

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

Tribal MAT ECHO Clinic Series

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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?



L.A. Care
HEALTH PLAN

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?

BUPRENORPHINE

PERCOCET

marijuana

hydrocodone

COCAINE

oxycodone

TRAMADOL

mushrooms

methamphetamine

methadone

heroin

alcohol

fentanyl

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

Crowley-Matoka, Pain Medicine 2009;
Staton J Nat Med Assoc 2007



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

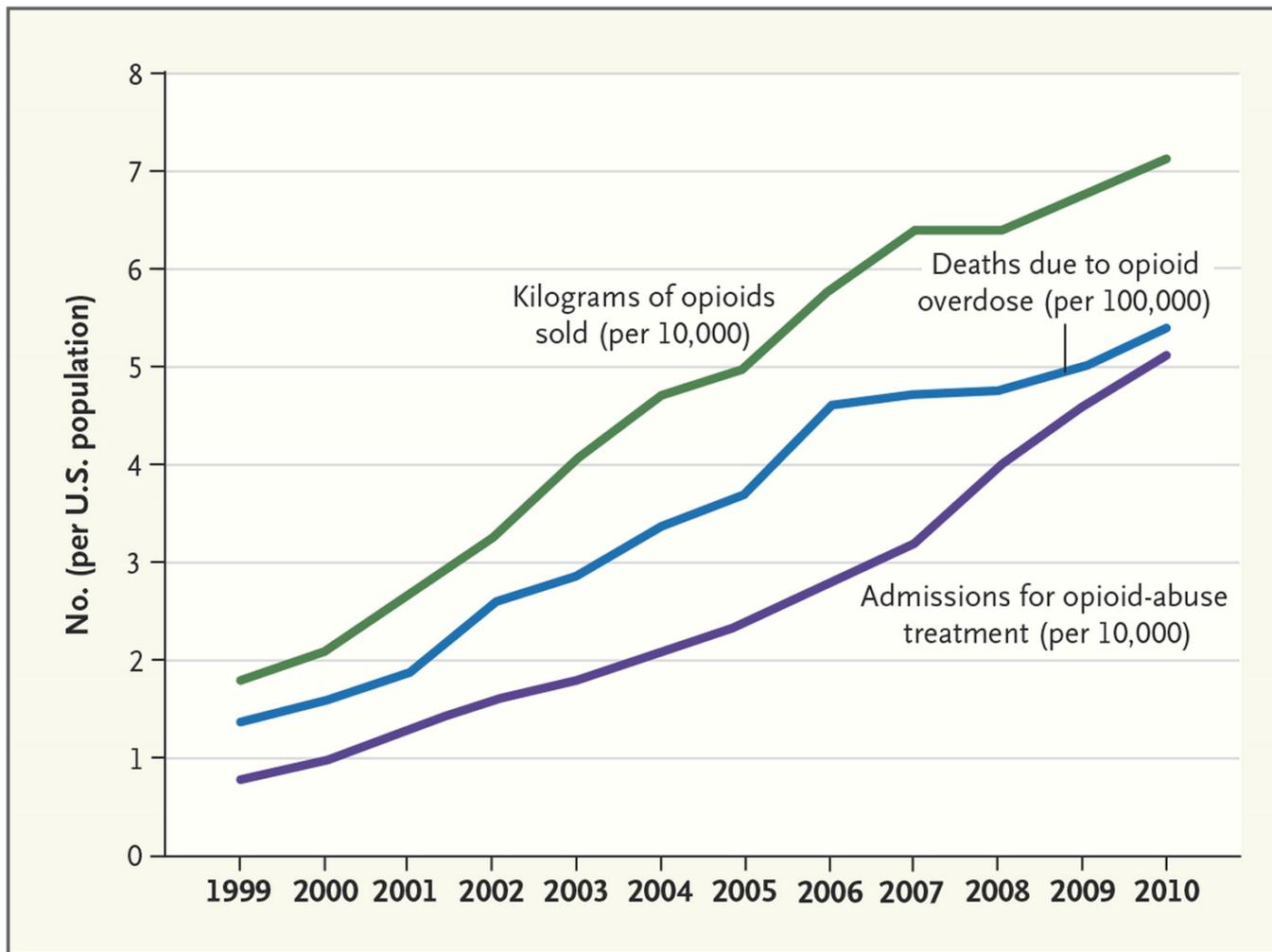
