# Welcome!

## Mute

**Minimize Interruptions**

Please make sure to mute yourself when you aren't speaking.

## Chat

**Go Ahead, Speak Up!**

Use the Zoom chat to ask questions and participate in activities.

## Naming

**Add Your Organization**

Represent your team and add your organization's name to your name.

## Tech Issues

**Here to Help**

Chat Host privately if are having issues and need tech assistance.

While we wait, please rename yourself.

# Addiction Treatment Starts Here
# Prescriber Forum Session #2

**November 3, 2021 | 12pm–1pm (PST)**

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CENTER FOR CARE INNOVATIONS

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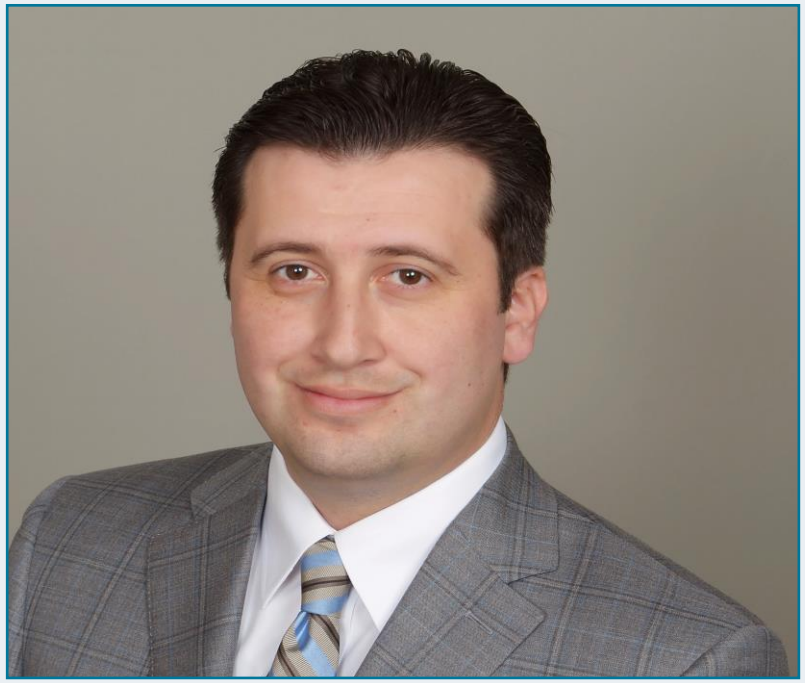
DHCS

# Today's Presenter



**Joe Sepulveda, MD, FAPA, FASAM**

**Chief of Psychiatry**

**Medical Director, Substance Use Disorder Services**

Family Health Centers of San Diego

# CCI ATSH Prescribers Forum

# Medication for Treating Opioid Use Disorder Cases

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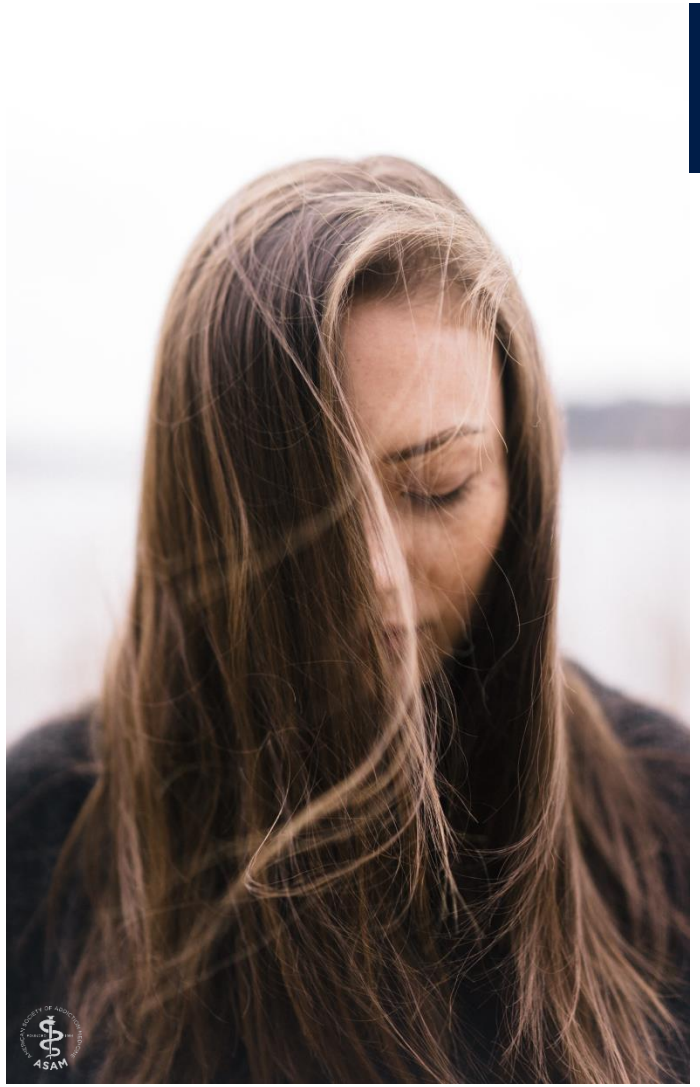
Fellow of the American Society of Addiction Medicine

