



We are all in this together



**BONUS Module:
Opioid Use
Disorder
(OUD)
Treatment and
Recovery
Information**

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Meet The Developers

The following Montana State University faculty and staff helped create the content of this toolkit:

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Objectives

At the conclusion of this bonus module, participants will:

- Better understand what Opioid Use Disorder (OUD) is
- Learn about the origins of Medication-Assisted Treatment (MAT) for OUD
- Be more familiar with the different OUD treatment options
- Understand the difference between Opioid Treatment Programs (OTP) vs Office-Based Opioid Treatment (OBOT).



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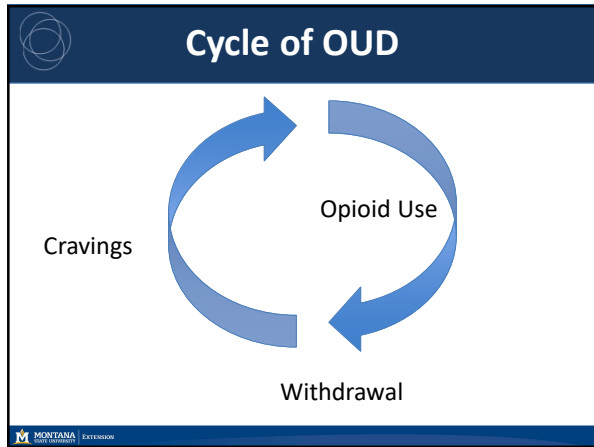
Components of Evidence-Based Care For Opioid Use Disorder (OUD)

Evidence-based care for OUD involves several components:

- Personalized diagnosis and treatment plan tailored to the individual and family
- Long-term management – Addiction is a chronic condition with the potential for both recovery and recurrence. Long-term outpatient care is important.
- Access to FDA-approved medications (MAT)
- Effective behavioral interventions delivered by trained professionals
- Coordinated care for OUD and other conditions
- Recovery support services, such as mutual aid groups, peer support specialists, and community services

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What is MAT?

Medication-Assisted Treatment uses both medication and therapy in a combined approach to treat Opioid Use Disorder, sustain recovery, and prevent overdose.

The three components of MAT:

1. Stabilization in opioid withdrawal management.
2. Medication maintenance using one of three FDA-approved medications (methadone, buprenorphine, and naltrexone)
3. Counseling and behavioral therapies.

[4-minute video on MAT](#)

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The History of Medication-Assisted Treatment

Timeline


<p>1956</p> <p>Dr. Marie E. Nyswander (author of <i>The Drug Addict as a Patient</i>)</p> <ul style="list-style-type: none"> Abstinence without medication was causing relapse. Maintenance using opioid medications could be used to help with functioning. 	<p>1958</p> <p>The American Bar Association and the American Medical Association (AMA) issued a report.</p> <ul style="list-style-type: none"> Recommended that an outpatient facility prescribing opioids to treat addiction be established on a controlled experimental basis.
<p>1962</p> <p>Dr. Vincent P. Dole (specialist in metabolism at Rockefeller University)</p> <ul style="list-style-type: none"> Received a grant to investigate the feasibility of opioid maintenance using opioid-based drugs. 	<p>1964</p> <p>Dr. Nyswander joined Dr. Dole's research staff along with others. Findings included:</p> <ul style="list-style-type: none"> Short and fast acting opioids had sedating effects. The short half-life caused opioid tolerance.
<p>1970</p> <p>Dr. Jerome Jaffe made methadone maintenance a major public health initiative to treat OUD.</p>	<p>1980</p> <p>NIDA completed testing of naltrexone</p> <ul style="list-style-type: none"> FDA approved in 1984. Most useful for highly motivated patients who have undergone detoxification.

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The History of Medication-Assisted Treatment (MAT)

Timeline


<p>1995</p> <p>Naltrexone also received FDA approval as a preventive treatment for alcohol use disorder.</p>	<p>1997</p> <p>National Institutes of Health (NIH) consensus panel called for expansion of methadone maintenance treatment.</p>
<p>2000</p> <p>The DATA Act of 2000 was passed, allowing qualifying/waivered office-based practitioners to dispense FDA approved medications for OUD.</p>	<p>2002</p> <p>Buprenorphine became FDA approved. It was the first drug approved for treatment of OUD in physicians' offices.</p>
<p>2003</p> <p>Interim rule change made buprenorphine available for use in Opioid Treatment Programs certified by SAMHSA.</p>	<p>2021</p> <p>1,836 Opioid Treatment Program Facilities in the U.S. (4 in Montana). 51,974 buprenorphine waived practitioners in the U.S. (50 in Montana).</p>

