lower patient safety
- Lower willingness of the patient to be receptive of/compliant with provider recommendations
- Missed opportunities to provide interventions that could prevent misuse turning into a substance use disorder
- Lower willingness to provide patient counseling

Amy Werremeyer, Sydney Mosher, Heidi Eukel, Elizabeth Skoy, Jayme Steig, Oliver Frenzel & Mark A. Strand (2021): Pharmacists' stigma toward patients engaged in opioid misuse: When "social distance" does not mean disease prevention, Substance Abuse, DOI: 10.1080/08897077.2021.1900988

Opportunities

- Educate staff about addiction and stigma
- Share the research-based evidence in favor of MOUD
- Use Non-Stigmatizing Language
- Realize that relapse in often a part of recovery
- Address concerns about diversion
- Share success stories
- Provide structure and accountability
- Emphasize the importance of incorporating counseling as part of overall recovery plan
- Stop the Stigma- If you see something, say something

Case Study #1

A 34-year-old man is brought to the emergency department after being found unresponsive in a public restroom. When first responders arrived, he was cyanotic with constricted pupils and no observable respiration. He revived and began breathing independently after receiving two doses of intranasal naloxone.

Question #1

This patient's condition when first responders arrived was most likely due to excessive activation of which of the following receptor types?

A. D1 Dopamine
B. Mu Opioid
C. GABA type 2
D. Kappa Opioid

Case #1 Continued

On arrival to the emergency department the patient has temperature 37.6, respiratory rate 14, heart rate 112, and blood pressure 132/84. He appears restless and anxious, declines to provide most history and does not endorse substance use, but consents to a brief physical exam that reveals dilated pupils, active bowel sounds, and diaphoresis.

Question #2

The patient's condition in the emergency department is most likely due to the occupancy of the relevant receptors by which of the following?

A. A full agonist
B. A partial agonist
C. An antagonist
D. An inverse agent

Case #1 Continued

During the physical exam, the patient gradually engages more in interaction and acknowledges using heroin intravenously and intranasally over the past 4 years. He describes that the amounts he uses have increased steadily during that time and says that he no longer experiences much pleasurable effect even with the larger doses.

Question #3

The experience related by this patient is best described by which of the following terms?

A. Antagonism
B. Dependence
C. Sensitization
D. Tolerance

Case Study #2

A 27-year-old man presents to an outpatient treatment program requesting treatment for opioid use disorder. He relates a 5-year history of opioid use that began with prescribed oxycodone after a motor vehicle accident. He began using oxycodone intranasally at the suggestion of friends, purchased it illicitly when prescriptions ran out and he found he became sick if he went without, and eventually transitioned to heroin intranasally and then intravenously when oxycodone was too expensive for him to afford. He has completed medically supervised withdrawal several times but always returned to opioid use within a few days or weeks and now is interested in longer-term medication treatment. He reports that his last use of heroin was 3 hours ago and does not endorse any current symptoms of opioid withdrawal.

Question #1

Which of the following pharmacological features is shared by all 3 medications that have received FDA approval for maintenance treatment for Opioid Use Disorder (OUD)?

A. A ceiling effect beyond which higher doses have little additional effect
B. Blocking the effects of any other opioids taken concurrently
C. Half-life greater than 24 hours
D. Higher potency at kappa than mu opioid receptors
E. Partial agonism at mu opioid receptors

Question #2

Compared to buprenorphine, which of the following is the most likely disadvantage of long-acting injectable naltrexone for this patient?

A. Greater burden of long-term adverse effects
B. Greater incidence of initial adverse effects
C. Higher risk of opioid use during ongoing treatment
D. Longer required abstinence from opioid before initiation of the medication

Question #3

Which of the following medications would pose the greatest risk of an adverse drug reaction with buprenorphine?

A. Amphetamines
B. Clonazepam
C. Cocaine
D. Marijuana

Question #4

Discuss the pros and cons of each FDA approved medication. Which medication do you think would be the best option for this patient?

A. Buprenorphine
B. Methadone
C. Naltrexone long-acting injection
D. Naloxone

Final Thoughts

"One doesn't have to operate with great malice to do great harm. The absence of empathy and understanding are sufficient."

— Charles M. Blow

Questions?

MOUD Presentation Feedback

Contact Information

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Post-Training Survey

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