OPIOID TRAINING

OPIOID MYTH BUSTERS

- This training module was developed as part of Florida's State Targeted Response to the Opioid Crisis (Opioid STR) through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant.

OPIOID STR GRANT PURPOSE

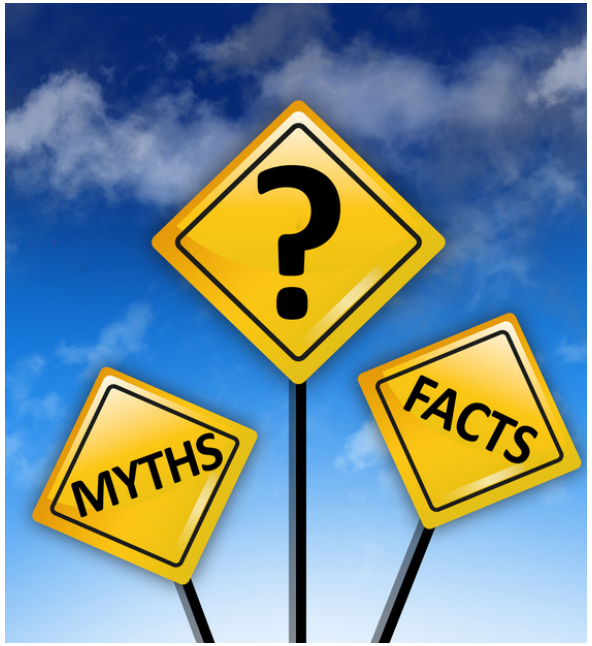
The grant aims to address the opioid crisis by:

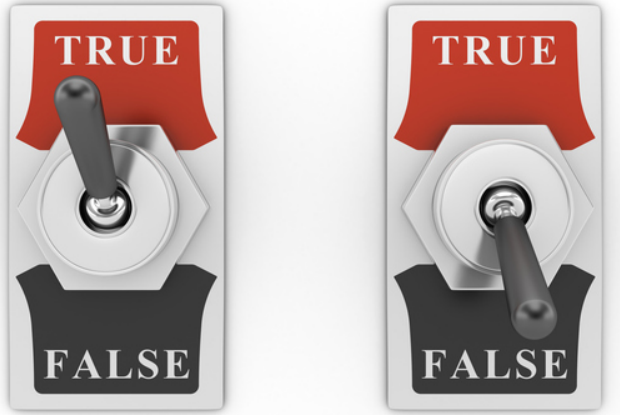
- ✓ Increasing access to treatment;
- ✓ Reducing unmet treatment need; and
- ✓ Reducing opioid overdose related deaths.

MODULE 5 LEARNING OBJECTIVES

Participants will:

- Name at least three myths surrounding the treatment of persons with opioid use disorders (OUDs).
- Articulate at least three correct responses to those myths.
- Describe at least one negative effect a parent with an OUD could experience if he/she were the victim of a child welfare or court practice based on an opioid treatment myth.



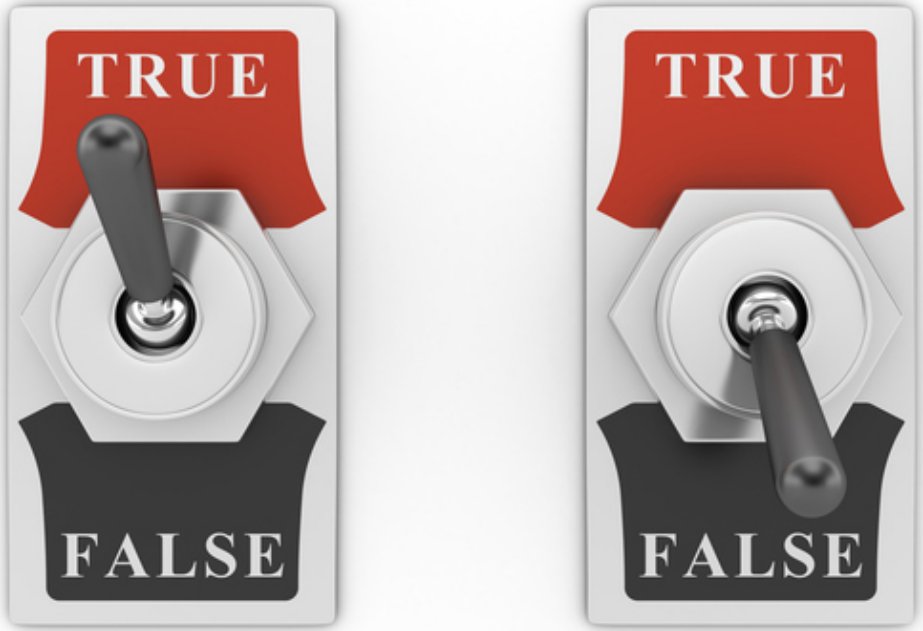


TEST YOUR OPIOID KNOWLEDGE … TRUE OR FALSE?

