Webinar Series: Communities Responding to the Opioid Crisis

- June 20, 10:00-11:30 AM Expanding Treatment Options
- July 18, 1:00-2:30 PM Outreach and Education
- August 15, 1:00-2:30 PM Syringe Exchange Programs

https://www.sog.unc.edu/courses/communities-responding-opioid-crisis-webinar-series
In 2017, over 6 North Carolinians died each day from unintentional medication or drug overdose.
Unintentional overdose death involving illicit opioids* have drastically increased since 2013.
Statewide, the unintentional opioid overdose death rate is 12.1 per 100,000 residents from 2013-2017.
Number of hospitalizations associated with drug withdrawal in newborns increased 380% over last 10 years.

- **Technical Notes:** Beginning in 2014, hospital data structure changed to include up to 95 diagnosis codes.
  - Analysis by Injury Epidemiology and Surveillance Unit.

- **North Carolina Injury & Violence Prevention Branch:**

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Expanding Treatment Options
Speakers

- **Alex Gertner**, Injury and Violence Prevention Fellow, MD/PhD Candidate, Dept. of Health Policy and Mgt at UNC Chapel Hill
- **Chris Smith**, Director of Nursing, PORT Health
- **Brandy Harrell**, Director of Behavioral Health, Kinston Community Health Center, Inc.,
- **MeLane Childress Barber**, Clinic Director, Wilkesboro CTC

- Moderator: **Mark Botts**, Associate Professor of Public Law and Government, UNC School of Government
Introduction to Medication Treatment for Opioid Use Disorder

Alex Gertner
MD/PhD candidate
University of North Carolina at Chapel Hill
Disclosures

• None
• Views my own
Addiction as a brain disease

Expanding Treatment Options
Addiction as a learning disorder

- Psychological
- Social
- Biological

Expanding Treatment Options
Addiction
vs.
physical
dependence

Substance use disorder: pattern of substance use leading to clinically significant impairment or distress (DSM 5)

Physical dependence: A condition in which a person takes a drug over time, and unpleasant physical symptoms occur if the drug is suddenly stopped or taken in smaller doses. (NCI)
Opioid use disorder (DSM 5)

Opioids are often taken in larger amounts or over a longer period than was intended.

There is a persistent desire or unsuccessful efforts to cut down or control opioid use.

A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.

Craving, or a strong desire or urge to use opioids.

Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.

Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.

Important social, occupational, or recreational activities are given up or reduced because of opioid use.

Recurrent opioid use in situations in which it is physically hazardous.

Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Tolerance*

Withdrawal*

*These criteria are not considered to be met for those taking opioids solely under appropriate medical supervision.
• 4 week bup-nx “detox”
  • 7% successful after 8 weeks
  • No different with counseling

• 12 week bup-nx stabilization
  • 49% successful outcome at week 12
  • 8% successful 8 weeks after taper
  • No difference with counseling

• 18 months follow up
  • 79% abstinent with medication
  • 38% abstinent without medication

• 42 months follow up
  • 80% abstinent with medication
  • 51% abstinent without medication

Many studies support the use of medications in treatment

Expanding Treatment Options
Figure 1
How OUD Medications Work in the Brain

Methadone
Full agonist: generates effect

Buprenorphine
Partial agonist: generates limited effect

Naltrexone
Antagonist: blocks effect

Empty opioid receptor

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Expanding Treatment Options
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Naltrexone

Lower retention

Possible OD risk

“Although a temporal relationship exists between overdose, relapse, heroin use, and VIVITROL, a causality relationship is unlikely as it is more likely due to the patient's underlying history of opioid dependence.”

“Based on a pharmacokinetic assessment of VIVITROL following intramuscular injection, average naltrexone concentrations are undetectable by 42 days. The time course of the event of overdose appears to have occurred greater than 42 days after the patient’s last injection of VIVITROL. Accordingly, the event is probably not related to VIVITROL.”

Expanding Treatment Options
Myths and Misinformation

- Substituting one drug for another
- Counseling is a requirement
- Naltrexone is preferred
- Shorter treatment is better
- Detox is treatment
- NA/AA is treatment
- Hit rock bottom
- Can’t treat if pregnant
- Buprenorphine is widely “abused”
Several studies have surveyed people who use drugs about diverted buprenorphine use. Cited reasons for diverted use are consistent with therapeutic use. 81% said they’d prefer to be prescribed buprenorphine. Only 4% said buprenorphine was their drug of choice.

Cicero et al 2018
Barriers to treatment

- Lack of training
- Lack of providers
- Providers accepting insurance
- Provider office policies
- Insurer policies
- Stigma/misinformation
Language matters in reducing stigma.