Addiction = Opioid Use Disorder

***What other kinds of problems are associated with Opioids
and Opioid Use Disorder?***

Why Have Opioids Become Such a Big Problem in the US?

- ▶ 1990s: New norm that all pain should be eliminated
 - ▶ pain as the “5th vital sign”
- ▶ Pharmaceutical company promotion
- ▶ Opioid over-prescribing
- ▶ Diversion, and widespread non-medical use of opioids, especially among youth
- ▶ Heroin widely available and less costly
- ▶ Limited access to medication treatment

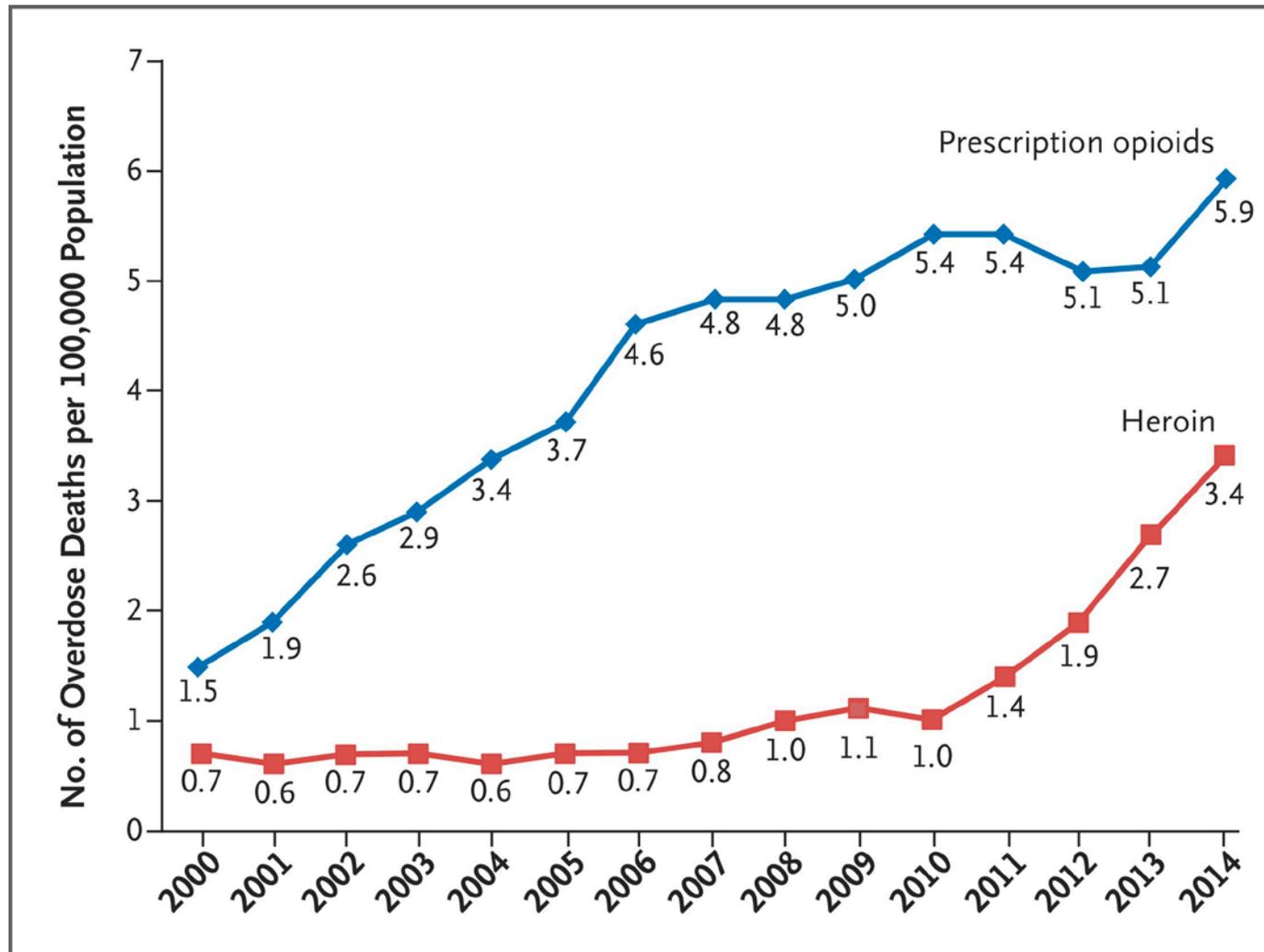
Opioid Sales, Admissions for Opioid-Abuse Treatment, and Deaths Due to Opioid Overdose in the United States 1999–2010