Review some common misconceptions about opioid use and the associated treatment medications.

TRUE OR FALSE?

- Medications used as part of medication-assisted treatment (MAT) typically create a pleasurable or euphoric feeling in the user.



FALSE!

- Opioids, such as heroin and prescription painkillers, go right to the brain and narcotize the individual, causing sedation and euphoria (a "high").
- In contrast, properly prescribed methadone and buprenorphine have gradual onsets of action and produce stable levels of the drug in the brain; as a result, patients maintained on these medications do not experience a rush, while they also markedly reduce their desire to use opioids.
- Methadone and buprenorphine are opioid-based and result in physical dependence, but are fundamentally different from dangerous short-acting heroin and prescription painkillers.

MORE…

- Patients taking opioid treatment medications do not experience the physiological or behavioral abnormalities from rapid fluctuations in drug levels associated with heroin/opioid prescription misuse use.
- As a result, MAT allows individuals to get back on their feet - to obtain and maintain employment, to get and keep housing, to achieve greater social stability, and to lead fully productive lives.
- In fact, scientific studies show that the most significant health consequence of long-term methadone treatment is a marked improvement in general health. As further research on buprenorphine and naltrexone are completed, the same is likely to be demonstrated of those treatment medications as well.
- MAT saves lives – they help to stabilize individuals, allowing treatment of their medical, psychological and other problems so they can contribute effectively as members of families and of society.

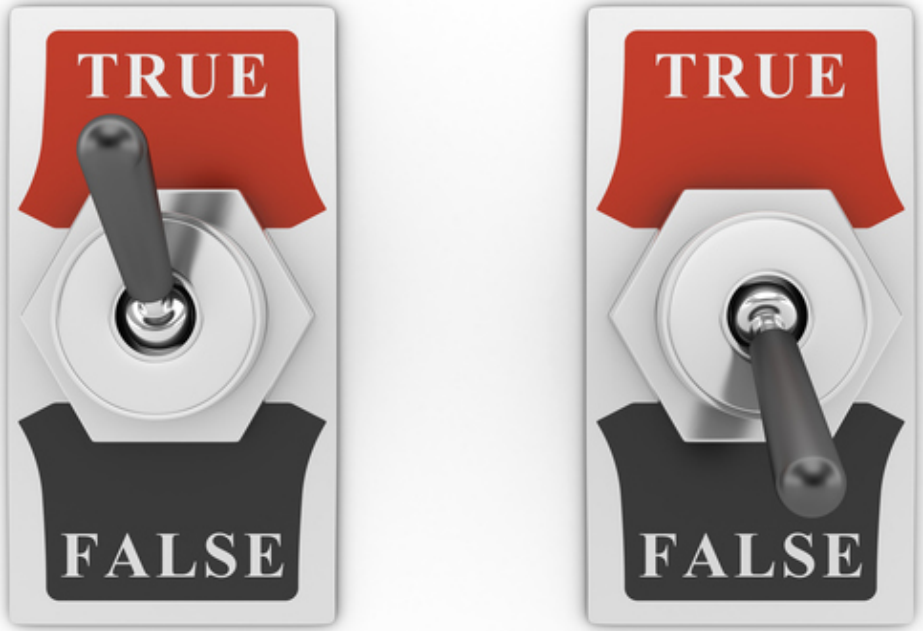
MORE…

If a parent with whom you work appears to be "high" and says they are on MAT, please double check a few things:

- 1. Are they still enrolled or did they "drop out" of treatment and not tell anyone?
- 2. Unless the parent is in the induction phase of MAT where their individualized dosage is being determined/adjusted, there is a significant possibility the parent is using other drugs (e.g. benzos).

TRUE OR FALSE?

- Pregnant opioid-using women should receive medically-supervised withdrawal to prevent fetal distress.