# PAULA'S CASE

# Activity: Case Discussion – Paula



Paula is 23-year-old graduate student in social work who is addicted to heroin. Her mother calls your office seeking treatment for her daughter. She agrees to having her mother come in with her for the consultation and evaluation. She is comfortable and not yet in opioid withdrawal during the initial consultation. You get Paula's history while her mother sits in the waiting room. She relates feeling anxious most of her life.

She started smoking marijuana and drinking alcohol on the weekends in high school. In college, she fractured her ankle playing basketball and was treated with oxycodone. She noticed that in addition to pain control, her anxiety decreased, and she reported feeling "normal" and "peaceful."

# Paula's Case

She continued requesting oxycodone refills even though her pain had resolved. When the orthopedist refused to continue prescribing oxycodone she started buying them from friends, increasing to ~200mg daily.

A year ago she entered a 28-day residential program, never followed up in after care, and relapsed 6 weeks later. She has never been on medications for her opioid use disorder. Due to cost and availability she switched from oxycodone to snorting heroin, ~10 bags daily. Her last use was four hours ago. Paula agrees to have her mother present to discuss treatment options.

# Paula's Case

**You present the following options:**

1. opioid agonist maintenance therapy (methadone, buprenorphine).
2. antagonist maintenance with naltrexone.
3. another attempt at withdrawal management and medication-free treatment.

# Paula's Case

**Paula and her mother have done their research; Paula has a friend doing well on buprenorphine and they decide on buprenorphine.**

- They understand that you recommend some form of counseling as part of the treatment plan.
- Paula has insurance, so access is not a problem.

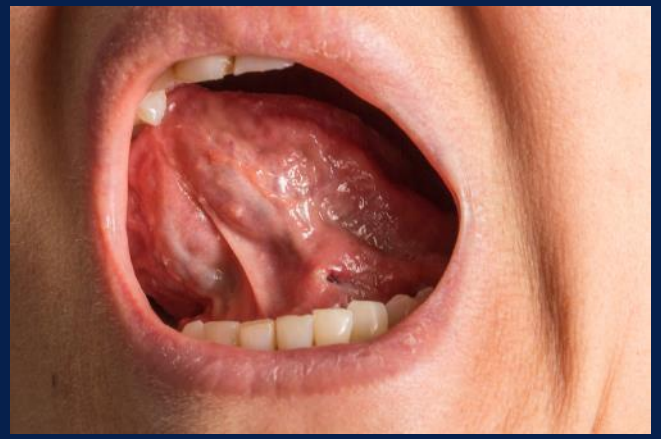
# Paula's Case

## Key Treatment Considerations:

- Is Paula ready for buprenorphine currently?
- If not, how will you decide when she is ready?
- Is the patient a candidate for unobserved "home" start?

*You explain that since Paula is physically dependent on opioids, she must be in mild-moderate spontaneous withdrawal to avoid precipitated withdrawal. She understands. You tell her to discontinue all opioids for at least 12 hours. She has decided on starting at home the next morning.*

# Paula's Case



- You instruct her that buprenorphine/naloxone is always administered sublingually or via the buccal mucosa—never swallowed whole.
- She is instructed on the proper administration procedures to maximize buprenorphine bioavailability.

