



Northeast & Caribbean (HHS Region 2)

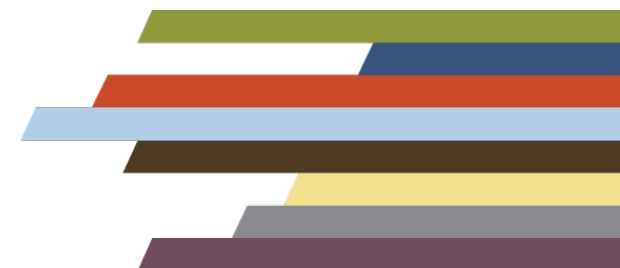
PPTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MEDICATIONS for OPIOID USE DISORDER (MOUD) and Child Advocacy: Supporting Family Recovery

Diana Padilla
May 2022



Certificate of Completion

- At the end of the session, you will complete an online evaluation prior to closing and going offline (instructions to follow).
- Certificates will be sent out within a week or so along with a copy of the slides.
- This webinar is approved for 2 hours of CASAC, CPP, CPS credentialing.
- You must attend the entire session.



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PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



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Disclaimer

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Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen the specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

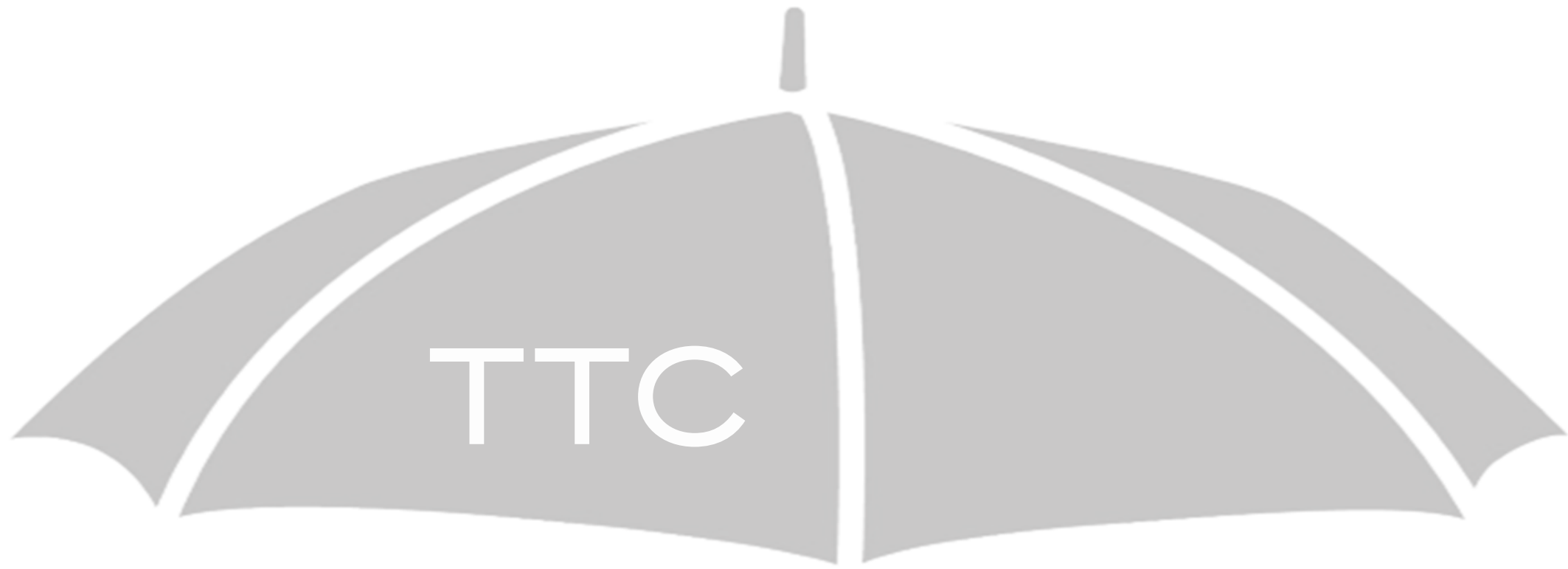
Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services



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ATTC



MHTTC



PTTC



Each TTC Network Includes 13 Centers

- Network Coordinating Office
- National American Indian and Alaska Native Center
- National Hispanic and Latino Center
- 10 Regional Centers (aligned with HHS regions)



ATTC



MHTTC



PTTC



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HHS Regions

10 Regional Centers



The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.



PEOPLE FIRST.



The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Virtual Platform Logistics

- Chat box
- Raise your hand feature
- Be an active listener
- Respect perspectives and experiences
- Be kind and positive
- Confidentiality
- Muting and unmuting
- Camera visual and participation

Demonization



Stigma is a problem for people with health conditions ranging from cancer and HIV to a variety of mental illnesses, but it is especially powerful in the context of substance use disorders.

Even though medicine long ago reached the consensus that addiction is a complex brain disorder, those with addiction continue to be blamed for their condition... moral weakness and flawed character are all reflected in people's attitudes, and language.