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MAT Treatment Options for Opioid Use Disorder (OUD)

Opioid Treatment Programs (OTPs)	Office-based Opioid Treatment (OBOT)
<p>Outpatient treatment services provided in facilities that provide Substance Use Disorder (SUD) treatment. Monthly counseling and medical provider appointments are required.</p> <p>Prescribe FDA approved MAT medications: methadone, SUBUTEX® (buprenorphine), SUBOXONE® (buprenorphine & naloxone) and VIVITROL® (naltrexone).</p> <p>These facilities are accredited by SAMHSA/CARF and licensed by the U.S. Drug Enforcement Administration (DEA) to dispense all FDA approved medications.</p> <p>Initially, patients go to the clinic 6 days a week for evaluation and observed dosing.</p> <p>No limit on the number of patients who can be treated.</p> <p><small>(Medication-Assisted Treatment for Opioid Use Disorder (2019-133) 2019)</small></p>	<p>Outpatient treatment services provided in primary care and general health care settings and some specialty practices. No federal requirement for counseling but is recommended for improved outcomes.</p> <p>Prescribe FDA approved MAT medications: SUBUTEX® (buprenorphine), SUBOXONE® (buprenorphine & naloxone) and VIVITROL® (naltrexone). Not Permitted to Prescribe Methadone.</p> <p>Provider must have a Drug Addiction Treatment Act (DATA) waiver to serve more than 30 patients. Under 30 patients, providers apply for the waiver but choose Notice of Intent (NOI), which does not require the waiver qualifying training.</p> <p>Prescriptions are often written for a 28-day supply, up to 5 refills. Patients fill at their pharmacy</p> <p>After one year, providers can apply to increase capacity to 100 patients. After two years, they can apply to increase capacity to 275 patients.</p>

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Common Names of Opioid Pain Medications Used to Treat OUD		
Name	Brand Name	Street Names
Methadone (oral tablets)	DOLPHINE®, METHADOSE®	Tootsie roll, Red rock, Mud, Dolls
Buprenorphine (oral tablet, injection, or implant)	SUBUTEX®, (tablet) SUBLOCADE®(injection), PROBUPHINE® (implant)	Sobos, Saboxin, Oranges, Bupe, Box/boxes, Stops, Subs
Buprenorphine with naloxone (oral tablets)	SUBOXONE®, ZUBSOLV®, BUNAVAIL®	unknown/unspecified

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Non-Opioid Prescription Medication Used to Treat OUD		
Name	Brand Name	Street Name
Naltrexone (oral tablet, injection) *not an opioid	VIVITROL® (injection), DEPADE® (tablet), REVIA® (tablet)	unknown/ unspecified

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Methadone

- Long-acting opioid agonist.
- Helps to maintain abstinence by reducing opioid cravings and withdrawal symptoms.
- Unlike other opioids, methadone acts much more slowly in the body = reduces euphoric highs and lows while diminishing withdrawal symptoms.
- Only made available through federally-regulated OTPs
 - Not all MAT clinics are OTP clinics and therefore cannot prescribe methadone.

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Buprenorphine

- Partial agonist = binds to opioid receptors but activates them less strongly than a full agonist (like methadone).
 - This suppresses and reduces cravings, lessens withdrawal, and blocks the euphoric effects of opioids.
 - When taken as prescribed, it lowers the potential for misuse.
- First medication used to treat OUD that can be prescribed/dispensed in physician offices.
 - This significantly increases access to treatment options.
- Buprenorphine in Office-Based Opioid Treatment (OBOT) facilities:
 - Must complete specialized training called a Drug Addiction Treatment Act (DATA) or Buprenorphine Waiver Certification if physicians want to serve more than 30 patients.
 - IF, under 30 patients, no waiver training is required, however they do have to file a Notice of Intent (NOI) to obtain their waiver training if eventually they choose to increase to 100 patients after their first year and 275 after year two.
 - **EXCEPTION:** "Three-day Rule" allows practitioners to administer but not prescribe for a 72-hour period. Patients must come back daily to receive their dose.

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Buprenorphine Waiver

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides buprenorphine waiver certifications allowing physicians, **not practicing in a SAMHSA-certified opioid treatment program (OTP)**, to prescribe buprenorphine to OUD patients. SAMHSA-waivered practitioners, who are certified in prescribing buprenorphine, can be found on the SAMHSA website.


<https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>

Buprenorphine is also administered at SAMHSA certified opioid treatment programs (OTPs). A list of certified and accredited programs can be obtained by visiting the SMAHSHA website.