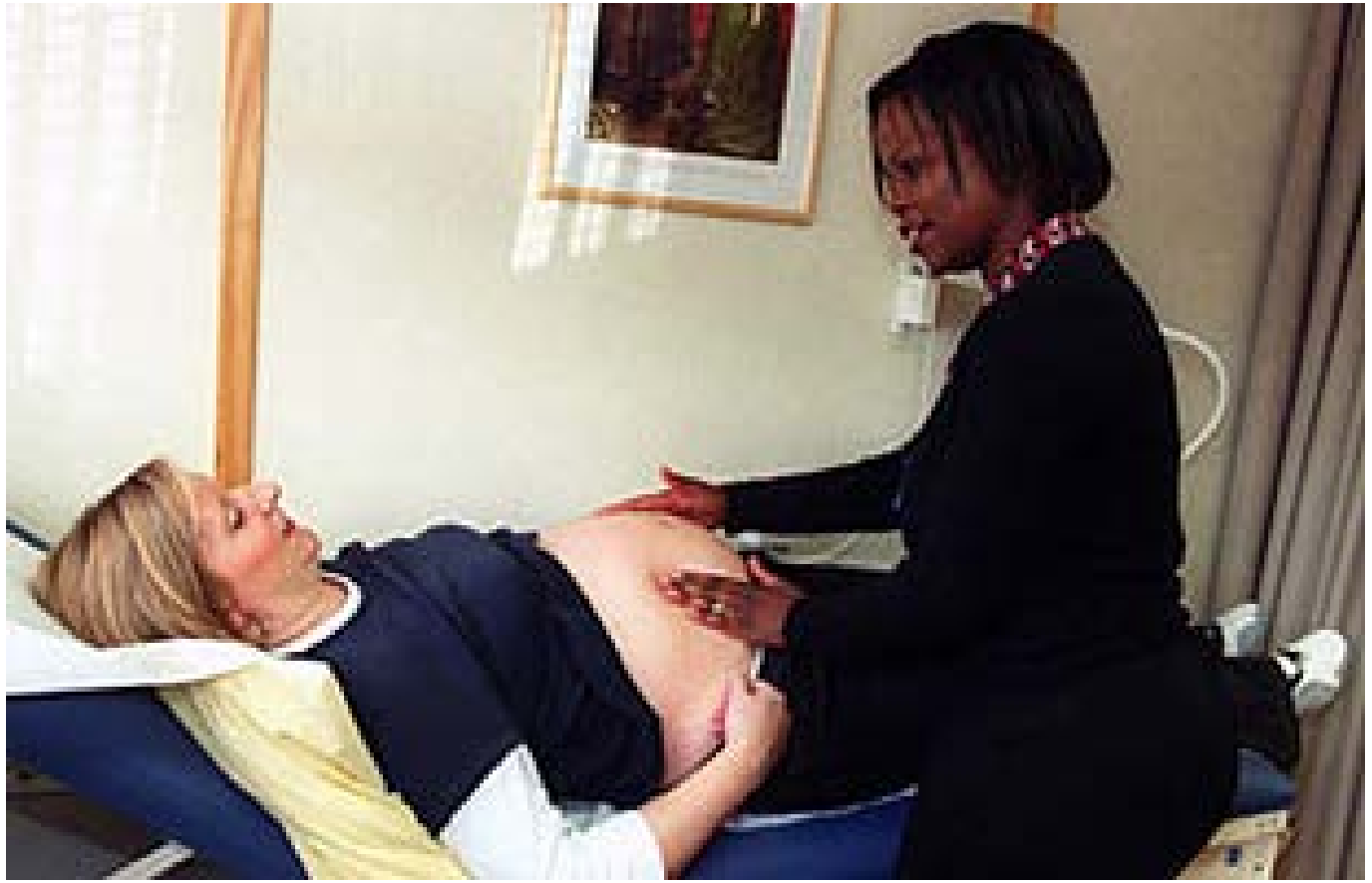


FALSE!

- Pregnant women with an opioid use disorder should be offered MAT (consisting of pharmacotherapy with methadone or buprenorphine) and evidence-based behavioral interventions.
- This approach is preferable to medically supervised withdrawal because withdrawal is associated with high recurrence of use rates, which lead to worse maternal and fetal outcomes.

MORE…

- Pregnancy is a time of great potential for positive change. A woman with OUD may be motivated to enter treatment not only out of concern for the health of the fetus but also because during pregnancy she can envision a different future for herself and her child.



TRUE OR FALSE?

- Using medications like methadone and buprenorphine is simply replacing one drug addiction with another.

FALSE!

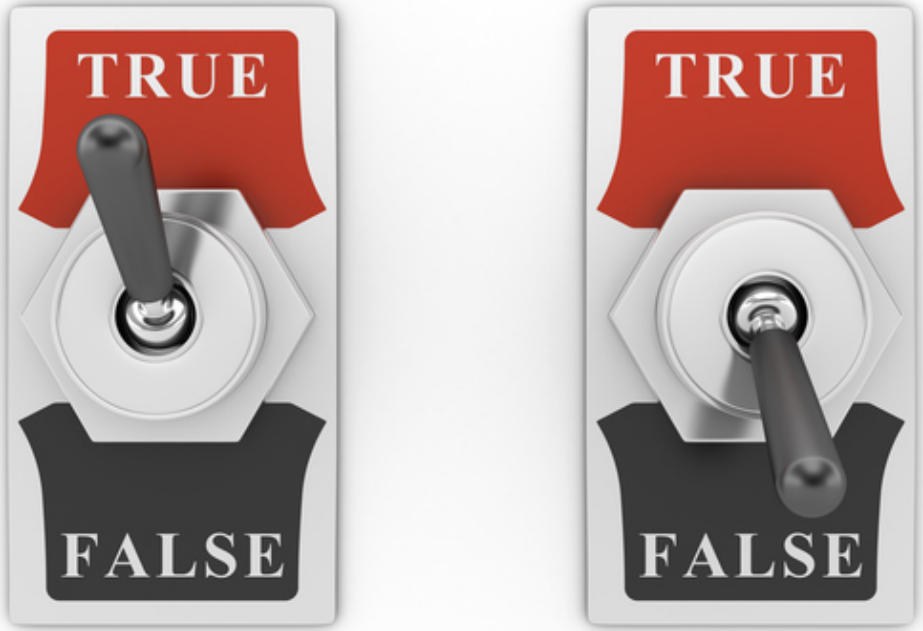
- As used in MAT, buprenorphine and methadone are not heroin/opioid substitutes.
- They are prescribed or administered under monitored, controlled conditions, and are safe and effective for the treatment of opioid addiction when used as directed.