# Paula's Case

- She takes her first dose: buprenorphine 4/1 mg.
- Questions:
  - ***How long until initial effect?***
  - ***How long until peak effect?***
- After her initial doses, she takes another 4/1 mg for continued withdrawal symptoms.
  - ***When can she leave the office?***
  - ***Can she take more buprenorphine after leaving the office?***
  - ***When should she contact you?***

# Paula's Case

## Key Treatment Considerations:

- Should the stabilization dose be divided or taken once per day?
- How often should stabilization doses be increased?
- Once dose stabilization occurs, are maintenance dose increases due to tolerance common or are lower doses required over time?

*She remained on buprenorphine/naloxone 16/4 mg per day for the next 6 months and had no relapses. She was adherent with weekly counseling and office monitoring including urine drug tests and pill counts. There were no problematic behaviors on the PDMP.*

# Paula's Case

## Key Treatment Considerations:

- How long should Paula be maintained on the buprenorphine?
- How will you decide if and when she is ready to be tapered?
- How would you taper her buprenorphine?

# SOPHIA'S CASE

# Sophia's Case

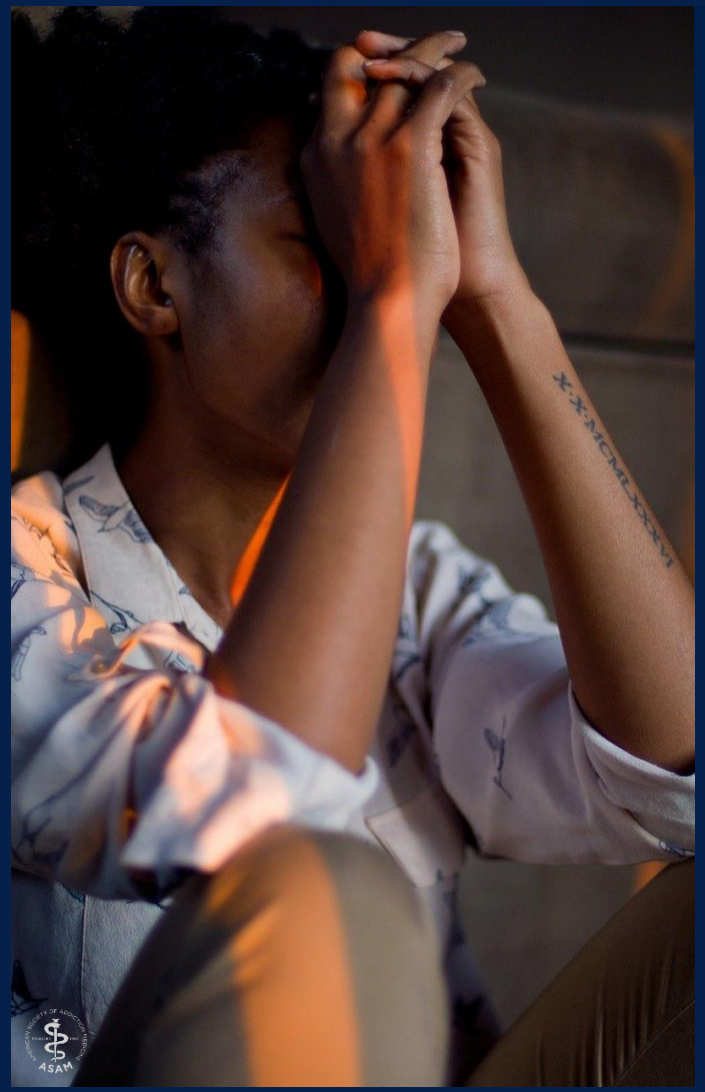
38-year-old woman followed for ongoing management of her opioid use disorder. She is presented to the buprenorphine induction clinic for starting buprenorphine/naloxone and was quickly stabilized on bup/nx 16/4 mg SL a day. She kept all her appointments and had six weeks of urine drug tests which were negative for opioids and all other tested drugs.

Since coming into treatment with you, she has kept biweekly appointments x3, and monthly appointments x4, is reporting satisfaction with the treatment and is increasing productivity at work as a research assistant.

# Sophia's Case

After her 8th visit with you, her urine drug test was positive for benzodiazepines, and confirmation reveals alprazolam and metabolites. She admits to using a friend's alprazolam (Xanax®) one night to help sleep. "With all the work stress, I just couldn't get to sleep."

