



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Opioid Use Disorders

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Opioid Use Disorders

- Importance of opioid use disorders
- Screening and DSM-5 definition of substance use disorder
- Assessment and monitoring in patients prescribed opioids
- Opioid use disorder treatment with methadone and buprenorphine

Importance of Opioid Use Disorder

- Common risk factor for HIV infection
- Youth epidemic of prescription opioid use leading to heroin
 - rural and urban
- Rising rates of opioid overdose death nationally
- Complicates management of chronic pain
- Requires medication-assisted treatment

Screening

- Screening for drug use not as well developed as for alcohol
- “How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?”
- A positive response is anything but never
- 100% sensitive, 74% specific for a drug use disorder

DSM-5 Substance Use Disorder

- 11 Criteria – new features **in red**:
 - Tolerance (**excludes prescribed medication taken as directed**)
 - Withdrawal (**excludes prescribed medication taken as directed**)
 - Persistent desire to cut down or quit
 - Spends lots of time taking, obtaining, recovering
 - Takes more than intended
 - Gives up important activities due to substance
 - Use in spite of physical or psychological problems caused by substance
 - Failure to fulfill major role obligations due to substance
 - Recurrent use in physically hazardous situations
 - Continues use in spite of social or interpersonal problems
 - **Craving (such as strong urge that could not think of anything else)**

Assessing Risk: The Opioid Risk Tool

Mark each box that applies		Female	Male
Family history of substance abuse	<ul style="list-style-type: none"> ▪ Alcohol ▪ Illegal drugs ▪ Prescription drugs 	<p>[] 1</p> <p>[] 2</p> <p>[] 4</p>	<p>[] 3</p> <p>[] 3</p> <p>[] 4</p>
Personal history of substance abuse	<ul style="list-style-type: none"> ▪ Alcohol ▪ Illegal drugs ▪ Prescription drugs 	<p>[] 3</p> <p>[] 4</p> <p>[] 5</p>	<p>[] 3</p> <p>[] 4</p> <p>[] 5</p>
Age 16-45		[] 1	[] 1
History of preadolescent sexual abuse		[] 3	[] 0
Psychological disease	<ul style="list-style-type: none"> ▪ ADHD, OCD, bipolar disorder, schizophrenia ▪ Depression 	<p>[] 2</p> <p>[] 1</p>	<p>[] 2</p> <p>[] 1</p>
Low (0-3) Moderate (4-7) High (≥8)	Scoring totals		

Getting an Addiction History

- Establish rapport – listen to the pain story
- Start addiction history by asking about use in the distant past – less threatening
- Assess past problems and treatment efforts
- Demonstrate support for past efforts to quit
- Look for a “recovery story” – if problems were severe, there should be one!
- Past problems + current use = increased risk

Monitoring Patients Prescribed Opioids for Chronic Pain

- “Universal precautions” for all patients
- Includes urine and PMP checks based on risk
- SUD history and high doses are higher risk
- Aberrant behaviors can indicate safety issues and require further assessment
- Do not “fire” patient, but do make a diagnosis
- Some patients, especially with high opioid doses, may require addiction treatment

Treating Opioid Use Disorders

- Patients with Opioid Use Disorder need specialized treatment
- Methadone maintenance is most effective
- Patients initially treated with supervised daily doses, counseling, and urine testing
- Stable patients can get take-home doses
- Longer duration, higher dose treatment best
- Maintenance is superior to supported detox