MORE…

- Detoxifications and drug-free modalities, although appealing to an understandable desire for recovery without medications, produces only a 5-10% success rate. That means 90% to 95% of persons with OUD do not achieve success in abstinence-only programs or approaches.
- Numerous studies have shown that MAT reduces illicit drug use, disease rates, and criminal activity among opioid addicted persons.

TRUE OR FALSE?

- A lower dose of methadone or other opioid treatment medications is preferable to a higher dose.



FALSE!

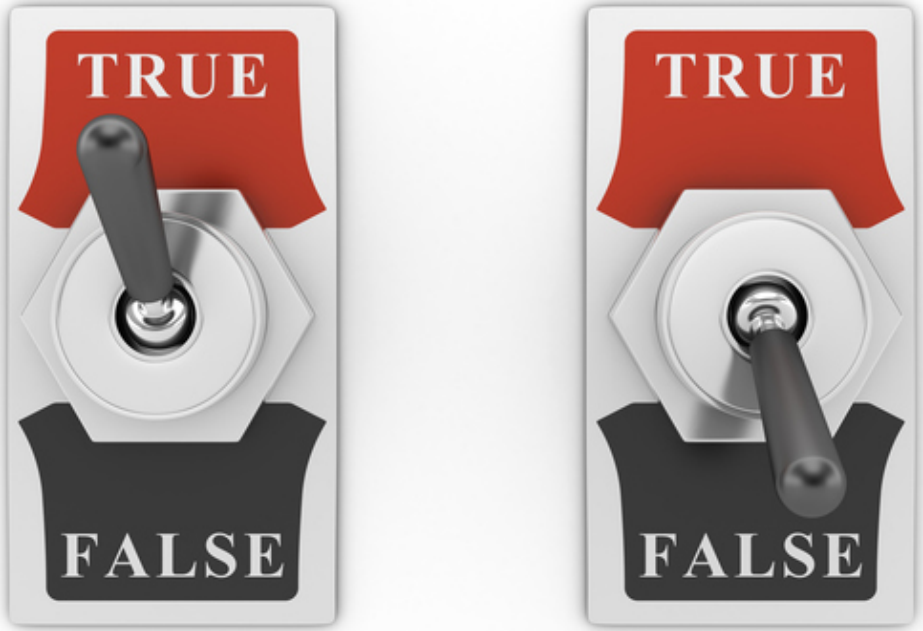
- The key is to prescribe the appropriate "effective" dosage based on the presenting needs of the individual. The use of substandard dosages is countertherapeutic, since the patient will continue to use opioids if the maintenance dosage is too low.
- Dosing is an individualized medical decision. For example with methadone, most patients require a dose of 60-120 milligrams per day.
- Studies show that patients on higher doses stay in treatment longer, and use less heroin and other drugs than those on lower doses.

MORE…

- SAMHSA recommends a "phased approach," beginning with stabilization (withdrawal management, assessment, medication induction, and psychosocial counseling), and moving to a middle phase that emphasizes medication maintenance and deeper work in counseling.
- The third phase is "ongoing rehabilitation," when the patient and provider can choose to taper off medication or pursue longer-term maintenance, depending on the patient's needs.
- For some patients, MAT could be many years or indefinite.

TRUE OR FALSE?