She notes that she is doing much better in her life now than before when she was spending all her money on heroin and struggling to keep a job. She does not want to discontinue buprenorphine and go back to that life.



# Case Discussion – Sophia

- How would you respond to these results?
- Does the nature of the substance (benzos vs. stimulants) affect how you talk to Sophia?
- How would you respond to these results?

# Sophia's Case

- She does not believe she has "a problem" with alprazolam.
- She denies further use.
- Repeat testing at this visit comes back positive again for benzodiazepines, with +alprazolam and metabolites.
- Question:
  - ***How would you respond to Sophia now?***

# SAM'S CASE

# Sam's Case

52-year-old male. Maintained on buprenorphine/ naloxone 16/4mg per day for the past 10 years.

His opioid use disorder began after a motorcycle crash resulting in multiple fractures and orthopedic surgeries. He was treated with high dose morphine and quickly escalated his use, losing control of his prescriptions.

He realized he had a problem when he ran out of his morphine and had severe withdrawal symptoms.

# Sam's Case

He believes buprenorphine is a "miracle drug" that has saved his life. He is not in counseling but attends AA 3-4 meetings per week and has a sponsor.

He has a history of alcohol use disorder and has been sober for >20 years.

He has severe chronic right knee pain which he has been told is due to arthritis after his traumatic knee injury. His pain had been well controlled on split dose buprenorphine (8/2 mg TID), ibuprofen, and acetaminophen.

Now his pain is so severe, he has had to take time off from work.

# Sam's Case

*He is now being scheduled for an elective right total knee replacement.*

He was told in the preoperative clinic:

- To get off his buprenorphine for at least 5 days before his surgery.
- That the buprenorphine will prevent the pain medication from working.
- That the pain medications will likely put him into withdrawal if he is still taking the buprenorphine.

He is nervous about stopping his buprenorphine and asks you what to do.

# Case Discussion – Sam

**Discuss:**

What do you recommend regarding his buprenorphine maintenance perioperatively?

What do you recommend regarding his pain management perioperatively?

What additional information do you need?

# JENNIFER'S CASE

# Jennifer:

*32-year-old woman who has been your patient for the past five years. She wants to taper and withdraw from buprenorphine.*

- Jennifer was diagnosed with OUD, which started with opioid analgesics and then segued into IN heroin.
- She has been on buprenorphine/ naloxone film strips, 12 mg daily, for 5 years. Patient had a positive response to the medication and has had negative UDTs, with the occasional +THC, for years.

# Jennifer:

*32-year-old woman who has been your patient for the past five years. She wants to taper and withdraw from buprenorphine.*

- Jennifer is employed as an IT specialist at a law firm. She has been careful to “hide” her medication use from her family, friends, and co-workers, for fear of a negative reaction. She also thinks that if her co-workers knew about her OUD and medication, if a wallet were stolen, they would automatically suspect she was the thief.
- One year ago, Jennifer met her future wife at the law firm. Karishma is a paralegal at the firm and has no history of “drug” use.

# Jennifer:

*32-year-old woman who has been your patient for the past five years. She wants to taper and withdraw from buprenorphine.*

- As their relationship developed, Jennifer was ambivalent and fearful about disclosing her history of OUD and current OAT with buprenorphine.  A few months before their wedding, Jennifer did disclose and Karishma was taken aback, but said it was not a problem.
- On Jennifer's last visit with you, she inquires about "getting off" buprenorphine. She relates that Karishma has never really been okay with the medication. Karishma has heard that it's "just substituting one drug for another" or "one addiction for another."