<table>
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<tr>
<th>Recovery Dialects</th>
<th>Mutual Aid Meetings</th>
<th>In Public</th>
<th>With Clients</th>
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Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

Summary

Medications are effective in reducing illicit opioid use but underutilized

Buprenorphine and methadone are most effective medications

Stigma and misinformation are significant barriers to medication

Many other barriers remain
Facing Challenges Head On

Chris Smith MSN, RN
Director of Nursing
PORT Health
Medication Assisted Treatment (MAT): One Slice of the Pie

• The challenge requires an interdisciplinary group of leaders to activate a strategic plan

• Think of the community and as a pie. If multiple community stakeholders take a slice of pie, we will come a lot closer to cleaning our plate.
Medication Assisted Treatment (MAT): One Slice of the Pie

• Many different sectors: judicial system, foster care system, health care systems, law enforcement, emergency medical services, schools faith-based organizations, treatment providers.

• Collaboration is easier if everyone
  • appreciates each slice as different, but part of the same pie
  • understands and respects what motivates each of them to be at the table
  • has a multi-pronged campaign to appeal to each of their differences to garner support for the pie from wherever they can get it.
Medication Assisted Treatment (MAT): One Slice of the Pie

• Diabetes is the nation’s seventh-leading cause of death, causing 79,500 deaths annually.

• Type 2 diabetes
  • often the result of poor choices over time
  • accounts for 90 to 95 percent of all cases.
  • Results in structural changes to vital organs and cells in the body (patients require insulin for the rest of their life)

• Diabetes is a serious, progressive and very costly disease.

• Prevention and treatment strategies are underway to bring evidence-based interventions into communities to reduce its prevalence.
Medication Assisted Treatment (MAT): One Slice of the Pie

• Drug use makes critical changes in the way the brain functions and this creates what we call substance use disorder.

• Like type 2 diabetes, the patient’s choices have led to the structural changes in the brain (instead of the kidneys) that includes a desensitization of reward pathways, increased stress reactivity, and changes in executive functioning.

• Disease: a disordered or incorrectly functioning organ, part, structure, or system of the body resulting from the effect of genetic or developmental errors, infection, poisons, nutritional deficiency or imbalance, toxicity or unfavorable environmental factors; illness; sickness or ailment.

• This explains why opiate use disorder is a chronic disease and MAT is very effective.
Medication Assisted Treatment (MAT): One Slice of the Pie

• Understanding the science behind addiction allows us to approach it in the same way we do other chronic medical conditions

• Diabetic patients struggle to be compliant with the evidenced based recommendations from the American Diabetic Association (ADA) as much as a substance use patient struggles to be compliant with the evidenced based recommendations from Substance Abuse and Mental Health Services Administration (SAMHSA).
Challenges are in “the way we’ve always done it”

• Challenge: Patients have difficulty following through with a plan if they don’t understand why this is the only way.

• Change:
  • We lay out ALL of the options out there for the patients, not just the ones we provide, in order to find a workable solution the patient believes in.
  • We find out what the real barriers are and attempt to find solutions, even outside of our wheelhouse.
  • It’s not an all or nothing scenario anymore.
  • The leaders are mentoring and role modeling this new way of thinking as much as possible.
Our Communities Face Huge Financial Challenges

Endocarditis

• Life-threatening bacterial valve infection that can destroy heart valves and spread throughout the body.
• Comes from using unsanitary needles to inject drugs.
• Endocarditis healthcare cost has increased 18 fold and according to the CDC, the cost for each hospitalization for endocarditis exceeds $50,000.
• 42% of patients with drug dependence-associated endocarditis were either uninsured or on Medicaid, accounting for a total $9.3 million in healthcare costs compared with only $481,000 in 2010.
Our Communities Face Huge Financial Challenges

Hepatitis C
• Average lifetime cost of treatment for hepatitis C ranges from $100,000-$300,000.
• With 150,000 cases of hepatitis C, NC can expect to spend between $15 and $45 billion on treatment over the lifetime of these patients.

HIV/AIDS
• An estimated 35,000 people living with HIV/AIDS in NC.
• Rate of new HIV infections in NC is 41% higher than the national rate.

Medication Assisted Treatment provides HIV, hepatitis C and other communicable disease testing, counseling, education and treatment, improving the overall public health of the entire community. It is a way to prevent disease, promote health and significantly reduce healthcare costs.
MAT programs significantly reduces overdoses and helps control the rising healthcare costs

• Total cost for patients who experienced an opioid overdose resulted in $1.94 billion in annual hospital costs across 647 healthcare facilities nationwide (according to January 2019 report by Premier Inc., a healthcare improvement company headquartered in Charlotte)

• The average cost for an overdose patient:
  • Treated and released $504.00
  • Treated and admitted $11,731
  • Admitted to ICU $20,500, plus generally longer lengths of stay with very low reimbursements
North Carolina Opioid Action Plan

• Strategy number 5 from the NC Opioid Action Plan is to increase access to treatment and recovery. Although there is an abundance of evidence showing the effectiveness of medication assisted treatment with drugs like buprenorphine and methadone, there is still considerable stigma and there are still barriers to access.