<https://dpt2.samhsa.gov/treatment/directory.aspx>

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Buprenorphine with Naloxone


- Buprenorphine can be combined with naloxone to prevent opioid overdoses.
- Naloxone interferes with (inhibits) the physiological response in the body.
- These medications are called SUBOXONE®, ZUBSOLV®, BUNAVAIL®

For an alphabetical list of SUBOXONE® treatment programs and doctors who prescribe SUBOXONE® in Montana please visit:

https://www.opiateaddictionresource.com/treatment/suboxone_treatment_directory/mt_suboxone/


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Naltrexone

- Like naloxone, naltrexone is an opioid antagonist.
- Blocks the euphoric and sedative effects of opioids.
- Reduces cravings for opioids.
- Prevents opioids from producing rewarding effects (euphoria).
- Prescribed outside of an Opioid Treatment Program (OTP)



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Video

[MAT: A Doctors Perspective \(5-minute video\)](#)




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MAT Drugs and Side Effects


Drug	Formulation	Side effect
Metadone	Tablet (Dolophine) Oral concentrate (Methadose)	Respiratory depression, heart rhythm problems, low blood pressure, upset stomach, vomiting, constipation, dizziness, light-headedness, sedation, weakness
Buprenorphine (SUBUTEX®)	Patch (Butrans) Intradermal implant (Probuphine) Injection (Sublocade, Buprenex) Sublingual tablet	Constipation, nausea, vomiting, headache, drowsiness, sedation, insomnia, lack of energy, weakness
Buprenorphine/ Naloxone (combination)	Buccal film (Belbuca, Bunavail) Sublingual tablet (Subutex, Zubsolv) Sublingual film (Cassipa, Suboxone)	Constipation, nausea, vomiting, headache, insomnia, lack of energy
Naltrexone	Oral (Revia, Depade) Injectable suspension for extended release (Vivitrol)	Upset stomach, vomiting, diarrhea, stomach pain, headache, anxiety, dizziness, drowsiness, lack of energy, joint and muscle pain



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Can These Side Effects Cause Impairments in Everyday Life (i.e., work, home)

- Side effects will vary depending on the medication, dosage, and duration of treatment.
- Workers with safety-sensitive jobs (bus driver, heavy machine operators, dispatchers, etc.) may be subject to restrictions or limits on the job.
- Case-by-case determinations by qualified occupational healthcare providers may be necessary.
- Medication side effects often diminish over time and should therefore be periodically assessed.




Picture sourced from <https://www.medicalnewstoday.com/articles/326223>

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Length of MAT Treatment

- Varies depending on medication
- Duration can span from months to years
- Long-term treatment has proven to be more effective in preventing relapse
- Tapering depends on several factors:
 - Compliance, tolerance, adverse effects, and progress toward abstinence
 - The tapering process can take several months
- Abrupt or premature removal can increase the risk of relapse and/or an overdose



Picture sourced from <https://www.newenglandraw.com/opioid-rehab-in-massachusetts-fentanyl/>

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Outcomes of MAT

The MAT approach has been shown to:

- Improve patient survival by reducing overdose occurrences
- Increase retention in treatment
- Decrease illicit opioid use and other criminal activity
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among pregnant women who have substance use disorders

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Types of Intervention Approaches

- Integrated Health Care
- Early Intervention Delivery Method
- Recovery-Oriented Systems of Care Recovery Approach
- Family Support
- Peer-Based Recovery Support

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MAT: Integrated Health Care Approach

Integrated Health Care: A team of primary care and behavioral health clinicians, working together with patients and families, using a systematic approach to provide patient-centered care for a defined population.

MAT as an integrated approach:

- Mental health and substance use disorders (SUDs)
- Health behaviors, and how they contribute to:
 - chronic medical illness,
 - life stressors and crises,
 - stress-related physical symptoms, and
 - ineffective patterns of health care utilization.

(Agency for Healthcare Research and Quality).

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Early Intervention Delivery Method

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

- **S**— quick assessment of the severity of substance use and identifies appropriate level of treatment.
- **BI**—focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **RT**—provides those identified as needing more extensive treatment with access to specialty care.


2017 study, 11 programs serving over 1 million people found an 80% reduction in self-reported illicit substance use, including opioid use, following intervention (Connolly & Baaklini, 2021).

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Recovery-Oriented Systems of Care (ROSC) Approach


- ROSC: a coordinated network of community-based services and support:
 - person-centered
 - builds on the strengths and resiliencies of individuals, families, and communities
- The establishment of ROSC is a relatively new concept in the substance use disorder field.