# Jennifer:

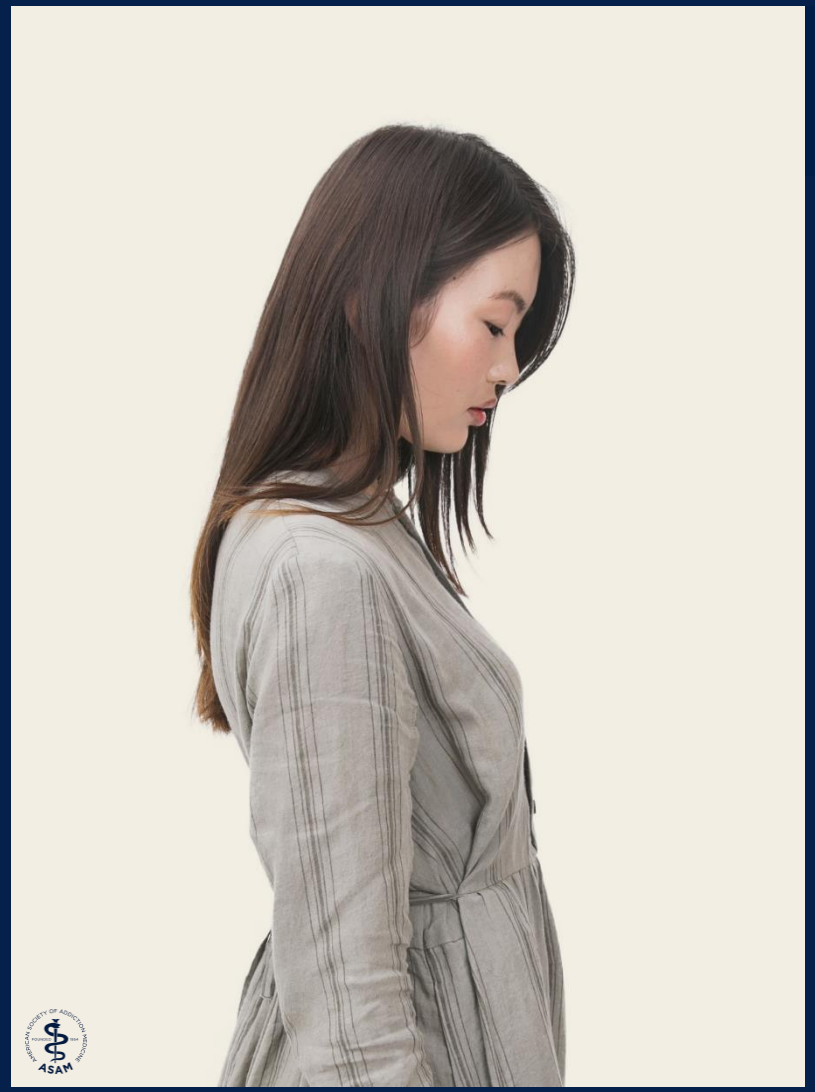
*32-year-old woman who has been your patient for the past five years. She wants to taper and withdraw from buprenorphine.*

- Karishma has a friend who has an AUD and attends AA meetings. The friend tells Karishma that her AA group is not okay with people on buprenorphine or methadone.
- Karishma and Jennifer had also planned on having a child, but Karishma is concerned that buprenorphine would be a problem if Jennifer were to be the birth mother.
- Jennifer has resumed weekly psychotherapy and they both see a couple's therapist.

# Jennifer:

*32-year-old woman who has been your patient for the past five years. She wants to taper and withdraw from buprenorphine.*

- You are concerned that Jennifer wants to taper and withdraw from buprenorphine because of all these misconceptions, myths, and stigmas - which Karishma believes.
- You schedule an appointment with both Jennifer and Karishma to discuss each of the misconceptions individually and provide evidence for your suggestion that Jennifer continue with her successful treatment paradigm with buprenorphine.



# Case Discussion – Jennifer

**Discuss:**

What stigmas and misconceptions would you address with Jennifer and Karishma?

What would you suggest for Jennifer's treatment plan?

Should Jennifer still want to taper down, how would you proceed?

# KATIE'S CASE

# Katie:

*35-year-old woman who presents for follow-up care. She has diagnoses of severe opioid use disorder and moderate cocaine use disorder.*

- She has been treated with buprenorphine/ naloxone 16/4 mg daily for 6 months and has stopped using heroin, which is confirmed by urine drug testing.
- However, her urine drug tests show evidence of continuous cocaine use.
  - *How will you respond to Katie's continued cocaine use?*

# SUSAN'S CASE

# Susan:

*20-year-old community college student requesting treatment for her heroin addiction.*

- She started using oxycodone with her roommate and has been using intranasal heroin (1 gram) daily for the last 15 months.
- Some of her friends are now switching to intravenous use because it takes less heroin to keep from getting sick.
- She does not want to inject drugs but may be “forced” to because she cannot keep paying the “extra cost” of sniffing heroin.