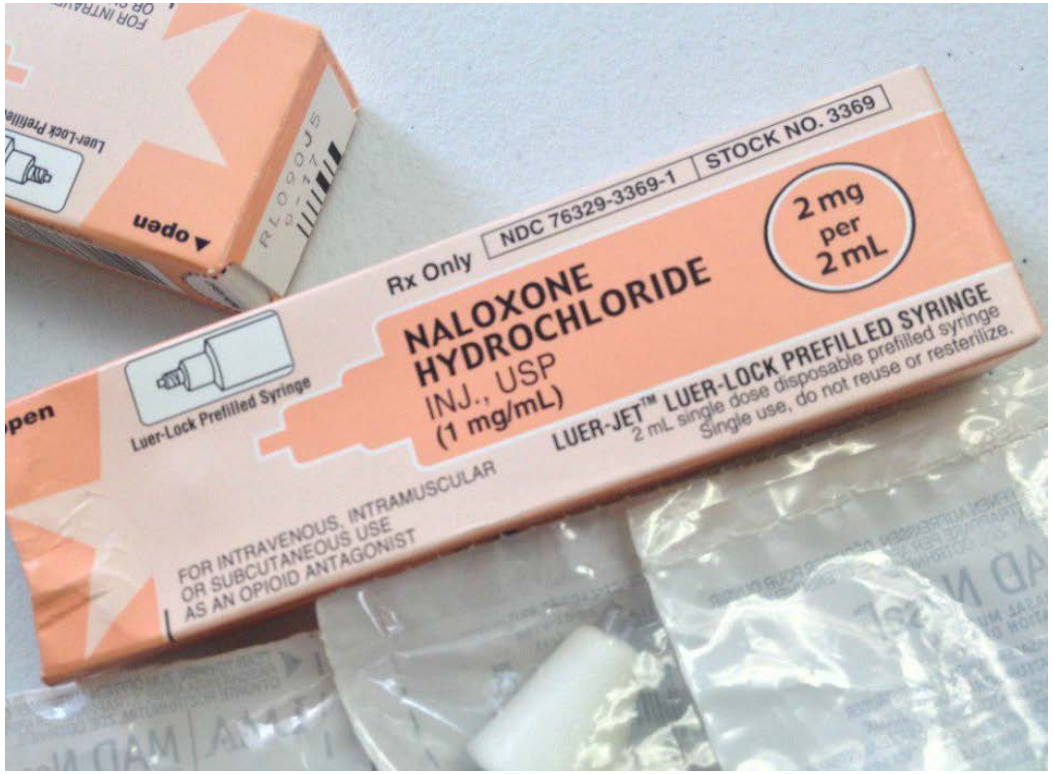
- Using Narcan (Naloxone) to reverse an opioid overdose encourages/enables opioid users to keep using.



FALSE!

- Such an idea is like saying we should not perform rescue efforts for a person who has been in more than one car accident as they will just keep driving recklessly.
- People are overdosing in the streets, at the mall, at home in front of their children. Mothers, fathers, sons, daughters of every race, every socioeconomic class, and every religion have been affected by the opioid epidemic and they are all worth saving … EVERY TIME!

NALOXONE (NARCAN®) KITS

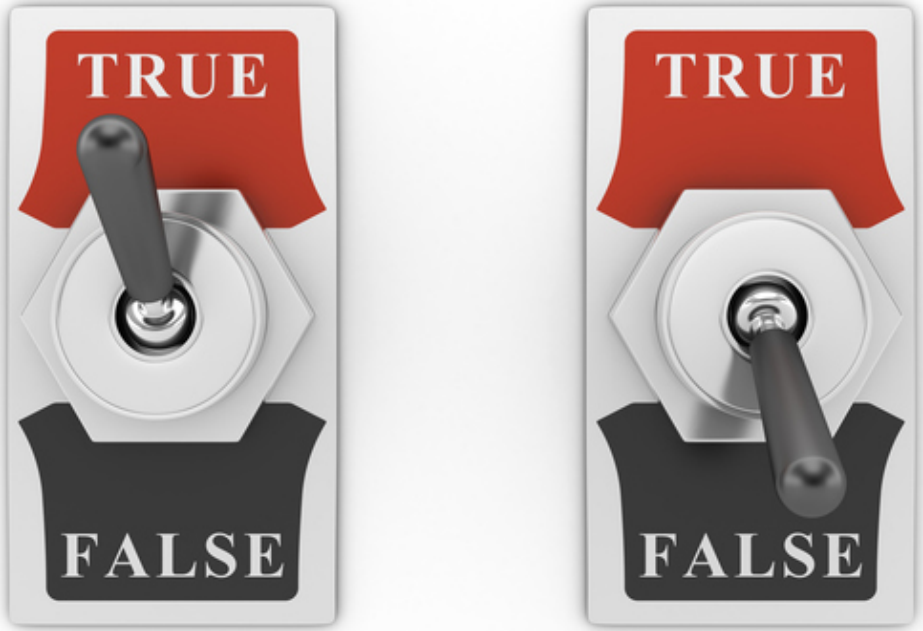


- Non-profit organizations that are willing to hand out naloxone kits directly to people at risk of overdose and their friends/families can contact Amanda Muller at DCF to obtain kits at no cost. Her contact information is:

  Amanda Muller
  DCF Overdose Prevention Coordinator
  Amanda.Muller@myFLfamilies.com
  850-717-4431

TRUE OR FALSE?

- Treatment programs, and child welfare and judicial systems should consider limiting MAT to 12 months or less to reduce enabling addiction.



FALSE!

- It is generally accepted that a minimum of 12 months is required for methadone maintenance to be effective, and 9 and 5 months for buprenorphine and naltrexone respectively.
- Longer treatment is typically recommended.

MORE…

- The detrimental consequences of leaving MAT are dramatically indicated by greatly increased death rates following discharge.
- Until more is learned about how to improve post-detoxification outcomes for MAT patients, treatment providers and regulatory/funding agencies should be very cautious about imposing disincentives and structural barriers that discourage or impede long term opioid replacement therapy.