Volkow ND et al. N Engl J Med 2014;370:2063-2066



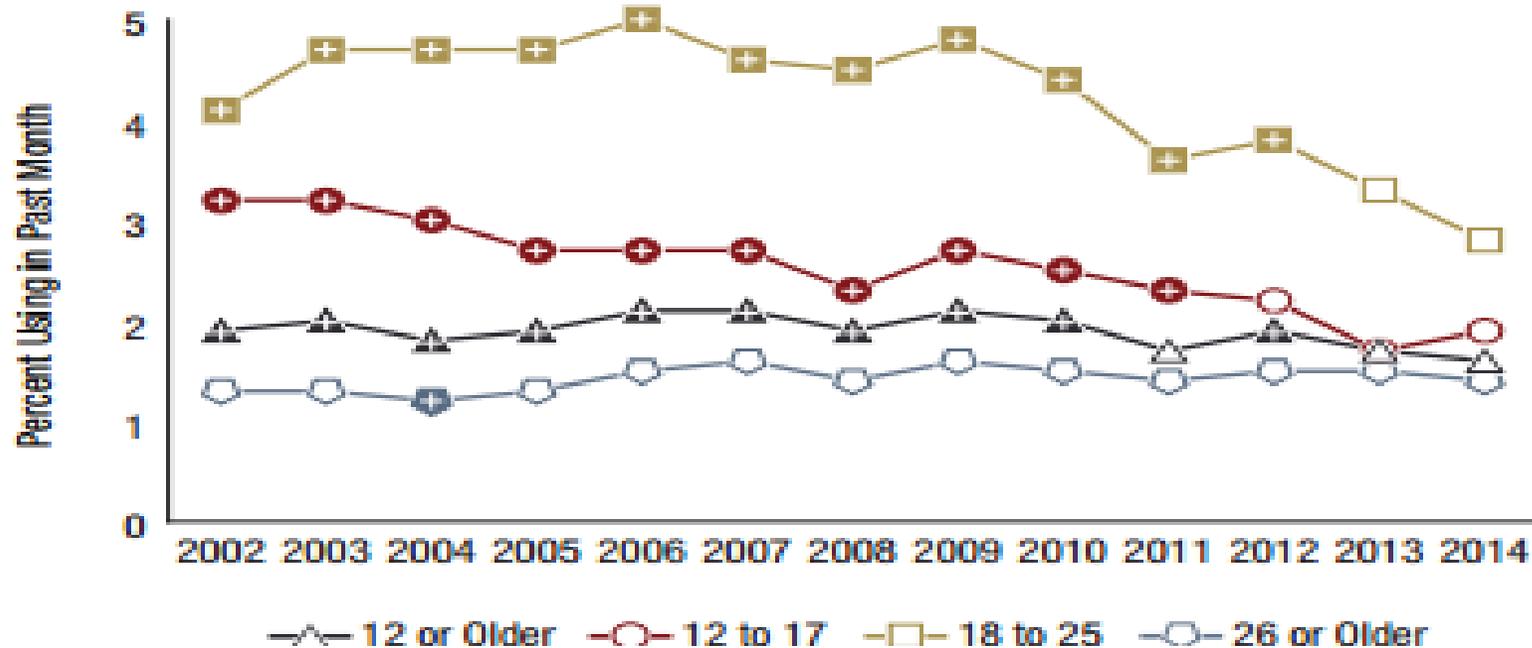
Age-Adjusted Overdose Death Rates Related to Prescription Opioids and Heroin in the United States, 2000–2014