# Susan:

*20-year-old community college student requesting treatment for her heroin addiction.*

- She has used all the money her parents gave her for school expenses to buy heroin, her credit cards are maxed out, and she has borrowed money from her friends.
- Until last semester, she had an overall B average, but this semester she is struggling academically and has been told she will be put on academic probation if her grades don't improve.

# Susan:

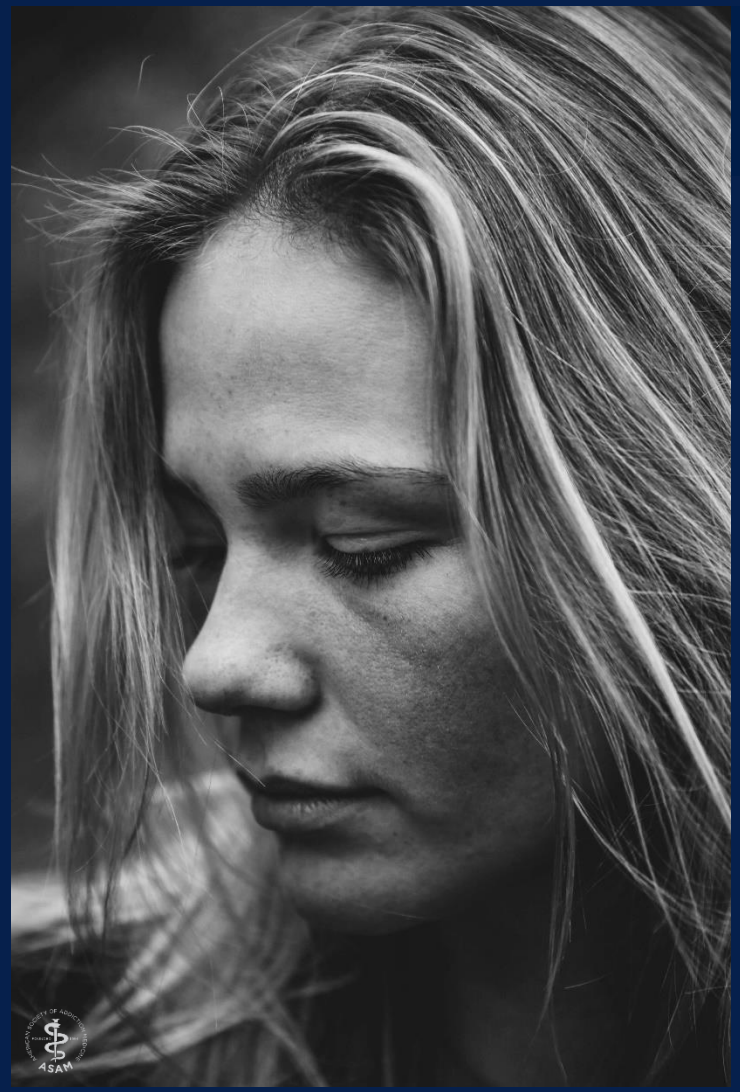
*20-year-old community college student requesting treatment for her heroin addiction.*

- When she doesn't use heroin, she has anxiety, muscle aches, diarrhea, and can't sleep.
- She recognizes the symptoms as heroin withdrawal. She was surprised because she thought she could not develop withdrawal from only sniffing drugs.

# Susan:

*20-year-old community college student requesting treatment for her heroin addiction.*

- She smokes one pack of cigarettes per day.
- She drinks alcohol on the weekends, up to 3 drinks per occasion.
- She denies other drug use.
- She has no prior history of addiction treatment.



# Case Discussion – Susan

**Discuss:**

- **Does she meet the criteria for DSM-5 moderate to severe OUD?**
- Is she a candidate for office-based opioid treatment with buprenorphine/ naloxone?
- What additional information would you need to make that decision?
- If you decide to treat Susan, what are your treatment plan and goals?

# Susan:

*20-year-old community college student requesting treatment for her heroin addiction.*

- She was started on buprenorphine in the office and given a prescription for 6-day supply of bup/nx (16/4 mg/day) and was told to participate in the clinic's 2x per week relapse prevention group and to schedule individual counseling at an off-site program.
- She was told she needed to attend the relapse prevention group in order to get her next bup/nx prescription.