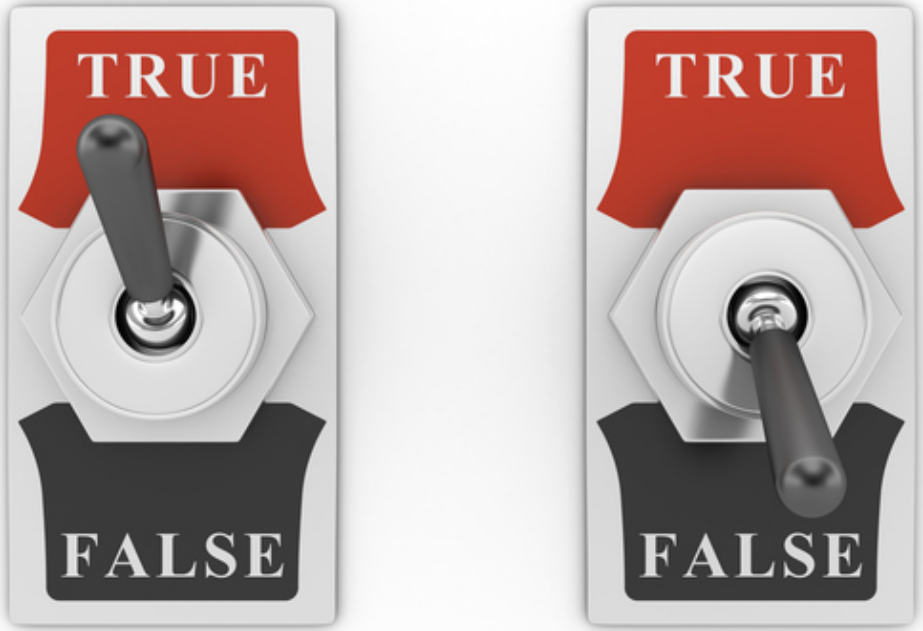
MORE…

Medications combined with behavioral counseling and recovery support:

- Decrease opioid use, deaths, criminal activity, and infectious disease transmission.
- Increase social function and retention in treatment.
- **IMPROVE CHILD PERMANENCY OUTCOMES.**

TRUE OR FALSE?

- Child welfare systems and courts are in the best position to make decisions about whether MAT is an appropriate option.



FALSE!

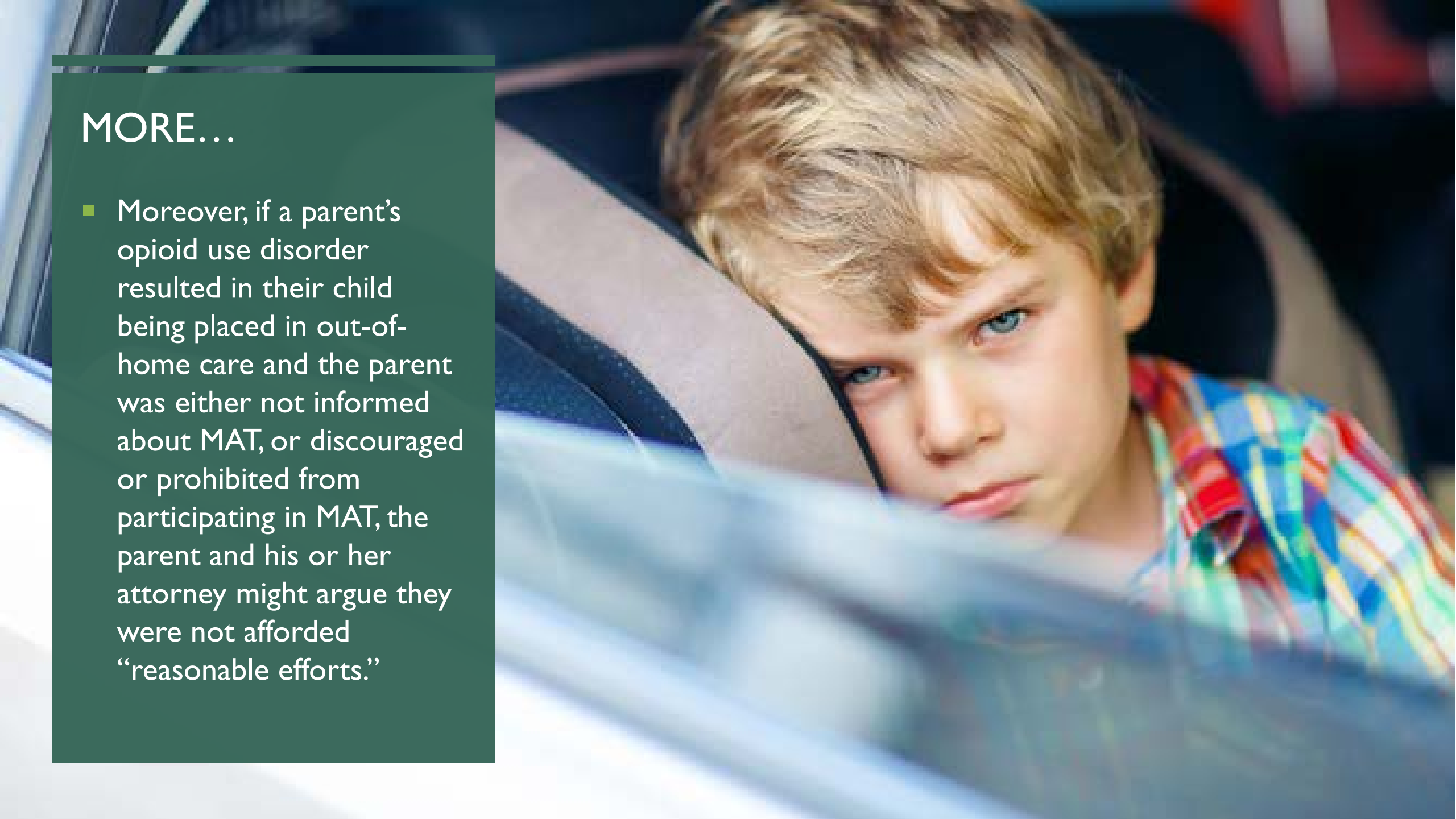
- Just as child welfare professionals or judges would not decide that a person should treat her diabetes through exercise and diet alone, and instruct her to stop taking insulin, child welfare systems and courts are also not trained to make medical decisions with respect to medically-accepted addiction treatment. This is like practicing medicine without a license!