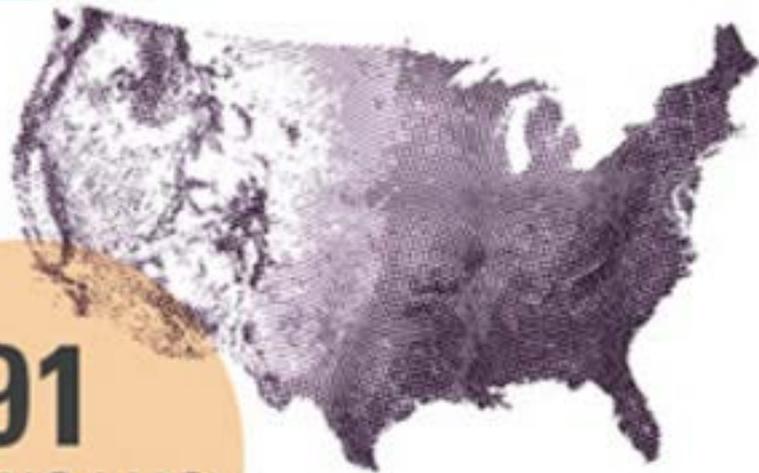
Compton [N Engl J Med.](#) 2016 Jan 14;374(2):154-63

Trends in Non-Medical Use of Pain Relievers

Figure 6. Past Month Nonmedical Use of Pain Relievers among People Aged 12 or Older, by Age Group: Percentages, 2002-2014



Hedden et al. Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health from SAMHSA



91
AMERICANS

die every day from
an **opioid overdose**
(that includes prescription
opioids and heroin).