Changing Language

MAT: Medication Assisted Treatment

- MOUD: Medications for Opioid Use Disorder (i.e., MAUD)
- MAR: Medicated Assisted Recovery
- MSR: Medication Supported Recovery



Goal



Inform on Opioid Use Disorder (OUD), family impact, and inform on communication and recovery-based strategies to support affected family and their children's wellbeing.

During the Pandemic

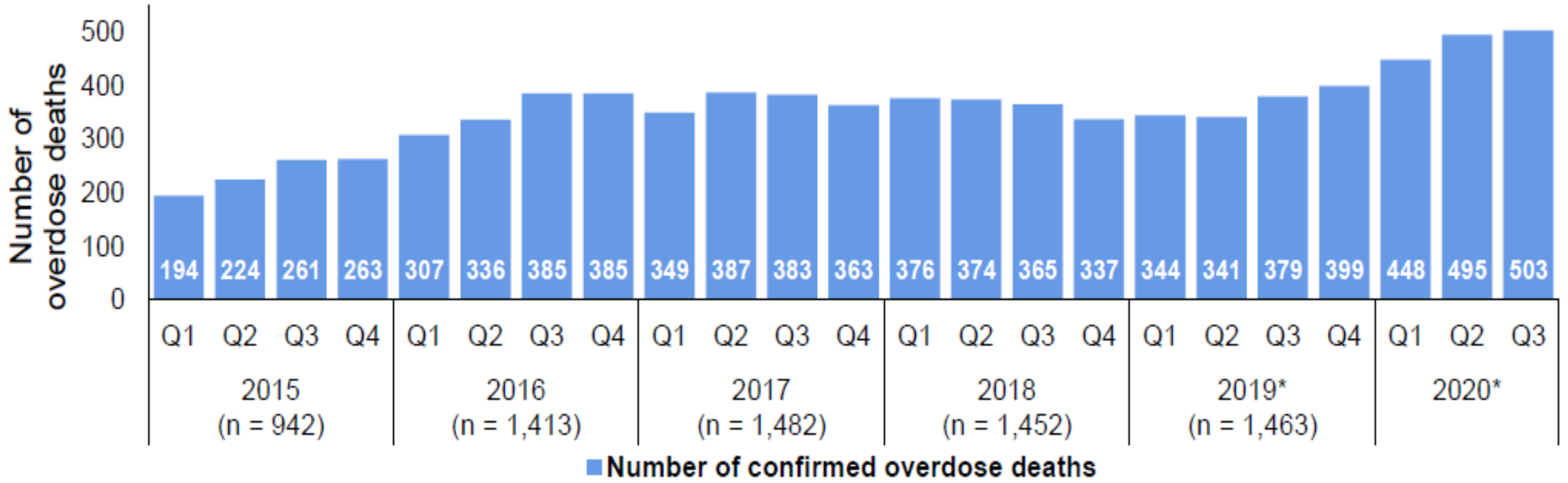
- 37% decrease in opioid prescriptions since 2014, and yet the number of substance-related overdose deaths continued to increase in 2020.
- More than 19,000 people died from a drug overdose in the first three months of 2020.
- As of July 2020, deaths from drug overdose in the USA rose by an estimated 13%.
- Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period.



Unintentional Drug Poisoning (Overdose) Deaths Quarters 1-3, 2020, New York City

503 overdose deaths confirmed during the third quarter of 2020

Deaths in 2019 and 2020 still pending final determinations; more recent quarters subject to larger increases



The Numbers



Unintentional drug poisoning (Overdose) deaths have nearly doubled from pre-pandemic levels in New York City, according to new city data.

- An estimated 105,752 people died of drug overdoses in the 12-month period ending October 2021.
- Two-thirds of those deaths involved synthetic opioids such as fentanyl.

During Pregnancy



According to 2019 self-reported data, about 7% of women reported using prescription opioid pain relievers during pregnancy.

- 1 in 5 reported misuse of prescription opioids.

Growing Up with Opioid Use in the Home

Households with opioid misuse and OUDs may experience a myriad of adverse consequences, including:

- Are at increased risk of mental health problems and substance use; accidental opioid poisoning; increased risk of developing a substance use disorder.
- Family dissolution that results from parents' incarceration, foster care placement, or loss of parent to an opioid overdose.
- Parental substance use may result in child neglect or deficits in parent-child attachment.





What Do We Know?





Myth or Fact #1

“Methadone and buprenorphine are just substitutions of one addiction for another”

The dosage of medication used does not get a person high, it helps reduce opioid cravings and withdrawal.



Myth or Fact #2

“Once on methadone, you can never get off it”

Relapse rates are high following cessation of heroin and/or methadone.



Myth or Fact #3

“Methadone is addictive”

Prolonged use of methadone may induce physical dependence but not addiction. Rarely is methadone a primary drug of choice.

