Introduction to Project ECHO® and to Opioid Use Disorder
January 15, 2019
12:00pm-1:00pm PT

Tribal MAT ECHO Clinic Series
Presenters: Thomas E. Freese, PhD, Gloria Miele, PhD, Daniel Dickerson, DO, MPH, Katie Bell, MSN, RN-BC
Objectives

After this ECHO clinic, participants will be able to:

- Describe at least three (3) acute and chronic effects of opioids.
- Specify at least five (5) symptoms of OUD.
- List and explain at least two (2) ways tribal health teams can address OUDs.
- Provide at least two (2) lessons learned from the clinical case presentation.
Target Audience

- Physicians, Nurse Practitioners, and Physician Assistants
- Registered Nurses
- Psychologists
- LMFTs and LCSWs
- Certified Substance Use Disorder Treatment Counselors
- Tribal Elders, Healers, and Other Care Providers
- Administrators
- Other Primary Care and Behavioral Health Specialists/Clinicians
What is an ECHO Clinic
How does it work and how do I participate?
What are opioids?

“Opioid” refers to both “natural” and synthetic members of this drug class

“Natural”, referred to as “opiates”

- Derived from opium poppy
- Morphine, codeine, opium

Synthetic (partly or completely):

- Semisynthetic: heroin, hydrocodone, oxycodone
- Fully Synthetic: fentanyl, tramadol, methadone

Effects

All of these drugs have significant potential for causing “addiction”, or Opioid Use Disorder

They also share common effects, depending on dose:
- Pain relief (analgesia)
- Cough suppression
- Constipation
- Sedation (sleepiness)
- Respiratory suppression (slowed breathing)
- Respiratory arrest (stopping breathing)
- Death
Pop Quiz:
Which of These Drugs is an Opioid?

- methadone
- PERCOCET
- hydrocodone
- COCAINE
- TRAMADOL
- mushrooms
- methamphetamine
- marijuana
- oxycodone
- fentanyl
- alcohol
- heroin
Opioids are Effective for Acute Pain

- We have learned a lot in recent years about the limited effectiveness of opioids for chronic pain.
- On the other hand, opioids remain highly effective for acute pain, and judicious use of opioids remains important.
- Healthcare personnel consistently under-rate the intensity of pain that African-American patients are experiencing more than other racial groups, when compared with self-assessment.
- Other research suggests that lack of racial or cultural congruence appears to make us less able to assess someone’s degree of pain and suffering.

Opioid Intoxication

What does someone look like when they are intoxicated with opioids?

- Drowsy, sedated (“nodding”)
- Speech and movement may be slowed
- May appear confused or incoherent
- May appear euphoric (“high”)
- Pupils are constricted (“pinpoint”)
What Major Problems do Opioids Cause?

Overdose and Death

Addiction = Opioid Use Disorder

What other kinds of problems are associated with Opioids and Opioid Use Disorder?
Why Have Opioids Become Such a Big Problem in the US?

1. 1990s: New norm that all pain should be eliminated
   - pain as the “5th vital sign”
2. Pharmaceutical company promotion
3. Opioid over-prescribing
4. Diversion, and widespread non-medical use of opioids, especially among youth
5. Heroin widely available and less costly
6. Limited access to medication treatment
Opioid Sales, Admissions for Opioid-Abuse Treatment, and Deaths Due to Opioid Overdose in the United States 1999–2010

Age-Adjusted Overdose Death Rates Related to Prescription Opioids and Heroin in the United States, 2000–2014

Trends in Non-Medical Use of Pain Relievers

Hedden et al. Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health from SAMHSA
"Drug overdose deaths are the leading cause of injury death in the United States, ahead of motor vehicle deaths and firearms (deaths)," the Drug Enforcement Agency announced in November, 2015.

The Age-Adjusted Opioid Overdose Death Rate among Native Americans is nearly 3x Higher than Other Race/Ethnicities in California.