"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

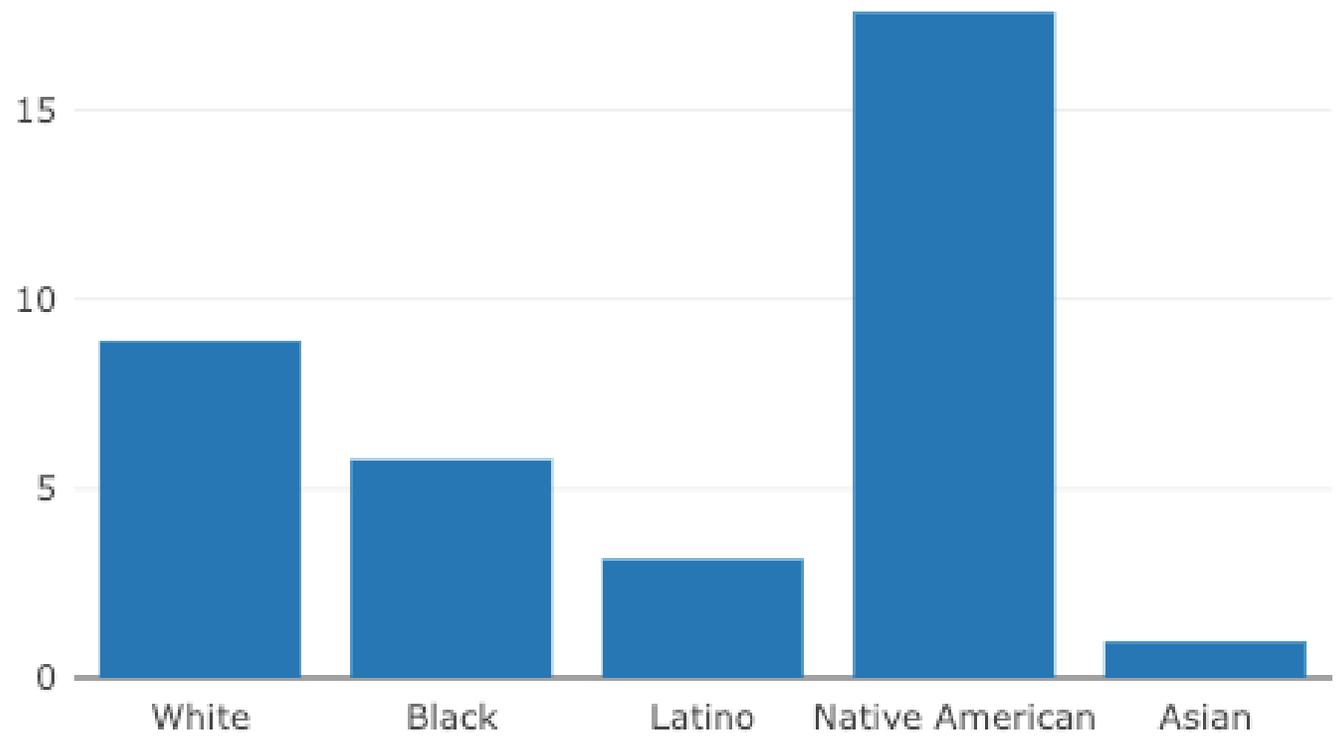
<https://www.cdc.gov/drugoverdose/epidemic/>

<http://www.cnsnews.com/news/article/susan-jones/dea-drug-overdoses-kill-more-americans-car-crashes-or-firearms>