Barriers to MOUD

- Stigma
- Insufficient institutional support
- Insufficient physician knowledge
- Office staff stigma
- Low demand
- Counselors' attitudes that "drug free" is the only way to have recovery
- Patient's failure to comply with taking medications
- Payment issues



Substance Use



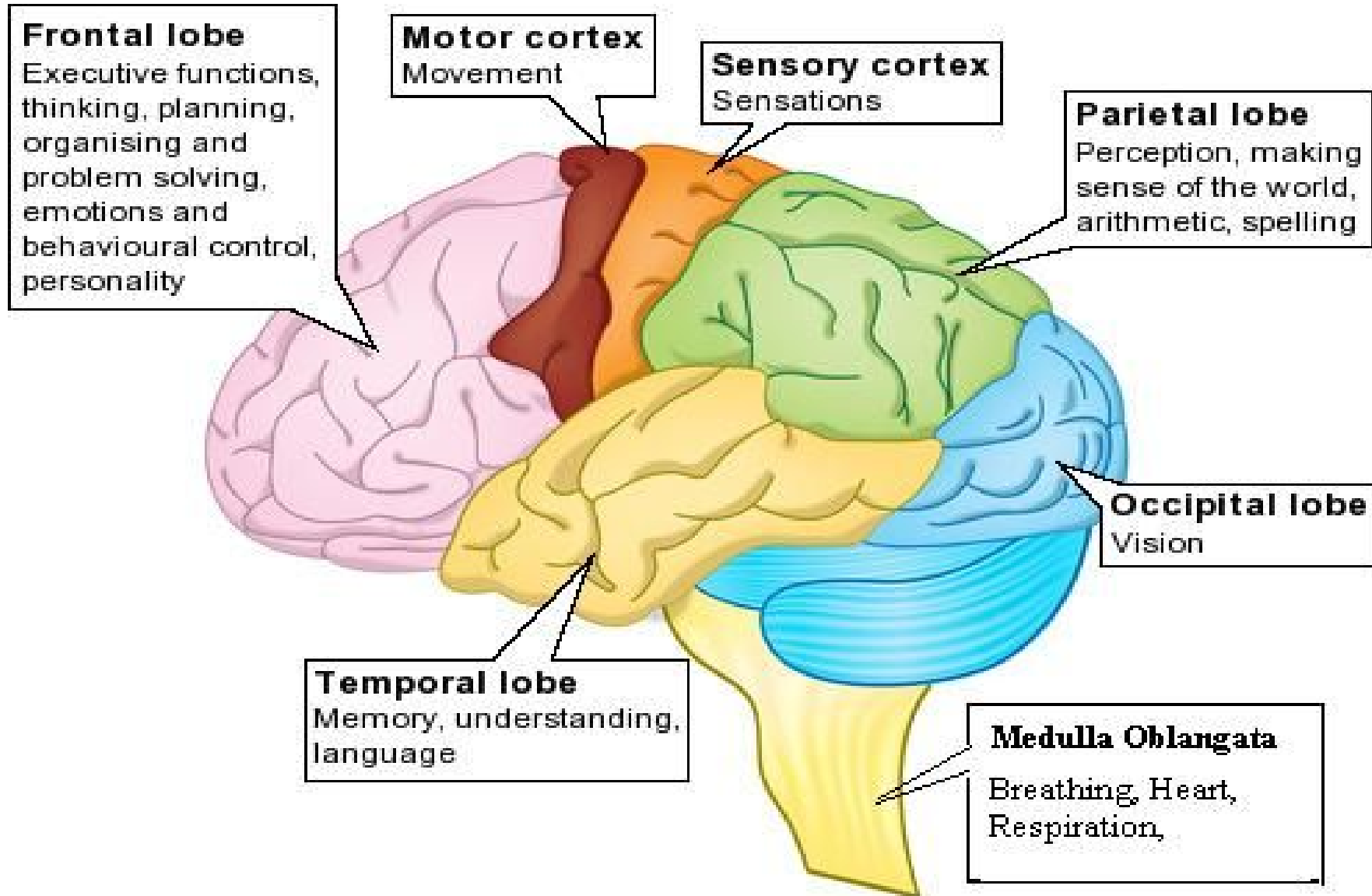
Why Do People Use and Then Not Just Stop?

People may use substances to feel good, mitigate symptoms of mental health, trauma, stress, etc.