Methadone Maintenance Pearls

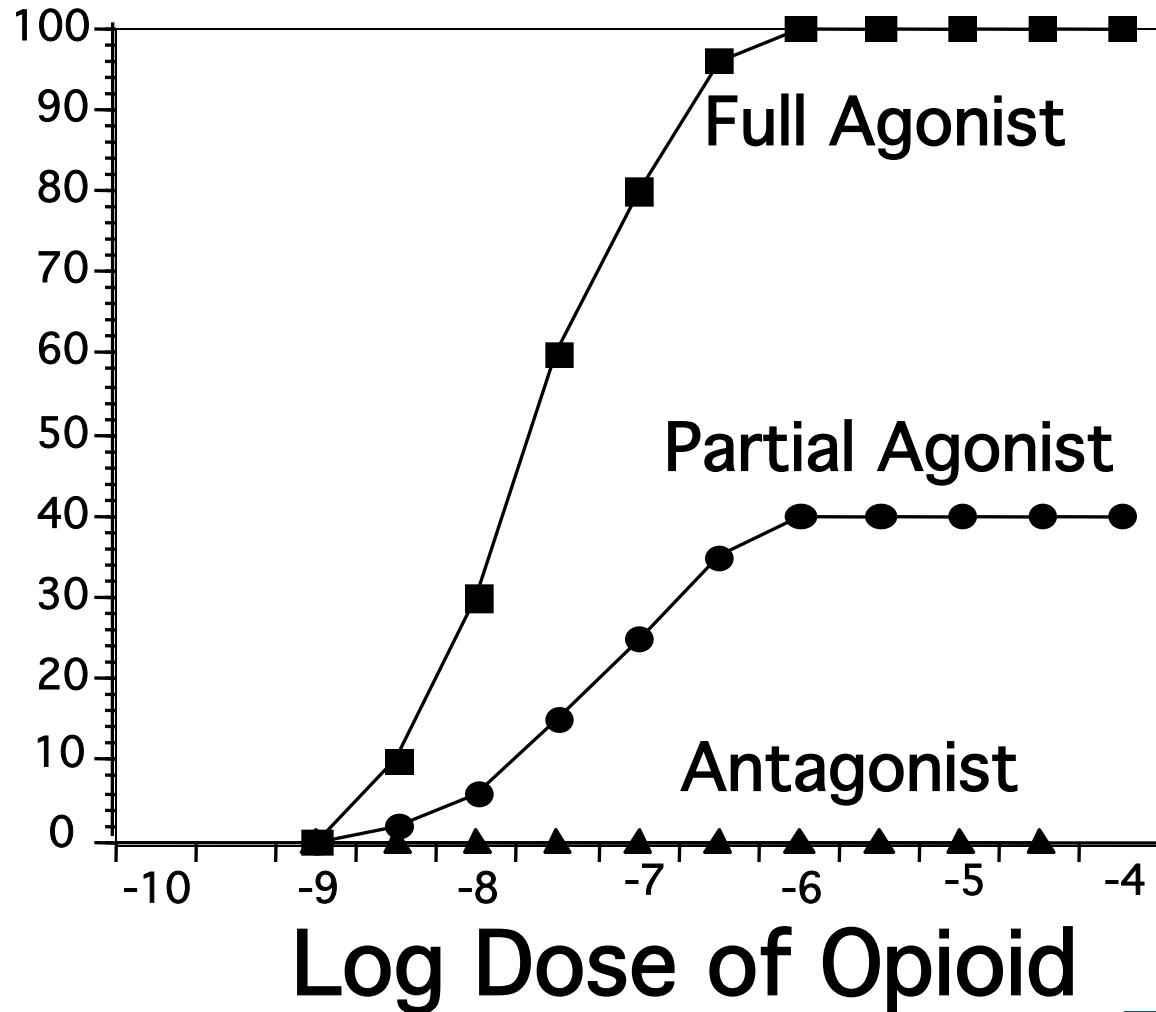
- Ask patients about recent urine test results, take home status, dose trajectory
- Advise staying in treatment until social, medical, psychiatric, legal and family issues are stable
- Discuss possibility of extended take home doses as an alternative to tapering off
- Methadone Maintenance programs may resist accepting pain patients

Buprenorphine for Opioid Use Disorder

- Federal legislation (DATA 2000) made office based treatment of addiction legal
- Physicians must complete 8-hour training and obtain a federal waiver
- Understanding opioid addiction treatment improves chronic pain treatment skills
- Highly gratifying form of treatment