MORE…

- Deciding the appropriate treatment for a person with opioid addiction is a matter of physician discretion, taking into consideration the relevant medical standards and the characteristics of the individual patient.

MORE…

- Moreover, if a parent's opioid use disorder resulted in their child being placed in out-of-home care and the parent was either not informed about MAT, or discouraged or prohibited from participating in MAT, the parent and his or her attorney might argue they were not afforded "reasonable efforts."



REAL CASE SCENARIO…CONSIDER THIS

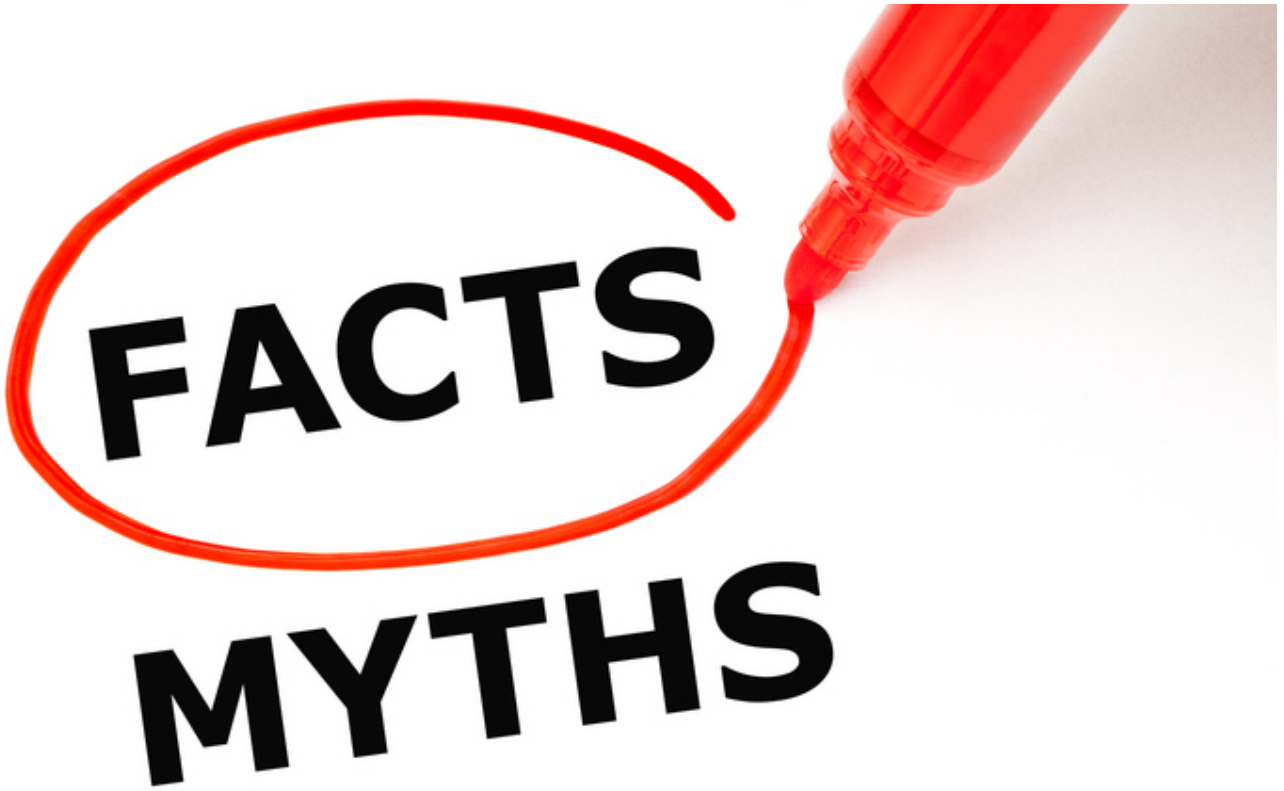
- Jay, who is in recovery from a 30-year opioid addiction, regularly attends 12-step meetings in Seattle — both AA and NA — and also takes buprenorphine. He recounted that when he first began attending meetings and mentioned his prescription, one member spent 15 minutes ranting that buprenorphine was "just a maintenance drug," that Jay needed to "get off that crap," and that he was "still a drug addict" as long as he continued to follow his doctor's instructions.
- "It really affected me," Jay told me over coffee. "I was reaching out for help. It was really disheartening." He admitted to relapsing shortly after leaving that meeting. "I thought: There's no hope for me. I'm a drug addict." Now sober from heroin for almost a year, he is very selective about where he shares information about his use of medication-assisted therapy.