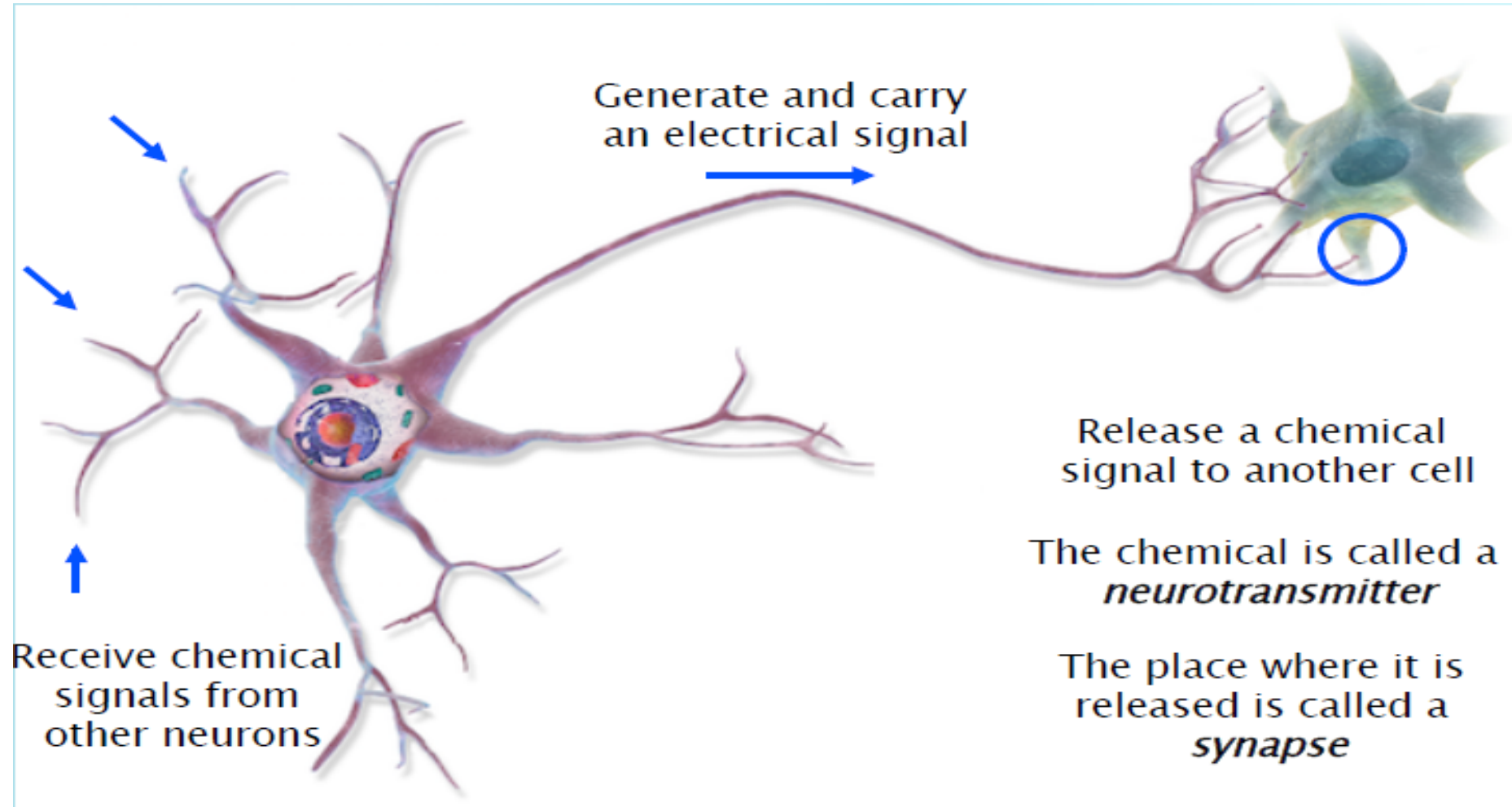
The risk includes how prolonged substance use changes the brain in fundamental and long-lasting ways!



Brain Functions

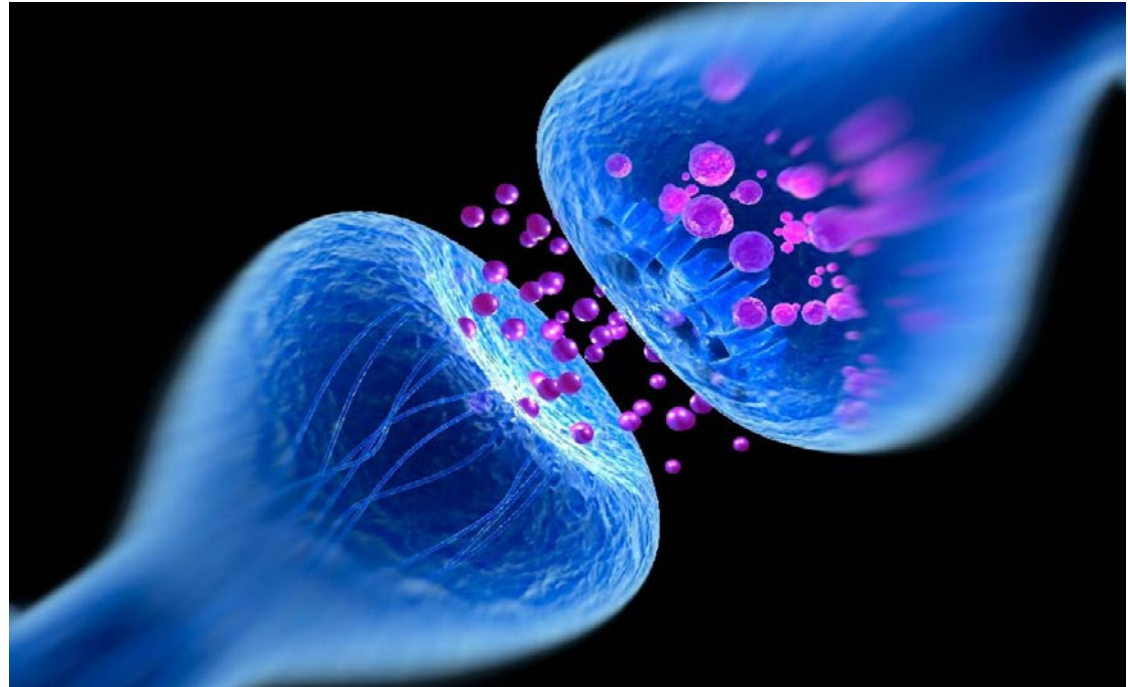


Neuron Activity



Neurotransmission

Neurotransmission (synaptic transmission) is communication between **neurons** accomplished by the movement of chemicals or electrical signals (neurotransmitter) across a **synapse**.