# Susan:

*20-year-old community college student requesting treatment for her heroin addiction.*

- She returns in 6 days for her next bup/nx refill.
- She has not attended the relapse prevention group nor arranged for counseling.
  - *What will be your treatment approach at this time?*

# Susan:

*20-year-old community college student requesting treatment for her heroin addiction.*

- She was only partially adherent with the recommended counseling for 3 weeks including attending all but 1 of the relapse prevention groups but never started counseling.
- She states she has been too busy to go to counseling. She goes to school 5 days a week and has a new job working evenings as a waitress at a pub.
  - *Should you require Susan to attend counseling? Why? Why not?*

# Susan:

*20-year-old community college student requesting treatment for her heroin addiction.*

- She then returns in 4 days (3 days before her follow up appointment) and states that one of her friends stole her bup/nx tablets.
- Her urine is buprenorphine negative and opiate positive. She states she is sniffing heroin again to prevent withdrawal after running out of bup/nx.

# Susan:

*20-year-old community college student requesting treatment for her heroin addiction.*

- She has been missing too many classes and has had to change her status to part-time student. She told her parents that she needs time away from school to figure out what her major should be.
- She wants “one more chance” to restart bup/nx treatment.
  - *What would you recommend for Susan at this point?*

# JONATHAN'S CASE

# Jonathan:

*48-year-old engineer requesting transfer from methadone maintenance to office-based buprenorphine treatment.*

- On methadone maintenance treatment program for 12 years but is tired of all the strict rules and policies.
- Current methadone dose is 95 mg.
- His 13-day take-homes were recently discontinued when he missed his 2nd group counseling session in 3 months. He is now required to have daily observed dosing.

# Jonathan:

*48-year-old engineer requesting transfer from methadone maintenance to office-based buprenorphine treatment.*

- He does not think the group counseling is helping him anymore. He thinks it was helpful in the beginning but now it is just a burden.
- He is caring for his sick parents along with working full time which makes it difficult for him to reliably attend his weekly afternoon counseling session.
- Prior to methadone maintenance, he had an 8-year history of intravenous heroin use.
- Since starting methadone maintenance, he has been abstinent from heroin use.

# Jonathan:

*48-year-old engineer requesting transfer from methadone maintenance to office-based buprenorphine treatment.*

- He is hepatitis C positive (never treated) and HIV negative.
- He has been in a stable relationship with a non-drug-using girlfriend for the past 7 years.
- He wants to discontinue methadone maintenance ASAP and transfer to buprenorphine so that he can “get on with my life.”

# Case Discussion – Jonathan

**Discuss:**

- **Is Jonathan a good candidate for OBOT?**
- What additional information do you need?
- If you decide he is a good candidate for transfer to OBOT with buprenorphine/ naloxone, what will the treatment plan include?


ANY
QUESTIONS?

# The California Substance Use Line: A resource for health care providers

**Free, confidential, on-demand, 24/7 teleconsultation** on substance use evaluation & management for any health care provider in California

| **Evidence-based, person-centered guidance on topics such as:** |
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| • Assessment & treatment of opioid, stimulant, and other use disorders |
| • Medications for substance use disorder treatment (e.g., buprenorphine) |
| • Withdrawal management |
| • Opioid safety and harm reduction |
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- Staffed by **experienced physicians** and **pharmacists** from the California Poison Control System & National Clinician Consultation Center

- For more information, please call or visit our website | Please send program-related inquiries to David Monticalvo, Project Manager (David.Monticalvo@ucsf.edu)

# Coming Up – Session #3

Friday, November 19, 12-1pm PT
**Topic:** Prescribing for Stimulant Use Disorder Treatment

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For registration information, go here:
https://www.careinnovations.org/events/atsh-peer-forums-registration/#prescriber

Any questions? Email meaghan@careinnovations.org

# Poll

1. On a scale of 1-5, please select the number that best represents your experience with today's session.

5 – Excellent
4 – Very Good
3 - Good
2 - Fair
1 – Poor

2. Please select the number that best represents your response to the statement: Today's session was a valuable use of my time.

5 – Strongly Agree
4 - Agree
3 - Neutral
2 - Disagree
1 – Strongly Disagree

3. I can apply learnings from today's webinar to my MAT work.

5 – Strongly Agree
4 - Agree
3 - Neutral
2 - Disagree
1 – Strongly Disagree


THE
END