MAT IS EVIDENCE-BASED TREATMENT

Please don't vilify people who use evidence-based treatment for their recovery!

JUST THE FACTS!

- Relying on the facts will increase the chance that people will enter and sustain recovery!



A HELPFUL RESOURCE

- The Legal Action Center published a Medication Assisted Treatment (MAT) Advocacy Toolkit that:
- Explains how to advocate for the right to MAT when criminal justice and child welfare agencies, employers, and others order people to stop;
- Includes a sample letter that advocates can use to persuade courts to permit MAT. Parts can be incorporated into legal briefs and motions;
- Includes a sample letter that treatment providers can use when patients are ordered off MAT;
- Includes a guide for attorneys whose clients are being forced off medication-assisted treatment;
- And more!
- https://lac.org/MAT-advocacy/

REFERENCES

- Slide 7: Frequently Myth vs. Fact; http://lac.org/wp-content/uploads/2016/02/Myth-Fact-for-MAT.pdf
- Slide 8: Frequently Asked Questions; http://www.aatod.org/resources/frequently-asked-questions/
- Slide 11: https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy; SAMHSA Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants HHS Publication No. (SMA) 18-5054, Rockville MS 2018; Fact Sheet 2, p. 25; https://store.samhsa.gov/shin/content//SMA18-5054c/SMA18-5054.pdf
- Slide 12: : SAMHSA Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants HHS Publication No. (SMA) 18-5054, Rockville MS 2018; https://store.samhsa.gov/shin/content//SMA18-5054c/SMA18-5054.pdf
- Slide 14: Frequently Asked Questions; http://www.aatod.org/resources/frequently-asked-questions

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- Slide 15: https://www.csam-asam.org/methadone-treatment-issues and MADY CHALK ET AL., TREATMENT RESEARCH INSTITUTE, FDA APPROVED MEDICATIONS FOR THE TREATMENT OF OPIATE DEPENDENCE: LITERATURE REVIEWS ON EFFECTIVENESS AND COST-EFFECTIVENESS (Jun. 2013) at 8, 11, 24-25, available atasam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final;
- Slide 17: Frequently Asked Questions; http://www.aatod.org/resources/frequently-asked-questions/
- Slide 18: OFFICE OF NATIONAL DRUG CONTROL POLICY, MEDICATION-ASSISTED TREATMENT FOR OPIOID ADDICTION, 3 (2012), available at http://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_ treatment_9-21-20121.pdf. AND SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, MEDICATION-ASSISTED TREATMENT FOR OPIOID ADDICTION IN OPIOID TREATMENT PROGRAMS: A TREATMENT IMPROVEMENT PROTOCOL TIP 43 (2008), available at http://store.samhsa.gov/shin/content/SMA12-4108/SMA12-4108.pdf

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- Slides 18 and 20: Frequently Asked Questions; http://www.aatod.org/resources/frequently-asked-questions/
- Slide 21: Opioid Overdose Reversal with Naloxone (Narcan, Evzio); https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio
- Slide 23: Frequently Asked Questions; http://www.aatod.org/resources/frequently-asked-questions/
- Slide 24: Myths about Medication; http://www.aatod.org/policies/fact-sheets/medication-assisted-treatment-for-opioid-use-disorder-in-the-criminal-justice-system/myths-about-medication/
- Slide 27: Frequently Asked Questions; http://www.aatod.org/resources/frequently-asked-questions/
- Slide 28: THE AMERICAN SOCIETY OF ADDICTION MEDICINE, THE ASAM CRITERIA: TREATMENT CRITERIA FOR ADDICTIVE, SUBSTANCE-RELATED, AND CO-OCCURRING CONDITIONS (David Mee-Lee, ed., 2013).

Slide 30: By shunning medication-assisted therapy, 12-step meetings are making the opioid crisis worse

- https://www.statnews.com/2017/10/04/medication-assisted-therapy-12-step/