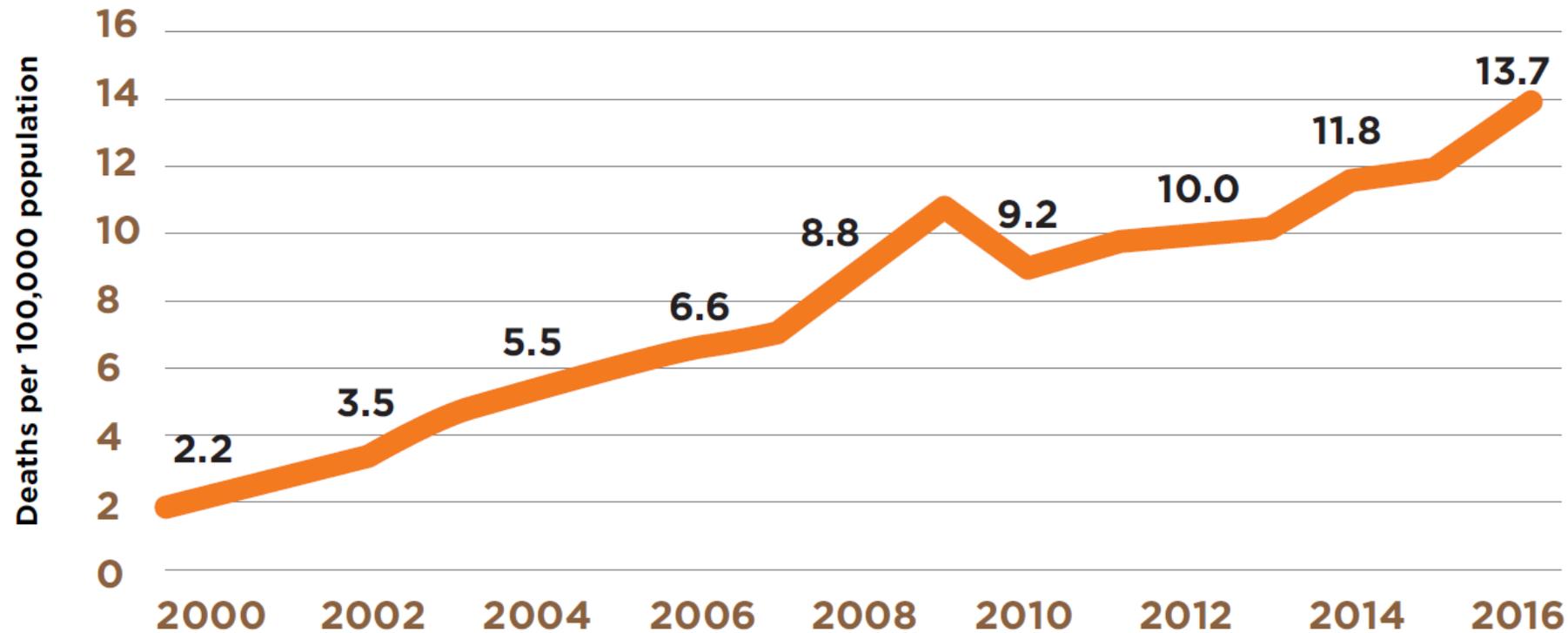


The Age-Adjusted Opioid Overdose Death Rate among Native Americans is nearly 3x Higher than Other Race/Ethnicities in California

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



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
(opioid 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

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

American Society of Addiction Medicine. (2011). Public Policy Statement: Definition of Addiction. Chevy Chase, MD: American Society of Addiction Medicine.

[Public Policy Statement: Definition of Addiction](#)

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

Broyles LM, Binswanger IA, Jenkins JA, et al. [Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response.](#)

Subst Abus. 2014;35(3):217-21

[Campbell G¹, Nielsen S¹, Larance B¹](#), et al. Pharmaceutical Opioid Use and Dependence among People Living with Chronic Pain: Associations Observed within the Pain and Opioids in Treatment (POINT) Cohort. [Pain Med.](#) 2015 Sep;16(9):1745-58. doi: 10.1111/pme.12773. Epub 2015 May 22.

CDC Guidelines for prescribing opioids for chronic pain: United States 2016. [CDC Guideline for prescribing opioids for chronic pain: United States 2016](#)



CDC Opioid Overdose Information

Tribal
MAT

A unified response to
the opioid crisis in
California Indian Country

Compton WM, Jones CM, Baldwin GT Relationship between Nonmedical Prescription-Opioid Use and Heroin Use. N Engl J Med. 2016 Jan 14;374(2):154-63. doi: 10.1056/NEJMra1508490.

Dart RC¹, Surratt HL, Cicero TJ, et al. Trends in opioid analgesic abuse and mortality in the United States. N Engl J Med. 2015 Jan 15;372(3):241-8. doi: 10.1056/NEJMsa1406143.

Degenhardt L¹, Bruno R², Lintzeris N³, et al. Agreement between definitions of pharmaceutical opioid use disorders and dependence in people taking opioids for chronic non-cancer pain (POINT): a cohort study. Lancet Psychiatry. 2015 Apr;2(4):314-22. doi: 10.1016/S2215-0366(15)00005-X. Epub 2015 Mar 31.

Megan Crowley-Matoka, Somnath Saha, Steven K. Dobscha et al. Problems of Quality and Equity in Pain Management: Exploring the Role of Biomedical Culture (pages 1312-1324) Pain Medicine: 6 OCT 2009 | DOI: 10.1111/j.1526-4637.2009.00716.

Staton LJ, Panda M, Chen I, *et al*. When race matters: Disagreement in pain perception between patients and their physicians in primary care. J Natl Med Assoc 2007;99(5):532-8

US Department of Health and Human Services (HHS) Office of the Surgeon General, Facing Addiction in America: the Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC, HHS, November 2016.



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)