Neurotransmitters

Dopamine

- Affects motor movement, involved in pleasure

Norepinephrine

- Affects heart rate, blood pressure, sweating
- Dilates pupils and constrict blood vessels

Serotonin

- Affects sleep and mood



Biology of Motivation

Positive reinforcement

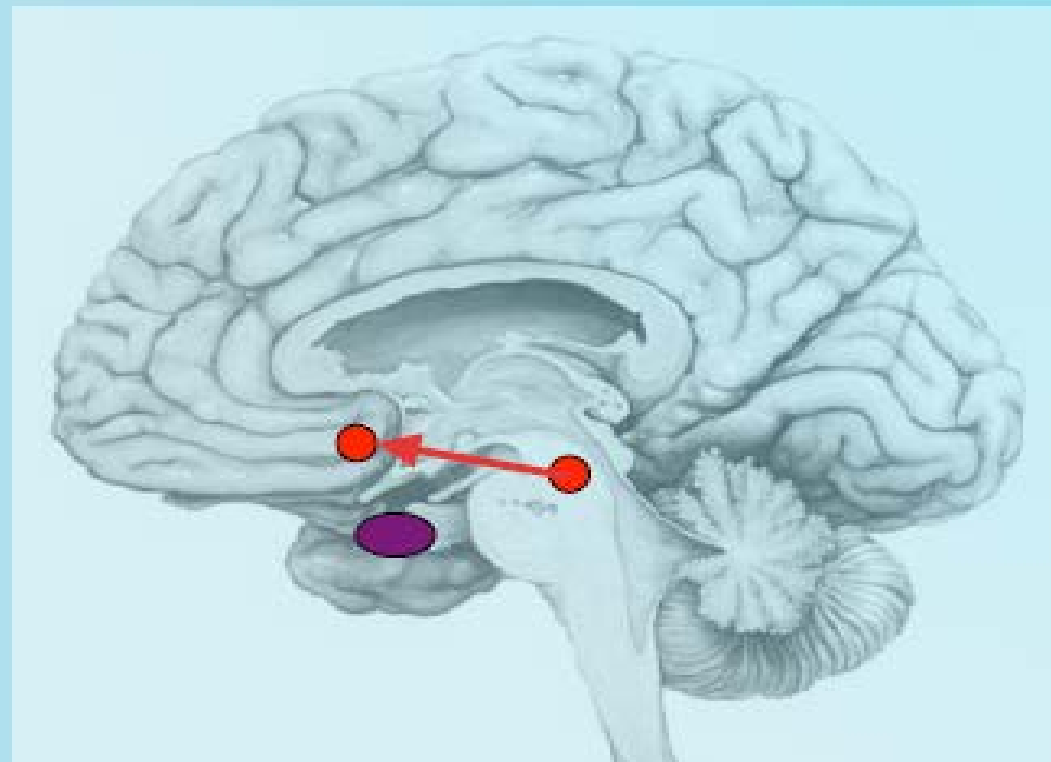
Neurons in the brainstem release dopamine in the *nucleus accumbens*



Liking and wanting



Seek out and do more of this



Negative reinforcement

Neurons in the *amygdala* are stimulated (by thoughts, memories, sensory input)