- Managed Care Organizations (MCO)
- Rural areas/lack of transportation
- Provider Led Entities/New Managed Care for the standard and tailored plan
- Widespread misunderstanding of treatment options
- And more...
Combating the Opioid Epidemic “A multifaceted approach to a multi-level problem”

Brandy Harrell, Director of behavioral health
Kinston community health center, Kinston, North Carolina
Understanding the Opioid Epidemic

According to the National Institute on Drug Abuse, in 2017, there were 1,953 overdose deaths involving opioids in North Carolina, a rate of 19.8 deaths compared to the average national rate of 14.6 deaths per 100,000 persons. The greatest rise occurred among deaths involving synthetic opioids other than methadone (mainly fentanyl), from 116 in 2013 to 1,285 deaths in 2017.
Understanding the Opioid Epidemic

Expanding Treatment Options
Families are impacted

• LENOIR COUNTY
  07-01-17 through 06-30-18
  38 families with a new petition
  91 children involved
  47 children impacted by a substance use disorder

  07-01-18 through 05-30-19
  24 families with a new petition
  57 children involved
  35 children impacted by a substance use disorder

Data compiled by the 8th District Guardian ad Litem program. The petitions filed, children involved, and the number of children with one or more parent with a documented substance use disorder.
Challenges for access to treatment

- Transportation issues
- Funding (lack of funding to aid the uninsured to pay for MAT prescriptions)
- Scarcity of qualified MAT treatment providers
- Stigma “substituting one drug for another”
A multifaceted approach to a multi level problem

• Considering the complexity of the Opioid epidemic, the approach should be strategic and comprehensive

• Development of Community Frameworks to implement change

• Understanding the different language for communicating across systems such as Judicial, Local Management Entities (Managed Care Organizations, Government Officials, Law Enforcement, Medical Providers, Behavioral Health Providers and Emergency Medical Technicians (EMT))
Efforts to Expand Treatment Options

• Increasing the number of Medication Assisted Treatment (MAT) Providers
• All providers, MD and Advanced level (PA, FNP) with receive education and complete the DATA 2000 waiver which permits physicians to treat opioid dependency
• MAT combined with behavioral therapy to help individuals sustain recovery
• Provide transportation via Outreach programs in the community
• Grant Funding for expansion of services
Partnerships and collaborations to increase treatment

• Linkage to care- Eastpointe LME
• Enhanced Service providers Substance Abuse Intensive Outpatient and Substance Abuse Comprehensive Outpatient Treatment-Community providers
• Family Accountability and Recovery Court- 8th District -Chief District Court Judge
• County Commissioner
• Guardian Ad Litem
• Health Department
Integrated Health Care
A holistic approach to treatment

• Treating the individual, thinking of the big picture such as addressing the whole person, physical, mental, social environment and emotional well-being

• Kinston Community Health Center provides integrated health care in which our primary care team and behavioral health clinicians work together to treat the whole person
Effectiveness of Treatment

- Goal of treatment is to return to productive functioning
- Treatment reduced drug use by 40–60%
- Treatment reduces crime by 40-60%
- Treatment increases employment prospects by 40%
- Drug treatment is as successful as treatment of diabetes, asthma, and hypertension

www.drugabuse.gov
Treatment Challenges

Access to Treatment

• Rural area
• Transportation
• Poverty
  • Medicaid reform/ expansion

Expanding Treatment

• OBOT (Office Based Opioid Treatment)
• Polysubstance use
• Emergency Department Induction
• Post Overdose Rapid Response
Community Challenges

• Stigma
• Language of Recovery
• Harm Reduction
  • http://www.nchrc.org
• Qualified professionals
Partnerships

- Health Foundation
  - COPE TEAM
- Project Lazarus
  - Community Coalitions
  - Consortium HRSA Planning Grant
  - MAT PDOA Grant
Collaborations

- NC ATOD
  - Total Opioid Treatment Programs in NC: 74
  - Patients Receiving MAT in OTP: 19,150
NC Opioid Treatment Programs (OTPs)

Source: Lighthouse Central Registry-NC data; OTP Census 12/1/2018; Analysis by Injury Epidemiology and Surveillance Unit

NCDHHS, Division of Public Health | Opioid Treatment Programs | December 2018
Evaluation link https://unc.az1.qualtrics.com/jfe/form/SV_cN3RkuTFxIpWxCd