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Recovery Oriented Activity Examples

Prevention	Intervention	Treatment	Post-Treatment
<ul style="list-style-type: none"> • Early screening before onset • Collaborate with other systems (child welfare, Veterans Affairs) • Stigma reduction activities • Refer to intervention treatment services 	<ul style="list-style-type: none"> • Screening • Early intervention • Pre-treatment • Recovery support services • Outreach services 	<ul style="list-style-type: none"> • Menu of treatment services • Recovery support services • Alternative services and therapies • Prevention for families and siblings of individuals in treatment 	<ul style="list-style-type: none"> • Continuing care • Recovery support services • Check-ups • Self-monitoring



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ROSC Combined With Family Support

Family Support Programs are an important part of ROSC

- Promote hope
- Active agents of change in their lives, not passive recipients of services
- Rejoin and rebuild life in the community




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Peer-Based Recovery Support



Peer support activities:

- Advocating for people in recovery
- Sharing resources and building skills
- Building community and relationships
- Leading recovery groups
- Mentoring and setting goals

Peer support roles:

- Providing services and/or training
- Supervising other peer workers
- Developing resources
- Administering programs or agencies
- Educating the public and policymakers

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Opioid Use Disorder Treatment Providers In Montana

Click on this link for local providers:
<https://dpt2.samhsa.gov/treatment>

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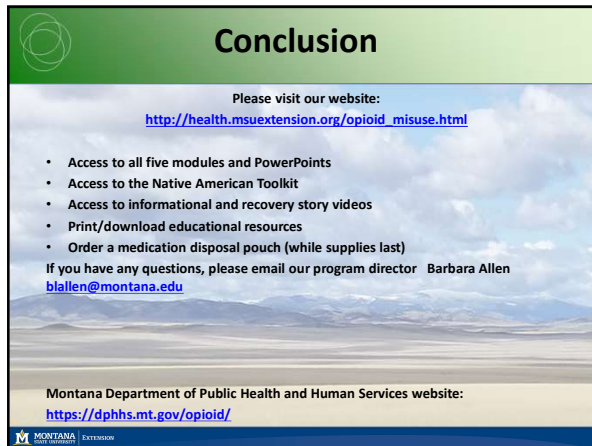
Treatment Provider Information on Substance Use Disorders (SUDs)

The Montana DPHHS has a very intuitive SUDs **treatment provider location** website with an interactive map. The webpage is titled:
Substance Use Disorder Providers by Level of Care

Available at:
<https://dphs.mt.gov/amdd/SubstanceAbuse/TreatmentProviderInformation>

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Conclusion

Please visit our website:
http://health.msextension.org/opioid_misuse.html

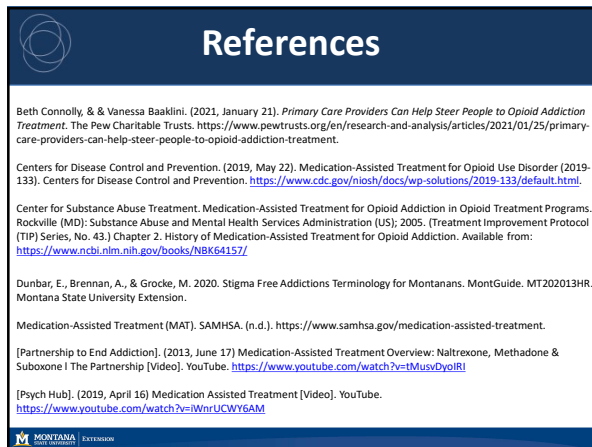
- Access to all five modules and PowerPoints
- Access to the Native American Toolkit
- Access to informational and recovery story videos
- Print/download educational resources
- Order a medication disposal pouch (while supplies last)

If you have any questions, please email our program director Barbara Allen
blallen@montana.edu

Montana Department of Public Health and Human Services website:
<https://dphhs.mt.gov/opioid/>

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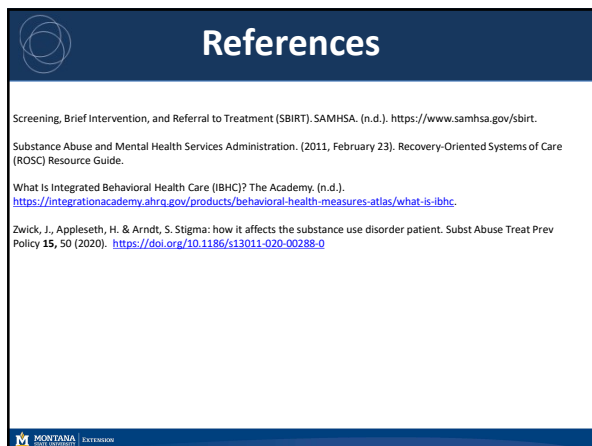
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