Anxiety, fear, and distress



Avoid things that cause, and seek out things that relieve

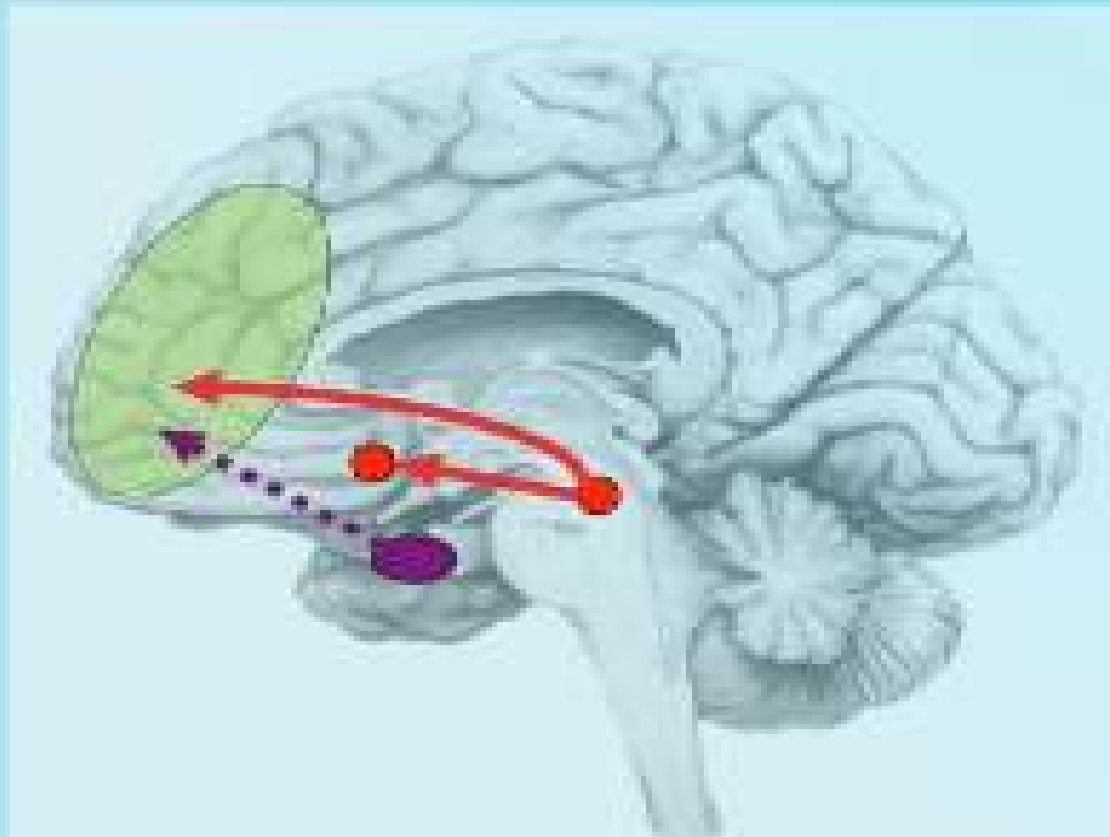
Overriding the Reward Pathway

Complex thinking, learning, and planning are performed in the **prefrontal cortex**

During positive reinforcement, dopamine is released here also



Learning of cues and behaviors that led to the reward



Strong activation of the amygdala suppresses the prefrontal cortex



Less thinking and planning, more response to emotions and past conditioning.



Opioid Use Disorder (OUD)



Opioid Use Disorder - Diagnostic Criteria

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Diagnostic Criteria continued

10. Tolerance, as defined by either of the following:

- a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
- b. A markedly diminished effect with continued use of the same amount of an opioid.

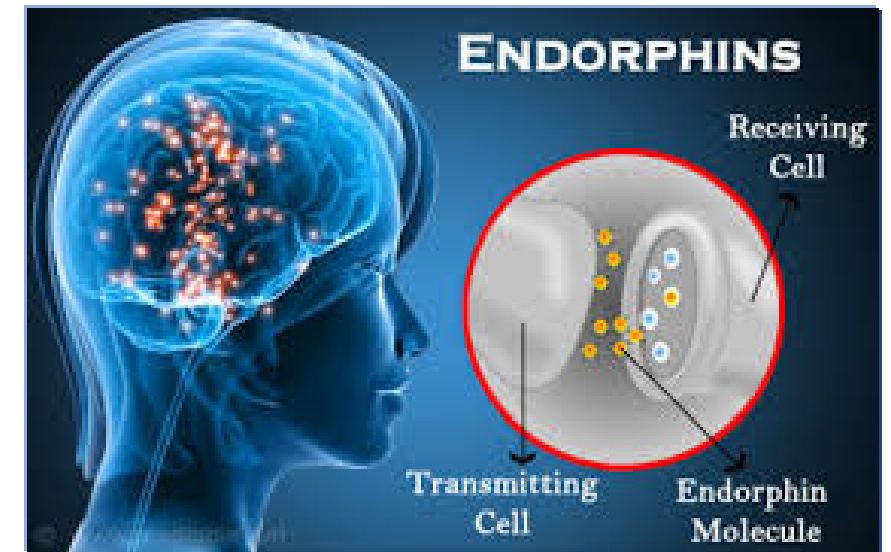
Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.

11. Withdrawal, as manifested by either of the following:

- a. The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal).
- b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms

Opioid Use Disorder

- Opioids stimulate nerve receptors in the brain which are part of the reward pathway, releasing endorphins
- Exogenous opioids bind and stimulate the same receptors causing repeat behavior
- Over time, receptors reduce their sensitivity to opioids - tolerance
- Less endorphin production and less natural rewarding activities



EFFECTS

HEROIN

SLEEPINESS

COMA

NAUSEA

SEVERE
ITCHING

EUPHORIA

BREATHING
PROBLEMS

PRESCRIPTION OPIOIDS

SLEEPINESS

CONFUSION

NAUSEA

PAIN RELIEF

EUPHORIA

BREATHING
PROBLEMS



Opioid Withdrawal Signs

- Dysphoric mood
- Nausea or vomiting
- Muscle aches
- Tearing or runny nose
- Dilation of pupils, goose bumps, or sweating
- Diarrhea
- Yawning
- Fever
- Insomnia



Lasting Effects of Withdrawals

Major withdrawal symptoms peak between 24-48 hours after the last dose of heroin and subside after about a week.

- Some people have shown persistent withdrawal signs for many months.

Persons may use heroin at the normal rate they tolerated prior to withdrawal.

- Because the drugs are out of their system, this amount can prove too much for the brain to handle, (this is called ...?). Many people overdose because of this.



Medications for OUD



Medications for Opioid Use Disorder (MOUD)

MOUD is a form of pharmacotherapy and refers to any treatment for a substance use disorder that includes a pharmacologic intervention as part of a comprehensive substance abuse treatment plan.