2017: Race/Ethnicity: All Opioid Overdose Deaths: Age-Adjusted Rate per 100k Residents

CA Data Dashboards, CDPH.
Overdose Deaths due to Any Type of Opioid Use have been on the Rise among Native Americans since 2000.
Fentanyl

- A completely synthetic opioid, prescribed for severe pain
- Estimated to be 100x more potent than heroin
- Increasingly popular among drug manufacturers & dealers because easy to manufacture
- Often mixed with heroin or sold as heroin, so user is unaware
- Extremely deadly
- Epidemic rise in overdoses: for instance, now accounts for 2/3 of overdoses in Massachusetts *
- Difficult to reverse with naloxone because of potency

https://www.statnews.com/2016/08/03/fentanyl-massachusetts
What is the Definition of Opioid Use Disorder? (also known as opioid “addiction”)

According to the American Society of Addiction Medicine’s definition:

Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
Physical dependence on opioids ≠ Opioid use disorder (opoid addiction)
How do You Diagnose Opioid Use Disorder (OUD)?

2 or more criteria = OUD:

- Using larger amounts/longer than intended
- Much time spent using
- Activities given up in order to use
- Physical/psychological problems associated with use
- Social/interpersonal problems related to use
- Neglected major role in order to use
- Hazardous use
- Repeated attempts to quit/control use
- Withdrawal *
- Tolerance *
- Craving

* Does not count if taken only as prescribed and constitutes the sole criteria

DSM 5, American Psychiatric Association
What Can Tribal Health Teams do to Address Opioid Use Disorder?

- **Prevention**: Responsible opioid prescribing (CDC Guideline 2016)
- Includes 3 main principles:
  - Use non-opioid therapies:
    - Use non-pharmacologic therapies and non-opioid pharmacologic therapies
    - Establish and measure goals for pain and function
    - Don’t routinely use opioids to treat chronic pain
  - Start low and go slow:
    - Start with lowest possible effective dose
    - Start with immediate release, rather than long-acting
    - Only prescribe amount needed for expected duration of pain
    - Taper and discontinue if no improvement or risks of harms outweigh benefits
  - Close follow-up:
    - Check prescription monitoring program and urine drug tests
    - Avoid concurrent benzos and opioids
    - Arrange treatment for opioid use disorder if needed
What Can Tribal Health Teams do Besides Prevention to Address Opioid Use Disorder?

- Screening: detection and early intervention for risky use
- Prevent diversion: close monitoring of patients on opioids, use of prescription monitoring programs and urine drug screens
- Harm reduction: overdose prevention, infection prevention through syringe exchange and vaccination
- Treatment: *Medication treatment* for Opioid Use Disorder is highly effective in reducing relapse, overdose, and other harms. Behavioral treatments and peer support also help to prevent relapse.
- Address co-occurring medical, psychological, and social barriers to health
Reducing Stigma

- Individuals with substance use disorders (SUDs) are highly stigmatized.
- Although addiction is a brain disease, people with SUDs are often regarded as simply needing more willpower, rather than treatment.
- Language use perpetuates stigma in healthcare and in society at large.
- Stigma prevents people from seeking care.
- What are some situations in which you see stigmatizing behavior or language related to SUDs?
- Tribal health teams can send a powerful message by avoiding stigmatizing language and behavior.
References


Public Policy Statement: Definition of Addiction

Botticelli MA, Koh HK. Changing the language of addiction. JAMA October 4, 2016;316(13):1361


CDC Opioid Overdose Information


Additional Resources

UCSF Substance Use Warmline
► Free and confidential consultation for clinicians from the Clinician Consultation Center at SF General Hospital focusing on substance use in primary care
► Call 855-300-3595 for peer-to-peer consultation and decision support 6am-5pm PT Monday through Friday
► Learn more at NCCC: Substance Use Management

MAT Open Office Hours with David Sprenger, MD
► These sessions will be interactive and give all health program staff an opportunity to ask questions about both administrative and clinical aspects of medication-assisted treatment.
► February 6th, 12-1pm
► March 6th, 12-1pm
► April 4th, 12-1pm
► May 1st, 12-1pm
► June 5th, 12-1pm
► July 10th, 12-1pm
► August 7th, 12-1pm
► September 11th, 12-1pm
Thank you for attending!

Questions?
2019 Tribal MAT ECHO Clinic Schedule

- Third Tuesday of the month, 12-1pm PT
  - February 19, 2019
  - March 19, 2019
  - April 16, 2019
  - May 21, 2019
  - June 18, 2019
  - July 16, 2019
  - August 20, 2019
  - September 17, 2019
  - October 15, 2019
  - November 19, 2019 (Tentative)
  - December 17, 2019 (Tentative)