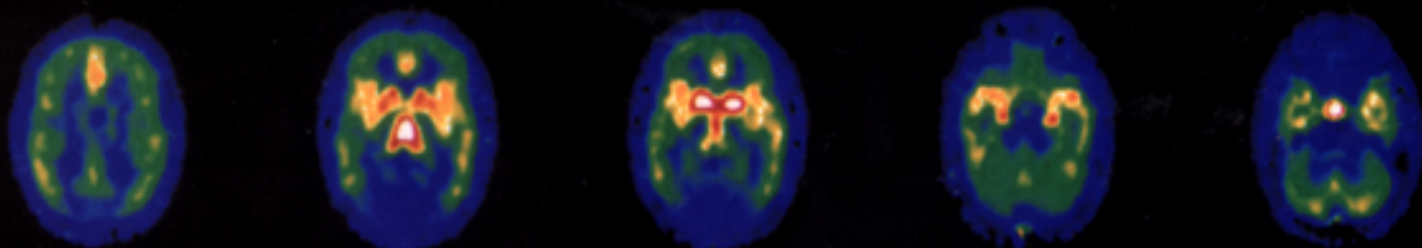
Full Agonist vs Partial Agonist

Activity

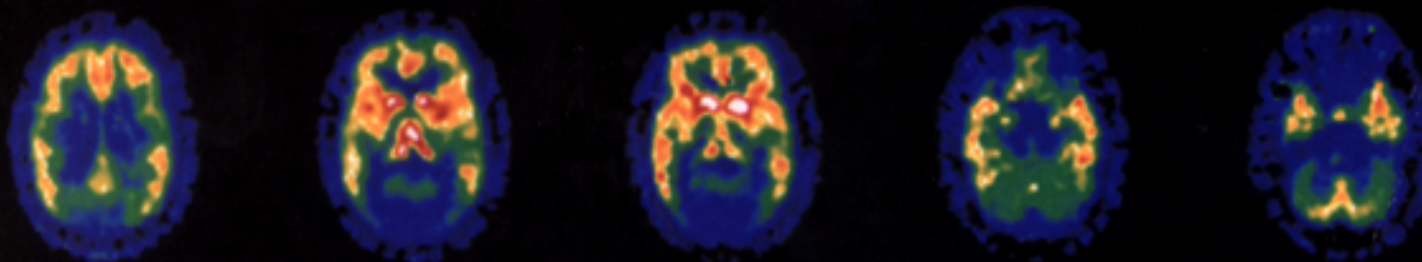


Mu Opioid Receptor Binding Potential

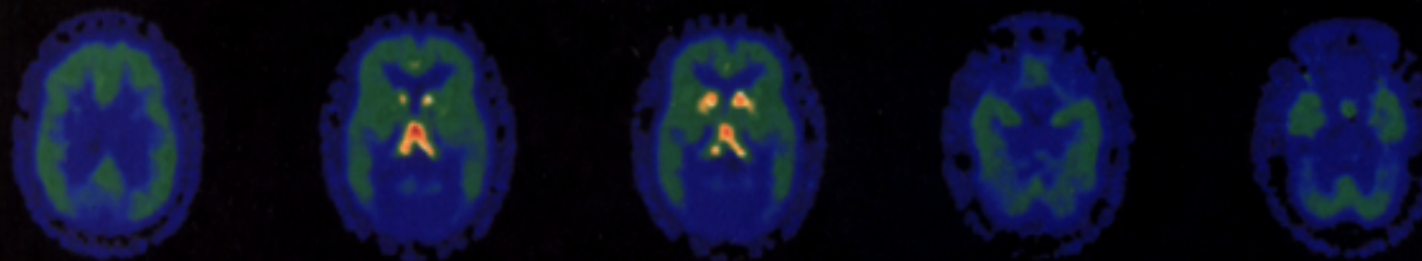
Control



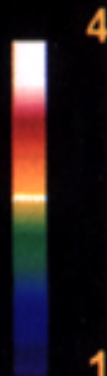
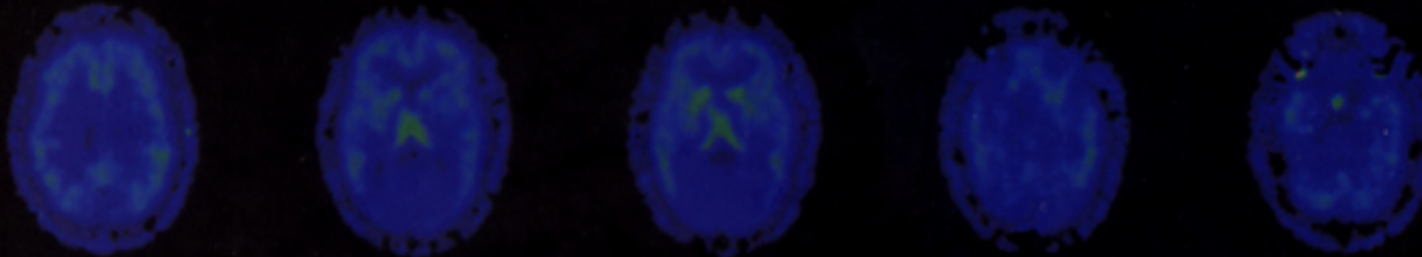
BUP 0



BUP 2



BUP 16



Buprenorphine

- Superior to psychosocial treatment alone
- Longer treatment duration is more effective
- Drug use outcomes similar to methadone maintenance treatment, but not as good at retaining patients
- Some physicians restrict prescribing to patients in their own practice, others accept referrals more widely

Overdose Prevention

- Overdose education and naloxone is an emerging harm reduction strategy
- Naloxone reverses opioid overdose
- For those at high risk of overdose and their friends or family
- Populations: needle exchange, exit from jail, in drug treatment, high risk prescribed opioids
- Stopoverdose.org

Opioid Use Disorders

- Important in HIV management
- Screening and diagnosis is a key goal
- Can complicate management of chronic pain
- “Universal precautions” is key concept in opioid prescribing for chronic pain
- Effective treatment is available