Medications for Opioid Use Disorder

For Healthcare and Addiction Professionals, Policymakers, Patients, and Families

UPDATED 2020

Medication & Counseling

MOUD uses a combination of medication and therapy that can successfully treat alcohol and opioid use disorders, and for some people struggling with addiction, MOUD can help sustain recovery.

- **Cognitive behavioral therapy** — helping the patient to identify triggers and stressful situations, and develop coping strategies
- **Family therapy** — designed to address teen drug use within the family unit and improve family functioning
- **Motivational interviewing** — a client-centered therapy that helps the person find the motivation to change
- **Motivational incentives** — uses methods of positive reinforcement to maintain recovery

Goals of Maintenance

- Prevent drug withdrawal and normalize brain chemistry.
- Block the euphoric effects of alcohol and opioids.
- Prevent the powerful craving that characterizes protracted withdrawal.
- Normalize body functions without the negative effects of the abused drug.



Types of Medication

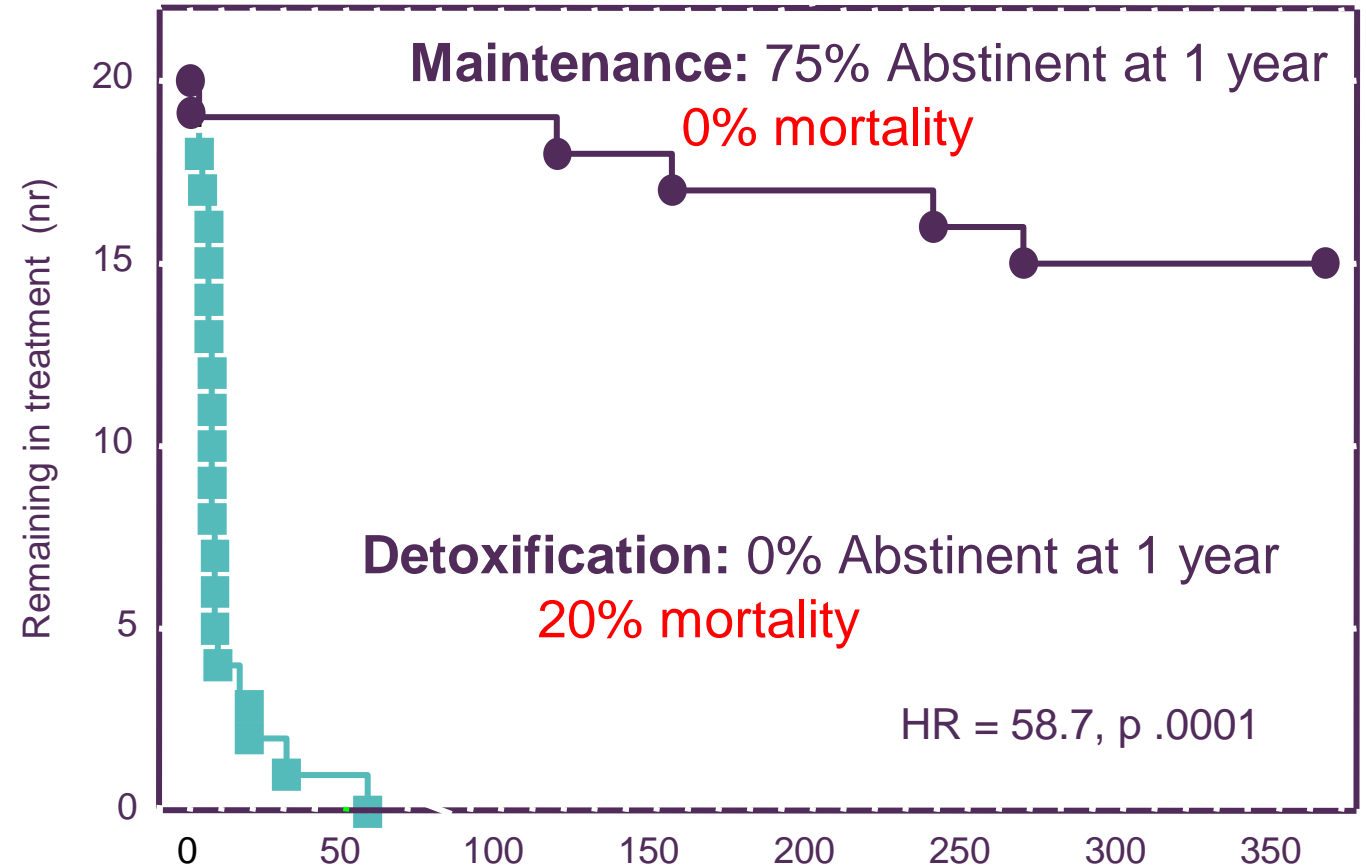
Methadone - Agonist, mimics the effect of endorphins on the brain by stimulating receptors.

Buprenorphine - Partial Agonist, partially stimulates opioid receptors and some blockade.

Naltrexone - Antagonist, used to manage opiate (and alcohol) cravings.

Treatment Retention

Buprenorphine Detoxification vs. Maintenance



The Challenge of MOUD Stigma

- Opioid addiction is a chronic disease, like heart disease or diabetes.
- Most people cannot just walk away from addiction. They need help to change addictive behavior into nonaddictive, healthful patterns.
- Treatment helps people stop using the problem drug. It helps them get through withdrawal and cope with cravings.
- MOUD treatment helps people move into healthy, addiction-free lifestyles of recovery and wellness.





Forging a Pathway to Recovery



Addiction Medicine During Pregnancy

- Benefits of Buprenorphine include lower risk of OD, fewer drug interactions, evidence of less neonatal abstinence syndrome as opposed to methadone.
- 48% of women who completed mediated assisted withdrawal, returned to active use, increasing risk for OD, HIV, Hep C.
- MOUD during pregnancy provides benefits to the mother and fetus, including better pregnancy outcomes, reduced illicit drug use, and improved prenatal care.
- Infants born to women who use opioids during pregnancy, should be monitored by a pediatric care provider for neonatal abstinence syndrome.

Neonatal Abstinence Syndrome (NAS) Neonatal Opioid Withdrawal Syndrome (NOWS)

- NAS/NOWS is a drug withdrawal syndrome that may result from chronic maternal opioid use during pregnancy.
- Treatable condition seen in 30–80% of infants born to women taking opioid agonist therapies.
- NAS/NOWS characterized by disturbances in gastrointestinal, autonomic, and central nervous systems, leading to a range of symptoms including irritability, high-pitched cries.
- Psychiatric disorders such as depression, anxiety, bipolar disorder, and posttraumatic stress disorder are prevalent among women with opioid use disorder.

Infants with NAS Struggle with Regulation

- Behaviors regulate internal states and interactions with environment.
- NAS behaviors dysregulation of behavioral repertoire function.
- Responds to typical parental interactions (eye contact light touch, vocalization) with:
 - Irritability
 - Exaggerated reflex responses
 - Spitting up
 - Loose stools
 - Hiccups



Treating NAS/NOWS

- After delivery, the baby may be kept in the hospital for up to 3-7 days for extra monitoring to see if symptoms of NAS develop. If your baby develops NAS, it means they will have to stay in the hospital longer for treatment.
- NAS is often treated with opioid medication such as methadone or morphine to relieve withdrawal symptoms.
- The mother is an important part of the treatment of NAS. The more time a mother spends at the infant's bedside in the hospital has been shown to reduce the severity of NAS.

Treatment Approaches for Children with NAS

- Babies suffering from withdrawal are irritable and often have a difficult time being comforted.
- Swaddling, or snugly wrapping your baby in a blanket, may help comfort your baby.
- Babies also may need extra calories because of their increased activity and may need a higher calorie formula. Intravenous (IV) fluids are sometimes needed if your baby becomes dehydrated or has severe vomiting or diarrhea.

Infant Responsibilities 'Eat, Sleep, Console'

EAT

- “Eating well” is defined as breastfeeding 8-12 times a day with effective lactation or feeding expected volume (Poor eating due to NOWS, less than 10 minutes at breast.)

SLEEP

- May be normal for infant to sleep < 1 hour due to NOWS?

CONSOLE

- Is the infant unable to be consoled within 10 minutes due to NOWS?

Treatment Approaches for Children with NAS *cont.*

- Some babies may need medications to treat severe withdrawal symptoms, especially for seizures. Specific drugs for treating withdrawal are:
 - methadone for heroin and other opiate withdrawal
 - benzodiazepines (for alcohol withdrawal)
- Other drugs are also being used to help relieve the discomfort and problems of withdrawal.

Medications for Pregnant Women with OUD

Buprenorphine and Methadone are safe, effective treatments for opioid use disorder in pregnant women.



Common Question

“I’ve heard that pregnant women can only take Subutex. What is the difference between Subutex and Suboxone?”

- Suboxone is the brand name of a medication that combines both buprenorphine and naloxone.
- Subutex is the brand name for a medication that only contains buprenorphine.
- Subutex has historically been recommended for pregnant women because most of the original studies that looked at safety and effectiveness in pregnant women used only buprenorphine

Preparing for Delivery

- Pre-register for prenatal care
- Families can learn about:
 - Who will be present during delivery
 - Medication during delivery/epidural
 - Working with a doula or midwife
 - Being able to visibly see the birth (mirror)
- Parents can feel empowered to voice their desires despite having an OUD.



Supporting Health of Women and Neonates

- Enroll in a tobacco cessation program.
- Maintain a healthy weight, take prenatal vitamins as prescribed
- Learn how NAS is diagnosed and treated.
- Consider which nonpharmacological interventions can reduce the incidence and severity of NAS.
- Inform and support preparation for delivery and breastfeeding.

Support and Retention

- Retention influenced by what happens during treatment
- Enhance staff-client interactions
- Clarify program goals and treatment plans
- Lighten appointments
- Individualized substance use counseling
- Trauma and culturally informed practice

Certificate of Completion

- Complete an online evaluation by scanning the code with the camera on your phone, click on the link that Clyde will put in the chat, write down the link and type in your browser, or email for the link.
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If you are sharing a computer with others, please type your names in the chat box.

Please fill out your evaluation forms – it will only take a couple of minutes! Just scan the code with the camera on your smart phone, click on the link in the chat box, or type the link into your browser: <https://ttc-gpra.org/P?s=966566>

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